A close up of words

AI-generated content may be incorrect.

**Financial Hardship and Financial Assistance Policy**

**Financial Assistance Payment Plan**

CGH financial assistance payment plan is for patients unable to pay their bill, deductible, co-pay, co- insurance in full. An interest free payment plan will be offered. The patient must sign an official payment plan for monthly payments to be recognized as a “payment plan.”

* Monthly payment plans will be offered based on the balance of the account.
* Monthly payment plans may be set up through your MyChart portal or you may call our billing office at 704-377-4009 option 4, to assist in setting you up with a payment plan.

**Financial Hardship Assistance**

The CGH financial hardship assistance is for patients who do not qualify for other medical assistance, and are unable to pay for services, co-pays, co-insurance for treatments rendered by our providers and/or facility due to severe financial hardship.

The purpose of this policy is to outline the requirements and circumstances for providing Financial Hardship Assistance to patients whose financial situation makes it impossible for payment of medically necessary services. This does not include elective services. Those who meet the eligibility criteria established in the outlined below policy will qualify to receive care from Charlotte Gastroenterology & Hepatology. Confidentiality of patients who qualify will be maintained and each patient handling of personal health information will meet HIPAA requirements. Any patient that has health insurance but chooses not to file, does not qualify for Financial Hardship Assistance. Completion of the application does not mean Financial Hardship Assistance will be granted. Financial Hardship Assistance availability may be limited based upon budgetary constraints.

Patients unable to meet an approved payment plan may be considered for Financial Hardship Assistance provided they meet the following criteria:

* Patient is not eligible for Medicaid or pending Medicaid approval
* Patient is uninsured
* Patient is determined to be unable to pay for services received

1. Patients who wish to apply for Financial Hardship Assistance can apply and applications will be reviewed for Financial Hardship Assistance consideration.

2. The patient must complete the Financial Hardship application in its entirety and supply the requested documents to be considered for Financial Hardship Assistance.

-Total Household income will be reviewed.

-Documents from patient and spouse or from the party responsible for a dependent should include:

* Completed Financial Hardship Application

 Last two paycheck stubs

 Prior year’s Income tax return

 Forms from Medicaid or other State or Federal funded assistance programs (Disability forms, etc.)

3. Once all documentation is reviewed, the annualized household income will be compared to the current Federal Poverty Guidelines. Discounts will be given according to the following table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income Ranges and Percent of Charges Adjusted as Charity for 2025**  **Number in Family\*\* 100% 75% 50% 25%** | | | | |
| 1 | $0 - $15,650 | $15,650.01 - $19,565 | $19,565.01 - $23,478 | $23,478.01- $27,392 |
| 2 | $0 - $21,150 | $21,150.01 - $26,439 | $26,439.01- $31, 727 | $31,727.01- $37,016 |
| 3 | $0 - $26,650 | $26,650.01 - $33,314 | $33,314.01 - $39,978 | $39,978.01 - $46,642 |
| 4 | $0 - $32,150 | $32,150.01- $40,189 | $40,189.01 - $48,228 | $48,228.01 - $56,267 |
| 5 | $0 - $37,650 | $37,650.01 - $47,064 | $47,064.01 - $56,478 | $56,478.01 - $65,892 |
| **\*\***For each additional family member exceeding 8, add $5,500\*\* | | | | |

4. Once a determination has been made, each applicant will be notified that they have been designated as eligible to receive Financial Hardship Assistance.

5. Financial Hardship Assistance discount will only be granted for 3 months. Re-application will be necessary for continued need.

6. Patients without an income source may be classified as charity if they do not have a job, mailing address, residence or insurance. If a patient does not have an income source, a letter of support should be supplied to CGH explaining their need for Financial Hardship Assistance consideration.

7. Patient accounts will be reviewed for Financial Hardship Assistance eligibility before being sent to an outside collection agency.