



2024 Financial Hardship Policy

Purpose:

Integritas has established this policy to maintain consistency in assisting indigent patients who request a reduction or waiver of certain medical expenses and/or copayment amounts.

This policy outlines Integritas' policies and procedures in relationship to the application and approval process for patients who otherwise are unable to pay or afford the costs of medical expenses. Integritas will take into account the overall financial circumstances of the applicant and apply this policy consistently.

If approved, Integritas may elect to reduce or waive the professional fees which are due from uninsured or underinsured patients who can successfully demonstrate that paying medical expenses would cause significant financial hardship.

Financial Hardship Criteria:

Integritas will take into account a range of factors when deciding whether the full payment of the medical expenses will cause the applicant or its financial guarantor a financial hardship. In making the decision whether to reduce on a sliding scale or waive certain fees, Integritas will review the household income, living expenses, and debts. Written verification, in some instances, may be required to substantiate and verify information contained in the financial hardship application.

Integritas reviews all applications in combination with the current year's federal poverty guidelines to assist in determining qualifications for a financial hardship reduction or waiver. (Attachment A)

In applying these guidelines, Integritas will also consider and take into account any other income and expenses including money earned in the **entire household**. Income and employment status verification may be required, including tax returns, check stubs, etc.

Integritas will take into consideration the following factors:

1. Whether payment of the medical expenses will affect the applicant's ability to pay for the following living expenses:
 - food and clothes;
 - rent or mortgage payments;
 - any other basic needs; or
 - any special needs (for a serious illness or disability).

2. Whether the applicant owns any assets, such as a car or house. Assets also include the following:
 - investments;
 - money in the bank;
 - cash on hand for short-term expenses;
 - money designated for special needs;
 - refunds of taxes;
 - money owed to applicant by any third party.

3. Existence and amount of any outstanding debts.



Application Process for Financial Hardship

An application for a financial hardship for medical expenses and fees must be made in accordance with Integritas' policy entitled "**Financial Hardship Policy**".

Applicants may request and complete a **Financial Hardship Application Form**. The form can be obtained online at [Frequently Asked Questions – Integritas Providers](#) or by calling Integritas at (618) 833-1691. Applicants are required to return the completed forms and submit all required documentation to Integritas within 180 days of the date of service.

Required Information:

Integritas requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially and will only be reviewed by Integritas administrative staff involved in processing and reviewing information for reduction or waiver of medical expenses.

Time Frame:

After an application and verification information are received, Integritas will consider the overall financial situation of the applicant and then render a decision. All decisions will be made within **10 working days** from the time that Integritas receives and reviews all required information. **All determinations are pursuant to the hardship guidelines and are discretionary and in the sole determination of Integritas.**

Applicants will receive a notification letter outlining whether the application has been approved or denied. If an applicant's request for reduction or waiver of the charges is denied, Integritas will provide the applicant with a written notice of its determination. If the applicant's financial situation significantly changes, the patient or their designee may reapply.

Integritas administrative staff will maintain all documentation related to the financial hardship waiver process as confidential. This documentation will include all supporting documentation including the waiver request and all documents provided in support of the request.

Verification of ongoing qualification for financial hardship may be conducted at any time at Integritas' discretion or at the applicant's request.

***PLEASE COMPLETE THE ATTACHED APPLICATION AND FINANCIAL STATEMENT.
YOUR REQUEST CANNOT BE PROCESSED UNLESS THE APPLICATION AND
FINANCIAL STATEMENT IS FULLY COMPLETED AND SIGNED!***

Financial Hardship - Attachment A

2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Household/ Family Size	50%	100%	125%	150%	175%	200%
1	7,530.00	15,060.00	18,825.00	22,590.00	26,355.00	30,120.00
2	10,220.00	20,440.00	25,550.00	30,660.00	35,770.00	40,880.00
3	12,910.00	25,820.00	32,275.00	38,730.00	45,185.00	51,640.00
4	15,600.00	31,200.00	39,000.00	46,800.00	54,600.00	62,400.00
5	18,290.00	36,580.00	45,725.00	54,870.00	64,015.00	73,160.00
6	20,980.00	41,960.00	52,450.00	62,940.00	73,430.00	83,920.00
7	23,670.00	47,340.00	59,175.00	71,010.00	82,845.00	94,680.00
8	26,360.00	52,720.00	65,900.00	79,080.00	92,260.00	105,440.00
9	29,050.00	58,100.00	72,625.00	87,150.00	101,675.00	116,200.00
10	31,740.00	63,480.00	79,350.00	95,220.00	111,090.00	126,960.00
11	34,430.00	68,860.00	86,075.00	103,290.00	120,505.00	137,720.00
12	37,120.00	74,240.00	92,800.00	111,360.00	129,920.00	148,480.00
13	39,810.00	79,620.00	99,525.00	119,430.00	139,335.00	159,240.00
14	42,500.00	85,000.00	106,250.00	127,500.00	148,750.00	170,000.00

The figures are the 2024 HHS poverty guidelines.
(Source: <https://aspe.hhs.gov/poverty-guidelines>)

Financial Hardship Application

Please complete the application and attached financial statement. Please return all forms and required documentation (in person, by fax, or by mail) to Integritas, 2250 N. Illinois Ave., Carbondale, IL 62901. Fax: 618-861-5302. If you have any questions regarding the application, please contact Integritas at 618-833-1691.

All information relating to financial hardship requests will be kept confidential.

Patient Name:							
Patient Account # (s):							
Address:							
City:		State:		Zip Code:			
Telephone #:				DOB:			
SS #:				Date of Service:			
Name of Person completing this Application (if different from patient listed above):							
				Telephone #:			
Relationship to Patient:							
Number of family members living in household (including yourself):							
Do you have Health Insurance? Medicare? Medicaid?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, what insurance do you have?:							
If no, please explain why:							
<input type="checkbox"/>	Check here if you are Unemployed.			How long?:			
Are you collecting unemployment benefits?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Check here if you are on Social Security.			How long?:			
<input type="checkbox"/>	Check here if you are getting food stamps or any monetary assistance.						
What type?:							
<input type="checkbox"/>	Check here if you are on disability.			How long?:			
Did you file a Federal Income Tax Return for last year?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will you file a Federal Income Tax Return for this year?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PLEASE LIST ALL CURRENT EMPLOYERS:							
Employer 1:							
Employer 2:							

Financial Hardship Application (continued)

Please provide documentation of proof of hardship. Appropriate documentation of financial hardship would be the following:

- 1) Documented proof that patient is at or below 200% of the current federal poverty guidelines. Documents should include:
 - △ Income tax return (copies of the last two years signed 1040 Tax Returns)
 - △ Paycheck stubs for the past 90 days for all persons employed who reside in the home
 - △ Current year Social Security or Disability letter with benefit amounts
 - △ Unemployment check stubs for the past 90 days
 - △ Proof of all other income received in the past 90 days
 - △ Application Forms from Medicaid or other State-funded medical assistance program

- 2) Document proof that patient has other circumstances that indicate financial hardship. These can be situations such as:
 - △ Proof of all outstanding debts or bills (copies of bills, statements, late notices, etc.)
 - △ Proof of bankruptcy settlement (if applicable)
 - △ Catastrophic situations (death or disability in family, divorce) **or other documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other basic necessary expenses.**

- 3) Please describe patient indigent circumstances (please attach additional documentation if necessary):

MONTHLY HOUSEHOLD INCOME & SOURCE			
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	Patient	Spouse/Parents	Dependents
Monthly Salary (<u>Gross</u>)	\$ _____	\$ _____	\$ _____
Public Assistance Benefits	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
Workman's Compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Other (Alimony, Etc.)	\$ _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY HOUSEHOLD INCOME	\$ _____		

I hereby acknowledge that the information given herein is true and correct. I authorize Integritas to verify information contained in this document for the sole purpose of assessing financial need.

Signature of Person Making Request _____ Date ____/____/____

Printed Name of Person Making Request _____

Note: If all documentation REQUESTED is not received, including the most current complete signed INCOME TAX RETURN and PROOF OF INCOME for every family member in the household, the application will be DENIED.