Florida Hospital Zephyrhills Charity Care

Florida Hospital Zephyrhills extends the healing ministry of Christ to all, regardless of their ability to pay. Patients unable to pay for services should consult Florida Hospital Zephyrhills Financial Counselors for assistance identifying available resources to meet financial obligations.

The Florida Hospital Zephyrhills Financial Assistance policy provides guidelines for financial assistance based on financial need to Self-Pay patients receiving emergency and other non-elective services for medical conditions that would cause patients harm without immediate attention. These services apply to Emergency Department Outpatients, Emergency Department Admissions and follow-up care relating to previous emergency visits. Assistance may range from a small copay amount to discounted care.

All or a portion of emergency and non-elective services may be considered for charity if certain conditions exist:

- No third-party coverage is available.
- Third-party coverage is available but with limited benefits.
- Third-party coverage is denied due to pre-existing conditions.
- Patient is already eligible for assistance (i.e., Medicaid), but the particular services are not covered.
- Medicare or Medicaid benefits have been exhausted and the patient has no further ability to pay.
- Patient meets local and state charity requirements.

Florida Hospital Zephyrhills’ Financial Assistance policies are transparent and available to all in compliance with the Language Assistance Services Act. Signage is posted prominently at all points of admission and registration, including the emergency department. Written information about the Hospital’s financial assistance policy and copies of the financial assistance form are available in admission and registration areas. The Hospital’s financial assistance policy, application form and Financial Counselor contact information are also posted on the hospital’s website.

Florida Hospital Zephyrhills provides Financial Counselors to those who are considered “Self-Pay.” Patient statements also include instructions on how to obtain financial assistance.

Both Florida Hospital Zephyrhills and the patient are accountable for their role in the charity care process.

Florida Hospital Zephyrhills is responsible for evaluating patient eligibility for financial assistance based on the financial assistance policy as well as notifying the patient on payment options while honoring the patient’s right to appeal decisions.

Correspondingly, patients are responsible for providing accurate information and all documentation necessary to apply for financial assistance.

- To be considered for a discount under the financial assistance policy, the patient must cooperate with Florida Hospital Zephyrhills to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for healthcare, such as Medicare, Medicaid, third-party liability, etc.
- To be considered for a discount under the financial assistance policy, the patient must provide Florida Hospital Zephyrhills with financial and other information needed to determine eligibility. This includes
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completing the required application forms and cooperating fully with the information gathering and assessment process.

- A patient who qualifies for a partial discount must cooperate with the hospital in establishing a reasonable payment plan if payment in full cannot be made.
- A patient who qualifies for a partial discount must make good-faith efforts to honor the payment plans for the discounted hospital bills.
- The patient is responsible to promptly notify Florida Hospital Zephyrhills of any change in financial status so that the impact of this change may be evaluated against financial assistance policies governing the provision of charity care, the discounted hospital bills or provisions of payment plans.

When determining patient eligibility for charity care, Florida Hospital Zephyrhills promises to be equitable, consistent and timely. Requests for financial assistance will be accepted up to six (6) months from the date the first Self Pay statement is remitted to the patient.

Requests may be received from multiple sources. Requests received from a third party will be directed to a Financial Counselor who will secure proper clearance from the patient and then work with the third party on the patient’s behalf.

Florida Hospital Zephyrhills Financial Counselors attempt to contact all registered, Self-Pay inpatients during their hospital stay in order to assess needs. The registration and pre-registration process for patients will promote the identification of those patients that are potentially eligible for financial assistance. Patient's inquiries about the application process for financial assistance can be made at any time of registration or pre-registration or at any point in the care continuum. In addition, Florida Hospital Zephyrhills may utilize internal staff or third party agents to assist patients in securing Medicaid coverage, if eligible.

All patients requesting financial assistance will be required to complete Florida Hospital Zephyrhills' Financial Assistance Application Form in order to establish eligibility. Patients may be eligible for financial assistance if they are uninsured and represented by specific circumstances.

- Patient is homeless.
- Patient is deceased and has no known estate able to pay hospital debts.
- Patient is incarcerated for a felony.
- Patient is currently eligible for Medicaid but was not at the date of the healthcare service.
- Patient is eligible by the State to receive assistance under the Violent Crime Victims Compensation Act or Sexual Assault Victims Compensation Act.

The completed Financial Assistance Application Form will be submitted to the Florida Hospital Zephyrhills Patient Financial Services (PFS) department for processing. PFS requires proof of income including employer pay stubs, employer verification and/or IRS tax return summary. Financial Assistance care approvals will be made according to Florida Hospital Zephyrhills Financial Assistance Guidelines. Financial Assistance reductions will be applied to the amount a patient is charged for their hospital/medical services. The amounts charged to patients who are eligible under Florida Hospital Zephyrhills' Financial Assistance policy will not be more than the amounts generally billed to individuals who have insurance covering such care. To be eligible for the minimum financial assistance
copay, patients must have a household income at or below 200% of the current Federal Poverty Guidelines. Patients with a household income exceeding 200% but less than 400% will be eligible for a sliding scale copay or discount amount. The minimum discount for Self-pay Payments of non-elective services will be 58% with an additional discount opportunity for prompt payment.

When determining the patient’s income, the household size and income includes all immediate family members and other dependents in the household. This includes an adult (and spouse if applicable), natural or adopted minor children of adult or spouse, students over 18 years of age dependent on the family for over 50% support, and any other persons dependent on the family income for over 50% support. (A current tax return of the responsible adult is required.) Income may be verified by submitting a personal financial statement, copies of W-2, 1040 forms, bank statements or any other form of documentation that supports reported income.

Financial Assistance applications processed by PFS are reviewed by Florida Hospital Zephyrhills' Charity Committee monthly. The patient will be notified of eligibility for charity care generally within 60 days of receiving a completed application and all required supporting documentation. If the patient disagrees with the decision, he or she may request an appeal in writing within 45 days of the denial and include any additional relevant information that may assist in the appeal evaluation. For those patients who have applied for Medicaid, collection activity will be suspended during the consideration of a completed application. This practice is a courtesy and does not alleviate the financial obligation.

Patients receiving partial financial assistance who are unable to pay the full amount of any Self-Pay balance in one payment will be offered a reasonable payment plan. Payment plans for financial assistance accounts will be individually developed with the patient. No interest will accrue to an account balance while payments are being made, unless the patient has voluntarily chosen to participate in a long-term payment arrangement that bears interest. If, in violation of the patient’s payment plan, the patient does not make three consecutive monthly payments on any Self-Pay balance, the patient's account may be referred to collections. Two separate incidents of missed scheduled payments may also result in the patient's account being referred to a collection agency.

All collection activities conducted by the Hospital or its third-party agents will be in conformance with all federal and state laws governing debt collection practices. In general, collection agency activity will be in the form of letters, telephone calls, or credit reporting. Collection agencies will not contact patients between 4 p.m. on Fridays and 5 p.m. on Sundays. Liens attached to insurance (auto, liability, life and health) are permitted. No other personal judgments or liens will be filed against non-elective self-pay patients by the Hospital for those with an annual family income of less than 400% of Federal Poverty Guidelines.

Careful records are kept of all charity care transactions.

The provision of charity care may now or in the future be subject to federal, state or local law. Such law governs to the extent it imposes more stringent requirements than this policy.

For further information, call Patient Financial Services Customer Service (813) 783-6102.