

Siskin Hospital for Physical Rehabilitation

Financial Assistance Policy

This policy continues the tradition initiated by Mose and Garrison Siskin of providing accessible physical rehabilitation services to individuals in need of those services. Siskin Hospital makes available financial assistance at no cost or reduced cost to eligible individuals in need of such care. The amount of financial assistance is determined during the annual budgeting process. Eligibility is determined by using the federal poverty guidelines (FPG) using a sliding scale of total household income.

Applicable Providers

This policy applies to the following providers which may provide medically necessary care and is not applicable to professional fees (including physicians), unless such fees are for services performed by therapists and psychologists employed by Siskin Hospital. The applicable providers may be known as any of the following:

- Siskin Hospital for Physical Rehabilitation
- Siskin Subacute
- Siskin West
- Siskin Hospital Therapy Services

Medically necessary services provided by the above-listed providers are eligible for financial assistance.

Financial Assistance Availability

Financial assistance may be available after all other available resources have been determined. Patients/guarantors must cooperate with the hospital to apply for other existing financial resources that may be available, such as Medicare, Medicaid, TennCare, third party liability, etc. In addition, the patient/guarantor must provide the hospital with financial and other information needed to determine eligibility.

Individuals needing assistance may be identified by the referring or attending physician, referring case manager, admissions staff, clinical personnel, case management, patient accounts personnel, or a member of administration.

Eligibility Requirements

Financial assistance will generally be based upon a patient's household income and determined by a sliding scale based on the federal poverty guidelines (FPG). Individuals with an income level up to and including 200% of the FPG receive medically necessary care at no charge. Individuals with income levels from 201-250% FPG, 251-300% FPG, 301-350% FPG, and 351-400% FPG may receive discounted care based on a sliding scale as set forth below, with discounts ranging from 20% - 80%. Liquid assets available, future income potential, and extenuating circumstances will be considered in measuring household income.

Application Process

Complete and sign the Siskin Grant Fund Application and return along with required supporting documents. We will review your income and family size to determine the level of assistance available based on the sliding scale. We will contact you with any questions and/or requests for additional information and to tell you whether you are eligible for financial assistance under our policy.

Basis for Calculating Amounts Charged

If a patient is eligible for financial assistance, the amount payable by the patient will be determined by the sliding fee schedule shown below. Eligible applicants will be approved for one of the following levels of assistance:

Free care (100% discount) – The charges for all services provided by the applicable providers listed above will be fully covered by Siskin Hospital, and there will be no amounts payable by the patient to Siskin Hospital.

Discounted Care -- Discounts will be determined based upon the sliding scale discount percentage for the patient’s household income per the FPG for applicable family size.

The sliding scale is as follows:

Income Level based on Federal Poverty Guidelines (FPG)	Discount
0-200%	100%
201-250%	80%
251-300%	60%
301-350%	40%
351-400%	20%

In addition, patients whose overall monthly debts exceed net monthly income by more than 10% may be approved for a full waiver of self pay balances. Siskin Hospital will also consider extenuating circumstances including likelihood of the patient’s future earnings being sufficient to meet obligations as well as prior determinations under this policy for a patient.

Persons eligible for financial assistance will not be charged more for medical necessary care than amounts generally billed to individuals who have insurance covering such care.

Collection Methods

Self pay accounts will not be subject to bad debt collection actions within 120 days of initial self pay statement. Efforts will be made to inform patients of available financial assistance. Siskin Hospital's contracted self pay agency will provide financial assistance applications to patients following communication with patients regarding status of account. If a patient applies for financial assistance, a decision will be made on the application and communicated to the patient; collection activities will not occur during the time an application is pending.

If a financial assistance application is denied, the patient/guarantor must resolve the outstanding balance or collection actions will be pursued which include referral to bad debt collection and reporting to credit bureaus.