



Polara Health

GUIDING YOUR WAY TO WELLNESS SINCE 1966

Thank you for choosing Polara Health for your care.

We are pleased to provide financial assistance for medically necessary care in a fair, consistent, respectful, and objective manner for low income patients who are uninsured or under-insured.

The term *medically necessary* refers to inpatient or outpatient healthcare services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury, illness, disease or its symptoms that if left untreated would pose a threat to the patient's ongoing health. Services not considered medically necessary are services that are cosmetic, experimental or part of a clinical research program.

- **Application Process**

A financial assistance application or screening for Sliding Fee Scale eligibility must be completed before the account has been submitted to a collections agency. For outpatient services we must verify your household family size and income. For inpatient services we must verify income and assets so we need to take steps to collect a few additional pieces of information. Documentation necessary for income and asset verification for the household includes, but is not limited to:

- Paycheck stubs for last three (3) months, or W-2 for previous year
- Social Security award letter
- Unemployment check stubs for last three (3) months
- Current IRS tax return
- Bank and/or credit union statements for the last three (3) months
- Investment statements for the last three (3) months
- Mortgage statements for last three (3) months and annual property tax statements
- Self-employment business records
- In the absence of income, a letter of support from individual(s) providing for the basic living needs for patient
- Polara Health may require additional verification of income and assets upon request

Other supporting documents include:

- Relationship of household members
 - Birth or baptismal certificate or adoption papers for minor age children
 - Marriage license
- Social Security Cards
- Proof of legal residency
 - Current Driver's License
 - Other documents proving legal residency

Incomplete applications will be denied until they are fully completed. A letter will be sent to the patient outlining the information needed with instructions on how to submit the necessary documents. Applications will remain on file for 120 days. If the required documents are not received, or no payment arrangements have been made, the account will be submitted for bad debt review.

- **Eligibility Determination**

The Polara Health Business Office has up to 30 days from the date when the completed application is received to authorize financial assistance and to notify the patient. Final determination for financial assistance will be provided in writing. Assignment to a collection agency will not occur during the assistance determination process.

The determining factors for approval are:

- There is no third-party responsible for payment or the client/patient is underinsured
- Household income is below 200% of the Federal Poverty Level
 - Includes all pre-tax income for all persons 18 years of age and over who reside in the household.
- A credit history report may be requested
- Household assets
 - Checking accounts
 - Savings accounts
 - Stocks, bonds and annuities
 - Cash value of life insurance policies
 - Personal property
 - Vehicles other than primary transportation

- Payment Plans

Terms of payment plans will be individualized and set up based upon the clients monthly disposable income. Note: If a payment plan needs further extension, please contact the Billing Department.

Patients who agree to make monthly payments will not be assigned to a collection agency and will not be charged interest. Failure to make a payment within two (2) months may result in the account being submitted to a collection agency.

Patients have the right to appeal the financial assistance determination by submitting a letter of explanation to the Polara Health Billing Department within 30 days of receiving the notification of determination.

A copy of the Financial Assistance Program application and the complete Financial Assistance Program policy is available for at polarahhealth.com or by calling the Polara Health Billing Department at (928) 445-5211 extension 4099. If you have any questions about the Financial Assistance Program, please contact the Polara Health Billing Department.