



# Memorial Healthcare System

## FINANCIAL ASSISTANCE POLICY

Revised May 2025

### I. FINANCIAL ASSISTANCE POLICY

Any Patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance. All emergency and medically necessary care are covered under the financial assistance policy. The South Broward Hospital District Db a Memorial Healthcare System (MHS) provides screening for and treatment of emergency medical conditions in accord with the Standard Practice titled "Transfer/Access to Emergency Care", attached to this policy. In cases where this Standard Practice does not apply, requests to schedule Memorial Healthcare services in advance are reviewed for financial assistance on a case-by-case basis. Patients seeking Emergency Care will be treated without regard for whether they are eligible for Financial Assistance under this policy.

This policy applies to all MHS facilities.

Memorial Regional Hospital  
3501 Johnson Street  
Hollywood, FL 33021  
954-987-2000

Memorial Regional Hospital South  
3600 Washington Street  
Hollywood, FL 33021  
954-966-4500

Joe DiMaggio Children's Hospital  
1005 Joe DiMaggio Drive  
Hollywood, FL 33021  
954-265-5324

Memorial Hospital West  
703 North Flamingo Road  
Pembroke Pines, FL 33028  
954-436-5000

Memorial Hospital Miramar  
1901 SW 172 Avenue  
Miramar, FL 33029  
954-538-5000

Memorial Hospital Pembroke  
7800 Sheridan Steet  
Pembroke Pines, FL 33024  
954-962-9650

Memorial Pembroke 24/7 Care  
801 South Douglas Road  
Pembroke Pines, FL 33025  
954-276-6501

This Financial Assistance Policy will help you understand when financial assistance will be given.

Financial Assistance may mean charity care (as defined by either the State of Florida or District policies) or certain uninsured discounts, as explained further below.

For charity care, the patient or responsible party must not be able to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG), patient or guarantor income, and family size. The federal government updates these guidelines annually. The ability to pay is also determined by examining assets and, if required, liabilities and potential litigation results for pending third party liability claims.

When asked, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500, for all accounts combined.

Patients may elect not to provide financial documentation but instead be provided financial assistance in the form of discounted self-pay rates. These are available for Emergency Department visits as well as most outpatient procedures and inpatient stays. Financial assistance will not be granted to any uninsured non-resident of the South Broward Hospital District for non-emergent, medically necessary care that can be provided by their local safety net facility. If no safety net provider exists for that patient, financial assistance will be determined on a case-by-case basis.

The rest of this Financial Assistance Policy provides more information about how you may ask for financial assistance. It tells you when you will be considered eligible to get financial assistance. It tells you how much financial assistance you will get when you meet the requirements of this Financial Assistance Policy.

## II. ELIGIBILITY CRITERIA AND DISCOUNT AMOUNTS

- A. MHS will gather information about a patient's or other responsible party's income and family size and, if needed, their assets, expenses and liabilities. The result will determine their eligibility for financial assistance, the amount of the discount they will receive and the amount they will be required to pay.
- B. MHS will provide Financial Assistance counseling upon request, without additional charge, before or after the patient receives services.
- C. Inpatient admissions may be screened for Medicaid eligibility. If screening criteria indicate potential eligibility, the patient/responsible party may be required to submit an application to Medicaid prior to approval for Financial Assistance.
- D. A Patient or responsible party may request financial assistance for any debt greater than \$500. This means all uninsured patient responsibility amounts as well as insured patient balances after insurance payment. This includes deductibles, coinsurance, copayments, and non-covered charges. The following criteria is used when MHS considers the request:
  - i. Patient or responsible party may qualify for 100% discount if the following applies:
    - 1. The Patient or responsible party must complete a signed Financial Evaluation Form.
    - 2. The Patient or responsible party has a total household income of less than or equal to 200% of the FPG (Per the 2025 FPG a family of four which makes \$64,300 per year is at 200% of the FPG), as described in Table A; and
    - 3. The Patient or responsible party has household liquid assets less than \$10,000. Liquid assets include cash, checking account balances, savings account balances, vehicles, boats, marketable personal property, stocks, bonds, or other negotiable instruments, and real property other than homestead. Liquid assets do not include primary residence, first vehicle or retirement funds not accessible without incurring a penalty; or
    - 4. The Patient or responsible party has a balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4; or

5. The Patient is unidentified after 6 months. During the 6 months MHS will exhaust all efforts to identify the patient including working with local, state, and federal law enforcement agencies.
- ii. Patient or responsible party may qualify for a sliding scale discount if the following applies:
    1. Patient or responsible party has a total household income of between 201% and 400% (Per the 2025 FPG a family of four which makes \$128,600 is at 400%) of the FPG;
    2. The amount of discount depends on the income of the Patient or responsible party and the facility. (See Table A for guidance); or
    3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.
  - iii. Patients may be presumptively screened for financial assistance without a signed financial assistance application. This screening uses the FinThrive community based proprietary model. MHS will also consider prior accounts incurred within the prior twelve months or twelve months after last insurance payment.
    1. Patient or responsible party has a total household income of less than or equal to 200% of the FPG will qualify for the 100% discount.
    2. Patient or responsible party with a total household income of between 201% and 400% will qualify for the sliding scale discount.
    3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.
  - iv. Other financial assistance may be provided under the abbreviated Financial Assistance approval process described below:
    1. Medicaid exhausted days or outpatient benefits
    2. Involuntary treatment under the Baker Act
    3. The patient is deceased, no estate has been filed with the court of the patient's county of residence after six months from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.

4. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.
- E. Financial information for residents of the South Broward Hospital District who qualify for financial assistance will be valid for one year, unless MHS has reason to question it. When MHS approves financial assistance for a Patient or responsible party, MHS will also consider accounts incurred within the prior twelve months. For purposes of the Financial Assistance Policy, a Resident is: one who makes his or her home in the geographic boundaries of the South Broward Hospital District, where he or she dwells permanently or for an extended period of time and not as a visitor, tourist, or for some other temporary purpose or temporary convenience, and not acting a sham of dwelling in residence.
  - F. Patients or responsible parties can apply for financial assistance for up to one year after the date of service or twelve months after last insurance payment.
  - G. Residents of the South Broward Hospital District who have been accepted into membership in the Memorial Primary Care will have co-payments for:
    - i. Outpatient Pharmacy services
    - ii. Primary Care Clinic visits
    - iii. Hospital outpatient services
    - iv. Emergency Department visits
  - H. Patients or responsible parties who qualify for financial assistance and do not reside in the South Broward Hospital District will be approved only for each date of service.
  - I. Upon request from the patient or responsible party, MHS will send a written statement that they qualify for financial assistance.
  - J. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here: <https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial->

[assistance/en/providers.pdf?la=en](#) and is available to download free of charge.

Paper copies are available upon request via mail, email request to [MyBill@mhs.net](mailto:MyBill@mhs.net) and at admitting and emergency registration areas at no charge.

### III. **BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS**

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the “Look-back method” which is calculated as follows:

MHS reviews *all* past claims that have been paid in a twelve-month period. This includes claims for Medicare, commercial and managed care plans over a 12-month period. This amount does include patient co-insurance, copayments and deductibles. Medicaid replacement plans are not included in these calculations. This amount is the *sum of expected payments*.

The AGB percentage is calculated by dividing the sum of the payments by the sum of total charges billed. This percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB for that encounter. MHS calculated the AGB for each facility and adopted the lowest rate for each MHS facility. Patients may request in writing the current AGB for each facility and/or how the uninsured discount compares to insurance discounts.

Attachment A contains the AGB for each facility, and is found here:

[www.mhs.net/financialaid](http://www.mhs.net/financialaid) where you may access, download, print and view the document without paying a fee, creating an account, or needing special hardware/software. You may also call the Eligibility Department at (954)276-5760 to request a paper copy to be mailed to you free of charge. Paper copies are also available at all the facility’s public locations, including the emergency room and admission areas.

### IV. **FINANCIAL ASSISTANCE APPLICATION PROCESS**

The patient or responsible party may ask for an appointment with Patient Financial Services by calling (954)276-5501 or the Eligibility Department by calling (954)276-5760. The patient may also ask in person at any of the locations listed in Section I in the Admitting/Registration departments or the Eligibility Department at Memorial Support Services 2900 Corporate Way Miramar, FL 33025. These requests must be made between the hours of 8:00 am – 4:30 pm Monday – Friday. MHS will provide

information or assistance in the eligibility process when any patient or responsible party states they are not able to pay their balance or requests an application for financial assistance. The statement must be made to the MHS Eligibility Department, or MHS Patient Financial Services, or Accounts Receivable department.

- A. In order to qualify for a 100% charity discount, the patient or responsible parties are required to complete a Financial Evaluation Form, which can be found in Table C. Patients will be required to provide documentation as described in Table D, when applying for primary care services or waiver of Medicare patient responsibility. Extraordinary collection activity will be placed on hold up to 120 days from the date of request for assistance, while patient or responsible parties are in the Financial Assistance Policy application process. This hold on the collection activity allows a reasonable time to receive all required documents to determine eligibility. The Eligibility department staff will notify the patient in writing or by phone call of missing or incomplete documentation.
- B. MHS may supplement or confirm information given by the Patient or responsible party by using any of the following:
  - i. LexisNexis – provides access to public records
  - ii. FinThrive – provides credit information
  - iii. Experian – provides credit information
  - iv. MapQuest – provides address information
  - v. Various websites providing public record information as noted in Table E
- C. All applications will receive equal consideration and have a determination made based on the FPG and the patient's ability to pay.

## **V. APPEAL OF ELIGIBILITY DETERMINATION**

Any patient or responsible party can request an appeal when MHS denies financial assistance or if he/she thinks an error has been made in the level of financial assistance provided. The request must be made in writing or by calling the Eligibility Department at (954)276-5760. The amount of the total accounts must exceed

\$5,000.00. The appeal process is outlined in a separate policy attached to this policy.

## **VI. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON-PAYMENT**

- A. The following steps will be taken to collect patient balances if no financial assistance is requested or otherwise applied under the above policies, or after financial assistance has been denied:
  - i. An initial bill is sent to the Patient or responsible party after discharge.
  - ii. A statement is sent 30 days after the initial bill, with further statements every 30 days over the next 90 days. If a partial payment is received, the statement series will be restarted and continue for 120 days.
  - iii. Calls may be placed during this time period.
  - iv. 120 days after discharge, if no one has requested financial assistance, or if no payment plan has been put into place, and no partial payment received, or no financial assistance appeal has been requested the account may be placed with a primary debt collection agency.
  - v. After 1 year the account may be placed with a secondary debt collection agency.
- B. In the case of a Public Health Emergency (PHE) MHS may determine that no patient statements will be sent and no patient collection actions taken until such time as the PHE impact has been reduced in South Broward County. This determination will be made by the Vice President of Revenue Cycle and the Chief Financial Officer of MHS.
- C. During the first 120 days from the date the first post-discharge billing statement is provided, MHS will not begin any of the collection actions stated below in this section. Further, MHS will not engage in any of the collection actions stated below without making reasonable efforts to determine the patient's eligibility under the Financial Assistance Policy. MHS will notify the Patient or responsible party in writing 30 days in advance of beginning any of the collection actions stated below in this section.



- i. filing any lawsuit
- ii. filing for a judgment
- iii. Defer or deny care after an Emergency Medical Condition has been determined not to exist by the patient's physician if the Patient or responsible party has outstanding balances placed with bad debt agencies until adequate payment arrangements have been made for their bad debt balances.

The written notice will notify the patient or responsible party that financial assistance is available for eligible individuals, identify the collection actions MHS intends to initiate to obtain payment, and state a deadline after which such collection actions may be initiated that is no earlier than 30 days after the date that the written notice is provided. The notice will include the Plain Language Summary of the Financial Assistance Policy. MHS will also make a reasonable effort to orally notify the patient or responsible party about the Financial Assistance Policy and how the patient or responsible party may obtain assistance with the application process.

The Accounts Receivable department has the final authority for determining that MHS has made reasonable efforts to determine whether an individual is eligible for financial assistance under the Financial Assistance Policy and may engage in the collection actions described above.

## **VII. EFFORTS TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY**

- A. MHS will make the Financial Assistance Policy, the Financial Evaluation Form, the AGB and a plain language summary of the Financial Assistance Policy available on its website, [www.mhs.net/financialaid](http://www.mhs.net/financialaid). The Financial Assistance Policy, Financial Assistance Program Application Form, the AGB and the Plain Language Summary will be made available in English, Spanish, French, French Creole, Portuguese, Vietnamese and Russian. free of charge. These documents can also be requested free of charge in person at any MHS admitting or emergency room registration areas or by calling the Patient Financial Services Department at (954) 276-5501 to have copies mailed free of charge.

- B. Public notices will be clearly and conspicuously posted in locations visible to the public including all registration and emergency room areas. These notices will explain that MHS offers a Financial Assistance Program to individuals who are uninsured or underinsured. These notices will be translated into the same languages as the other FAP materials.

Notification of this policy, which does include contact information, shall be distributed by MHS by various means, including notices attached to patient statements and notices attached to the patient admission forms in admitting, registration and emergency room areas and through other public places as MHS may elect. MHS will notify and inform members of the community served by MHS of the FAP in a manner that is reasonably calculated to reach those members of the community who are most likely to require financial assistance from MHS. Questions regarding this policy can be made during business hours at (954) 276-5501.

Attachment A

**Memorial Regional Hospital**

<b>BALANCES DUE FROM PATIENT</b>	
<b>INCOME</b>	<b>AMOUNT OF DISCOUNT</b>
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	82% Discount
351% - 400% of FPG	82% Discount

**Memorial Regional Hospital South**

<b>BALANCES DUE FROM PATIENT</b>	
<b>INCOME</b>	<b>AMOUNT OF DISCOUNT</b>
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	82% Discount
351% - 400% of FPG	82% Discount

**Joe DiMaggio Children's Hospital**

<b>BALANCES DUE FROM PATIENT</b>	
<b>INCOME</b>	<b>AMOUNT OF DISCOUNT</b>
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	82% Discount
351% - 400% of FPG	82% Discount

**Memorial Hospital West**

<b>BALANCES DUE FROM PATIENT</b>	
<b>INCOME</b>	<b>AMOUNT OF DISCOUNT</b>
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	85% Discount
351% - 400% of FPG	85% Discount

**Memorial Hospital Miramar**

<b>BALANCES DUE FROM PATIENT</b>	
<b>INCOME</b>	<b>AMOUNT OF DISCOUNT</b>
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	79% Discount

**Memorial Hospital Pembroke**

<b>BALANCES DUE FROM PATIENT</b>	
<b>INCOME</b>	<b>AMOUNT OF DISCOUNT</b>
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	82% Discount
351% - 400% of FPG	82% Discount

**Memorial Employed Physician Group/Urgent Care/Specialty Pharmacy**

<b>BALANCES DUE FROM PATIENT</b>	
<b>INCOME</b>	<b>AMOUNT OF DISCOUNT</b>
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	75% Discount

**Memorial Employed Physician Group/Urgent Care/Specialty Pharmacy**

<b>BALANCES DUE FROM PATIENT</b>	
<b>INCOME</b>	<b>AMOUNT OF DISCOUNT</b>
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	75% Discount