



Title:	Financial Assistance Policy		
Department/Service Line:	Billing		
Approver:	Chief Financial Officer		
Policy Number:	TMI Billing Policy 1.0-T		
Last Review/Revision Date:	6/2016	Origination Date:	6/2016

SCOPE

This document applies to the Touchstone facilities listed on Exhibit A. The Touchstone Compliance Committee is responsible for the oversight of this Policy. Any material modifications to the standards set forth in the Policy must be approved by the Touchstone Compliance Committee prior to implementation by any Touchstone centers. The Touchstone Compliance Committee is responsible for establishing, approving and monitoring procedures and standard forms that operationalize the provisions of this policy and other responsibilities outlined in this Policy.

DEFINITIONS

Compliance Committee - A committee comprised of a representative from the following departments: Operations, Billing/Revenue Cycle, Compliance, and Legal department and others appointed by the Chair of the Committee deemed necessary to fulfill the responsibilities of the Committee. The Chair of the Committee shall be appointed by the Compliance Committee.

POLICY

Touchstone’s facilities listed in Exhibit A exist to serve all people by providing personalized health and wellness through exemplary patient care and customer service. As part of its mission and commitment to the community, Touchstone provides financial assistance to patients who qualify for assistance pursuant to this Policy.

PROCEDURE

1. ELIGIBILITY CRITERIA

All patients may apply for financial assistance at any time during the continuum of care or after care is received. However, eligibility for financial assistance only applies to medically necessary care. Each patient's situation will be evaluated according to relevant circumstances, such as income, assets or other resources available to the patient or patient's family when determining the ability to pay the outstanding patient account balance. Taking this information into consideration, the attached Financial Assistance Eligibility Discount Guidelines (Exhibit C) are utilized to determine what amount, if any, of the outstanding patient account balance will be discounted after payment by all third parties.

When a patient's circumstances do not satisfy the requirements under the Financial Assistance Eligibility Discount Guidelines, a patient may still be able to obtain financial assistance. In these situations, the Compliance Committee will review all available information and make a determination on the patient's eligibility for financial assistance.

PLEASE NOTE: The financial assistance offered under this Policy does not apply to physician or other professional fees billed separately from the facility’s fees. Touchstone reserves the right to further limit the services covered by this Policy.

2. METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE

2.1 Application Process

Applying for financial assistance can be initiated by a patient requesting assistance in person, over the phone for Texas at 1-877-275-9077, through the mail or via the Touchstone website (www.touchstoneimaging.com). Mailed applications should be sent to Touchstone Medical Imaging, LLC, 1431 Perrone Way, Franklin, TN 37069, ATTN: Billing/Charity Care.

Additionally, Touchstone can initiate an Assistance Application (Exhibit B) on behalf of the patient. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance.

2.2 Community and Charitable Programs

Patients of certain approved community and charitable organizations and programs qualify for financial assistance under this Policy. For organizations or programs not approved under this policy, another assistance application may be used as long as substantially the same items on the Touchstone Assistance Application are satisfied or documentation as to why they were not satisfied is included. The Compliance Committee will be responsible for determining the approved organizations and programs.

2.3 Presumptive Eligibility for Financial Assistance

Touchstone may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide an Assistance Application or supporting documentation.

3. LENGTH OF ELIGIBILITY

Once financial assistance has been approved, it is effective for all outstanding patient accounts and for all services provided within six (6) months after the Assistance Application is signed by the patient or responsible party or the Touchstone employee ("Date of Completion"). Financial assistance may be extended for an additional six (6) months with affirmation of the patient's income or estimated income and household size. All patients must reapply after the initial twelve (12) month period is over.

Approval under Section 2.3 above will only apply to the date(s) of service on the patient account balance being evaluated. Eligibility will not apply to accounts for future dates of service.

4. BASIS FOR CALCULATING AMOUNTS CHARGED

The level of financial assistance will be based on a classification as Financially Indigent or Medically Indigent, as defined below. In all situations, once the patient is determined to qualify for financial assistance that individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care ("AGB"). In determining AGB, Touchstone has initially elected to use the Look-Back Method in which the AGB percentages are based on Medicare fee for service and all private care insurers as the primary payer, as outlined in Internal Revenue Code (IRC) Section 501(r). Touchstone, in accordance with applicable regulations, may change the methodology for calculating the AGB in the future. Any member of the public may readily obtain the current AGB percentages that are in use, free of charge either over the phone at 1-877-275-9077, through the mail or via the Touchstone website (www.touchstoneimaging.com). Mailed requests should be sent to Touchstone Medical Imaging, LLC, 1431 Perrone Way, Franklin TN 37069, ATTN: Billing/Charity Care.

4.1 Financially Indigent

"Financially Indigent" means a patient whose Yearly Household Income (as defined below in section 5.2.i) is less than or equal to 200% of the Federal Poverty Guidelines ("FPG"). These Financially Indigent patients are eligible for

a 100% discount on outstanding patient account balances based on the Financial Assistance Eligibility Discount Guidelines (Exhibit C).

Example: A patient with a Household Size of 3 (as defined below in section 5.2.ii) and Yearly Household Income of \$36,620 is eligible for a financial assistance discount of 100%.

4.2 Medically Indigent

"Medically Indigent" means a patient whose medical or hospital bills from all related or unrelated providers, after payment by all third parties, exceed 5% of their Yearly Household Income, whose Yearly Household Income is greater than 200% but less than or equal to 500% of the FPG and who is unable to pay the outstanding patient account balance. These Medically Indigent patients are eligible for a 95% discount as set forth in the Financial Assistance Eligibility Discount Guidelines (Exhibit C).

Example: A patient with a Household Size of 4 and Yearly Household Income of \$85,000 (between 200 - 500% of FPG) is eligible for a financial assistance discount of 95% if the patient's total outstanding bills, after all third-party payments, exceeds 5% of the Yearly Household Income. Assuming the patient's account balance is \$10,000 (which is greater than 5% of the Yearly Household Income), the patient is eligible for a 95% discount (\$9,500). The patient's remaining obligation would be 5% (\$500).

4.3. Financial Assistance Eligibility Discount Guidelines

The Financial Assistance Eligibility Discount Guidelines are attached and are made a part of this Policy (Exhibit C). The Financial Assistance Eligibility Discount Guidelines will be updated annually in accordance with the FPG as published in the Federal Register by the U.S. Department of Health and Human Services. The method for determining appropriate discount percentages will be reviewed annually and approved by the Compliance Committee to ensure patients' outstanding account balances after discount are no more than amounts generally billed to individuals with insurance coverage as outlined in the section above.

5. DETERMINATION OF FINANCIAL ASSISTANCE

5.1 Financial Assistance Assessment

Determination of financial assistance will be in accordance with procedures that may involve:

- 5.1.i. An application process, in which the patient or the patient's guarantor is required to supply information and documentation relevant to making a determination of financial need; and/or
- 5.1.ii. The use of credit reports and other publicly available information that provide information on a patient's or a patient's guarantor's ability to pay.

5.2 Definition of Household Income and Household Size

Determination of financial assistance will be based on the household income and size provided by the patient and/or by an estimated household income and size obtained from a third party vendor.

- 5.2.i. Household Income
 - I. Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse.
 - II. Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, the patient's mother and the patient's father.
- 5.2.ii. Household Size
 - I. Adults: In calculating the Household Size, include the patient, the patient's spouse, and any dependents (as defined by the IRC).
 - II. Minors: In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father.

5.3 Income Verification

Household income will be documented through any of the following mechanisms:

- 5.3.i. **Third Party Documentation.** By the provision of third party financial documentation including IRS Form W-2; Wages and Tax Statement; pay check remittance; individual tax return; telephone verification by employer; bank statements; Social Security payment remittance; Worker's Compensation payment remittance; unemployment insurance payment notice; Unemployment Compensation Determination Letters; response from a credit inquiry and other publicly available information; or other appropriate indicators of the patient's income. Third party documentation provided under this subsection will be handled in accordance with Touchstone's information security procedures and the requirements of securing protected health information.
- 5.3.ii. **Participation in a Means Tested Benefit Program.** By the provision of documentation showing current participation in a public benefit program such as Medicaid; County Indigent Health Program; AFDC; Food Stamps; WIC; TexCare Partnership; or other similar means tested programs. Proof of Participation in any of the above programs indicates that the patient has been deemed Financially Indigent and therefore, is not required to provide his or her income on the Assistance Application.
- 5.3.iii. **In cases where third party documentation is unavailable, verification of the patient's Yearly Household Income can be done in either of the following ways:**
 - I. **Obtaining the patient's or responsible party's Written Attestation.** By obtaining an Assistance Application signed by the patient or responsible party attesting to the veracity of the patient's income information provided; or
 - II. **Obtaining the patient's or responsible party's Verbal Attestation.** Through the written attestation of the Touchstone employee completing the Assistance Application that the patient or responsible party verbally verified the patient's income information provided.

In both above instances where the patient or responsible party is unable to provide the requested third party verification of patient's income, the patient or responsible party is required to provide a reasonable explanation of why the patient or responsible party is unable to provide the required third party verification. Reasonable attempts will be used to verify patient's attestation and supporting information.

- 5.3.iv. **Expired Patients.** Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of Yearly Household Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for financial assistance.

5.4 Financial Assistance Disqualification

Disqualification after financial assistance has been granted, may be for reasons that include, but are not limited to one of the following:

- 5.4.i. **Information Falsification.** Financial assistance will be denied to the patient if the patient or responsible party provides false information including information regarding their income, household size, assets or other resources available that might indicate a financial means to pay for care.
- 5.4.ii. **Third Party Settlement.** Financial assistance will be denied if the patient receives a third party financial settlement associated with the care rendered by a Touchstone facility. The patient is expected to use the settlement amount to satisfy any patient account balances.

6. MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

6.1 Community Notification

- 6.1.i. Posting the Policy, Assistance Application and plain language summary on the Touchstone website at the following location: [https: www.touchstoneimaging.com](https://www.touchstoneimaging.com).
- 6.1.ii. Providing information when a patient calls 1-877-275-9077, or by contacting a Touchstone facility.
- 6.1.iii. Annually posting a notice in the principal newspaper serving the Touchstone provider service area.
- 6.1.iv. Touchstone informs and notifies visitors to its facilities about the Policy through conspicuous displays and other measures, such as posting of a notice in the patient areas and business offices of a Touchstone center.
- 6.1.v. Touchstone notifies the community served by the facility through other affiliated organizations, community clinics and other health care providers to reach those members of the community who are most likely to require financial assistance.

6.2 Personal Notification

- 6.2.i. Touchstone employees knowledgeable about the Financial Application process will meet as necessary, with patients in person at Touchstone facilities.
- 6.2.ii. Billing statements includes a notice that notifies and informs recipients about the availability of financial assistance under the Policy including a phone number for inquiries about financial assistance and the website where additional information can be obtained.
- 6.2.iii. Touchstone staff discuss when appropriate, in person or during billing and customer service phone contacts with patients.
- 6.2.iv. Paper copies of the Policy, Assistance Application and plain language summary are made available to all patients upon request and without charge including offering a plain language summary while the patient is at a Touchstone facility.

7. RELATIONSHIP TO COLLECTION POLICIES

- 7.1** During the verification process, while information to determine a patient's income is being collected, the patient may be treated as a private pay patient in accordance with other Touchstone Policies, including the Patient Billing and Collections Policy. A copy of the Touchstone Patient Billing and Collections Policy can be obtained free of charge by contacting the billing office at 1-877-275-9077 or in person at any Touchstone facility.
- 7.2** After the patient's account is reduced by the discounts based on the Financial Assistance Eligibility Discount Guidelines (Exhibit C), the patient is responsible for the remainder of the outstanding patient account balances which shall be no more than AGB as defined in Section 4 of this Policy. Once the patient qualifies for financial assistance, Touchstone will not pursue collections on the amount qualified for financial assistance. Patients will be invoiced for any remaining amounts in accordance with the Touchstone Patient Billing and Collections Policy.
- 7.3** Touchstone reserves the right to bill and collect a reasonable copayment for services rendered from patients who qualify for financial assistance.
- 7.4** **THE POLICY DOES NOT ALTER OR MODIFY OTHER POLICIES CONCERNING EFFORTS TO OBTAIN PAYMENTS FROM THIRD-PARTY PAYORS.**

ATTACHMENTS

List of applicable Touchstone facilities (Exhibit A)
Assistance Application (Exhibit B)
Financial Assistance Eligibility Discount Guidelines (Exhibit C).

RELATED DOCUMENTS

Billing and Collecting Policy (TMI Billing Policy 2.0-T)

REFERENCES

<u>Regulatory Agency</u>	<u>Citation Reference</u>
Internal Revenue Code	Section 501(r)



Touchstone Medical Imaging is now closer to you!

Arlington 817.472.0801 | 817.472.0840 fax
601 West Arbrook Blvd. | Arlington, TX 76014
M-F • 8-8; S • 8-2 MRI [HF Open] • CT • US • X-Ray/Fluoro • MAMMO
Bone Density

Burleson 817.447.3443 | 817.447.9094 fax
665 N.E. Alsbury Boulevard | Burleson, TX 76028
M-F • 7-7; S • 8-12 MRI [HF Open] • CT • US • X-Ray • MAMMO
Bone Density

Dallas Forest Lane 214.369.3795 | 866.225.8389 Fax
11617 North Central Expressway, Suite 132 | Dallas, TX 75243
M-F • 7:30-5:30; S • 8-12 MRI [HF] • CT • US • X-Ray/Fluoro • MAMMO
Bone Density

Dallas NorthPark 214.820.1700 | 214.989.6684 Fax
9101 North Central Expressway, Suite 100 | Dallas, TX 75231
M-F • 8-6; S • 8-12 MRI [HF] • CT • US • X-Ray/Fluoro

Denton 940.320.6901 | 940.320.6969 fax
1435 South Loop 288, Suite 101 | Denton, TX 76205
M-F • 8-8; S • 8-1 MRI [HF Open] • CT • US • X-Ray

DT Fort Worth 8th Avenue 817.335.9729 | 888.854.1510 fax
1199 8th Ave. | Fort Worth, TX 76104
M-F • 8-6; S • 8-12 MRI [HF] • CT • PET/CT • US • X-Ray/Fluoro
MAMMO • Bone Density

DT Fort Worth Rosedale 817.922.7780 | 817.768.3255 fax
1701 West Rosedale | Fort Worth, TX 76104
M-F • 7-7; S • 8-12 MRI [HF] • CT • US • X-Ray/Fluoro • MAMMO
Bone Density

Eules 817.283.4636 | 817.399.9648 fax
350 Westpark Way, Suite 100 | Eules, TX 76040
M-F • 8-6 CT • US • X-Ray • MAMMO • Bone Density

Flower Mound 972.724.0100 | 972.724.4455 fax
3101 Churchill Drive, Suite 100 | Flower Mound, TX 75022
M-F • 8-6 MRI [HF] • CT • US

Fossil Creek 817.428.5002 | 817.428.8101 fax
5455 Basswood Blvd., Suite 550 | Fort Worth, TX 76137
M-F • 7:30-7; S • 8-2 MRI [Open, HF] • CT • US • X-Ray/Fluoro
MAMMO • Bone Density

Grand Prairie 972.579.4480 | 972.579.3909 Fax
2740 N. State Hwy. 360, Suite 200 | Grand Prairie, TX 75050
M-F • 8-5 MRI [HF] • CT • US • X-Ray/Fluoro • MAMMO • Bone Density

Grapevine 817.424.4800 | 817.768.3058 Fax
2020 W. Hwy. 114, Suite 100 | Grapevine, TX 76051
M-F • 8-5 MRI [HF] • CT • US • X-Ray/Fluoro

Hurst 817.498.6575 | 817.498.8854 fax
1717 Precinct Line Road, Suite 103 | Hurst, TX 76054
M-F • 8-6; S • 8-12 MRI [Open, HF] • CT • US
X-Ray/Fluoro • MAMMO • Bone Density

Keller 817.482.2000 | 817.482.2050 Fax
601 South Main Street, Suite 100 | Keller, TX 76248
M-F • 8-6 MRI [HF Open] • CT • US • X-Ray/Fluoro • MAMMO
Bone Density

Lewisville 972.434.6737 | 972.434.6739 fax
190 Civic Circle, Suite 125 | Lewisville, TX 75067
M-F • 8-8; S • 8-2 MRI [Open, HF] • CT • US • X-Ray

McKinney 214.250.5090 | 214.250.5095 fax
5321 W. University | McKinney, TX 75071
M-F • 8-6; S • 8-12 MRI [HF] • CT • US • X-Ray/Fluoro • MAMMO
Bone Density

Mesquite 972.289.5558 | 972.289.5786 fax
1425 Gross Road, Suite 130 | Mesquite, TX 75149
M-F • 7-9; S • 8-5 MRI [HF Open] • CT • US • X-Ray • MAMMO
Bone Density

North Garland 972.495.7756 | 972.495.1837 fax
6850 N. Shiloh Rd., Suite R | Garland, TX 75044
M-F • 8-5 MRI [Open]

Red Oak 972.617.7731 | 214.736.9234 Fax
305 East Ovilla Road | Red Oak, TX 75154
M-F • 8-5; S • 8-12 MRI [HF] • CT • US • X-Ray/Fluoro
MAMMO • Bone Density

Plano 972.378.6858 | 972.378.9088 fax
3304 Communications Pkwy., Suite 201 | Plano, TX 75093
M-F • 7-8; S • 8-1 MRI [HF Open, HF] • CT • US • X-Ray/Fluoro

Richardson 972.744.0882 | 972.744.0884 fax
1910 North Collins Blvd. | Richardson, TX 75080
M-F • 8-6; S • 8-12 MRI [HF] • CT • US • X-Ray

Southwest Fort Worth 817.294.1131 | 817.294.3882 fax
6001 Harris Pkwy. | Fort Worth, TX 76132
M-F • 7-7; S • 8-12 MRI [HF] • CT • US • X-Ray/Fluoro

Advanced Imaging Center
214.820.1700 | 214.989.6684 Fax
411 N. Washington Avenue, Suite 1000 | Dallas, TX 75246
M-F • 7-8:30 3T MRI [HF] • CT • X-Ray

Charles A. Sammons Cancer Center at Dallas
214.820.1700 | 214.989.6684 Fax
3410 Worth Street, Suite 770 | Dallas, TX 75246
M-F • 8-6 MRI [HF]

Baylor Diagnostic Imaging Center
at Junius 214.820.1700 | 214.989.6684 Fax
3900 Junius Street, Suite 100 | Dallas, TX 75246
M-F • 7:30-8:30; S • 8-12 MRI [HF] • CT • PET/CT • US • X-Ray/Fluoro

Exhibit B

Assistance Application



Patient Account Number

Application for Financial Assistance

Patient Name (Last, First, MI)		Social Security Number	
Patient Address	City	State	Zip Code
Birth Date (Month/Date/Year)		Telephone Number	
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's Employer		Spouse's Employer	
Telephone #		Telephone #	

Marital Status: Married Single Widowed
 Separated Divorced

Spouse's Name

****If unemployed, please include the previous employer's name and telephone number****

A. Income: Please provide the income for each of the following persons in your household.	
Patient <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time - Hours/Week = _____ \$ _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Month <input type="checkbox"/> Year	Please complete only if patient is a minor (if not leave blank) Patient's Father <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time - Hours/Week = _____ \$ _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Month <input type="checkbox"/> Year
Spouse <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time - Hours/Week = _____ \$ _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Month <input type="checkbox"/> Year	Patient's Mother <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time - Hours/Week = _____ \$ _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Month <input type="checkbox"/> Year
Total Income \$ _____	
B. Income Verification: Please provide verification (<i>send only copies, no original documentation</i>) for all sources of household income (acceptable documentation listed below). Check attached documents:	
<input type="checkbox"/> Paycheck Remittance <input type="checkbox"/> Employer Verification <input type="checkbox"/> IRS Form W-2 <input type="checkbox"/> Tax Return <input type="checkbox"/> Governmental Assistance (food stamps, CDIC, Medicaid, TANF) <input type="checkbox"/> Bank Statements <input type="checkbox"/> Other (describe below) <input type="checkbox"/> Social Security, Workers Compensation or Unemployment Compensation Determination Letters	
If you are unable to provide one of the sources of income documentation listed above, please explain why this information is not available: _____	

C. Family Members: Please provide the total number of people in the patient's household. (This number should only include the patient, patient's spouse, and the patients' dependents)	_____
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D. Assets and Other Resources:	
Do you have any assets or other resources available to you? (Examples include savings accounts, trusts, stocks, bonds, retirement accounts, mutual funds, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, current amount available: \$ _____
Do you have medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list provider name: _____
Do you have a Health Savings Account or Flexible Spending Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, current amount available: \$ _____

I understand Touchstone Medical Imaging ("TMI") may verify the financial information contained in this Financial Assistance Application ("Application") in connection with evaluation of this Application, and by my signature hereby authorize my employer or any individual listed on this Application to certify or provide additional details with respect to the information provided in this Application. I certify that the statements made in this Application are true and correct, to the best of my knowledge and belief, and are made in good faith. I am aware that falsification or misrepresentation of information on this Application may result in denial of financial assistance.

Signature of Patient or Responsible Party _____	Printed Name _____	Date _____
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For Office Use Only	
<input type="checkbox"/> Application information obtained by TMI Employee in person or over the phone, no patient signature required.	
Electronic Signature of TMI Employee or TMI Representative _____	Date _____
Notes Regarding Income Verification/Number in the Household:	
<input type="checkbox"/> Patient is part of community care program Program Name _____	

Exhibit C
**Financial Assistance Eligibility Discount
 Guidelines**

Effective 07/01/2016

Based on Federal Poverty Guidelines Issued 1/22/2015

Schedule A

Financially Indigent Classification	
Number in Household	200%
1	23,540
2	31,860
3	40,180
4	48,500
5	56,820
6	65,140
7	73,460
8	81,780
Discount	100% of Balance Due

Schedule B

Medically Indigent Classification	
Balance due must be equal to or greater than 5% of the patient's Yearly Income for eligibility	
Number in Household	Up to 500%
1	58,850
2	79,650
3	100,450
4	121,250
5	142,050
6	162,850
7	183,650
8	204,450
Discount	95% of Balance Due