

CHARITY AND DISCOUNTED CARE POLICY FOR PATIENTS

PURPOSE

To establish charity and discounted care guidelines for providing financial relief to patients who have received non-elective care and are unable to establish partial payments or pay their balance. All patients must first qualify under the Motion Picture and Television Fund eligibility criteria in order to be eligible for any service and the charity and discounted guidelines in this policy. This policy establishes consistent and equitable guidelines, based on the Federal Poverty Guidelines, for the financial assistance application process and provides procedures for income verification documentation.

POLICY

The Motion Picture Television Fund (MPTF) offers charity and discounted care to patients receiving non-elective care in the following situations:

- Under insured patients – Patients with some form of third party health care coverage which is not sufficient to pay the current bill.*
- Uninsured patients – Patients with no third party health care coverage.

In all cases, a validation must be completed to ensure that the patient's medical services are not covered by any federal or state governmental health care program, or other private insurance. No charitable discount can be applied to any account with an outstanding payer liability. Charitable discounts will be determined based on the scale below:

Total→ Charges	<\$1,000	\$1,000- \$5,000	\$5,001- \$10,000	\$10,001 \$50,000	>\$50,001
0-200% of FPG	100%	100%	100%	100%	100%
201-400% of FPG	50%	50-60%	60-70%	70-80%	80%

* If a patient demonstrates that annual out-of-pocket costs incurred by the individual or their family exceed 10 percent of the patient's family income in the prior 12 months, they are eligible for the 201 to 400% charity tier.

Contracted services performed by non-MPTF providers are separately billed by the contracted provider and cannot be discounted by MPTF. The patient will be advised to contact those providers regarding their discount policies. This includes radiology interpretations, pathologist services, physicians, pharmacy and, services performed by outside vendors (i.e. audiologist, MRI, EMG's, lab send outs, etc.)

PROCEDURE

Patient may notify MTPF that they are unable to pay amount due at time of service or upon receipt of billing. The patient will be offered a financial assistance application. In addition, for patients who are uninsured or apply for review under this policy, applications will be provided to potential federal, state or county health insurance programs that they may be qualified to apply for.

The patient will be instructed to complete and return the application to the Patient Business Services (PBS) Manager. The contact information for the Manager is:

Motion Picture and Television Fund
23388 Mulholland Drive, Woodland Hills, CA 91364
Contact phone: 818-876-1072
Contact fax: 818-876-1516

Along with the application the patient must provide the following information:

- The preferred income documentation is the most recent year's federal tax return. Any patient unable to provide their most recent federal tax return may provide either of the two items of documentation listed below.
- Most recent employer pay stubs
- Written documentation from other income sources

The PBS Manager will review the application to determine if the policy guidelines have been met and at what level the discount should be applied. The PBS Manager will notify the patient of the determination, document the patient account, and apply the discount using the appropriate adjustment code.

If after review of all documentation the patient does not qualify for a charity discount, the PBS Manager will notify the patient and set up an acceptable payment plan. MPTF and the patient may negotiate the terms of an extended payment plan. A patient may request a review of the PBS Manager's determination by sending a written request addressed to the Vice President, Finance, Motion Picture & Television Fund, 23388 Mulholland Drive, Woodland Hills, CA 91364. The request must include all supporting information for the review. Results of the review will be provided to the patient. If the PBS Manager's determination is upheld, and if the patient fails to pay for the services received as arranged, the PBS department will proceed with notification of further collection activity in accordance with the regulations.