

Comprehensive Radiology Services Our Commitment to Low Income Uninsured Patients

Comprehensive Radiology Services is committed to better serving our communities by working together to identify and adopt best practices that benefit our patients, the community and our employees.

Comprehensive Radiology Services has provided a comprehensive Financial Assistance program to assist patients in a compassionate manner. In January 2007, Comprehensive Radiology Services took another important step in this direction by expanding our financial assistance, charity care and payment collection practices in the communities we serve.

Our revised policy provides fair discounts to low income uninsured patients and ensures consistent and fair collection practices. We are also committed to ensuring a financially sound organization through responsible care over the resources entrusted to us, so that we continue to provide outstanding medical care with the latest advances and a highly skilled workforce.

Comprehensive Radiology Services and Low Income Uninsured Program is designed to:

- Provide discounted charity care to low income or uninsured patients that fall below 400% of the Federal Poverty Income Guideline (FPIG). (*)
- Ensure proper collection practices and provide payment plans for individuals who have financial hardships

(*) NOTE: The FPIG is updated each year in February and can be located at:

<http://aspe.hhs.gov/poverty/index.shtml>

Our charity care policy is limited to services provided by Radiologists at Comprehensive Radiology and does not include any additional charges from the facility, location of service, or physician charges from other specialties. In addition, charity care is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

For more detailed information, or to receive answers to your questions, please call **(601) 264-2121**, fax **(601)450-1296**

Comprehensive Radiology Services **Our Commitment to Low Income Uninsured Patients**

Comprehensive Radiology Services is able to consider reduced patient payments for services provided by our physicians. In order to consider your request, Comprehensive Radiology Services reserves the right to require specific criteria to assess your individual financial needs.

- Application for reduced payments through charity care must be completed and returned within ten (10) days.
- Your signature on the application authorizes Comprehensive Radiology Services to verify any information provided in the application, to obtain a credit report, and/or other financial information.
- Approval requires a copy of your most recent tax return and three (3) months' income verification. Income verification can come in the form of recent check stubs, copy of bank statements for services provided, a certified statement from your employer with a copy of wages paid to you. Remember, all information provided will be verified by an account representative from Comprehensive Radiology Services
- Once your information has been verified, you will be notified within 14 business days in writing of your acceptance/denial for a charity care reduction. All decisions are final and cannot be appealed.
- Once accepted, you will be contacted by an account representation to discuss you individual needs and make financial arrangement for the remaining balance on your account.
- A charity care reduction **does not constitute** a total write off of your bill for services provided by Comprehensive Radiology Services. However, we will make arrangements to assist you with your bill depending on your financial needs
- If you are approved for a charity care reduction, it cannot be applied to previous balances incurred before the date of service that you have requested for consideration.
- If you falsify any information contained on your application, you will be responsible for the whole amount and are subject to collection actions taken by Comprehensive Radiology Services to recover any debt
- All information provided to Comprehensive Radiology Services is confidential and complies with all HIPPA and federally mandated confidentiality regulations.

Exceptions to Comprehensive Radiology Services Charity Care Reduction Policy

The following is a list of exceptions to our charity care Policy. If you meet any of these criteria, you will not be considered for any reduction of service provided by our group.

- If you currently have health insurance that covers radiology examinations
- If you currently have, approved for, or meet the criteria for coverage under any federally managed health care service plan (i.e. Medicare, Medicaid, CHIPS, Veterans Administration, Disability Determination, Vocation Rehabilitation, etc.)
- If you falsify any information contained on your application or any documentation provided to us as supporting your need for a charity care reduction.
- If you do not meet the criteria for the most current Federal Poverty and Indigent Guidelines as defined by the U.S. Department of Health and Human Services or are above 400% of the poverty level of said guidelines
- If you do not return your application within 10 days, your case will be closed and you will not be considered for a charity care reduction for that year. You may not reapply until the next year.
- If you receive a reduction and fail to make payments or miss payments, you will be responsible for the balance and collection actions may be taken by Comprehensive Radiology Services to recover the debt.

Financial Assistance Application

Comprehensive Radiology Services is able to consider reduced patient payments based on individual financial need. In order for us to consider your request, this Application must be completed and returned within ten (10) days. Your signature authorizes us to verify information provided in this Financial Assistance Application, to obtain a credit report, and/or other financial information. Approval requires a copy of your most recent tax return and three (3) months' income verification.

Patient Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Patient Name:	SSN:	DOB:
Spouse:	SSN:	DOB:
Address:	City/State	Zip Code:
Daytime Telephone:	Message Telephone:	Work Telephone:
Employer:	Position:	Date of employment:
Does your employer have health insurance? Y N		
Spouse Employer:	Position:	Date of employment:
Number of Dependents:	Name and age of dependents:	Total Number in Household:

Monthly Income

	Patient	Spouse
Employment (Gross Wages)	\$	\$
Unemployment Income	\$	\$
Bonuses/Tips	\$	\$
Public Assistance	\$	\$
Social Security	\$	\$
Workmen's Compensation	\$	\$
Alimony/Child Support	\$	\$
Other Sources	\$	\$
Total Monthly Income	\$	\$

ASSETS:

Cash on hand	\$
Checking Account Balance	\$
Savings Account Balance	\$
Stocks/Bonds/IRA/401K	\$
Cash Value of Life Insurance	\$
Auto 1 Year/Make Model Value Loan Balance	 _____ _____ \$ _____ \$ _____
Auto 2 Year/Make Model Value Loan Balance	 _____ _____ \$ _____ \$ _____
Current Home Value Purchase Date Purchase Price Mortgage Loan Balance	 \$ _____ _____ \$ _____ \$ _____
Other Property (describe)	\$
Recreational Merchandise (describe)	\$
Other Assets (describe)	\$
Total Assets	\$

EXPENSES/LIABILITIES:

	Monthly Payment	Account Balance
Mortgage/Rent	\$	\$
Food	\$	\$
Utilities	\$	\$
Prescriptions	\$	\$
Other (specify)	\$	\$
Telephone	\$	\$
Insurance (specify)	\$	\$
Additional Mortgage	\$	\$
Auto Loan 1	\$	\$
Auto Loan 2	\$	\$
Personal Loan (specify)	\$	\$
Other Loan (specify)	\$	\$

MEDICAL: (list each)

	\$	\$
	\$	\$
	\$	\$
	\$	\$

COLLECTIONS: (list each)

	\$	\$
	\$	\$

CREDIT CARDS: (list each)

	\$	\$
	\$	\$
Total Expenses/Liabilities (All Columns)	\$	\$

ADDITIONAL INFORMATION:

If you expect a change in income, health, other circumstances, or cannot provide the requested information, please explain. Also, if you indicate that you have no income; please explain how you meet your day-to-day expenses. Attach additional pages to the Application if you require more space.

Patient/Spouse Signature
