



Title:	Financial Assistance Policy		
Department/Service Line:	Revenue Cycle		
Approver(s):	Chief Financial Officer		
Location/Region/Division:	Touchstone JV		
Document Number:			
Last Review/Revision Date:	10/2018	Origination Date:	04/1/2017

SCOPE

This document applies to the Touchstone facilities listed on Attachment 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

1. Eligibility Criteria

Patients may apply for financial assistance after the service is rendered through the 365th day after the first billing statement is provided. Only United States citizens and residents of the United States are eligible for financial assistance. Each eligible patient's situation will be evaluated according to relevant circumstances, such as income 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 (Attachment C) are utilized to determine what amount, if any, of the outstanding patient account balance will be discounted after payment by all third parties and any patient payments received prior to qualification.

Financial assistance eligibility for non-emergency, medically necessary care is limited to Texas patients residing in the service area defined in Attachment D as long as the facility providing patient's care is the closest facility to patient's residence that can provide such medically necessary care or patient demonstrates that the closest facility cannot or will not provide such care.

When a patient's circumstances do not satisfy the requirements under the Financial Assistance Eligibility Discount Guidelines or Eligibility Criteria, a patient with unusual mitigating factors may still be able to obtain financial assistance. In these situations, the Compliance Committee will review all available information and determine the patient's eligibility for financial assistance. Touchstone reserves the right to further limit the services covered by this Policy.

2. Method for Applying or Obtaining Financial Assistance

1. Application Process

Applying for financial assistance can be initiated by a patient requesting assistance in person, over the phone 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 (Attachment B) on behalf of the patient. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance.

2. Community and Charitable Programs

Patients of certain approved community and charitable organizations and programs with the same eligibility criteria as Attachment C qualify for financial assistance under this Policy. For organizations or programs not approved under this policy, another assistance application may be used if the same items on the Financial Assistance Application are satisfied or documentation is provided as to why they were not satisfied. The Financial Assistance Committee will be responsible for determining the approved organizations and programs.

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.

4. Basis for Calculating Amounts Charges

The level of financial assistance will be based on a classification as Financially Indigent or Medically Indigent, as defined below. However, in addition to any out-of-pocket amount the patient may have already paid prior to qualification or what is owed after qualifying as Medically Indigent, Touchstone reserves the right to bill and collect a reasonable copayment (not to exceed \$25) for services rendered to patients who qualify for financial assistance at certain locations.

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 Schedule A of the Financial Assistance Eligibility Discount Guidelines (Attachment C).

Example: A patient with a Household Size of 3 (as defined below in section 5.2.ii) and Yearly Household Income of \$40,320 is eligible for a financial assistance discount of 100%.

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, equal or exceed 5% of their Yearly Household Income and whose Yearly Household Income is greater than 200% but less than or equal to 500% of the FPG as set forth in Schedule B of the Financial Assistance Eligibility Discount Guidelines (Attachment C). These Medically Indigent patients will owe the lesser of the patient's account balance or 10% of the patient's gross charges.

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 down to the calculated AGB amount if the patient's total outstanding bills, after all third-party payments, exceeds 5% of the Yearly Household Income. Assuming the patient's gross charges is \$50,000 and the patient's account balance is \$10,000 (which is greater than 5% of the Yearly Household Income); the patient's remaining obligation would be \$5,000. Please note, if the patient's remaining balance is already less than the calculated AGB amount, the patient will receive no additional fee reduction and will be responsible for paying the remaining balance.

3. Financial Assistance Eligibility Discount Guidelines

The Financial Assistance Eligibility Discount Guidelines are attached and are made a part of this Policy (Attachment 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.

5. Determination of Financial Assistance

1. Financial Assistance Assessment

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

- 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,
- ii. The use of credit reports and other publicly available information that provide information on a patient's or a patient's guarantor's 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.

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.

- i. Household Income
 - a. 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.
 - b. 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 or legal guardian(s).
- ii. Household Size
 - a. Adults: In calculating the Household Size, include the patient, the patient's spouse, and any dependents (as defined by the IRC).
 - b. 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.

3. Income Verification

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

- 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.
- 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; Medicare Low Income Subsidy; 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.
- 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:
 - a. **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;
 - b. **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.
- 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.

4. Financial Assistance Disqualification

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

- 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.
- ii. **Other Payor Sources.** A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties and fully cooperate and comply with eligibility requirements for any other healthcare program(s) and identifiable funding sources, including COBRA coverage (a federal law allowing for a time-limited extension of employee healthcare benefits), for which the patient may be qualified prior to being qualified for financial assistance. If a patient does not cooperate and fully pursue his or her options, financial assistance may be denied, or if an active approval is on file, revoked, and the patient will be responsible for any balances.

- iii. **Third Party Settlement.** Financial assistance will be denied if the patient receives a third party financial settlement associated with the care rendered by Touchstone. 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:

1. Posting the Policy and Assistance Application on the Touchstone website at the following location: <https://www.touchstoneimaging.com/patients/billing-collections>.
2. Annually posting a notice in the principal newspaper serving the Touchstone provider service area.
3. Informs and notifies patients by the posting of a notice in the admitting areas and/or business offices of Touchstone locations
4. Touchstone staff discuss when appropriate, in person or during billing and customer service phone contacts with patients.
5. Paper copies of the Policy and Assistance Application are made available to all patients upon request and without charge.

7. Relationship to Collection Parties

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.
2. After the patient's account is reduced by the discounts based on the Financial Assistance Eligibility Discount Guidelines (Attachment C), the patient is responsible for the remainder of the outstanding patient account balances. Once the patient qualifies for financial assistance, Touchstone will not pursue collections on the amount qualified for financial assistance.
3. Touchstone will under no circumstances refund to a patient or third party, any amounts paid prior to qualification for Financial Assistance.
4. **The Policy does not affect any Touchstone obligation under "Emergency Medical Treatment and Active Labor Act (EMTALA)". The Policy also does not alter or modify other policies concerning efforts to obtain payments from third-party payors.**

ATTACHMENTS

Touchstone Facilities and Controlled Affiliates (Attachment A)
Touchstone Financial Assistance Application (Attachment B)
Touchstone Financial Assistance Eligibility Discount Guidelines (Attachment C)
Touchstone Service Area (Attachment D)

RELATED DOCUMENTS

Financial Assistance Affirmation Statement
Financial Assistance Application


Financial Assistance

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.

Attachment A
Touchstone Facilities and Controlled Affiliates

Touchstone Imaging Las Colinas
Touchstone Imaging Flower Mound
Touchstone Imaging Downtown Fort Worth PET
Advanced Imaging Center
Touchstone Imaging Downtown Fort Worth Rosedale
Touchstone Imaging Arlington
Touchstone Imaging Burleson
Touchstone Imaging Forest Lane
Touchstone Imaging Fort Worth
Touchstone Imaging Fossil Creek
Touchstone Imaging Grand Prairie
Touchstone Imaging Southlake
Touchstone Imaging Hurst
Baylor Diagnostic Imaging Center at Junius
Touchstone Imaging Keller
Touchstone Imaging Kyle
Touchstone Imaging Lewisville
Touchstone Imaging McKinney
Touchstone Imaging Mesquite
Touchstone Imaging Dallas North Park
Touchstone Imaging Oaktree
Touchstone Imaging Plano
Touchstone Imaging at Red Oak
Touchstone Imaging Richardson
Touchstone Imaging 38th Street
Touchstone Imaging Northwest
Touchstone Imaging Post Oak
Touchstone Imaging Round Rock
Baylor Charles A. Sammons Cancer Center
Sendero Imaging Main
Sendero Imaging North Central
Sendero Imaging South
Touchstone Imaging Waco
BlueStar Imaging at the Star
Touchstone Imaging Aurora
Touchstone Imaging Castle Rock
Touchstone Imaging Dry Creek
Touchstone Imaging Highline
Touchstone Imaging Lakewood
Touchstone Imaging Uptown
Touchstone Imaging Mammography & Bone Density
Touchstone Imaging Wheat Ridge
Touchstone Imaging Lafayette
Touchstone Imaging Thornton

Attachment B Touchstone Financial 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 _____

Marital Status: Married Single Widowed
 Separated Divorced

Spouse's Name _____

Employed Yes No Employed Yes No

Patient's Employer _____ Spouse's Employer _____

Telephone # _____ Telephone # _____

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.

<p>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</p> <p>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</p> <p>Total Income \$ _____</p>	<p style="text-align: center; font-size: x-small;">Please complete only if patient is a minor (if not leave blank)</p> <p>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</p> <p>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</p>
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B. Income Verification: Please provide verification (*send only copies, no original documentation*) for all sources of household income (acceptable documentation listed below).
Check attached documents:

Paycheck Remittance Employer Verification Governmental Assistance (food stamps, CDIC, Medicaid, TANF)
 IRS Form W-2 Tax Return Social Security, Workers Compensation or Unemployment Compensation Determination Letters
 Bank Statements Other (describe below)

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) _____

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.) Yes No If Yes, current amount available: \$ _____

Do you have medical insurance? Yes No If Yes, please list provider name: _____

Do you have a Health Savings Account or Flexible Spending Account? Yes 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 _____

For Office Use Only

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:

Patient is part of community care program Program Name _____

Attachment C
Touchstone Financial Assistance Eligibility Discount Guidelines
Effective 7/1/2017

Based on Federal Poverty Guidelines issued 1/25/2016

Financially Indigent Classification	
Requirements	
<i>1) Yearly income must be less than or equal to the following</i>	
# in Household	200% FPL
1	23,760
2	32,040
3	40,320
4	48,600
5	56,880
6	65,160
7	73,440
8	81,720
<i>For each additional household member, add \$8,360.</i>	
Patient Responsibility	0% of Balance Due

Schedule B

Medically Indigent Classification	
Requirements	
<i>1) Yearly income must be less than or equal to the following</i>	
<i>2) Balance due must be greater than or equal to 5% of annual household income</i>	
# in Household	500% FPL
1	59,400
2	80,100
3	100,800
4	121,500
5	142,200
6	162,900
7	183,600
8	204,300
<i>For each additional household member, add \$20,900.</i>	
Patient Responsibility	Minimum of 1) AGB 2) Patient Responsibility 3) 10% of global charges

**Attachment D
Texas Service Area**

Texas patients residing in the service areas outlined below are eligible for financial assistance for non-emergency, medically necessary care. The Financial Assistance Committee will update this attachment from time to time to reflect all counties covered in the Financial Assistance Policy except as otherwise determined by the Financial Assistance Committee.

Bell	Wood
Blanco	
Bastrop	
Bexar	
Brazos	
Burleson	
Burnet	
Collin	
Cooke	
Coryell	
Dallas	
Denton	
Ellis	
Grayson	
Gregg	
Grimes	
Hays	
Henderson	
Hood	
Hunt	
Johnson	
Kaufman	
Llano	
McLennan	
Milam	
Navarro	
Parker	
Rockwall	
San Saba	
Smith	
Tarrant	
Travis	
Van Zandt	
Waller	
Washington	
Williamson	