Regional Medical Center®

POLICY TITLE:	Financial Assistance Program (FAP)		
DISTRIBUTION:	All Departments	**LAST REVISED:**	March 2026
OWNER:	Business Services	**ORIGINATION DATE:**	May 2012

POLICY

Regional Medical Center (RMC) provides, without discrimination, care for emergency conditions and other medically necessary care regardless of financial assistance eligibility or ability to pay. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services, and to advocate for those who are poor and disenfranchised, RMC will provide financial assistance, or charity care, to individuals who meet the criteria established in this policy.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with RMC's procedures for obtaining financial assistance and other forms of payment, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to healthcare services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow RMC to provide the appropriate level of assistance to the greatest number of persons in need, the Governing Board of Trustees establishes the following guidelines for the provision of patient charity.

DEFINITIONS

For the purpose of this policy, terms below are defined as follows:

Charity Care
Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Extraordinary Collection Action (ECA)
Any action against an individual responsible for a bill related to obtaining payment of a Self-Pay Account that requires a legal or judicial process or reporting adverse information about the responsible individual(s) to consumer credit reporting agencies/credit bureaus. ECAs do not include transferring of a Self-Pay account to another party for purposes of collection without the use of any ECAs.

Household Members
Household income includes but is not limited to the following: Traditional married couples, children (biological, step or adoption) and couples living together. (Couples living together requires that the parties present as a couple and share expenses, whether same sex or male/female.)

Household Income
Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, income from estates, trusts, alimony, child support, and other miscellaneous sources.

Medically Necessary:
Healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine

Uninsured
The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured
The patient has some level of insurance or third party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

PROCEDURE

Services Eligible under this Policy
For purposes of this policy, "charity" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity: emergency and other medically necessary services billed by RMC, Regional Family Health (RFH), and Regional Medical Center Home Care (RMCHC). Charity will not be granted for accounts in legal action, accounts already written off to bad debt due to bankruptcy filing, or accounts older than 240 days from the date of first billing. See addendum A for a listing of services/providers that may be covered by RMC Financial Assistance.

Individuals may apply for Financial Assistance using any of the following methods:

1.) Call Business Services at 563-927-7405 to request an application, or an oral application may be taken over the telephone. Supporting documents (proof of income & medical debt) are required for both oral and written applications.
2.) Stop in at the RMC Billing Department, located on the 2nd level of the hospital. Directions to the Billing Department are available at the East Registration Desk inside Entrance E and at the Welcome Desk located inside the River Ridge Pavilion Entrance A.
3.) Visit www.regmedctr.org/FAP and download the application from the Patient and Visitor Info, Billing and Insurance section. An application can also be requested by email by using the Contact Us link on the website.

Addendum A: Listing of Services/Providers

RMC Provider Services Eligible ELIGIBLE for RMC Financial Assistance (FAP) (services billed by RMC):

- Emergency Department Provider Fees
- Hospital Facility Inpatient and Outpatient Services
- Hospitalists on staff at RMC
- RMC General Surgery
- RMC Home Care Services

- RFH Immunization and Billable Nursing Services
- RFH Providers
- Sleep Studies
- Wound Clinic

Specialty Services ELIGIBLE for RMC Financial Assistance (FAP) (Services billed by RMC):

- Avel eCare
- Iowa Anesthesia, LC - Manchester
- Physicians' Clinic of Iowa, PC (Orthopedics, Urology)

The following RMC services are NOT eligible for RMC Financial Assistance (FAP):

- Bob Holtz Wellness Center
- RMC Massage Therapy

The following specialty services are NOT eligible for RMC Financial Assistance (FAP):

- Alere Home Monitoring
- Cedar Valley Eye Care
- Cedar Valley Ascent (Allergy, Dermatology, ENT)
- Dermatology Clinic of Iowa, PC
- Don Joy Orthopedics (DJO)
- DOT Physicals
- Foot/Ankle Specialists of Iowa
- Fuerste Eye Clinic
- Labs from Outside Reference Labs (Weland, Quest, etc.)
- Hall-Perrine Cancer Center
- Medical Associates, PC (Allergy)
- Mercy Cardiology
- Mercy Urology Clinic
- Northeast Iowa Podiatry, PC
- Physicians Clinic of Iowa (Audiology & Hearing Aids, ENT)
- Radiology Consultants of Iowa (RCI)
- UnityPoint Health Cardiology
- Unity Point Clinic (Nephrology, Pulmonology)

Eligibility for Charity

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government healthcare benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.

Determination of Financial Need

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need. This includes an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need. Base income guidelines are adjusted annually and are based on 300% of the Federal Poverty Guidelines. The schedule showing income guidelines for free or discounted care is attached to this policy.

Items needed to make the determination for financial need are as follows:

1) If employed outside of the home, paystubs for applicant and spouse or significant other residing in the same home for the prior three (3) months of the date of the application (only dependent children under the age of 18, and spouse or significant others are included in household size). Also required, is the most recent income tax return showing the Total Adjusted Gross Income (AGI). An average between the last three (3) months income and the Total AGI off the tax return is taken to determine the eligibility level (example, a patient qualifies 100% based on the last three [3] month's income but only qualifies 50% based on income tax, the patient would qualify 75% based on income alone).

Note: Only the income tax return is used in determining eligibility level for self-employed applicants.

2) Any unpaid medical and/or dental expenses or any medical and/or dental expenses paid in the three (3) months prior to the date of the application. The eligibility level may be increased depending on total medical debt.

*Financial Assistance Clerk will gather all data and ensure all necessary documents are present to process the application and will make a preliminary eligibility determination.

If the requested information is not returned to the Financial Assistance Clerk within 45 days of the receipt of the financial assistance application, the application will be marked as "incomplete" and the applicant will be required to reapply. RMC provides the Responsible Individual(s) at least 30 days' prior written notice of the ECAs that RMC or collection agency may initiate against the Responsible Individual(s) if the FAP application is not completed or payment is not made.

Limiting Gross Charges

RMC limits the charges to individuals eligible for financial assistance to not more than the amount generally billed (ABG). Therefore, patients will not be charged more than our AGB average of Medicare, Medicaid and Commercial payer reimbursement. More information on how this formula is calculated can be obtained by contacting RMC's Business Services Manager, Jody Hatfield at (563)-927- 7581 at no charge.

Application Processing and Timelines

*The Business Services Lead will review the application and supporting documents and make the final approval for eligibility. The Financial Assistance clerk will enter the applicant's name, household members, eligibility level, and the date of approval on the Financial Assistance Plan (FAP) Log located on the Google, Business Services Billing Drive.

*Once the final approval is made, the Financial Assistance clerk will enter the Financial Assistance on applicable accounts in the EHR and post the adjustment to the account.

*Supporting documents required to determine eligibility are due within 45 days of receipt of the application. If applicants fail to return the required documents in the specified time frame, they will be required to start a new application.

*RMC will make a written conditional or final determination of eligibility within 14 days of the receipt of all required information.

If the Responsible Individual(s) has made any payments within 240 days of the financial assistance eligibility determination date, the payment will be refunded to the payee or transferred to another account if there is an outstanding balance due.

*When financial assistance is granted, each date of service may only be considered for discount once.

*Assistance will be granted for future services for a six (6) month period from the date of application and will only be granted on accounts up to 240 days of the first billing post discharge. Patients may reapply for assistance during this six (6) month period if a qualifying event occurs. Examples of qualifying events include birth or adoption of a child, loss of employment, or catastrophic health event.

*Financial assistance will not be applied to accounts already written off to bad debt due to bankruptcy.

*Accounts in legal action (small claims court) will not be eligible for financial assistance unless it has been less than 240 days from the date of the first billing statement.

Presumptive Charity

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to lack of supporting documentation. Often, there is adequate information provided by the patient or through other resources, which could provide sufficient evidence to provide the patient with charity care assistance. The following situations will be allowed for Presumptive Charity:

1) Deceased patients with no estate,
2) Certain patients with out of state Medicaid coverage (see Out of State Medicaid Policy for details).
3) If a patient applied for Presumptive Eligibility and was approved but the application could not be backdated to cover the intended date of service. Note: if the patient's PE application is approved for ongoing coverage, the coverage will go retro to the first day of the month of the application date.

Communication of the Charity Program to Patients and the Public: Notification about charity available from RMC, which shall include a contact number, shall be disseminated by RMC by various means, which include, but are not limited to, the publication of notices in patient bills and by posting notices in all registration/check-in areas of the hospital and clinics (including Satellite Clinics), and hospital and clinic business offices that are located on facility campuses. Information shall also be included on the facility's website. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

RELATED POLICIES

Billing and Collection Policy

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Effective 03/01/2026

Regional Medical Center (RMC) offers financial assistance to persons who need emergency or other medically necessary healthcare. Financial Assistance Application and policy are available on our website at regmedctr.org/FAP in English and Spanish.

Eligibility Requirements

No one will be denied access to services due to inability to pay; and there is a discounted / sliding fee schedule available based on family size and income to determine if you qualify for assistance.

- If household income is ≤ 150% of the Federal Poverty Income Guideline (FPIG), you will not have to pay your hospital bill.
- If household income is between 150-300% of the FPIG will not pay more than the amounts generally billed to individuals who have insurance, and may be eligible for additional discounts.
- If household income is <100% of FPG offers a full discount (or nominal fee) to all individuals and families.
- A nominal charge based solely on family size and income for all individuals and families with income >100% and <200% of FPH.

Discount %	100% (100% FPIG)	100% (150% FPIG)	75% (200% FPIG)	50% (250% FPIG)	25% (300% FPIG)
Family Size	Maximum Income	Maximum Income	Maximum Income	Maximum Income	Maximum Income
1	$15,960	$23,940	$31,920	$39,900	$47,880
2	$21,640	$32,460	$43,280	$54,100	$64,920
3	$27,320	$40,980	$54,640	$68,300	$81,960
4	$33,000	$49,500	$66,000	$82,500	$99,000
5	$38,680	$58,020	$77,360	$96,700	$116,040
6	$44,360	$66,540	$88,720	$110,900	$133,080
7	$50,040	$75,060	$100,080	$125,100	$150,120
8	$55,720	$83,580	$111,440	$139,300	$167,160
Additional	$5,680	$8,520	$11,360	$14,200	$17,040

Qualifying Services

Elective cases must be reviewed prior to receiving the service to ensure it meets qualification.

- Qualifying services include emergency or other medically necessary health services billed by RMC, Regional Family Health, Home Care.
- Cosmetic surgery is not covered

Questions

Visit regmedctr.org, call 563-927-7405, or stop by the Billing Department on Level 2 of RMC.

Send completed application and required documents (see application) to:

Regional Medical Center
FAP Clerk
PO Box 359
Manchester, Iowa 52057