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## **Policy: Charity Care-Financial Relief Policy**

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**PURPOSE:** To provide affordable access to care to patients who qualify for charity care.

**POLICY:**

The intent of this Policy and related procedures is for circumstances in which financial relief, which is compliant with all applicable federal and state laws, shall be offered to patients who meet certain financial criteria and are unable to pay in full for their health care services at the Surgery Center. Although most patients who qualify for support will be uninsured, this policy also applies to patients who are underinsured.

**DEFINITIONS**

1. **INCOME:** Any income whether from active or passive activities such as most current tax return, W-2, most recent paystubs, rental, social security, disability, retirement, alimony or child support, unemployment benefits, inheritance, investments, or annuity payout may be requested.
2. **FINANCIAL RELIEF GUIDELINES (GUIDELINES):** The matrix for determining a patient's liability for payment of Surgery Center's billed charges which factor in income as a percentage of federal poverty levels (FPL), as the same may be adjusted annually.

**CHARITY CARE- FINANCIAL RELIEF**

1. Surgery Center will provide medically necessary outpatient surgical services to patients with household Income levels at or below 200% of FPL free of charge, in accordance with the provisions of this Policy. Patients with household Income levels above 200% of the FPL will be liable for no more than the amount that their household Income exceeds 200% of the FPL. The amount of eligible financial relief will be any remaining balance on the account less the patient's maximum liability.
2. This Policy is not applicable to physicians, or their immediate family members.
3. This Policy applies only to outpatient surgical procedures for the Center and is not applicable to professional (physician/anesthesiologist) fees.
4. This Policy applies only to those patients who cooperate fully with Surgery Center's request for information with which to verify patient's eligibility, including appropriate identification. It is patient's responsibility to respond truthfully and completely to Surgery Center's request for information within no

more than ten (10) business days of the request. In addition, patient's full cooperation in applying for Medicaid or coverage by other governmental programs is required, if requested.

5. The Surgery Center shall provide signage and other information to make patients aware of this policy.
6. The Surgery Center will provide assistance in completing the application materials as a result of illiteracy, foreign language, or disability.

## PROCEDURE

### 1. ELIGIBILITY DETERMINATION:

a. Surgery Center personnel will provide patients with a copy of its Charity Care-Financial Relief Policy and an application for financial relief upon the patient's request or when a patient is identified as potentially eligible for such relief. The timing of the delivery of this Policy and application will depend upon when the request or identification is made and may be at the time of service, during the billing process, or during collection. The patient must complete the application for financial relief (available through Constitution Billing and Financial Services) and provide the requested information in order to be eligible for such relief. Surgery Center personnel will then review the application and supporting information and make a determination. Surgery Center may outsource the eligibility review, provided that the vendor meets all other outsourcing qualifications and is subject to a HIPAA Business Associate Agreement.

b. Surgery Center will determine whether patient's gross household Income falls within the Surgery Center Guidelines, taking into consideration family size, geographic area and other pertinent factors. In evaluating a patient's Income, Surgery Center personnel will review one or more of the following: the patient's W-2s ( or the responsible party's if spouse or a minor), tax returns, pay-stubs, bank statements, written verification of wage from employer and written verification from a public welfare agency, governmental agency, or other information attesting to patient's Income status. Patient shall provide information related to possible third-party liability incidents where applicable including accident reports and copies of vehicles insurance policies. Patient shall supply all documentation reasonably necessary to verify eligibility. The Surgery Center may consider any other non-income financial resources and third-party support in evaluating the patient's eligibility.

Documentation related to Charity Care and Financial Relief should be sent to:

McLean Tysons Orthopedic Surgery Center  
Dept 3800  
PO Box 986524  
Boston, MA 02298-6524

**Questions relating to Charity Care and Financial Relief can be directed to 833-360-9246 option 2**

**See also the Surgery Center Website: [www.mctosc.com](http://www.mctosc.com)**

c. Concern for the dignity of the individual and protection of confidentiality of information characterize the relationship between the Surgery Center and the person needing care. Financial relief under this Policy is determined solely on the ability to pay and does not consider sex, sexual orientation, race, religion, disability, marital status, immigrant status, or national origin. Age is considered only to the extent that it impacts the potential resources available to the individual (Medicare, for example, uses age as an eligibility criterion). All services provided by the Center are available to individuals, provided by Guidelines under this Policy for those services determined to be medically necessary. The program does not intend to cover cosmetic surgery and certain other elective services/procedures, although the Center Medical Director shall have authority to approve such services if they are deemed medically necessary.

d. In the event that a potentially-qualified patient is unable to provide the documentation required above, the Center Administrator, in consultation with the Medical Director shall have discretion to approve charity care upon good faith belief that the individual qualifies.

e. The Center Administrator and Medical Director may, on a case-by-case basis, approve additional discounts and support to individuals who do not otherwise qualify under the FPL calculation.

f. In the event that the patient later qualifies for any benefit, receives any judgment intended to pay for healthcare services, (including settlements of lawsuits for injuries that resulted in the need for the applicable surgery) or is due to receive any refund, the patient shall be required to promptly repay the Surgery Center up to the amount of support provided under this Policy.

### 3. REVIEW AND APPROVAL:

- a. Financial relief offered under this Policy is subject to review by the appropriate Surgery Center management or governing body to ensure compliance with this Policy.
- b. Once eligibility has been determined, the patient will be notified of the determination.
- c. Surgery Center reserves the right not to process any application, if its exercise of good faith, reasonably believes that the information provided to it or the documents presented are false, fraudulent, or otherwise improper.

**REFERENCES:**

**Approval Date:** 5/1/2021

**Revision Date:** 5/13/2026