JOHNSON REGIONAL MEDICAL CENTER

SUBJECT: Financial Assistance & Charity Care Program For Uninsured/Underinsured	REFERENCE #
	EFFECTIVE: 12/10/2010
DEPARTMENT: Administration	REVISED: 11/12/2025
APPROVED BY: Executive Team	

I. PURPOSE:

The Charity Policy of Johnson Regional Medical Center is consistent with the mission and values of the hospital recognizing that all patients are expected to contribute to their care based on the individual ability to pay. It has been established to provide financial relief to those who are unable to meet their financial obligations to Johnson Regional Medical Center.

II. POLICY:

This Financial Assistance Policy applies to all emergency and other medically necessary care provided in the hospital facility of Johnson Regional Medical Center. It is the policy of Johnson Regional Medical Center to make financial assistance programs available to all qualified applicants. JRMC offers charity to patients as a gift. Charity is not subject to race, sex or creed. There is no future reimbursement expected from the applicant unless there is subsequent insurance or liability recovery to the applicant. Once an application is accepted, the approved charity discount will apply to an individual's charges for a period of ninety (90) days, after which the individual is required to complete another application for assistance with updated information and supporting documentation.

Patient must be a resident of the state of Arkansas for six (6) months to meet the residency requirements; however, if the patient can prove intent to remain a resident of the state of Arkansas, this requirement will be waived.

Evidence of intent may be supplied by one or more of the following:

a. If receiving food stamps, show evidence of signing up in county of residence.
b. If school is in session and the family has children, evidence of enrollment.
c. Proof they are eligible to vote in the state of Arkansas.
d. Show utility bill indicating current address in the state of Arkansas
e. If renting show evidence of rent receipt.
f. If receiving Social Security check, show evidence of change of address
g. Furnish name, address, and telephone number of two (2) neighbors who will be willing to verify that the patient or family lives at the address given.
h. Other appropriate evidence of residency may be considered in addition to or in lieu of what is specifically listed above.

The application for assistance is for JRMC hospital charges only and will not apply to physicians, radiologists, pathologists, or any other outside services.

Financial assistance applications and copies of this Policy are available on the hospital's website, by calling the JRMC Business Office, Financial Counselor, at 479-754-5404 to request a copy by mail, or in person at the Admissions desk or Business Office at Johnson Regional Medical Center, 1100 E. Poplar St, Clarksville, AR 72830. Completed applications with supporting documents must be returned to the Financial Counselor and may be mailed to Financial Counselor, JRMC Business Office, 1100 E. Poplar St, Clarksville, AR 72830, or dropped off at the Admissions desk or Business Office for delivery to the Financial Counselor. For questions about this Financial Assistance Policy or for help completing an application, patients may contact the JRMC Business Office, Financial Counselor, at 479-754-5404.

This Financial Assistance Policy (FAP) applies to hospital services provided by Johnson Regional Medical Center. Certain provider groups deliver emergency or medically necessary care in the hospital facility. Some of these groups are covered under this FAP, while others are not.

The following provider groups are covered under this FAP:

- Anesthesiologists
- JRMC-owned Clinics

The following provider groups are not covered under this FAP:

- Emergency Department Physicians
- Hospitalists
- Radiologists
- Pathologists

Patients without insurance or without eligibility for any third-party payment or reimbursement, including governmental coverage or assistance, will automatically receive a forty-five percent (45%) of billed charges *uninsured* discount. *Insured* patients will be offered an early-pay ten percent (10%) discount of balance after insurance if paid within thirty (30) days of first statement.

JRMC provides several types of financial assistance under this Policy, including a 45% uninsured discount from gross charges, a 10% early-pay discount for insured patients, and charity care for those meeting income and asset criteria. Applicants with household income at or below 200% of the Federal Poverty Guidelines (FPG) qualify for 100% charity (free care), while those between

201%–300% of FPG may receive partial charity based on a sliding scale. Assets under $8,000 (individual) or $12,000 (household) qualify for full charity. All discounts are applied to gross charges for eligible hospital services, and no FAP-eligible patient will be charged more than the Amounts Generally Billed (AGB) for emergency or medically necessary care. For questions or assistance, contact the JRMC Business Office, Financial Counselor, at 479-754-5404.

The hospital uses the look-back method to determine Amounts Generally Billed (AGB), based on the average of claims paid to the hospital by Medicare fee-for-service and all private health insurers over a 12-month period. These percentages are reviewed annually and are available upon request by contacting the JRMC Business Office, Financial Counselor, at 479-754-5404, and on the hospital's website at www.jrmc.com.

Following a determination that an individual is eligible for financial assistance under this Financial Assistance Policy (FAP), the FAP-eligible individual may not be charged more than the AGB for emergency or other medically necessary care provided by Johnson Regional Medical Center.

If an applicant does not have some or all of the required documents to verify household income, he or she may contact the JRMC Business Office, Financial Counselor, at 479-754-5404 to discuss other acceptable evidence that may be provided to demonstrate eligibility.

Patients who do not provide the requested information necessary to completely and accurately assess their eligibility may not be eligible for Charity. In addition, patients seeking Charity are expected to cooperate with any efforts to secure other healthcare coverage or sponsorship prior to Charity determination.

If a patient does not pay their bill or establish a reasonable payment arrangement, Johnson Regional Medical Center may take collection actions such as referral to a collection agency, credit reporting, legal action, liens, or wage garnishment. These actions are taken only after reasonable efforts are made to determine financial assistance eligibility and in accordance with JRMC's Debt Collection Policy, which is available free of charge upon request by contacting the JRMC Business Office, Financial Counselor, at 479-754-5404.

JRMC will not engage in any extraordinary collection actions (ECAs) for at least 120 days from the date of the first post-discharge billing statement. Before initiating any ECAs, JRMC will send a written notice at least 30 days in advance identifying the ECAs that may be taken, providing a plain-language summary of the Financial Assistance Policy, and offering the patient an opportunity to apply for assistance. Patients who submit an incomplete financial assistance application will be notified of the missing information and

given a reasonable opportunity to complete it. JRMC also makes reasonable oral efforts to inform patients about the Financial Assistance Policy and how to obtain help with the application process.

The Chief Financial Officer of Johnson Regional Medical Center, or his or her designee, has final authority for determining that the hospital has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in extraordinary collection actions (ECAs) against the individual.

Eligibility is determined using objective criteria respecting the responsible party's income, assets and liabilities, age, and ability to work. Johnson Regional Medical Center determines eligibility for financial assistance only after receiving a completed Financial Assistance Application and required supporting documentation. JRMC does not make presumptive or automatic financial assistance determinations based on information from other sources.

Income:
Applicants with a household income at or below 200% of the Federal Poverty Guideline will be considered for full charity. For those applicants with a household income in excess of 200% but not exceeding 300% of the Federal Poverty Guideline, a sliding scale will apply based on income and the number of people in the household.
For purposes of determining financial eligibility under the JRMC Financial Assistance and Charity Care Programs, income includes total cash receipts before taxes from all sources. Income includes money wages and salaries, including tips, before any deductions; net receipts from non-farm self-employment; net receipts from farm self-employment; regular payments from social security including disability, railroad retirement, employment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Aid to Families with Dependent Children or Temporary Assistance for Needy Families, Supplemental Security Income and non-Federally-funded General Assistance or General Relief money payments), and training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, settlements such as from an accident, and net gambling or lottery winnings.

Family:
A family is a group of two (2) or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two (2) children and the older couple's nephew all live in

the same house or apartment, they would all be considered members of a single family. An unmarried person living alone will be considered a family for purposes of this policy. This policy uses the "family" concept and will apply the poverty guidelines separately to each family within a household if the household includes more than one family unit.

Household:
A household consists of all the persons who occupy a housing unit, whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units, but only one household.

Assets and Liabilities:
Applicants with assets less than $8,000 (individual) or $12,000 (combined household) will be considered for full Charity.

All assets shall be considered for charity qualification upon application EXCEPT:

1. Applicant's primary residence (including the land/property on which that residence is located.
2. One vehicle per person (two per household)
3. Cash/surrender value of life insurance policies, and
4. Burial funds

Age:
Applicants of all ages are eligible for Charity.