

**Subject: CHARITY CARE/ REIMBURSEMENT**

**RE: PRIVATE-PAY/SELF-PAY PATIENTS AND CHARITY CARE**

For the purpose of this document alone, the definition of **CHARITY CARE** is that the patient involved has no financial ability to cover his expenses incurred by the procedures being done. This determination will be made by the physician providing services, and does not necessarily (but may at the physician's discretion) require level of income documentation.

The definition of **PRIVATE-PAY/SELF-PAY** will be that the patient does have the financial ability to cover all or part of his bill. This would include patients who have health insurance, but for whatever reason choose not to file their expenses through their health insurance and prefer to have this filed on a **SELF-PAY** basis.

In the matter of **CHARITY CARE**, patients will be accepted and treated on an as needed basis upon referral from primary care physicians that we normally receive referrals from within our demographic region. We will also take direct referrals for endoscopy from Cooperative Christian Ministries, Hickory, North Carolina for **CHARITY** cases. All Physicians will participate equally in caring for these patients. Each of these cases will be rotated equally to all Physicians and will be assigned to the next Physician in the rotation order. Other CHARITY CARE cases will not be involved in this rotation but will be seen at the discretion of each physician.

The determination of the fee schedule for the **PRIVATE-PAY/SELF-PAY** individual assumes that the patient is able to be responsible for some or all of incurred expenses. This determination will be solely up to the physician performing the services for this patient and does not necessarily require documentation such as income tax returns or other financial documentation. The treating physician will discuss this in advance with the patient to arrange an adjusted fee schedule (for example on a percentage of charges basis), and may include the payment plan with this. This also can be performed by the practice manager of Gastroenterology Associates. Professional fees for the patient with limited ability to pay will be handled by the physician on a similar basis, with a guideline as has been set by Gastroenterology Associates in using the Medicare fee schedule as the starting basis for determining reimbursement.

In the circumstances of the individual who has the ability to pay, but requests that his insurance not be filed, the fee schedule utilized for both facility fee and professional fees will be the agreed to fee schedule by that individual's insurance contract.