

# IMPORTANT FINANCIAL INFORMATION

Visit the Insurance Verification Representative/ Financial Counselor located in the Admitting Office or call 301-203-2271 or 2154, if you need assistance with:

- Understanding your hospital bill;
- Your rights and obligations with regard to your hospital bill;
- How to apply for free and reduced cost care;
- How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill.

If it is after hours, a holiday or a weekend, you can pick up/drop off an application at FWMC's Registration or Information desk. If you need additional assistance, please call and leave a message with a Financial Counselor and someone will return your call within two business days.

Maryland Medical Assistance Program (HealthChoice):  
**1-800-977-7388 (TDD 1-800-977-7389)**

*All determinations of eligibility are solely at the discretion of FWMC.*



*This information is to be provided to the patient, the patient's family/significant other, or the patient's authorized representative before discharge or upon request.*



**BILLING INSTRUCTIONS** on how to obtain financial information is communicated on the first hospital bill. Physician charges are not included in the hospital bill and are billed separately.

**EXCLUSION:** FWMC has the option to designate certain elective procedures for which no financial assistance option will be given.

**TERMS OF AGREEMENT FOR FINANCIAL ASSISTANCE:** Financial Assistance will remain valid for three months based on the initial date of the final determination letter. For recurring patients, patients may qualify for Financial Assistance for up to six months on the basis of a single application.



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## Financial Assistance PROGRAM & PRACTICES

*at Fort Washington Medical Center*



## FINANCIAL ASSISTANCE PLAN

Fort Washington Medical Center (FWMC) follows a specific and compassionate policy for payment practices for financial assistance and uninsured billing. As a not-for-profit organization, one of the ways FWMC demonstrates its commitment to the community is through providing financial assistance to those in need. Our practices are an outgrowth of our mission and values.

### FWMC'S RESPONSIBILITIES:

- FWMC will serve all patients regardless of their ability to pay.
- Be respectful of the individual's personal dignity and his/her ability to pay.
- Treat all patients equitably, whether insured, underinsured or uninsured.
- Consider the financial resources of patients and their families when establishing a maximum annual patient responsibility.
- Be diligent in our efforts to keep patients notified of their payment options and the opportunities for assistance.
- Ensure that our policies are consistent with the guidelines that have been issued by the American Hospital Association, federal, state and local legislative bodies, and other organizations.
- Provide financial assistance to those in need.

### PATIENT'S RESPONSIBILITIES:

- Follow through with the application process.
- Provide all required documents necessary in order to be granted financial assistance.

### FWMC PROCEDURE SUMMARY:

- 1 An evaluation for financial assistance will be conducted when a:**
  - Patient with a self-pay balance due notifies Patient Accounts that he/she cannot afford to pay the bill and requests assistance.
  - Patient presents at registration or a clinical area without insurance and states that he/she cannot afford to pay the medical expenses.
  - Physician or other clinician refers a patient for a financial assistance evaluation.
- 2 A Financial Counselor/Insurance Verification Representative will meet with the patient, upon request, to provide instructions on the Financial Assistance Application.** If it is after hours, a holiday or a weekend, the patient will be issued a copy of the Financial Assistance Program brochure and referred to call 301-203-2271 or 2154 and someone will contact them within two business days.
- 3 To make a determination of probable eligibility for Financial Assistance, the applicant must complete the Maryland State Uniform Application for Financial Assistance.**
  - The Insurance Verification Representative/Financial Counselor will perform an assessment to determine if the patient meets preliminary criteria based on the family size/income as defined by Medicaid regulations.
  - A Letter of Conditional Approval for probable eligibility will be sent to the patient within two business days. The person seeking assistance may also call Insurance Verification at the end of the second business day to learn of the determination.
  - Applications received and preliminary determinations made by the Insurance Verification Representative/Financial Counselor will be sent daily to Patient Accounts for review.
- 4 During the final determination of eligibility, the patient must provide a copy of the following to the Financial Counselor:**
  - Most recent Federal Income Tax Return.
  - Three most recent pay stubs (if employed).
  - Medical Assistance Notice of Determination (if applicable).
  - Proof of disability income (if applicable).
  - Reasonable proof of other declared expenses.
- 5 The following are also necessary for a final determination:**
  - The patient must apply for Medical Assistance unless the Financial Counselor can readily determine that the patient would fail to meet the disability requirement.
  - Review possibility of a reasonable payment plan agreement.
  - All insurance benefits have been exhausted.
- 6 The completed Maryland State Uniform Financial Assistance Application and required forms will be forwarded from the Financial Counselor to the Director of Patient Accounts for approval.**
- 7 A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses.**
- 8 Once a patient is approved for Financial Assistance, it is expected that the patient will continue to meet his/her required financial commitments to FWMC.** If a patient does not make the required payment within 60 days, the Financial Assistance allowance will be reversed and the patient will owe the entire amount. It is recommended that the patient make a good faith payment at the beginning of the Financial Assistance period.