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Area **Administrative-Board**

Financial Assistance, 00001 04 23

I. POLICY

All patients seeking health care services at Licking Memorial Health Systems (LMHS) are assured they will be served regardless of their ability to pay. LMHS provides emergency and other medically necessary services at no charge, or at a reduced charge, to persons eligible under the financial assistance policy. Medically necessary care shall mean health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms in accordance with professionally recognized standards of health care generally accepted at the time services are provided.

In accordance with the procedure outlined below, insured (including Medicare) and uninsured patients who do not have the means to pay for services provided at Licking Memorial Health Systems may request to be considered for financial assistance under this policy. Medically necessary services may be available at no charge to persons in need of care whose household income does not exceed one-hundred percent (100%) of the current poverty income guidelines established by the Department of Health and Human Services. Persons in need of care whose household income exceeds one-hundred percent (100%) of the established guidelines, but is not more than two-hundred and fifty percent (250%) of the established guidelines, may be eligible for services at a reduced charge.

For those who are eligible for financial assistance at a reduced charge, LMHS will not hold the patient responsible for more than the amounts generally billed (AGB) by the hospital. The AGB percentage is calculated using the look-back method as defined in federal regulations and utilizes claims data from Medicare and private health insurers over a 12-month period.

II. PROCEDURE

- A. To be considered for financial assistance, a **Licking Memorial Health Systems Financial Assistance Application** (Form 1900-0003) must be completed by the patient or the responsible party. A Billing Specialist will make a determination of eligibility based upon the following

criteria:

To be eligible for free care through the Hospital Care Assurance Program (HCAP):

- The patient must be ineligible to receive public health care assistance.
- The patient must be an Ohio resident, based on the address at the time medical services are provided.
- Household income must be at or below one-hundred percent (100%) of the poverty income guidelines established by the Department of Health and Human Services.

To be eligible for a reduced cost of care provided through the Community Service Program:

- The patient must be ineligible to receive public health care assistance.
- The patient must be a Licking County resident, based on the address at the time medical services are provided.
- Household income may be up to two-hundred and fifty percent (250%) of the poverty income guidelines established by the Department of Health and Human Services.

Patients eligible for financial assistance under the policy will receive assistance according to the following sliding scale:

Annual Family Income	Amount of Discount
Less than 100% FPG	100%
100% - 150% FPG	80%
150% - 200% FPG	50%
200% - 250% FPG	45%

- B. A family's gross income for three (3) months and twelve (12) months prior to the date(s) of service will be used to determine eligibility. The signature of the applicant attesting to the accuracy of the information contained on the financial assistance application may serve as income verification. If an applicant states the family income was zero a *Voucher of Unemployment and/or Zero Income for Financial Assistance Application (Form 1900-0003)* should be completed. In the absence of this form, a brief explanation containing the beginning and ending dates of the period in which the family income was zero and a statement of how the applicant is meeting their living expenses may be written on the back of the application or on a separate sheet of paper. Applications must be received in our office no later than 3 years from the date of service.
- C. In addition to income documentation (i.e. pay stubs, pension), self-declaration of income may be used.
- D. For financial assistance purposes, "family" is defined as the patient, the patient's spouse (regardless of whether they live in the home), and all of the patient's children under the age of 18 (natural or adoptive) who live in the patient's home.
- E. Upon completion of the application, a determination of eligibility will be made and supplied to the applicant. Each approved application for outpatient services will remain valid for ninety

(90) days from the original date of service. Each inpatient admission requires a new application.

- F. Information about the financial assistance program is provided with the patient's billing statement. If a patient does not pay their bill or expresses an unwillingness to pay for their services, the patient will be contacted regarding their payment obligations. If the patient is not currently eligible for financial assistance and does not make effort to pay or fails to respond within 90 days, this constitutes a refusal to pay and other options will be explored, including referral to collections.
- G. If payment in full is not possible after discounts are applied, LMHS financial guidelines will be followed to establish a payment plan.
- H. In the event of non-payment of a balance owed by the patient or responsible party, the actions taken by LMHS may include collections action and reporting to credit agencies.
- I. For a list of physician groups or other entities who are covered by this financial assistance policy, please refer to Appendix A.
- J. LMHS bases its eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity, ability to pay, or whether payment for those services would be made under Medicaid or Medicare.
- K. LMHS does not require patients to apply for Medicaid/health insurance or do asset testing to qualify for financial assistance.
- L. Information about LMHS financial assistance is made available through the LMHS website, patient handbook, and postings throughout the health system, such as in waiting areas, patient bills, and the online patient portal.

APPENDIX A

Physician Groups that are covered under the Financial Assistance Program:

Licking Memorial Health Professionals Acute Inpatient Rehabilitation
Licking Memorial Health Professionals Addiction Medicine
Licking Memorial Health Professionals Anesthesiology
Licking Memorial Health Professionals Behavioral Health
Licking Memorial Health Professionals Cardiac Electrophysiology
Licking Memorial Health Professionals Dermatology
Licking Memorial Health Professionals Emergency Medicine
Licking Memorial Health Professionals Endocrinology
Licking Memorial Health Professionals Family Practice Providers
Licking Memorial Health Professionals Gastroenterology
Licking Memorial Health Professionals Gynecology
Licking Memorial Health Professionals Heart Center
Licking Memorial Health Professionals Hematology/Oncology
Licking Memorial Health Professionals Hospitalists
Licking Memorial Health Professionals Infectious Disease
Licking Memorial Health Professionals Internal Medicine

Licking Memorial Health Professionals Neurology
Licking Memorial Health Professionals Orthopedic Surgery
Licking Memorial Health Professionals Otolaryngology
Licking Memorial Health Professionals Outpatient Psychiatric Services
Licking Memorial Health Professionals Pain Management
Licking Memorial Health Professionals Pathology
Licking Memorial Health Professionals Pediatrics
Licking Memorial Health Professionals Pediatric Hospitalists
Licking Memorial Health Professionals Podiatry
Licking Memorial Health Professionals Pulmonary/Critical Care/Sleep Medicine
Licking Memorial Health Professionals Rheumatology
Licking Memorial Health Professionals Surgical Services
Licking Memorial Health Professionals Urology
Licking Memorial Health Professionals Vascular Surgery
Licking Memorial Health Professionals Women's Health
Licking Memorial Hospital

All Revision Dates

6/26/2025, 6/27/2024, 6/29/2023, 9/23/2020, 6/29/2018, 3/20/2018, 1/1/2016

Attachments

 [Non-Discrimination Notice.docx](#)

Approval Signatures

Step Description	Approver	Date
President-Board Final	Rob Montagnese: PRESIDENT	6/26/2025
VP, Financial Services	Cynthia Webster: VP, Financial Svcs	6/25/2025
	Patricia Priest: Quality Splst	6/11/2025