

# Capital City Surgery Center of Florida

<b>Policy Number: BO - I</b>	<b>Page(s): Page 1</b>
<b>Chapter: RCS</b>	<b>Effective Date:</b>
	<b>Date Approved:</b>
<b>Policy Title: Charity Care – Patient Balances</b>	<b>Replaces Policy Dated:</b>
	<b>Date Retired:</b>

**Policy Scope:** All Center entities that bill patients for services. This includes Center affiliated Ambulatory Surgery Centers, anesthesia entities, laboratories, and physician practices.

**Purpose:** To identify criteria for reducing patient account balances in instances of the patient’s inability to pay for such services.

**Procedure:**

1. The center provides elective services. As such, patients are not obligated to receive services through a Center provider. Further, similar services are available through other providers, some of which have a mandate to serve those without the ability to pay for such services.
2. The Center, as a responsible member of the local healthcare community, commits to providing services to its fair share of those unable to pay for such services.
3. The decision to provide services to those unable to pay will be made at two distinct points in time:
  - a. Patients referred from specific social services organizations through a member of the medical staff, will have any patient responsibility balances removed as charity care.
    - i. The entity will rely upon the social service organization to provide sufficient documentation as to the patient’s inability to pay. This documentation does not have to be onerous or voluminous but shall be reasonably complete;
  - b. For all other patients, a bill in the full amount of the patient’s responsibility will be sent to the patient. This often may be after the patient’s insurance coverage has paid their portion. The determination to adjust the bill amount for charity care will only be made after this initial bill has been rendered.
4. Note, for patients receiving Medicaid benefits, subject to the state’s Medicaid plan provisions on co-payments, the Medicaid payments and related Medicaid contractual adjustments will be considered payment in full. Such adjustments are not to be confused as charity care.
5. To qualify for charity care, the patient must submit the prior year’s tax return and a recent pay stub to the Revenue Cycle Services office. Such information will be kept confidential and will not be included in the patient’s medical record.
6. Patients with incomes of less than 140% of the current year’s HHS Federal Poverty Guidelines will be determined to be eligible for charity care.
7. Requests for consideration of may be made by contacting the center or by calling 1-855-360-2430.

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**References:**