

PURPOSE:

The purpose for this policy is to provide information about our Financial Assistance program offered here at Pacific Rim Outpatient Surgery Center (PROSC).

POLICY:

The Financial Assistance discount of up to 100% will be extended to eligible patients upon notification, from either the patient or the physician, that the patient meets PROSC identified criteria noted below.

SCOPE:

Pacific Rim Outpatient Surgery Center 3009 Squalicum Parkway Bellingham, WA 98225.

PROCEDURE:

WAC 246-453-040, a person is considered low income if the family income equal to or at 100-200% (adjusted for family size) of federal poverty level for sliding scale or family income equal or below 100% (adjusted for family size) federal poverty level is eligible for financial assistance of 100%. Our Financial Assistance application can be obtained by request at our facility, by downloading an application form from prosc.org or by contacting our Billing Department at 360-788-7740.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,640 for each additional person	
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

RESPONSIBILITY:

The physician, PROSC Administrator or Business Office Manager shall determine the discount percentage for the service based upon the patient's eligibility for financial assistance and the patient's ability to pay. The discount percentage and dollar amount shall be noted on the financial assistance approval letter. The discount shall be posted at the same time as the financial assistance approval letter using a specific financial assistance discount code.

REFERENCES:

1. <https://aspe.hhs.gov/poverty-guidelines>, 2021
2. US Department of Health and Human Services Poverty Guidelines, 2018
3. WAC 246-453-0404 Uniform criteria for the identification of persons with low income

ATTACHMENT:

The following attachment is provided at the end of this policy.

- Form AR29 - Financial Assistance Application

Original Policy Date	03/2021
Most Recent Revision	