

St. Joseph's / Candler Health System	Administrative Policy Title: Financial Assistance	Policy Number: 1220-A Effective Date: 07/10/2026 Page 1 of 8
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Policy Statement

It shall be the policy of St. Joseph's/Candler Health System (SJ/C) to provide financial assistance for the provision by SJ/C of emergency and other Medically Necessary care to patients who qualify under the guidelines set forth herein. Patients that demonstrate an inability to pay for all or some portion of the charges normally due for the emergency or other Medically Necessary care will be screened for eligibility under Medicaid and other state programs and/or evaluated against pre-established guidelines for financial assistance and provided information about how to apply for financial assistance.

This policy does not affect or limit SJ/C's dedication and obligation under EMTALA to treat patients with emergency medical conditions.

SJ/C will make such financial assistance available in accordance with the criteria specified herein without regard to the patient's race, color, religion, creed, sex, national origin, age, disability, gender identity or expression of such person, or any other classification prohibited by law.

The financial assistance policy contained herein is applied consistently to all emergency and other Medically Necessary care provided by SJ/C at the following facilities:

- St. Joseph's Hospital
- Candler Hospital
- SJ/C Medical Group (Medical Group)
- SJ/C Oncology Services (Oncology Services)
- SJ/C Home Health Services

Entities to whom this Policy Applies

St. Joseph's Hospital, Candler Hospital, SJ/C Medical Group (a listing of SJ/C Medical Group can be found on the SJ/C website <https://www.sjchs.org>, SJ/C Oncology Services and SJ/C Home Health Services.

Entities to whom this Policy Does Not Apply

The Providers, including provider groups, that are not covered by this Policy include Chatham Radiologists, Georgia Emergency Physicians, Pathology Associates, Coastal EMS, Southside

Fire/EMS Ambulance Service, SemperCare, Candler Retail Pharmacy, American Anesthesiology Associates of Georgia, and any LIP with admitting privileges that is not listed as part of the SJ/C Medical Group.

Definition of Terms

Amounts Generally Billed (AGB) - The amount by which charges for Uninsured patients are measured. Uninsured patients will not be charged more for emergency or other Medically Necessary care than the AGB for patients who have insurance coverage. To calculate AGB, SJ/C uses the look-back method inclusive of both hospital facilities' experience. The look-back method utilizes data from Medicare and private health insurers based on the prior 12-month fiscal year to determine the AGB percentage applied. The AGB percentage utilized by SJ/C and the method in which it was determined is available free of charge from the Customer Service Department. Customer Service may be contacted at 912-819-8455 or 800-374-7054.

Centralized Billing Office (CBO) – SJ/C co-workers who complete patient billing and collections on behalf of SJ/C employed LIPs.

Discount - A reduction of the patient account balance (up to 100% of Gross Charges).

Extraordinary Collection Actions (ECA) - Any actions taken by the SJ/C (or any agent of SJ/C, including a collection agency) against an individual related to obtaining payment of a bill covered under this policy that requires a legal or judicial process, involves selling an individual's debt to another party, or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Placing an account with a third party for collection is not an ECA.

Federal Poverty Income Guidelines (FPIG) - Determined by the government of the United States and published annually in the Federal Register. FPG are based on the size of a family and family's income. FPG are used in determining a patient's eligibility for financial assistance under Medicaid and SJ/C's FAP. The most up to date FPIG can be found here:

<https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detail-guidelines-2026.pdf>

Financial Assistance Policy (FAP) Discount - A percentage Discount of the patient account balance based on the patient's ability to pay.

Financial Resource Coordinators - SJ/C co-workers who verify proper insurance coverage, secure payment of deductibles and other estimated self-pay balances, provide assistance for those unable to pay by referral for Medicaid or other state programs, and provide guidance with the FAP.

Gross Charges - Full, established price for medical care that SJ/C entities consistently and uniformly charges all patients before contractual allowances, Discounts or other deductions.

Insured - The status of a patient with insurance or third-party coverage which pays all or a portion of the patient's Gross Charges for medical services. This category includes those patients covered by a governmental payor such as Medicare, Medicaid, Champus and authorized Veteran's benefits; as well as private payors such as Medicare Advantage, Medicaid managed care organizations, commercial or managed care, auto and worker's compensation.

Licensed Independent Practitioner (LIP) – Physician or any other individual permitted by law and by the Hospital to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

Medically Necessary – Medical services based upon generally accepted medical practices in light of conditions at the time of treatment which is appropriate and consistent with the diagnosis of the treating physician and the omission of which could adversely affect the patient's condition. This classification does not infringe or encompass the classification of emergent or the EMTALA laws associated with that designation. If the patient feels that the service ordered requires immediate or urgent treatment, the patient may request review of the order by contacting the Office of Medical Affairs at 912-819-6670 or 912-819-3338.

Presumptive Charity – A Discount applied to the outstanding balance of a patient account based on FPIG information provided by a scoring vendor. This Discount is applied at the end of the active self-pay billing cycle balance.

Scoring Vendor - The software company engaged by SJ/C to provide a financial rating (calculated based on credit bureau information such as assets, mortgage payments, auto loans, credit card debt, and other financial history) for patients. The financial rating is utilized as a factor in determining a patient's ability to pay. SJ/C currently contracts with Experian for this service.

Service Area of SJ/C - The Service Area of SJ/C by Zip Code shall be 29901, 29902, 29903, 29904, 29905, 29906, 29907, 29909, 29910, 29914, 29915, 29920, 29925, 29926, 29928, 29931, 29935, 29938, 29940, 29941, 31308, 31321, 31324, 30415, 30450, 30452, 30458, 30459, 30460, 30461, 31302, 31322, 31328, 31401, 31402, 31403, 31404, 31405, 31406, 31407, 31408, 31409, 31410, 31411, 31412, 31414, 31415, 31416, 31418, 31419, 31420, 31421, 31303, 31307, 31312, 31318, 31326, 31329, 29912, 29927, 29934, 29936, 29943, 31301, 31309, 31310, 31313, 31314, 31315, 31320, 31323, 31333, 30414, 30417, 30423, 30429, 31316, 31304, 31305, 31319, 31331, 31327, 30424, 30446, 30449, 30455, 30467, 30420, 30421, 30427, 30453, 30438, 31599, 31545, 31546, 31555, 31560, 31598, 31513, 31515, 31563, 31624, 31642, 31650, 31510, 31542, 31543, 31553, 31566, 31547, 31548, 31558, 31565, 31568, 31569, 30439, 30451, 31537, 31562, 31623, 31630, 31631, 31634,

31512, 31519, 31533, 31534, 31535, 31554, 31567, 30401, 30425, 30448, 30464, 30471, 31002, 31520, 31521, 31522, 31523, 31524, 31525, 31527, 31561, 31532, 31539, 30442, 30822, 30410, 30412, 30445, 30470, 30473, 31516, 31518, 31551, 31556, 31557, 30436, 30474, 30475, 30457, 31501, 31502, 31503, 31550, 31552, 30411, 30428, 31037, 31055, 31083, 31544, 31549.

Uninsured - The status of a patient without insurance or third-party coverage who does not qualify for Medicaid or other state assistance. A patient may also be classified as “Uninsured” if the patient is Insured, but the insurer refuses to pay for medical services rendered for reasons such as pre-existing conditions, out-of-network provider, etc. Patients with access to auto insurance benefits of any kind, worker’s compensation, victims of crime funds, etc. will be excluded as well as any patients who refuse or fail to comply with requirements that would allow coverage under a governmental or non-governmental program.

Financial Assistance Policy Publication and Distribution

St. Joseph’s/Candler will, in good faith, communicate the availability of financial assistance options to patients utilizing the following methodology:

1. The Financial Assistance Policy (FAP), financial assistance application, and plain language summary are widely available on the SJ/C website at www.sjchs.org. The FAP, financial assistance application, and plain language summary are also available by request, free of charge, by mail or at all SJ/C patient registration and cashier areas in paper form in both English and Spanish.
2. The availability of financial assistance is advertised with conspicuous displays in all intake and discharge areas in all facilities.
3. The plain language summary is provided to SJ/C’s community outreach affiliates, the African American Resource Center, the Georgia Infirmary, St. Mary’s Community Center and the Good Samaritan Clinic.
4. Co-workers will refer any patient who requests financial assistance or who indicates he/she is unable to pay the entire amount of his/her account balance to Patient Accounts Customer Service. Co-workers other than those persons working in the Patient Accounts Department will not make specific representations or promises to patients concerning whether a patient may qualify for any type or amount of financial assistance.

Procedures

I. ELIGIBILITY CRITERIA

SJ/C provides financial assistance to patients who need emergency or other Medically Necessary care, but can demonstrate an inability to pay for all or a portion of the amount

charged for medical services. SJ/C will make reasonable efforts to determine a patient's eligibility for financial assistance under this policy before engaging in any Extraordinary Collection Actions as defined by and in compliance with Section 501 (r) of the Internal Revenue Service code. See **Patient Billing and Collection (Administrative Policy #1281-A)**. Exhibit A (attached) provides the tables used in determining the applicable income category and percentage Discount applied to a patient's account balance as explained in paragraph III.

Patients without the financial ability to pay are evaluated for eligibility under Medicaid or other state assistance programs.

- A patient is automatically eligible for financial assistance if they have Medicaid or if they qualify for EBT benefits. Proof of this eligibility must be obtained.
- Patients' ineligible for Medicaid or other state assistance programs are then evaluated for financial assistance under SJ/C's Financial Assistance (FAP).
- For other non-emergent, but Medically Necessary care, to be eligible for financial assistance a patient must be a resident within the Service Area of SJ/C
 - may not be a transfer or referral from another healthcare facility with the capability to provide such other Medically Necessary care to patient.
- SJ/C financial assistance is provided in the form of a FAP Discount or as free care.
- Gross Charges for all emergency and Medically Necessary treatment provided by SJ/C are eligible for an FAP Discount if the patient qualifies.
- Charges that are non-covered under the Medicaid program, including charges in the outpatient setting, inpatient setting, and inpatient days beyond any limit imposed by Medicaid for Medicaid eligible patients, will be eligible for financial assistance.
- From time to time, SJ/C may adjust the eligibility criteria based on the financial resources of SJ/C or as necessary to meet the financial assistance needs of the community.
- SJ/C further reserves the right to extend financial assistance in circumstances outside of the eligibility criteria listed herein.

Eligibility for financial assistance to Uninsured and Insured patients with a self-pay balance is based upon:

- FPIG
- Income of the patient's household
- Personal assets
- The amount of medical debt owed to SJ/C for which the patient is liable.
- Residency in the SJ/C service area.

II. METHOD OF APPLYING FOR ASSISTANCE

A. Application Process:

To apply for financial assistance, patients must complete a one-page application (see Exhibit B attached) and provide proof of income and residency in the SJ/C service area. Applications are available from Registrars, Financial Resource Coordinators, Customer Service Representatives or on-line at www.sjchs.org. Financial Resource Coordinators are available to answer questions and assist in the completion of the application.

Financial Resource Coordinators may be contacted by calling 912-819-2434.

The completed application and supporting documentation can be mailed to:

SJ/C Patient Accounts
5353 Reynolds Street
Savannah, GA 31405

Applications and supporting documentation may also be dropped off with the Financial Resource Coordinators at either hospital or emailed to financialsolutionsadvisors@sjchs.org.

B. Income considerations:

Proof of income must be in the form of the following:

- A copy of the most recent pay stub with year-to-date gross pay amounts for the patient and patient's spouse, if applicable, or for the parents of the patient if the patient is a minor child;
- Three (3) months of statements from checking, savings, certificates of deposits, stocks, bonds, money market, etc.
- A copy of most recently filed Federal Income Tax return, including all schedules; and
- Proof of any income enumerated as "other income" on the financial assistance application.
- If the patient is unable to provide proof of income information, a Financial Resource Coordinator should be contacted for assistance.

Income is considered the patient's household gross income or, if self-employed, the gross income minus work expenses directly related to producing the goods or services. Temporary Assistance for Needy Families (TANF), and financial assistance from friends and family is excluded from income.

C. Residency considerations:

Proof of residency in the SJ/C service area must include a state issued ID (such as a driver's license) plus one of the following:

- Lease agreement or mortgage statement

- Utility bill in patient's name (guarantor's name if patient is a minor) showing the physical address (no PO Boxes)
- If the patient is unable to provide proof of residency in the SJ/C service area, a Financial Solution Advisor should be contacted for assistance.

III. PROCESSING OF APPLICATIONS

Upon receipt of a patient's completed financial assistance application and supporting documentation, the level of financial assistance is determined.

For insured patients, a sliding scale based on the balance due after insurance payment is used, to determine the level of financial assistance. Exhibit A (attached) provides the tables used in determining the applicable income category and percentage Discount applied to a patient's account balance.

Uninsured patients who have a poverty level scoring less than or equal to 200%, will be approved for 100% financial assistance. Uninsured patients with a poverty level scoring higher than 200% will only receive an 85% uninsured discount. These scorings are based on the Federal Poverty Income Guidelines. The most current Federal Poverty Income Guidelines chart can be found using link, below:

<https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf>

- In addition, the financial ratings for patients with account balances in excess of \$25,000 are validated with Scoring Vendor data. If applicable, Scoring Vendor data is added to the patient's financial assistance application.
- SJ/C will not deny financial assistance due to the applicant's failure to provide information that is not specified on the application form. Patients who submit incomplete financial assistance applications will receive a letter within 15 working days detailing the information needed.

Within 30 working days of receipt of a complete application, patients will receive a notification letter.

- An approval letter will show the percentage FAP Discount from Gross Charges or the balance after insurance payment.
- A denial letter will list the reason for the denial.
- If an individual approved for FAP Discount at 100% has previously made payment(s) that exceed the amount he or she is determined to be liable for based on the approved application, the amount of overpayment greater than \$5.00 will be refunded.
- A patient may apply for financial assistance at any time, even if the account has been referred to a collection agency.
- Approvals for Financial Assistance will be approved for six (6) months. Patients must reapply every six (6) months for continued coverage.

IV. BILLING AND COLLECTIONS POLICY

Approval of Financial Assistance Discounts described in this policy do not remove the individual responsibility for other outstanding medical balances. Previous balances are reviewed on a case-by-case basis. The actions SJ/C may take in the event of nonpayment of bills, including use of extraordinary collections actions, are described in the **Patient Billing and Collection (Administrative Policy #1281-A)**, located at www.sjchs.org.

V. EMERGENCY MEDICAL CARE POLICY:

SJ/C maintains an EMTALA policy **EMTALA – Emergency Medical Treatment and Labor Act (Administrative Policy #1102-A)** and all co-workers are trained as such. Co-workers in the Emergency Department will follow EMTALA policies and procedures in responding to inquiries from Emergency Department patients regarding charges and related financial matters.

Approved:



Signature

Original Implementation Date: 10/21/2010

Next Review Date: 07/10/2029

Originating Department/Committee: Patient Accounts

Reviewed: 06/15, 04/16, 02/17, 07/17, 02/18, 07/19, 1/23, 07/24, 06/26

Revised: 06/15, 04/16, 02/17, 07/19, 1/23, 07/24, 06/26

Rescinded:

Former Policy Number(s): # 8221-02 (SJ)

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

EXHIBIT A

Financial Assistance Income Level Categories and Discount Percentages

INSURED PATIENT

Billed Charges > 50,000	Adjustment % for Patients with Insurance						
	Indigent/Charity	Category A	Category B	Category C	Category D	Category E	Category F
	< 200%	201 – 250%	251 – 300%	301 – 350%	351 – 400%	401 – 450%	> 450%
	100%	95%	85%	75%	65%	55%	0%
	100%	90%	80%	70%	60%	50%	0%
	100%	85%	75%	65%	55%	45%	0%
	100%	80%	70%	60%	50%	40%	0%
	100%	75%	65%	55%	45%	35%	0%
	100%	70%	60%	50%	40%	30%	0%
	100%	65%	55%	45%	35%	25%	0%
\$ 500 - \$ 2,499	100%	60%	50%	40%	30%	20%	0%
< 500	100%	55%	45%	35%	25%	15%	0%

Exhibit B**Financial Assistance Application**
Need assistance call 912-819-3840 or 912-819-5083

Patient's Name _____ MRN #: _____ Date: _____

******* IMPORTANT*******

In order for a Financial Assistance request to be processed, the following financial information MUST be returned with this completed and signed application. If you cannot provide the following please explain: (I certify that the information provided is true & complete)

- ☐ Most recent pay stubs or Supplemental Security Income (SSI provided by Social Security)
- ☐ Three (3) most recent statements from checking, savings, certificates of deposit, stocks, bonds, money market, etc.
- ☐ Most recent Federal Income tax forms including schedules C, D, E, & F
- ☐ Most recent W2 statement or 1099

Do you own your Home ☐ Yes ☐ No Estimate value _____ Monthly Mortgage/rent _____Guarantor Name: _____ Relationship to Patient _____ SS# _____
(head of household)

Spouse's name if Married _____ SS# _____ Phone# _____

Street Address: _____ City _____ State _____ Zip Code _____

How many Dependents live in household? _____ Please list total family members in household _____

List monthly Income:

Employment: _____ SSI _____ Alimony/Child support _____ Pension _____

Trust fund _____ Public Assistance _____ Investment Income _____ Rental income _____

I certify that the information provided is true and accurate. I hereby grant permission and authorize any agent of the Georgia Dept. of Community Health to disclose to the hospital all information regarding the status of my Medicaid application; and if such application is not approved, the reason for disapproval.

Signature of Applicant _____ Date _____

For St. Joseph's/Candler Use Only

Adjustment totals _____ Adjustment code _____ Financial Assistance Category _____

Approvals:

Director:	Date:
VP of Revenue Cycle:	Date:
CFO:	Date:
CEO:	Date:

Percentage of Federal Poverty Guidelines is _____ Approved if below _____ of Federal Poverty Guidelines.

FN40111 (12/2025)