

EAST CAROLINA GASTROENTEROLOGY ENDOSCOPY CENTER

Waiver/Adjustment of Payment
Due to Economic Hardship

Patient Name _____ ID# _____

Address _____ Phone# _____

City, State, Zip Code _____

Medical Insurance Coverage: Yes No

Company Name _____ ID# _____

I am unable to pay the fees for my tests due to financial hardship. I certify no other source, including Medicaid, Welfare, Legal Guardian, or other insurance company is legally responsible for my bills.

My Monthly income is _____

Other Explanation: _____

Patient Signature: _____ Date _____

I waive/adjust medical expenses not reimbursed by medical insurance on the above patient/guarantor. This adjustment is due to economic hardship. This adjustment automatically expires after a period of ___ months unless renewed by me. This adjustment may be revoked immediately by the undersigned, without advance notice, for any reason.

MD Signature: _____ Date: _____

Witness: _____ Date: _____

**EAST CAROLINA GASTROENTEROLOGY ENDOSCOPY CENTER
CHARITY CARE GUIDELINE**

A. PURPOSE:

To establish guidelines determining guarantor/patient's income, and ability to pay.

B. POLICY:

East Carolina Gastroenterology Endoscopy Center will adopt NC Medicaid Income Limits based on Federal poverty levels, as a guideline, to determine a guarantor/patient's ability to pay for services rendered.

Appropriate staff will obtain Income information from guarantors/patients in order to determine if the poverty levels are met, i.e., tax return, check stubs, etc.

Guarantors/patients meeting the monthly income below 133% poverty level will be considered indigent and the account will qualify as "charity care", upon approval from the Medical Director.

Guarantors/patients with income exceeding the 133% poverty level will not be considered for "Charity Care". -

Guarantors/patients under the 133% poverty level may qualify for NC Medicaid and should be encouraged to apply for this benefit.

C. DEFINITIONS:

- 1 133% Poverty Level monthly income limits:
 - a. 1 family member \$1337.00
 - b. 2 family members \$1800.00
 - c. 3 family members \$2264.00
2. Indigent: Unable to pay based on the above income limits.
3. Charity Care: An adjustment or complete waiving of fees given to a patient based on their ability to pay.
4. Cap: A maximum amount.

D. PROCEDURES:

- Any patient meeting the guidelines as stated above and seeking a charity care adjustment must complete the "Waiver/Adjustment of Payment Due to Economic Hardship" form (see attachment) and show proof of income.
- A charity adjustment or fee waiver has to have approval from the Medical Director.