



## Financial Assistance Policy

### PURPOSE:

Beaufort Memorial Hospital (BMH) Financial Assistance Program is offered to patients, regardless of race, creed, religion, national origin, or disability, with a demonstrated inability to pay for services. Uninsured patients who do not have the financial means to pay their bill, and who do not qualify for coverage under any other government-sponsored program may apply for consideration under the BMH Financial Assistance Program. Only emergency and medically necessary visits are eligible for assistance. This policy does not cover elective services. A person seeking consideration for assistance must complete an application and provide verification of information. All uninsured patients who are seeking consideration will be screened for a government-funded program to assist the patient in finding ongoing coverage for services. It is the policy of Beaufort Memorial Hospital to charge all patients, regardless of insurance coverage or ability to pay, the same amount for the same services performed. This policy is designed to comply fully with all applicable state and federal laws and regulations including Section 501 ( r ) of the Internal Revenue Code.

This program would only apply to services rendered at Beaufort Memorial Hospital and Beaufort Memorial Physician Partners Medical Practices It *does not* apply to services rendered by any independent physicians or practitioners that are not employed by Beaufort Memorial Hospital. This includes, but is not limited to Anesthesiologists, Radiologists, Pathologists, Psychiatrists and Teleconsultants. No individual who is eligible for financial assistance will be charged more than Amounts Generally Billed ("AGB") for emergency or other care to individuals who have insurance covering such care.

Services subject to this policy must be medically necessary to be considered. Medical services for cosmetic purposes and services that are not medically necessary will not be considered. The following services are not eligible for consideration for financial assistance:

- Cosmetic Procedures
- Elective procedures
- Non urgent tests, services or procedures
- Infertility Services
- Specialized high-cost services and supplies
- Services for which flat fee has been determined
- Negotiated settlements

Emergency Medical Care - Beaufort Memorial Hospital will provide, without discrimination, and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA), care for emergency medical conditions to individuals regardless of their ability to pay, or as specified in greater detail in the Hospital's EMTALA policy. A copy of the EMTALA policy is available free of charge upon request by writing to Beaufort Memorial Hospital, Patient Financial Services at Beaufort Memorial Hospital; the policy may also be downloaded at [WWW.BMHSC.ORG](http://WWW.BMHSC.ORG).



## PROCEDURES:

### BMH Financial Assistance Program

#### Eligibility for Assistance:

- A. The patient must be uninsured or, in certain circumstances, have limited insurance coverage.
- B. The patient must be unable to access other programs that would cover medical expenses.
- C. The patient's annual family income must be no more than 300% of the current year Federal Poverty Level ("FPL") Guidelines.
- D. The patient must not have substantial cash and personal assets.
- E. The patient must not be ineligible for government sponsored coverage because of noncompliance with requirements.
- F. The service must be considered medically necessary (generally defined as urgent or emergent).
- G. The application and all supporting documentation must be submitted to the hospital business office department.
- H. Patients that qualify for care through the Good Neighbor Medical (free) Clinic approval process will be considered presumptively eligible for assistance under this policy for certain lab and radiology services only.

#### The following patients are not eligible:

- A. Patients who have not cooperated with insurance or other payment source, which results in non-payment.
- B. Patients who have insurance, unless patient is deemed medically indigent.
- C. Patients who had liability coverage or where the patient's insurance company paid directly to the patient
- D. Patients eligible for workers' compensation
- E. Services provided where a patient has a claim against a responsible party
- F. Patients with income  $\geq$  300% of FPL
- G. If the applicant was eligible for group health insurance that would have covered services provided but elected not to have coverage through the employer, the account will not be eligible for Financial Assistance
- H. Patients who have not met other enrollment criteria as determined by BMH.

Application: All applicants must be screened for all government programs to ensure another payment source is not available. Dual applications can be completed for assistance and government programs during this process. Government programs include, but are not limited to, ACA Exchange Plans and Medicaid. Additionally, candidates may be selected for AccessHealth Lowcountry's enrollment process if all other qualifications for assistance have been met. All applications that have been taken on an applicant must be documented in Meditech.

1. Any Patient Access Services (PAS) or Patient Financial Services (PFS) employee may receive a request for charity assistance from a patient or responsible party/guarantor within 240 days of the first post discharge billing statement. Applicants will be required to complete and sign the application for the BMH Financial Assistance Program. By signing, the applicant certifies that the information provided is correct, and that he/she will assign payment to BMH for any monies received from settlement or liability case or other source of payment.



2. The patient or responsible party may be asked to provide some or all of the following documentation:
  - A. Financial Assistance Application
  - B. Prior year's tax return
  - C. Proof of residency
  - D. Minimum of three most recent pay stubs
  - E. Most recent three bank statement for all accounts, including but not limited to savings, checking, investment accounts
  - F. Other proof of income relative to current household income

All requested documentation should be returned within 30 days of request in order to be considered for the BMH Financial Assistance Program. See Financial Assistance Application for complete list of information needed during application process.

3. Patients can obtain a copy of the financial assistance policy, financial assistance application, and financial assistance billing and collection policy free of charge either at the hospital's website [WWW.BMHSC.ORG](http://WWW.BMHSC.ORG) or by requesting at mail at:
  - Beaufort Memorial Hospital, Attn Patient Financial Services, 955 Ribaut Road, Beaufort, SC 29902.
4. Completed applications should be submitted to: Beaufort Memorial Hospital, Attn: Patient Financial Services, 955 Ribaut Rd, Beaufort, SC 29902. Patients can request assistance with completing the financial assistance policy by calling 1-855-852-0456.
5. Approved financial assistance discounts will be applied to emergent and medically necessary services for Beaufort Memorial Hospital and related employed physician practices services for the emergent episode or up to 90 days if ongoing medically necessary treatment is required.
6. The Patient Financial Services Manager will review all charity applications. Based on the account balance for which the charity application is being reviewed, approval is required as indicated in the table below:

Account Balance	Approving Authority
Up to \$10,000	Patient Financial Services Manager
Up to \$50,000	Patient Financial Services Director
Over \$50,000	Chief Financial Officer

7. BMH recognizes that there may be occasions when supporting documentation is unavailable or unobtainable. BMH reserves the right to adjust any account off to the BMH Financial Assistance Program due to extenuating circumstances. Accounts in this category MUST be fully documented in the



Notes/Comments, with a complete description of the situation and reasons for adjusting the account to the BMH Financial Assistance Program.

- 8. Approved applicants will be eligible to receive charity care adjustments on related emergent or medically necessary accounts.
- 9. Qualifying individuals will not be charged more than the Amounts Generally Billed (AGB) for emergency and other medically necessary care. Amounts generally billed is determined using the "look-back method" as defined by the Internal Revenue Code. The organization calculates this percentage annually by evaluating the average percentage of payment of all Medicare fee-for-service and commercially insured patients. The updated AGB percentage applicable as of 10/1/2025 is 34%, resulting in a minimum discount of 66% applied to gross charges. The percentage was calculated using all claims allowed for both inpatient and outpatient services having discharge dates from 10/1/24 to 9/30/25.
- 10. Applicants with income levels below 200% of the poverty level (defined below) will be approved and related accounts adjusted off at 100% as charity care. Applicants with an income level between 201% and 300% will be reviewed individually and a portion of the outstanding balance adjusted off to the Hospital Sponsored Assistance program based on the following adjustment table:

Income Level (% of poverty guidelines)	Patient Responsibility	Discount
0-200%	0%	100%
201%-220%	10%	90%
221%-240%	15%	85%
241%-260%	20%	80%
261%-280%	25%	75%
281% - 300%	30%	70%

- 11. Discounts are also available for patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient's medical expenses for an episode exceed 25% of their annual income. In these cases, patient copays and deductibles may also be included in this discount. Please refer to the Billing and Collections policy for full details on these qualifications.



12. Financial Assistance is not available for services that are high cost with alternatives readily available or excluded services including cosmetic surgery, infertility evaluation, hearing aids, and other elective services.
13. Uninsured patients who are not eligible for Financial Assistances are eligible for a 40% self-pay discount off of the hospital gross charges.
14. All applicants who submit an application for assistance will be notified in writing of the application's determination.
15. The applicant may appeal all denials for assistance by formally submitting a written letter outlining why they feel the reconsideration should be granted. The Patient Financial Services Director will review all appeals and render a decision on the appeal based on the reconsideration letter.
16. If a patient is determined to be homeless, Beaufort Memorial Hospital will attempt to obtain financial assistance application from the patient while they are a patient.
17. The organization will not engage in any extraordinary collection actions against patients who qualify for financial assistance. For additional information relating to the financial assistance notification and collection process see the Hospital's Billing and Collection Policy at either: BMHSC.ORG or request by mail at: Beaufort Memorial Hospital, Attn: Patient Financial Services, 955 Ribaut Rd, Beaufort, SC 29902
18. All charity applications will be scanned into the patient folder in Meditech on the patient account for which it was originally approved.

## REFERENCE:

Poverty Guidelines: The Organization uses the Federal Poverty Level Guidelines ("FPL") as indexed by the U.S. Department of Health & Human Services. For the current Federal Poverty Guidelines please see: <https://aspe.hhs.gov/poverty-guidelines>

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***The policies and procedures set forth in this policy library do not establish a standard to be followed in every case. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. These policies should be considered guidelines with the understanding that departures from them may be required at times. Accordingly, it is recognized that those individuals employed in providing healthcare are expected to use their own judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. If this policy contains reference to clinical literature, the literature cited is only intended to support the reasoning for adoption of certain guidelines contained herein. It is not an endorsement of any article or text as authoritative. Beaufort Memorial Hospital specifically recognizes there may be articles or texts containing other opinions on point that may be helpful and valid which would support other care or actions, given a particular set of circumstances. No literature is ever intended to replace the education, training and experience or exercise of judgment of healthcare providers.***