

**Subject:** Sliding Fee Discount Program Policy  
**Adopted:** June 3, 2022  
**Revised:** June 9, 2023  
**Authorized By:** Union Hospital, Inc.  
Union Associated Physicians Clinic, LLC

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**POLICY:** It is the policy of Union Hospital, Inc. and Union Associated Physicians Clinic, LLC (collectively, "Union") to provide Emergency Medical Services and Medically Necessary care to all individuals regardless of their ability to pay. Moreover, Union does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or because of the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

This Sliding Fee Discount Program Policy ("SFDP Policy") shall apply only to those sites designated on Exhibit "A" ("Designated Sites"). Union has adopted a separate Financial Assistance Policy that applies to provision of services at other sites.

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**PURPOSE:**

To meet the needs of the communities it serves and in recognition of its status as a nonprofit healthcare provider, Union will establish a sliding fee discount program for ambulatory primary care services provided at the Designated Sites for patients who are unable to sustain the burden of medical expenses due to limited income.

**DEFINITIONS:**

- A. "Amount Generally Billed" ("AGB") means the amount Union generally bills individuals with insurance for Emergency Medical Services or other Medically Necessary care.
- B. "Code Section 501(r)" means Section 501(r) of the Internal Revenue Code of 1986, as amended, and the corresponding Treasury Regulations.
- C. "Emergency Medical Services" means services provided to stabilize and treat a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health (or the health of an unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.
- D. "Eligible Individual" means an individual who is determined by Union to be eligible for Financial Assistance.

- E. "Federal Poverty Income Guidelines" ("FPIG") means annual wage amounts reflecting impoverishment as determined by the U.S. Census Bureau which will be used by Union Hospital to compare levels of available Financial Assistance.
- F. "Financial Assistance" means payment relief for which Union will provide a reduction of a patient's financial obligation based upon his or her Income and Household size.
- G. "Financial Assistance Committee" means a committee appointed by Union for the purpose of determining exceptions under this Policy.
- H. "Household" means all persons who occupy a housing unit (house or apartment), whether they are related to each other or not; all such persons are considered as members of one household.
- I. "Household Income" means cumulative total income(s) for all members of a patient's Household.
- J. "Gross Charges" means the usual and customary charges for services based on Union's schedule of charges. Gross Charges will typically exceed the AGB for the same service.
- K. "Income" means wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; rents; royalties; income from rental properties, estates, and trusts; alimony; child support; and assistance from outside households and other miscellaneous sources
- L. "Medically Necessary" means a service required for the care or well-being of the patient and provided in accordance with generally accepted standards of medical or professional practice.

**ELIGIBILITY FOR FINANCIAL ASSISTANCE:**

- A. This policy applies to charges for ambulatory primary care services, including Emergency Medical Services and Medically Necessary care, provided by Union at the Designated Sites.
- B. Eligibility will be determined solely by Income and Household size.
- C. Individuals and families whose annual Household Income is at or below 100% of the current FPIG will be eligible to receive a full discount for ambulatory primary care services, with an allowance for a nominal fee ("Nominal Fee"). The Nominal Fee shall be as follows:

Nominal Fee	
Primary Care Services	\$4.70

- D. Individuals and families whose annual Household Income above 100% of the current FPIG, but at or below 300% of the current FPIG will be eligible to receive a partial discount for ambulatory primary care services. For such individuals and families, the discount will be calculated as a percentage of total eligible charges according to the sliding fee discount schedule. The sliding fee discount schedule for ambulatory primary care services shall be as follows:

Sliding Fee Discount Schedule for Primary Care Services	
% of FPIG	% of Financial Assistance
≤100%	100%
101% to 150%	95% (but not less than the Nominal Fee)
151% to 200%	90% (but not less than the Nominal Fee)
201% to 225%	80% (but not less than the Nominal Fee)
226% to 250%	60% (but not less than the Nominal Fee)
251% to 300%	40% (but not less than the Nominal Fee)

- A. Individuals and families with an annual Household Income exceeding 300% of FPIG shall not be eligible for Financial Assistance, absent unusual circumstances as approved by the Financial Assistance Committee.
- B. All uninsured patients, regardless of financial need, will be eligible for an initial automatic discount of 30% to the Gross Charges. Union may further determine, that an uninsured individual eligible for this automatic discount, may also be eligible for a full or partial Financial Assistance under the sliding fee discount schedule. Information regarding the automatic discount shall be provided to all uninsured patients, upon request.
- C. Financial Assistance is available to all persons regardless of third-party insurance coverage including the uninsured and those with HMO, PPO, Medicaid, or any other third-party payer (including Medicaid Managed Care), provided they meet the Income and Household size criteria outlined above.
- D. All alternative payment resources must be exhausted, including all third-party payment from insurance (either private or public).
- E. Patients who have third-party coverage, (either private or public), and who are eligible for Financial Assistance will not be charged for out-of-pocket costs that exceed the patient's applicable sliding fee discount schedule payment class, subject to any prohibitions in applicable health plan or insurance contracts. The out-of-pocket costs for such patient will be reduced to the amount he/she would have paid under his/her applicable payment class, subject to contractual prohibitions on such discounts.

**APPLICATION PROCESS:**

- A. Except as provided herein, a patient/guarantor seeking Financial Assistance under this Policy will be required to complete an application for Financial Assistance setting forth specific details of Income and Household size The Patient Account Services Department will request verification of any information submitted by an applicant for Financial Assistance.

- B. To be eligible for Financial Assistance, an individual must submit an application for Financial Assistance. If an individual does not submit an application for Financial Assistance, Union may take action consistent with Code Section 501(r) to collect payment. This may include actions defined as Extraordinary Collection Actions if an application is not submitted within 120 days from the date the first statement is made available to the individual (subject to the further requirements of Code Section 501(r)). The specific actions that Union may take in the event of nonpayment are described in the Credit and Collection Policy, a copy of which may be obtained free of charge by contacting the Patient Financial Services Department at (812) 242-3155.
- C. The income figure used to determine eligibility for Financial Assistance will be last three (3) months of income, as documented in the manner provided below. The last three (3) months of income will be multiplied by four (4) to calculate the annual Household Income. An exception to this may be made if the last three (3) months of income is not reflective of the current income (e.g., change in employment status). In this event, the income figure used will be that which is most reflective of the applicant's current income.
- D. Proof of income is required. Documentation of income will include the individual's most recent tax return or W-2 or the individuals three (3) most recent pay stubs, if applicable. Self-employed individuals will be required to submit detail of the most recent three (3) months of income and expenses for the business. Individuals who are unable to provide documentation of income may provide a signed declaration of income.
- E. Union will assist patients in identifying and determining alternative sources of payment or public or private insurance coverage that may be available, including Medicaid, Medicaid Managed Care or other third-party coverage. No patient who refuses to apply for any public or private insurance program will be denied access to the sliding fee discount program.
- F. For questions about or assistance with the application or this SFDP Policy, an individual may visit the Patient Financial Services Department at 442 Poplar Street, Terre Haute, Indiana, or may call that Department at (812) 242-3155.

**CALCULATION OF AMOUNTS GENERALLY BILLED ("AGB"):**

- A. Union shall not charge any Eligible Individual more for Emergency Medical Services or other Medically Necessary care than the amount generally billed to individuals who have insurance covering such care ("AGB"). Union shall calculate one or more AGB percentages using the "look-back method" and including Medicare Fee-For-Service and all private health insurers that pay claims to Union, all in accordance with Code Section 501(r). A free copy of the AGB percentage(s) and a description of how calculated may be obtained by contacting the Patient Financial Services Department at (812) 242-3155.
- B. Union shall, at all times, make reasonable efforts to determine whether a patient is eligible for Financial Assistance. If Union has billed an amount to an individual who has not submitted an application for Financial Assistance as of the date of the charge and is later determined to be eligible for Financial Assistance, Union will make appropriate adjustments to the amounts charged and issue a refund to the patient, if necessary. In this manner, the Union intends to satisfy the requirements for the safe harbor described in Section 1.501(r)-5(d) of the Proposed Regulations.

- C. Union will not charge any Eligible Individual more than the AGB amount for Emergency Medical Services or other Medically Necessary care, and in all cases, the charge to an Eligible Individual will be less than Union's Gross Charges.

#### **GENERAL POLICY ADMINISTRATION**

- A. Approved applications for Financial Assistance are considered valid for a period of 240 days from the initial date of service and will not be applied retroactively to prior dates of service for which the application period has expired.
- B. Any individual denied Financial Assistance in part or in total will be notified that he/she has the option of appealing his/her case to the Financial Assistance Committee. Such appeal must be received no later than thirty (30) days from the date of notification of denial.
- C. Union will widely publicize this SLFD Policy, as required by Code Section 501(r) Notification about Financial Assistance available from Union, which shall include a contact number, shall be disseminated by Union through various means, which shall include, but are not limited to, the following: including notices in patient bills; including notices in point of service brochures; posting notices in patient waiting areas; and distributing a summary of the financial assistance policies to local public agencies and nonprofit organizations that address the health needs of the community's low income population. Union shall also conspicuously post this SFDP Policy, a plain language summary of this SFDP Policy, and the Financial Assistance Application on Union's website and shall include the summary in brochures available at patient access sites. Union also shall make paper copies of this SLDP Policy, a plain language summary of this SFDP Policy, and the application for Financial Assistance available upon request and without charge both at Union's Patient Financial Service Department office and by mail. Such documents, including the summary, shall be made available in the primary languages spoken by the population serviced by the Union, which as of the date this policy was approved included English and Spanish.
- D. Referral of patients for Financial Assistance may be made by any member of the staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws
- E. Reasonable efforts have been made to determine whether an individual is eligible for Financial Assistance if the Union notifies the individual about the program, provides the individual or, where applicable, his or her family member(s), with information relevant to completing the application, and makes and documents its determination as to whether the individual is eligible for assistance under the policy.
- F. Union shall not engage in any debt collection activities where such activities could interfere with the treatment of Emergency Medical Services without discrimination.

- G. In certain situations, patients may not be able to pay charges remaining after Financial Assistance. Such charges may be waived by the Financial Assistance Committee based on an individualized assessment of financial need. Any such waiver will be documented in the patient's file with explanation.
- H. Once Financial Assistance has been granted, the guarantor will not be supplied with documentation required to bill insurance companies. This includes UB, 1500 and/or detailed itemization of charges.
- I. Union reserves the right to review the Financial Assistance determination if the guarantor's financial circumstances have changed.
- J. Financial assistance may be granted to patients who qualify for government programs when funding has delayed payment. If later government assistance is awarded, the account adjustment will be reversed.
- K. Financial assistance may be granted to patients that are pending Medicaid approval with the appropriate county. These accounts have been reviewed and financial need determined by a third party. Additional documentation will not be required by the Patient Financial Services Department.

**EXCEPTIONS:**

Any exceptions to the policy require approval by the Financial Assistance Committee and appropriate account documentation.

**RESPONSIBILITY:**

Chief Financial Officer


**APPROVAL SIGNATURE:**

UNION ASSOCIATED PHYSICIANS CLINIC, LLC

  
\_\_\_\_\_  
John Gilbreath, Executive Director Finance

  
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Steven Holman, Union Hospital Inc., CEO

UNION HOSPITAL, INC.

  
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Matthew Nealon, CFO

**EXHIBIT "A"**  
**DESIGNATED SITES**

Union Medical Group Downtown Family Medicine  
221 S. Sixth Street  
Terre Haute, IN 47807  
(812) 242-3737

Union Medical Group Eastside Family Medicine  
2133 State Road 46  
Terre Haute, IN 47803  
(812) 244-1800

Union Medical Group Northside Family Medicine  
1739 N. 4<sup>th</sup> Street  
Terre Haute, IN 47804  
(812) 242-3600

Union Medical Group Southside Family Medicine  
4601 S. 7<sup>th</sup> Street  
Terre Haute, IN 47802  
(812) 232-3281

Union Hospital Medical Group Illiana North  
1332 N. 7<sup>th</sup> Street  
Terre Haute, IN 47804  
(812) 478-8888

Union Hospital Medical Group Illiana South  
601 Surgery Center Drive  
Terre Haute, IN 47802  
(812) 235-1200

Union Hospital Medical Group - Dr. Gary A. Fitzgerald  
1530 N. 7<sup>th</sup> Street, Ste 104  
Terre Haute, IN 47807

Union Hospital Medical Group - Dr. Janis C. Ingebrigtsen  
1530 N. 7<sup>th</sup> Street, Ste 110  
Terre Haute, IN 47807  
(812) 238-7878

Union Medical Group Thomas Plaza - Dr. Patrick Titzer  
5500 US Hwy 41 S  
Terre Haute, IN 47802  
(812) 232-3281



Union Medical Group Thomas Plaza - Dr. Daniel Kellar  
5500 S Us Hwy 41 S  
Terre Haute, IN 47802  
(812) 238-7791

Union Hospital Medical Group Riley Family Medicine  
7500 SR 46  
Riley, IN 47871  
(812) 894-2304

Union Hospital Medical Group OB/GYN South - Dr. Vannara Sakbun  
611 E. Springhill Drive  
Terre Haute, IN 47802  
(812) 478 -9845

UMG OB/GYN  
1429 N 6<sup>th</sup> St  
Terre Haute, IN 47807  
(812) 242-3115

Union Medical Group Pediatrics  
221 S. 6<sup>th</sup> Street  
Terre Haute, IN 47807  
(812) 242-3105

Clay City Center for Family Medicine  
315 Lankford Street  
Clay City, IN 47841  
(812) 939-2126

Cork Medical Center  
408 N. 2<sup>nd</sup> Street  
Marshall, IL 62441  
(217) 826-2361

Union Hospital Medical Group Internal Medicine - Dr. Imad George Koj  
3903 S. 7<sup>th</sup> Street - Suite 2E  
Terre Haute, IN 47802  
(812) 235-7370

Union Hospital Medical Group OB/GYN - Dr. Rajalakshmi Venkatesh Shantharam  
1530 N. 7<sup>th</sup> Street – Suite 109  
Terre Haute, IN 47804  
(812) 242-9631



Union Hospital Medical Group Internal Medicine – Dr. Antwan M. Mardini  
1530 N. 7<sup>th</sup> Street – Suite 111  
Terre Haute, IN 47804  
(812) 232-9663