

**Kindred Hospitals – Denver
Kindred Hospitals - Aurora**

Financial Assistance Policy

Policy / Purpose Statement

Kindred Hospital – Denver and Kindred Hospital – Aurora, (Kindred) are committed to providing high quality, comprehensive health care services to patients regardless of their ability to pay. Kindred Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Kindred’s procedures for obtaining financial assistance and to contribute to the cost of Kindred’s care, based on individual ability to pay. This policy does not apply to physician services.

Patient Notification

Information about financial assistance, available from Kindred, will be posted in the hospital, will be explained at time of registration for an inpatient stay, and will be posted on the hospitals web site. Such Information shall be provided in English and Spanish, and will be translated for patients / guarantors who speak other languages.

Procedure

Discount for Low Income patients

Kindred has established a financial assistance program based upon the financial eligibility of the individuals requesting assistance. A discount is available to qualifying patients

1. Eligibility for discounted payment options will be considered for those individuals who are uninsured and ineligible for “Colorado Indigent Care Program”
2. A patient may qualify for discount payment options whose annual family income is not more than Two Hundred Fifty percent of the Federal Poverty Guidelines.
3. Eligible patients’ obligation will be reduced to no more than the facilities lowest negotiated rate from a private health plan.
4. The granting of charity care shall be based on an individualized determination of financial need and shall not take into account age, gender, race, or immigrant status, sexual orientation, or religious affiliation. Factors for determining financial need may include but are not limited to family income, family size, scope and extent of patient’s medical bills, and employment status

5. The Financial Disclosure Statement may be completed by telephone with the assistance of a Patient Accounting Financial Counselor or by completing, signing and returning it to Kindred's Finance Department. Patient's eligibility for charity care may be determined at any time Kindred Hospital is in receipt of the patient's financial information. The Financial Disclosure Statement shall remain valid for services rendered within a 180-day period. The financial assessment will include a review of the family's gross income, number of family members, employment status and outstanding balances of the medical bill. Copies of prior year tax return and the most recent one (1) month of pay stubs may be requested.
6. Financial obligations not eligible for consideration for charity care are; co-pays, indemnity balances, or share of cost.

Patient Payment Plans

Upon request, Kindred will negotiate a patient payment plan to qualified individuals.

Collection Guidelines

1. Patient guarantors must complete a Financial Disclosure Statement, be in process with an eligibility application for a government sponsored insurance program or set up a payment plan within 60 days of final bill or the account will be assigned to a third party billing agency at full billed charges. The third party billing agency may charge interest.
2. Kindred will assign any financial obligation to a debt collection agency after 30 days past the due date where the patient has failed to comply with an established payment plan or non-payment on an account where the patient guarantor is not in process with an eligibility application for a government sponsored insurance program.
3. Patients with pending appeal for coverage of services will not be forwarded to a third party billing agency or collection agency until a final determination of that appeal is made. If the appeal is unfavorable and the patient is responsible for that outstanding obligation, the patient will be afforded the opportunity to qualify for a discount payment arrangement as prescribed above.
4. This policy does not apply to professional services provided to Kindred's patients by physicians or other medical providers including but not limited to Radiology, Anesthesiology, Pathology or Hospitalist services.

