



## **Clarity Child Guidance Center Financial Assistance Policy Summary**

### **Eligibility**

Clarity Child Guidance Center (“Clarity”) offers free or reduced priced medical care for all psychiatric emergencies or other medically necessary care for individuals eligible under our Financial Assistance Policy (“FAP”). Eligibility is based on Clarity’s Financial Assistance Policy, which includes using the Federal Poverty Guidelines, number of dependents, and gross annual income along with supporting income documents. Additional means of determining eligibility may be utilized by the hospital if individual circumstances support that a completed application is not practical. Any third party resource that may be available to the patient must be applied for and used or demonstrate denial before assistance is approved by the Hospital. This policy does not apply to services that are not medically necessary or provided by physicians who are not employed by Clarity or Southwest Psychiatric Physicians (SPP).

### **Income Guidelines**

Patients eligible for Clarity’s Financial Assistance will not be charged more than the amount generally billed for psychiatric emergencies or other medically necessary care. Clarity uses the Look Back method with the amount being the Medicaid Fee-For-Service amount that Clarity would receive if the FAP-eligible individual were a Medicaid beneficiary. It is calculated each November and used for the following 12-month period. The detail of this information is available upon request by calling Clarity's Patient Financial Services office at (210) 593-2240. If meeting Clarity’s FAP requirements, patients with income from all sources up to 100% of current Federal Poverty Guidelines may qualify for 100% discount of their services rendered. Patients with income from all sources, greater than 100% of current Federal Poverty Guidelines and up to 500% of Federal Poverty Guidelines may qualify for discounts between 55% and 100% of their service rendered. Medically indigent patients, a family whose hospital bill after payment by all third party payers exceeds 10% of the household’s annual gross income may qualify for discounts up to 80% of their Hospital service. Household income exceeding 500% of Federal Poverty Guidelines will be considered for discounts if they would qualify for Medical Indigence under the Financial Assistance Policy or take advantage of any prompt pay discounts that may be offered.

### **Collection Procedures**

Normal collection procedures will be followed for all patients unless Clarity’s Financial Assistance Application Form is completed and submitted in a timely manner. Patients with incomplete applications will receive written notification identifying the additional information and the final date information or payment must be received to prevent submission of account to an outside agency for collection. Clarity’s detailed Collection Policy is available on the website listed below or upon request.

### **Information on Obtaining the Hospital Financial Assistance Application Form and Policies**

Additional information, along with the Hospital Financial Application, full detailed Financial Assistance Policy and Collections Actions, summary of the Financial Assistance Policy, Clarity Child Guidance Center Service Area, and an example of discounts under the Federal Poverty Guidelines are available at <http://www.claritycgc.org/patient-families/learn-about-clarity/what-to-expect/financial-assistance-policy> . The forms and policies listed are printable PDF versions, and also available in Spanish.

### **Hospital Methods of Providing the Hospital Financial Assistance Application Form**

Paper copies of all of Clarity’s Financial Assistance Forms may be obtained in person from Clarity's Patient Financial Services office at 8535 Tom Slick, San Antonio, TX 78229. Forms will be mailed to you at no cost by calling the Business Office at (210) 593-2240. You may also obtain these forms by following the instructions in the above paragraph with the web site links. Our forms are available in English or Spanish and we do have other language assistance resources upon request.

### **Questions and Assistance in Completion of Financial Assistance Application Form**

For further questions or assistance in completion of the Financial Assistance Application, please call our Patient Financial Services office at (210) 593-2240. You may also request a summary or complete copy of our Financial Assistance Policy from any Patient Financial Services employee, by calling (210) 593-2240 or requesting the policy in writing to: Clarity CGC – Financial Assistance, 8535 Tom Slick, San Antonio, TX 78229.