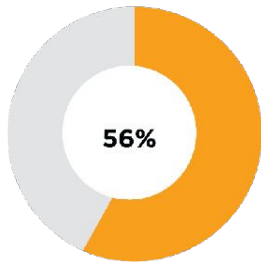


DOLLAR FOR 

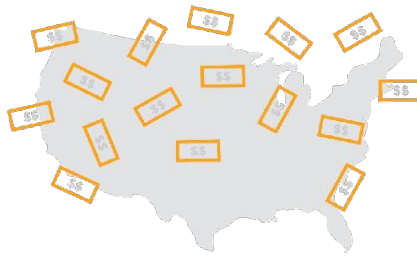
Charity Care 101

A medical crisis shouldn't mean a financial crisis.

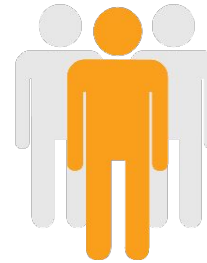
56%
of Americans don't have savings
to pay an unexpected bill.



\$195 BILLION
in medical debt in America.



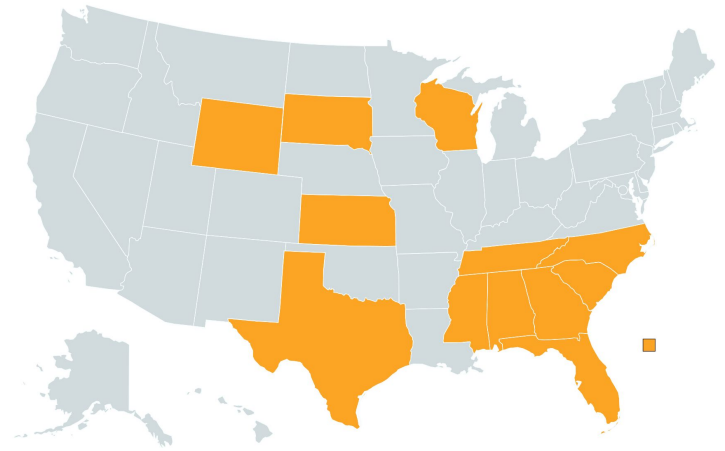
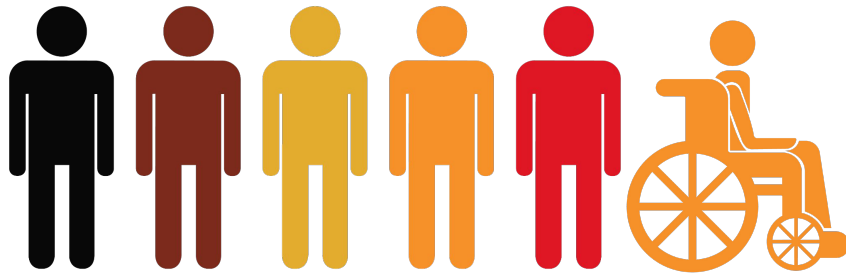
NEARLY 1 in 3
Americans have medical debt.



#1 CONTRIBUTOR
to bankruptcies.



Medical debt exacerbates
systemic inequities.



Millions of Americans are on payment plans or declaring bankruptcy for bills that **they should not have to pay.**



Average Federal Poverty Guidelines threshold to qualify for 100% forgiveness

215%

268%

152%

Average income for a family of four to receive 100% forgiveness

\$59,663

\$74,370

\$42,180

Hospitals hold all the **power**.

It's not

KNOWN

It's not

EASY

It's not

FAIR

Dollar For crushes medical debt by making charity care **known, easy & fair**.

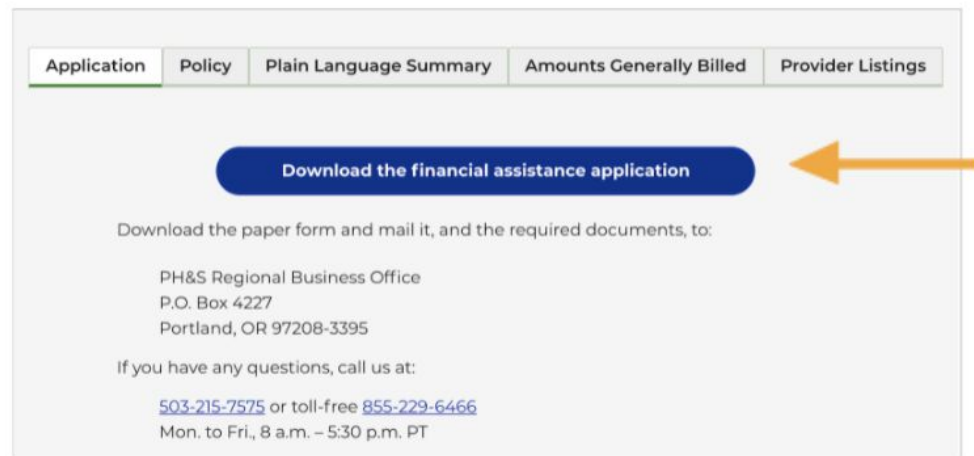
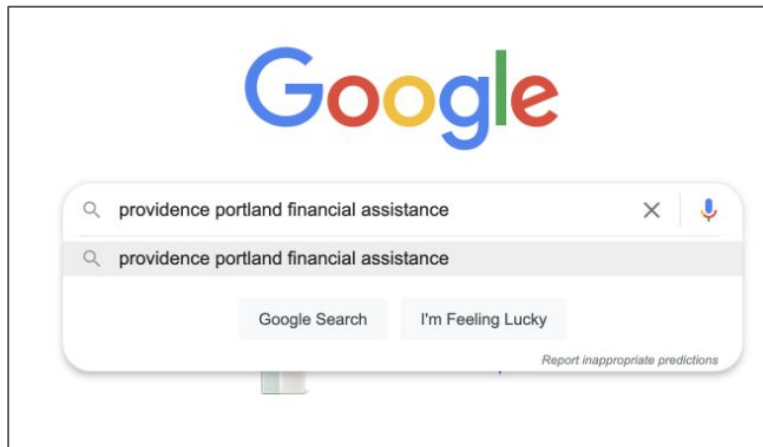


TOTAL AMOUNT FORGIVEN

\$18,804,126.20

CHARITY CARE 101

1: Find the policy and application



2: Review the policy

ADVENTIST HEALTH CARE, INC.
Corporate Policy Manual
Financial Assistance
(Formerly "Charity Care")

Effective Date: 01/08	Policy No: AHC 3.19
Cross Referenced: Previously: Financial Assistance Policy (see AHC 3.19.1 for Decision Rules / Application)	Origin: PFS / FC
Reviewed: 02/09, 9/19/13, 10/10/17	Authority: EC
Revised: 05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13, 2/01/16, 11/09/17, 08/26/19, 12/20	Page: 3 of 14

- **FPL** (Federal Poverty Level): is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services.
- **Uninsured Patient**: Person not enrolled in a healthcare service coverage insurance plan. May or may not be eligible for charitable care.
- **Self-pay Patient**: an Uninsured Patient who does not qualify for AHC Financial Assistance due to income falling above the covered FPL income guidelines

POLICY

1. General Eligibility

- 1.1. All patients, regardless of race, creed, gender, age, sexual orientation, national origin or financial status, may apply for Financial Assistance.
- 1.2. It is part of Adventist HealthCare's mission to provide necessary medical care to those who are unable to pay for that care. The Financial Assistance program provides for care to be either free or rendered at a reduced charge to:
 - 1.2.1. those most in need based upon the current Federal Poverty Level (FPL) assessment, (i.e., individuals who have income that is less than or equal to 200% of the federal poverty level (See current FPL).
 - 1.2.2. those in some need based upon the current FPL, (i.e., individuals who have income that is between 201% and 600% of the current FPL guidelines
 - 1.2.3. patients experiencing a financial hardship (medical debt incurred over the course of the previous 12 months that constitutes more than 25% of the family's income), and/or
 - 1.2.4. absence of other available financial resources to pay for urgent or emergent medical care
- 1.3. This policy requires that a patient or their guarantor to cooperate with, and avail themselves of all available programs (including those offered by AHC, Medicaid, workers compensation, and other state and local programs) which

- Income requirements to qualify
- Application deadline
- Application instructions
- Contact Information

3: Determine eligibility

Number of People in Household	100% of FPL	150% of FPL	200% of FPL	300% of FPL	400% of FPL
1	\$13,590	\$20,385	\$27,180	\$40,770	\$54,360
2	\$18,310	\$27,465	\$36,620	\$54,930	\$73,240
3	\$23,030	\$34,545	\$46,060	\$69,090	\$92,120
4	\$27,750	\$41,625	\$55,500	\$83,250	\$111,000
5	\$32,470	\$48,705	\$64,940	\$97,410	\$129,880
6	\$37,190	\$55,785	\$74,380	\$111,570	\$148,760
7	\$41,910	\$62,865	\$83,820	\$125,730	\$167,640
8	\$46,630	\$69,945	\$93,260	\$139,890	\$186,520
additional people*	\$4,720	\$7,080	\$9,440	\$14,160	\$18,880

Who Counts in a Household?

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2015**

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning

Your first name and initial

If a joint return, spouse's first name and initial

Home address (number and street). If you have a P.O. box, see instructions.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below

Foreign country name

Foreign province/state/country

Foreign postal code

Check only one:

1 ☐ Single

2 ☐ Married

Boxes checked and filled

Step Three: Determine eligibility

BILL AGE

240 DAYS

Step Three: Determine eligibility

- Each hospital has a different policy for insured patients.
- Some forgive, some don't.
- Check the policy or call to ask!

Step Four: Complete application

☐ White Oak Medical Center ☐ Shady Grove Medical Center ☐ Fort Washington Medical Center
☐ Adventist Healthcare Germantown Emergency Center ☐ Adventist HealthCare Rehabilitation

Maryland State Uniform Financial Assistance Application

Information About You:

Name: _____
First Middle Initial Last

Social Security Number: - - Marital Status: ☐ Single ☐ Married ☐ Separated
US Citizen: ☐ Yes ☐ No Permanent Resident: ☐ Yes ☐ No

Home _____
Address: _____
City State Zip code Country

Home Phone: -

Employer _____
Address: _____
City State Zip code

Employer Name _____
Work Phone: -

Household Members:

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

Have you applied for Medical Assistance? ☐ Yes ☐ No
If yes, what was the date you applied? / / (MM/DD/YYYY)
If yes, what was the determination? _____

Do you receive any type of state or county assistance? ☐ Yes ☐ No

- Fill out application by hand or one a computer.
- Prepare all proof of income docs.
- Hand deliver, email, fax or mail

Step Five: Submit proof of income


- Most recent tax return or proof of non-filing determination letter.
- 3 most recent pay stubs.
- 3 months of bank statements.
- Unemployed?
 - o Social Security or unemployment benefits letters.
 - o Simple letter explaining how paying for basic needs (i.e., savings, money for a friend or family member, etc).

Doctors Bills?

- Unfortunately, charity care rules only directly apply to the non-profit hospitals themselves, not doctors or labs who work in the hospital and bill separately.
 - o **Step One:** Get approved for charity care by the hospital.
 - o **Step Two:** Once approved, send copies of the approval letter to the other billers and ask them to honor the policy.
- Other types bills? Call the billing department to ask them about financial assistance.

Learn More

Read our online manual for tons of FAQ and additional tips.

DOLLAR FOR 

HOW TO APPLY FOR CHARITY CARE

Applying for charity care can feel challenging, but it's actually pretty easy if you know what to do. Here are the steps:

1. CHECK IF YOU ARE ELIGIBLE.

Look up your hospital's financial assistance policy online. You'll have to compare your income to the hospital's guidelines.

[Learn more about checking your eligibility](#)

2. FILL OUT YOUR HOSPITAL'S APPLICATION.


Download the application from the hospital website. Print it out or fill it out on your computer with a PDF editor.

[Learn more about completing your application](#)

3. SUBMIT YOUR APPLICATION TO THE HOSPITAL.

Fax, email, mail or personally deliver your completed application. Be sure to include copies of all the documents requested by the hospital.

[Learn more about submitting your application](#)

DOLLAR FOR 

STEP ONE: CHECK YOUR ELIGIBILITY

FIGURE OUT WHERE YOU FIT IN THE FEDERAL POVERTY LEVELS

Hospitals give financial assistance based on the size of your household, your total annual income before taxes, and the federal poverty level.


Households are the people who live together who are responsible for each other's bills. For example:

- Two parents and their two minor children would be a household of four.
- Four roommates who live together and pay taxes separately would each be a household of one.
- An adult who lives with their parents but files their own taxes and is not claimed as a dependent by the parents would also be a single person household.

For more detailed definitions of households, check out [these descriptions](#).

You can figure out where you fit in the federal poverty levels (FPLs) with this chart:

Number of People in Household	100% of FPL	150% of FPL	200% of FPL	300% of FPL	400% of FPL
1	\$12,880	\$19,320	\$25,760	\$38,640	\$51,520
2	\$17,420	\$26,130	\$34,840	\$52,260	\$69,680
3	\$21,960	\$32,940	\$43,920	\$65,880	\$87,840
4	\$26,500	\$39,750	\$53,000	\$79,500	\$106,000
5	\$31,040	\$46,560	\$62,080	\$93,120	\$124,160
6	\$35,580	\$53,370	\$71,160	\$106,740	\$142,320

DOLLAR FOR 

STEP FOUR: FOLLOW UP WITH THE HOSPITAL

GET A DECISION FROM THE HOSPITAL

You will probably hear from your hospital in about three to four weeks with a decision. They may email you, call, or send a letter so keep your eyes and ears open and make sure you pay attention to any messages they send you.

When you hear from the hospital, they may have decided any of these things:

- They forgive all of your debt! FANTASTIC!
- They forgive a portion of your debt! Wahoo!
- They ask you for more documents before they make a decision.
- They deny your application assistance. Don't worry! This may not be the end of the case! There are some cases where you can appeal or reapply, but only if you know what to do differently next time.

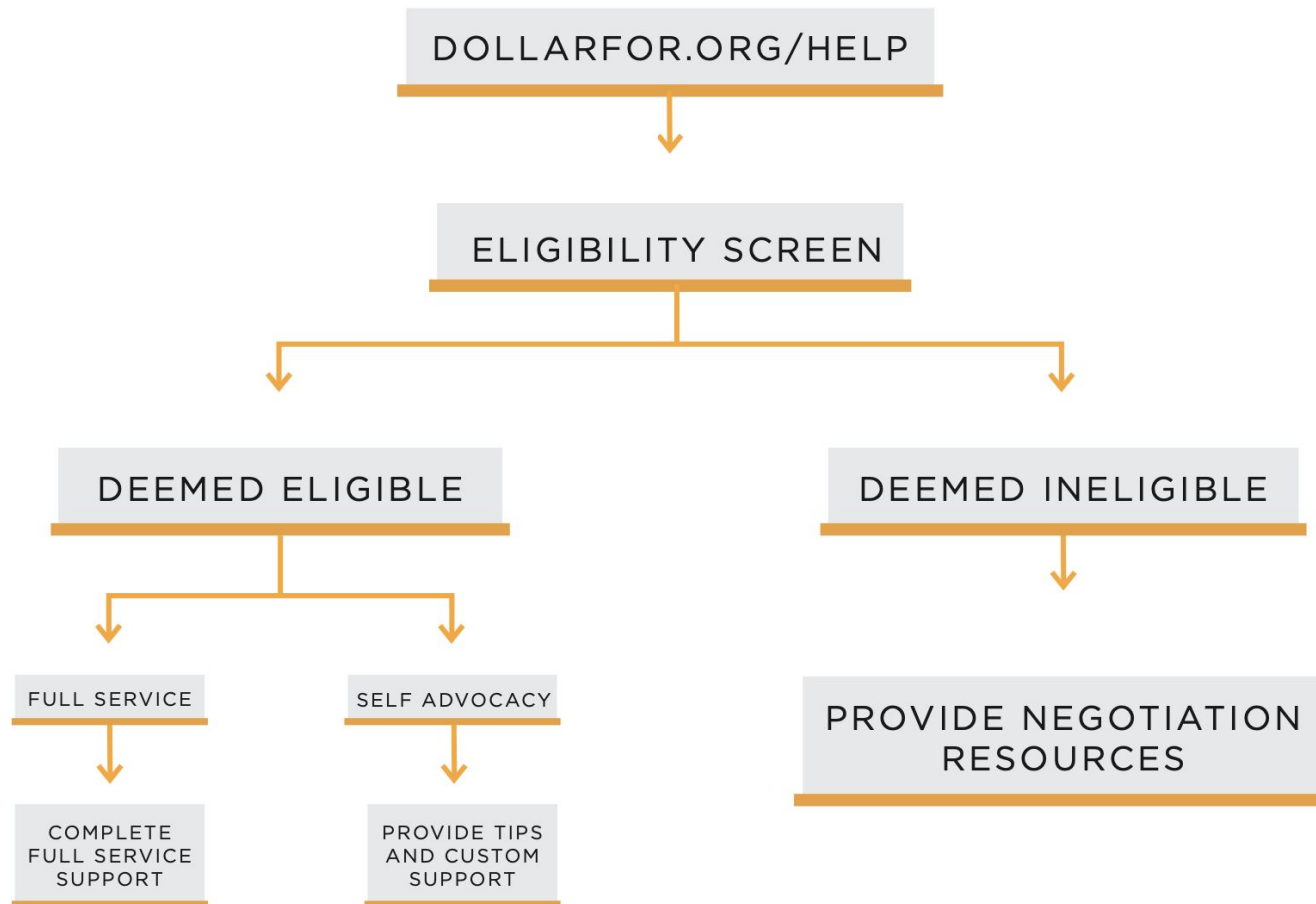
If you don't hear from your hospital within four weeks, you should call them. Keep calling every two weeks until you get an answer! Be persistent to get that debt forgiveness!

CALL THE HOSPITAL

It can feel intimidating to call the hospital, but remember you are just speaking to a human on the other end of the line. Start by asking to speak with someone in the financial assistance department.

REFERRING PATIENTS

How Does Dollar For Help?



How Does Dollar For Help?

- All our services are complete free - no strings attached.
- We do not:
 - o Buy medical debt or pay medical bills.
 - o Help patients with bills from:
 - Hospitals that don't have FAPs (i.e. most private hospitals)
 - Doctors offices
 - Dental offices
 - Ambulances
 - Pharmacies
 - (... yet)

1: Eligibility Screener

DOLLAR FOR

ARE YOU ELIGIBLE FOR HOSPITAL DEBT FORGIVENESS?

This form will check if your medical bill is likely to be forgiven by your hospital based on the hospital's financial assistance policy, your household size, and your household income.

You'll need:

- About 3 minutes to complete this form
- The name of the hospital, the amount billed, and the approximate date of your most recent bill
- Your household's size and annual income

Read our [Terms of Service](#).

Any questions, please contact support@dollarfor.org.

CONTINUE

DOLLAR FOR

GREAT NEWS!

Based on the information you shared, we believe you are probably eligible for financial assistance from Adventist Healthcare Shady Grove Medical Center.

How would you like us to help?*

- ☐ **I want Dollar For to submit a financial assistance application to the hospital on my behalf.**
 - You'll fill out our full service questionnaire to tell us everything we need to share with the hospital.
 - We'll prepare your hospital financial assistance application and submit it to the hospital. This takes about 1-3 weeks and we will let you know when we have sent it.
 - After that, we'll send you instructions for following up with the hospital.
- ☐ **I will submit the financial assistance application to the hospital myself.**
 - We'll send you emails and texts with instructions for every step of the process.
 - You can email us anytime with questions or for extra help.
 - You can get your application submitted as fast as you want - even today.

GET STARTED

2: Full Service Questionnaire

DOLLAR FOR

GET HELP WITH HOSPITAL DEBT FORGIVENESS

When you fill out this form, Dollar For will prepare an application for financial assistance and submit it to your hospital on your behalf. ([More details.](#))

You'll need:

- **About 15 minutes of time**
In order to complete this form
- **Information about the patient**
This includes their hospital bills, household income and expenses, and financial assets
- **Copies of financial documents to upload**
This includes income tax returns, and pay stubs or bank statements for the patient and adult members of the household. Screenshots and PDFs are okay.

Read our [Privacy Policy](#) and [Terms of Service](#).

Any questions, please contact support@dollarfor.org.

CONTINUE

NEXT, PLEASE TELL US ABOUT ELISE'S HOSPITAL BILL(S)

Note: This form works for bills from one hospital at a time and allows the entry of up to 4 bills. If you have bills from multiple hospitals, please complete the entire form for each hospital.

Hospital State*

Select State

Hospital City*

Hospital Name*

Hospital Bills

Bill

Total amount of bill*

\$

When did you first receive this bill?*

Select Month

Select Year

Did Elise have insurance at the time of care?*

☐ Yes ☐ No

Was this bill related to an injury from a car accident?*

☐ Yes ☐ No

Was this bill related to an injury from a work accident?*

☐ Yes ☐ No

Has this bill been sent to collections?*

☐ Yes ☐ No

+ ADD BILL

Full Service Questionnaire - Proof of Income

- Submit docs:
 - o support@dollarfor.org
 - o Reply to our email or text confirmations
- **A hospital will not approve your application without those files.**

Key Points to Share

- Dollar For staff will prepare and submit the financial assistance application for the hospital on your behalf.
- We will email and text you when we have sent it in.
- **Dollar For cannot promise that a bill will get forgiven. We will do our best to advocate for each patient but ultimately, the hospital will decide if they will forgive the bill based on their policy.**

Follow Up

- **The hospital will probably not ever communicate with Dollar For. They will assume that the application has come directly from the patient.**
- The hospital should mail, email, or call the patient with requests for more information or with a final decision.
- Three weeks after we submit the application, Dollar For will check in with the patient and provide instructions for contacting the hospital. We will check in weekly for about five weeks.
- **It is very important that the patient communicate with us about what they hear from the hospital.** We want to help resolve each case but we can only do that if we know what is going on.

Get Involved

Get Help With Medical Debt - dollarfor.org/help

Become a Volunteer - dollarfor.org/volunteer

Create an Organizational Partnership - dollarfor.org/partner

Volunteers

- **Dollar For can only help patients get financial assistance if they know about our services.**
- **Direct patients to dollarfor.org/help.**
- Ways to help:
 - Wear our swag!
 - Table or speak at community events
 - Create and share social media posts
 - Distribute flyers and touch cards
 - Organize local fundraising
 - Build partnerships with trusted community organizations

Volunteer Resources

- Team Coordination
 - Monthly town halls
 - Slack for communication
- Resources Folder - dollarfor.org/resources_folder
 - Dollar For Volunteer Guide
 - Pre-made social media posts
 - Flyers
 - Scripts for talking to people
 - Presentation samples
- Swag kit - dollarfor.org/swag
 - Shirt & tote bag
 - Touch cards (request more at dollarfor.org/touch_cards)
 - Sample flyer

DOLLAR FOR 

WWW.DOLLARFOR.ORG