



City Council

<i>Mayor</i>	Michael C. Taylor
<i>Mayor Pro Tem</i>	Liz Sierawski
<i>Councilwoman</i>	Deanna Koski
<i>Councilman</i>	Michael V. Radtke Jr.
<i>Councilwoman</i>	Maria G. Schmidt
<i>Councilman</i>	Nate Shannon
<i>Councilwoman</i>	Barbara A. Ziarko

City Manager

Mark D. Vanderpool

Fire Chief

Chris Martin

Sterling Heights Fire Department Financial Hardship Determination Policy

Purpose

To develop guidelines to objectively evaluate the financial ability of patients to make payments for their emergency medical services provided by the Sterling Heights Fire Department

Overview

The Sterling Heights Fire Department provides emergency medical services to patients without regard to their ability to pay. We recognize that a patient’s illness can create large medical bills that inhibit the patient’s ability to make payments. Our billing procedures allow for billing of all possible insurance carriers to maximize recovery from those sources. A follow up should be performed which includes statements and phone calls to the patient, to keep him or her informed as to the progress for payment for the emergency medical services rendered.

When a patient has Medicare, he or she is required to pay the deductible and co-payment. However, Medicare will allow the balance due by the patient to be written off if the patient is unable to pay due to financial/income restrictions or for “insurance only” billing for qualified municipalities. Indigent patients may be determined to be financially unable to pay their portions of the bill in advance. Hardship declaration is the exception, not the rule.

A patient with no insurance, or an unpaid balance after insurance options have been exhausted, can seek eligibility for discounts under this policy. If a patient does not meet the eligibility requirements, and he or she refuses to render payment, he or she will be turned over to a collection agency.

Procedures

Before any discount for services is granted, the first option is to attempt to arrange for the patient to make regular payments in a dollar amount that is financially convenient and affordable. Should this attempt fail, the following guidelines will be used.

Option 1: Ensure that all insurance benefits have been maximized

Option 2: Offer a payment plan option again

Option 3: Offer the ability to make a Credit Card Payment

Option 4: Financial Hardship consideration, as per guidelines listed below

Option 5: Collection Agency

A patient is eligible to be declared a "Financial Hardship" case and may be eligible for discounted services if his or her personal income is at or below the following income levels.

Size of Family Unit	150% of Poverty Level
1	\$18,090
2	\$24,360
3	\$30,360
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980

For family units with more than 8 members, add \$6,270 for each additional person at 150% of poverty. *Information taken directly from the 2017 Federal Poverty Income Guidelines effective January 1, 2018.

If a patient claims financial hardship, the patient will be required to provide the following:

1. A completed *Sterling Heights Fire Department Patient Questionnaire For Financial Hardship Determinations (Appendix A)*
2. Verification of current employment/unemployment status
3. A copy of tax returns (or W-2 forms, at least) for the previous 2 years

The process will begin with collection of information from the Accumed Group. Once all the documentation has been gathered, the information will be forwarded to the Sterling Heights Fire Chief, who will forward all information with a recommendation to the Budget and Finance Director. The Budget and Finance Director will review the documentation and make a recommendation to the Assistant City Manager, who has been designated by the City Manager to make the final decision.

If the patient exceeds the income criteria, he or she will be billed in accordance with the direction of his or her insurance company, if any. Status can change at any time. Income status must be reviewed each time a patient claims financial hardship.

Sterling Heights Fire Department
Patient Questionnaire For Financial Hardship
Determinations

Instructions to Patient

Please complete this form in its entirety and return to:

Sterling Heights Fire Department P.O. Box 2122, Riverview, MI 48192

Patient Name: _____

Address: _____

City/State/Zip Code: _____

Responsible Party (If Different From Patient): _____

Address of Responsible Party _____

City/State/Zip Code for Responsible Party _____

Number of Persons in the Household _____

I am applying for a Hardship Determination in order that you will consider waiving my co-pay/co-insurance/deductible (or total charges if uninsured) for service and care provided to me on _____ (date of service).

I am supplying the following information so that you can make an accurate determination of my case. The monthly dollar amount provided is from all sources including Social Security benefits, pension, annuities, dividends, etc. Attached you will find verification of my employment/unemployment status and copies of my federal tax returns or W-2 forms for the previous 2 years.

My insurance information is:

Insurer Name: _____

Insurance Policy/ID Number: _____

<u>Monthly Income</u>	<u>Self</u>	<u>Spouse</u>
Wage/Salary	\$_____	\$_____
Social Security	\$_____	\$_____
Pension	\$_____	\$_____
Interest Income	\$_____	\$_____
Other	\$_____	\$_____
Totals	\$_____	+ \$_____ = \$_____

Assets

Cash	\$_____
Checking Accounts/Savings Accounts (submit copy of most recent bank statement)	\$_____
CD's, Money Markets	\$_____
Stocks/Bonds/Treasury Bills	\$_____
Personal Property (autos, jewelry Etc.)	\$_____

I am supplying this information to request that the Sterling Heights Fire Department waive collection of all or part of the Medicare or other deductible/co-insurance amounts that I owe for services provided to me, due to financial hardship. I also understand that the Sterling Heights Fire Department can and will begin to collect charges should my financial situation improve. I agree to be responsible for any balance remaining after the application of any waiver by the Sterling Heights Fire Department, if any.

UNDER PENALTY OF PERJURY, I HAVE SUBMITTED TRUE AND ACCURATE INFORMATION. I UNDERSTAND AND AGREE THAT THE SUBMISSION OF ANY FALSE INFORMATION OR ANY MATERIAL MISREPRESENTATIONS RELATING TO MY FINANCIAL CIRCUMSTANCES WILL RESULT IN DENIAL OF MY APPLICATION AND MAY RESULT IN CRIMINAL PENALTIES.

Patient signature_____ Date:_____

Sterling Heights Fire Department
Patient Notice For Financial Hardship Determinations

Patient Name: _____ Date of Service: _____

Dear Patient,

The law requires that the Sterling Heights Fire Department attempt to collect any unpaid portion of the \$100 annual Medicare Part B or insurance deductible and the applicable co-insurance amount from the beneficiary. However, several conditions may permit the emergency medical service provider to waive collection of the amounts. One of the conditions is that of financial hardship for the beneficiary to meet such amounts.

Based on discussions with you and information provided by you, we have determined that, due to your current financial situation, you are unable to pay the unpaid portion of your deductible and/or the co-insurance amount in full. Due to these circumstances, we hereby waive your obligation for payment for the charges, or portions thereof, for the following service:

Date of Service: _____

Description of Service: _____

Amount Waived _____

Balance Due: _____

Sincerely,

Sterling Heights Fire Department