

Financial Assistance Policy

Charitable Care and Financial Assistance Policy

MEDARVA Imaging's mission is to provide the best care to every patient every day. As part of that commitment, MEDARVA Imaging appropriately serves patients in difficult financial circumstances and offers financial assistance to those who have an established need to receive emergency or medically necessary medical services. MEDARVA Imaging's policy is to provide emergency care to stabilize patients, regardless of their ability to pay. Non-emergent patients requiring charity care consideration should be reviewed and approved before services are provided. Emergency and medically necessary care will not be denied for non-payment on prior outstanding amounts, however, the organization may require the establishment of a payment plan for non-urgent medically necessary care.

This policy serves to establish and ensure a fair and consistent method for the review and completion of requests for charitable medical care to our patients in need. This policy applies to bills owed to MEDARVA Imaging, but does not include the Radiologist fee. To access information on the Radiologists please visit <https://www.rarichmond.com/>.

Patients who want to apply for financial assistance or who have been identified as potentially eligible for financial assistance will be informed of the application process either before receiving services if the facts suggest potential eligibility or after the billing and collection process has begun. Patients will receive information relating to MEDARVA Imaging's financial assistance policy prior to their date of service. The application process may be waived or suspended due to medical necessity, including timing and urgency of care. Patients or their representative can obtain a financial assistance application by mail by contacting the facility at 804-924-7010 or, from our website <https://www.medarva-imaging.com/>, or in person from the center located at 1630 Wilkes Ridge Parkway Suite 100 Richmond, VA 23233.

All patients/guarantors who receive a Financial Statement application must complete and return the application to the same address, along with the following documents that serve as the minimum information necessary to process an application for financial assistance:

- Proof of application for a Medical Assistance Program such as Medicaid, as applicable
- Proof of household income (pay stubs for the past ninety days)
- A copy of 3 most recent bank statements from all banking or credit union institutions of the household
- A copy of the 2 most recent tax returns, including all schedules of patient, spouse, or any person who claims the patient as a tax dependent
- Full disclosure of claims and/or income from personal injury
- In the event that the above items do not exist, the facility may require external verification confirming the presented facts MEDARVA Imaging reserves the right to reverse financial assistance adjustments and pursue

appropriate reimbursement or collections in circumstances where additional information becomes available or instances where erroneous or fraudulent information had been presented by the applicant.

Financial Assistance will not be denied based on an applicant's failure to provide information or documentation beyond the documents listed above. If an applicant does not have any or all of the listed documents, he or she may call the facility at 804-924-7010 and discuss the availability of financial assistance.

In order to expedite and award financial assistance in a timely manner the organization encourages patients to return the application and applicable documents prior to their appointment with MEDARVA Imaging.

The amount that a patient is expected to pay and the amount of financial assistance offered depends on the patient's income. The Federal Income Poverty Guidelines will be used in determining the amount of the write off and the amount charged to patients, if any, after an adjustment. Amounts charged for emergency and medically necessary medical services to patients eligible for Financial Assistance will not be more than the amount billed to individuals with Medicare covering such care.

Partial and/or full charity care will be granted based on the individual's ability to pay the bill. Eligible individuals include those patients that do or do not have insurance with incomes that are up to 300% of the federal poverty level. Individuals eligible for financial assistance will not be charged more than what would be the expected Medicare reimbursement rate for the service provided.

The discounts below are provided against the base Medicare Reimbursement rate for the services provided.

Family Size	Poverty Level Base Income	Income Rate	200% of Poverty Level	250% of Poverty Level	300% of Poverty Level
			100% Discount	50% Discount	25% Discount
1	\$12,760	Annual	\$25,520	\$31,900	\$38,280
2	\$17,240	Annual	\$34,480	\$43,100	\$51,720
3	\$21,720	Annual	\$43,440	\$54,300	\$65,160
4	\$26,200	Annual	\$52,400	\$65,500	\$78,600
5	\$30,680	Annual	\$61,360	\$76,700	\$92,040
6	\$35,160	Annual	\$70,320	\$87,900	\$105,480
7	\$39,640	Annual	\$79,280	\$99,100	\$118,920
8	\$44,120	Annual	\$88,240	\$110,300	\$132,360

A Business Office Representative will review all returned Financial Assistance Application for completeness. The Business Office Representative will consult the Financial Assistance authorization guidelines and present the Financial Assistance Application to the Director for consideration. Once a decision has been made for financial assistance, the applicant is advised of the decision.

MEDARVA Imaging will make reasonable efforts in notifying patients about its financial assistance policy throughout the billing and collection process. The patient will receive a minimum of three written notifications, as described above, within the first 120 days from the date of service. Additionally, MEDARVA Imaging will attempt to verbally notify the patient of the financial assistance policy during this period.

However, MEDARVA Imaging will not engage in any extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy, and in no circumstances, will MEDARVA Imaging undertake any extraordinary collection actions within 120 days from the date of service.

If there is non-payment of the bill after 120 days, the patient will be notified 30 days in advance (to assignment) and the account will be assigned to either a collection agency or a law firm for further collection action. This could result in collection agency fees including interest, judgments, garnishments of bank accounts and wages, credit reporting, liens and interrogatories.

APPLICATION FOR FINANCIAL AID TO COVER MEDICAL SERVICES

PATIENT:

Name:	Patient Number:
Address:	

FINANCIAL INFORMATION:

Check one: Do you <input type="checkbox"/> own or <input type="checkbox"/> rent your home?	
Name of Landlord/Mortgage Holder:	
Check one: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Bank Name:
Automobile:	Amount owed: \$

RESPONSIBLE PARTY:

Name:	SSN:
Address:	Phone:
Employment	Phone:
How Long?	

DEPENDENTS (OF RESPONSIBLE PARTY):

Spouse Name:	Phone:
Address:	
Employment:	Phone:

DEPENDENTS OTHER THAN SPOUSE:

Ages:
Employment:
Which of the above do not live with you?

INCOME:

YOURS	\$	WK/MO
SPOUSE	\$	WK/MO
DEPENDENT	\$	WK/MO
OTHER	\$	WK/MO

EXPENSES:

RENT/MORTGAGE	\$
UTILITIES	\$
MEDICAL BILLS	\$
FOOD	\$
OTHER	\$

LOANS/CHARGE ACCOUNT:

	WHO	WHAT	PAYMENT	BALANCE
1.				
2.				

I understand that the information which I submit is subject to verification by Medarva Healthcare. I certify that the above information is true and correct.

Please attach proof of income
(Paycheck stub, Social Security and/or
other benefit statements)

Signature:
Date:
Witness Signature: