



NORTHWOOD DEACONESS HEALTH CENTER

4 N. Park St./P.O. Box 190 701-587-6060

Northwood, ND 58267

CHARITY CARE PROGRAM

Northwood Deaconess Health Center offers a Charity Care Program. This program is above and beyond the Financial Assistance Program for the uninsured.

If your income falls within 200% of the Federal Poverty Guidelines, you may be entitled to Charity Care.

Enclosed is a copy of the policy and guidelines, as well as an application

Please complete the application and return to:

NDHC
Health Information Services
PO Box 190
Northwood, ND 58267

If you have any questions, please feel free to contact Tina Schwartz, Manager of Health Information and Billing Services at 701-587-6454.

**NORTHWOOD DEACONESS HEALTH CENTER
PATIENT FINANCIAL ASSISTANCE/CHARITY CARE
APPLICATION FORM**

DATE OF REQUEST: _____

PATIENT NAME: _____

SPOUSE NAME: _____

ADDRESS: _____

PHONE: _____

NUMBER OF PERSONS IN THE FAMILY: _____

FAMILY INCOME LAST 12 MONTHS: _____

** Verification through last year's tax return or other official verification required (see back page)**

FAMILY INCOME PROJECTED NEXT 12 MONTHS: _____

EMPLOYER'S NAME, ADDRESS & PHONE; AND OCCUPATION: _____

SPOUSE'S: _____

I AM SEEKING FINANCIAL ASSISTANCE/CHARITY CARE FOR SERVICES

_____ ALREADY

_____ NOT YET RENDERED

FURTHER EXPLANATION: _____

I understand that the information which I submit is subject to verification by NDHC and subject to review and determination by applicable personnel at NDHC. I certify that the above information is true and correct.

Signature of Requester

- Acceptable forms of verification of income include:

- (1) Current state and federal tax documents.
- (2) Two or more current paycheck stubs
- (3) Social Security Benefit Letter (Available through the local Social Security office)
- (4) Unemployment benefit letter (Available at Job Services)
- (5) Other documentation verifying the applicant's gross incomes
- (6) Letter denying unemployment benefits.

- Acceptable forms of verification of no income include:

- (1) College students must include their college ID, class schedule, and a financial aid letter
- (2) Brief letter from an individual familiar with the applicant's circumstances. The letter must include the signature, valid telephone number and the address of the individual.
- (3) Termination notice or letter from applicant's former employer stating when his/her employment ended. The notice/letter must include the signature, valid telephone number and the address of the individual.
- (4) Copy of applicant's monthly bank statement, if he/she is living on savings.
- (5) Other documentation indicating the applicant does not have household income.

**Northwood Deaconess Health Center
Policy and Procedure**

| DEPT. AFFECTED | BY | APPROVED DATE | REVISION DATE | SUBJECT | PAGE |
|----------------|--------------------------|---------------|---------------|--------------|--------|
| ALL | HOSPITAL BUSINESS OFFICE | 9-12-12 | | CHARITY CARE | 1 OF 1 |

It is the Policy of NDHC to provide Charity Care above and beyond the Financial Assistance Program.

If a patient has no insurance and falls within 200% of the Federal poverty guidelines, they will be eligible for the FAP (see FAP program for further details). In addition to the FAP reduction, further reductions may also be taken according to the Charity Care Program.

Charity Care is available for FAP-eligible patients as well as patient who do have insurance coverage and fall within the 200% of the Federal poverty guidelines. Charity Care may be applied to the private pay balances following FAP reduction or following insurance payment.

- Acceptable forms of verification of income include:
 - (1) Current state and federal tax documents.
 - (2) Two or more current paycheck stubs
 - (3) Social Security Benefit Letter (Available through the local Social Security office)
 - (4) Unemployment benefit letter (Available at Job Services)
 - (5) Other documentation verifying the applicant's gross incomes
 - (6) Letter denying unemployment benefits.

- Acceptable forms of verification of no income include:
 - (1) College students must include their college ID, class schedule, and a financial aid letter
 - (2) Brief letter from an individual familiar with the applicant's circumstances. The letter must include the signature, valid telephone number and the address of the individual.
 - (3) Termination notice or letter from applicant's former employer stating when his/her employment ended. The notice/letter must include the signature, valid telephone number and the address of the individual.
 - (4) Copy of applicant's monthly bank statement, if he/she is living on savings.
 - (5) Other documentation indicating the applicant does not have household income.

Denials for assistance from North Dakota Medical Assistance, Healthy Steps and the Caring Program for Children should be included in the documentation, if applicable.