

# Silver Hill Hospital

## Patient Financial Assistance Fund Policy

### OVERVIEW

At Silver Hill Hospital, we understand the financial challenges that can act as a barrier to accessing quality mental health and substance use services. To support our patients and their families, we offer a comprehensive Patient Financial Assistance Fund Policy.

### WHO QUALIFIES

This policy specifically applies to the following patients:

- Who are uninsured, or
- Have exhausted their insurance benefits, and
- Meet the 2025 Federal Poverty Guidelines (FPG).

		Scholarship Award Percentage				
2025 Federal Poverty Level		90%	75%	50%	25%	0%
Size	Annual Income	0% -400%	500%-700%	800%	900%	900%+
1	\$15,650	< \$62,600	\$109,550	\$125,200	\$140,850	> \$140,851
2	\$21,150	< \$84,600	\$148,050	\$169,200	\$190,350	> \$190,351
3	\$26,650	< \$106,600	\$186,550	\$213,200	\$239,850	> \$239,851
4	\$32,150	< \$128,600	\$225,050	\$257,200	\$289,350	> \$289,351
5	\$37,650	< \$150,600	\$263,550	\$301,200	\$338,850	> \$338,851
6	\$43,150	< \$172,600	\$302,050	\$345,200	\$388,350	> \$388,351
7	\$48,650	< \$194,600	\$340,550	\$389,200	\$437,850	> \$437,851
8	\$54,150	< \$216,600	\$379,050	\$433,200	\$487,350	> \$487,351
<b>Add \$5,500 for each person in household over 8 persons</b>						
	\$5,500	\$22,000	\$38,500	\$44,000	\$49,500	\$49,500

**EXCLUSIONS:** This policy excludes those with insurance coverage who choose not to utilize it, as well as costs related to coinsurance, copayments, and deductibles.

### FINANCIAL ASSISTANCE AWARD AMOUNTS

Financial assistance awards range from 25%-90% of the current Medicare payment of \$1,395 per day, based on the 2025 Federal Poverty Level Guidelines.

### APPLICATION PROCESS

1. Applications for patient financial assistance should be submitted to Patient Accounts **prior to admission** to determine eligibility via email at [SHHFinancialAssistance@silverhillhospital.org](mailto:SHHFinancialAssistance@silverhillhospital.org).
2. Applications must include the following elements:
  - a. Inpatient Program Financial Assistance Application Form
  - b. Driver's License and Insurance Card
  - c. Copies of last two prior year's W2/W9/1099 forms
  - d. Most recent Pay Statements
  - e. Most recent Federal Tax Returns

- f. Documentation of other income and assets
  - g. If the patient is declared as dependent on another's tax return, the above financial documentation requirements will need to be submitted from the financial guarantor.
- 3. The patient/guarantor is required to sign a document attesting that the information provided is true and accurate. The attestation form and supporting documentation are submitted to the Manager /Director of Revenue Cycle.
- 4. Proof of the origin of payment(s) is required and will need to be submitted for verification.
- 5. Final review and approval of the financial assistance request is performed by the Chief Financial Officer or designee.

## **ELIGIBILITY**

- 1. The patient is a US resident and has continuously maintained residence within the US and its territories for a period of at least 12 consecutive months immediately preceding admission.
- 2. The patient has not previously been a financial assistance recipient.
- 3. Financial assistance is subject to the availability of funds.
- 4. Silver Hill Hospital reserves the right to deny any application at its sole discretion. This policy excludes patients who have insurance but do not wish to use it. Coinsurance, co-payments, and deductibles are also excluded from this policy.
- 5. Financial Assistance must be applied for and approved prior to admission to the inpatient unit.

## **PURPOSE**

This policy establishes the definitive framework for providing financial assistance and ensures compliance with Section 501(r)(4) of the Internal Revenue Code.