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Financial Assistance

Document Type: Policy

I. PURPOSE AND OBJECTIVE:

- A. The purpose of this Policy is to describe the manner in which Beaumont Health Hospitals and Beaumont Medical Group identify and provide financial assistance to uninsured patients and to patients who need help paying their hospital bills.
This Policy refers to these hospitals collectively as the "Beaumont Hospitals" or the "Hospitals," and individually as a "Beaumont Hospital" or the "Hospital." When this Policy refers to "Beaumont Health," it is referring to each Beaumont Hospital individually and to Beaumont Medical Group.
- B. This Policy is intended to satisfy the requirements in Section 501(r) of the Internal Revenue Code of 1986, as amended, which imposes certain requirements on the Hospitals regarding financial assistance, charge limitations, and billing and collection activities. Patients who do not have the means to pay for services provided at the Hospitals may request financial assistance, and may be awarded financial assistance, in accordance with the terms and conditions of this Policy.
- C. This Policy is also intended to satisfy certain Medicare hospital cost reporting rules.
- D. Capitalized words used in this Policy and not otherwise defined have the meanings set forth in Section III, below.

II. POLICY STATEMENT:

- A. It is the policy of Beaumont Health to:
 1. Provide Emergency Care and other Medically Necessary Care, without discrimination, to all patients regardless of ability to pay;
 2. Provide financial assistance for Emergency Care and other Medically Necessary Care to individuals who qualify for such assistance under this Policy;
 3. Not charge patients eligible for financial assistance under this Policy for Emergency Care or other Medically Necessary Care more than the Amounts Generally Billed (*i.e.*, Beaumont Health will not charge a patient who is eligible for financial assistance under this Policy for Emergency Care or other Medically Necessary Care more than the Gross Charges for such care multiplied by the amounts generally billed (AGB) Percentage); and
 4. Charge patients eligible for financial assistance under this Policy less than Gross Charges for

services other than Emergency Care or other Medically Necessary Care.

5. Provide discounts to eligible uninsured self-pay patients.

B. Eligibility for financial assistance is determined based (i) on the patient's demonstrated inability to pay for services or items due to inadequate financial resources or (ii) the patient's status as an eligible uninsured self-pay patient. As specified in this Policy, in evaluating a patient's eligibility for financial assistance due to inadequate financial resources, Beaumont Health considers the patient's Family Assets, as well as the patient's Family Income as compared to the Federal Poverty Guidelines (which are updated annually). In addition, to qualify for financial assistance, a patient must cooperate in providing information requested by Beaumont Health in accordance with this Policy and in applying for Medicaid or third-party payment programs, when applicable.

As described below, this Policy:

1. Includes the eligibility criteria for financial assistance and sets forth the circumstances in which a patient will qualify for free or discounted care.
2. Describes the method for applying for financial assistance, when applicable.
3. Describes the method by which patients may be presumptively determined to qualify for financial assistance and the method by which patients who are presumptively determined to qualify for less than 100% financial assistance may apply for more financial assistance.
4. Describes the basis for calculating amounts charged to patients eligible for financial assistance under this Policy, as well as the amounts to which charity care adjustments will be applied.
5. Limits the amounts that Beaumont Health will charge for Emergency Care or other Medically Necessary Care provided to patients eligible for financial assistance to no more than the Amounts Generally Billed to individuals who have insurance covering such care.
6. Describes the method by which Beaumont Health determines the Amounts Generally Billed.
7. States that Beaumont Health maintains a separate document listing which providers (other than the Beaumont Hospitals) delivering Emergency Care or other Medically Necessary Care in the Hospitals are covered by this Policy and which are not, and explains how an individual may readily obtain a free copy of the list.
8. States that Beaumont Health maintains a separate Billing and Collections Policy that sets forth actions that may be taken in the event of non-payment and provides instructions for how members of the public readily may obtain a copy of the **Billing and Collection Policy**.
9. Describes Beaumont Health's provision of discounts to eligible uninsured self-pay patients under this Policy.

C. Beaumont Health provides Emergency Care to all patients, regardless of ability to pay, in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA).

III. DEFINITIONS:

The following definitions apply for purposes of this Policy:

A. **Amounts Generally Billed or AGB:** Each Beaumont Hospital will apply the "look-back method" for determining AGB. In particular, each Hospital will determine the Amounts Generally Billed for all medical care by multiplying the Gross Charges for that care by the AGB Percentage.

- B. **AGB Percentage:** Each Beaumont Hospital will calculate its own AGB Percentage by dividing the sum of all claims that have been allowed for all medical care by Medicare fee-for-service and all private health insurers together during a prior twelve (12)-month period by the sum of the associated Gross Charges for those claims. For these purposes, included in the amount "allowed" is both the amount to be reimbursed by Medicare or the private insurer and the amount (if any) the Medicare beneficiary or insured individual is personally responsible for paying (in the form of co-insurance, copayments or deductibles), regardless of whether and when the individual actually pays all or any of his or her portion, and disregarding any charity care adjustments or discounts applied to the individual's portion (under this Policy or otherwise). Each Beaumont Hospital will calculate a revised AGB Percentage annually and will apply the revised AGB Percentage by the 120th day after the end of the 12 month-period used to determine the AGB Percentage.

Each Beaumont Hospital's AGB Percentage will be posted on Beaumont Health's website. In addition, members of the public may obtain any Beaumont Hospital's AGB Percentage in writing and free of charge by calling (248) 577-9205 or submitting a written request to the following address:

Customer Service Department
Beaumont Health System
26935 Northwestern Hwy.
Southfield, MI 48033

- C. **Emergency Care:** The care or treatment for an Emergency Medical Condition as defined by the Emergency Medical Treatment and Active Labor Act (EMTALA).
- D. **EMTALA:** The Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd) and the regulations under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations.
- E. **Family:** Using the U.S. Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage or adoption. In addition, if the patient is claimed as a dependent on a parent's or adult child's tax return, the party claiming the patient as a dependent will be considered a member of the patient's Family.
- F. **Family Assets:** The combined assets (other than Family Income) of the patient, members of the patient's Family and all Guarantors, as adjusted in accordance with this Policy. Family Assets include, without limitation, monies held in bank accounts and investment accounts, bonds, certificates of deposit, and trust assets. Excluded from Family Assets are: real property; vehicles; and assets jointly owned by the patient and an individual who is not a member of the Family, but only if the patient's access to the asset is solely for the benefit of the non-Family member. Applicants for financial assistance may be required to provide documentation regarding the value of Family Assets.
- G. **Family Income:** Total income received by the patient, the patient's Family members who are older than 15 years of age, and all Guarantors from all sources, including, for example, earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from trusts, educational assistance, alimony, child support, and other assistance. For this purpose, retirement accounts will be valued based on their annuity value, with the annual equivalent value treated as Family Income; twenty-five years will be used as the duration of the annuity, and 3.5% will be used as the annual growth rate. During the presumptive eligibility screening process, Beaumont Health may estimate a patient's Family Income by using a third-party-developed calculation model, which utilizes credit report information, self-reported data, marketing data sources and average incomes for others near the patient's reported address.

- H. **Federal Poverty Guidelines:** The Federal Poverty Income Guidelines as published in the *Federal Register* from time to time by the U.S. Department of Health and Human Services and in effect on the date of service. The current Federal Poverty Guidelines applicable to this Policy, as updated from time-to-time, are attached as **Appendix A** (see attachment tab upper right corner).
- I. **Gross Charges:** The Hospital's full established rates for the provision of healthcare items and services.
- J. **Guarantor:** A person other than the patient who is responsible for payment of the patient's medical bills.
- K. **Medically Necessary Care:** Those services reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of healthcare generally accepted at the time services are provided. Medically Necessary Care does not include cosmetic services, cosmetic surgery, other elective services, discounted items and services provided via package price arrangements, personal services (e.g., room charges) or patient convenience items.
- L. **Uninsured Patient:** An individual having no third-party coverage by a commercial insurer, ERISA plan, a federal healthcare program (including, without limitation, Medicare, Medicaid, SCHIP and CHAMPUS), worker's compensation, or other third-party assistance to assist with meeting his or her financial obligations for medical care.

IV. PROCEDURE:

A. Patient Referral

Hospital staff responsible for scheduling appointments or registration should refer all patients without insurance and unable to pay for care to a Benefit Advisor to determine eligibility for financial assistance. Patients with insurance who cannot afford to pay their share of the total amount due should also be referred to a Benefit Advisor.

B. Eligibility for Charity Care Adjustment

1. Eligibility Criteria

- a. Eligibility for financial assistance in the form of a charity care adjustment is based on the patient's demonstrated inability to pay for services or items due to inadequate financial resources. A patient is not eligible for financial assistance in the form of a charity care adjustment under this Policy if the patient's Family Assets are valued at \$50,000 or more, regardless of the patient's Family Income.
- b. A patient with Family Assets valued at less than \$50,000 who satisfies the following criteria will qualify for financial assistance in the form of a charity care adjustment of amounts owed for Emergency Care or other Medically Necessary Care by the patient (but not on amounts owed by a third-party payor), based on a sliding scale, in the amount indicated:
 - If a patient's Family Income is less than or equal to 200% of the Federal Poverty Guidelines, the patient will receive a 100% charity care adjustment with respect to amounts owed by the patient.
 - If a patient's Family Income is at least 201% but less than or equal to 300% of the Federal Poverty Guidelines, the patient will receive a charity care adjustment equal to the particular Hospital's AGB Percentage with respect to amounts owed by the patient. (For example, if the Hospital's AGB Percentage at the time were 76%, then the patient would receive a 76% charity care adjustment with respect to amounts owed by the patient.)

Each Hospital's AGB Percentage as determined yearly is posted on Beaumont Health's website and is also available by calling (248) 577-9205 or submitting a written request to the following address:

Customer Service Department
Beaumont Health System
26935 Northwestern Hwy.
Southfield, MI 48033

- c. The current Federal Poverty Guidelines are attached as Appendix A.
- d. If the patient is claimed as a dependent on a parent's or adult child's tax return, the income of the party claiming the patient as a dependent, along with any other Family Income, will be considered as the basis for determining eligibility.
- e. If current Family Income has significantly increased over the past year, Beaumont Health may suspend a decision regarding financial assistance in the form of a charity care adjustment if there is a reasonable basis to believe that Family Income will revert back to previous levels. Notwithstanding any provision of this Policy to the contrary, if Family Income has significantly decreased over the past year, Beaumont Health may deny financial assistance in the form of a charity care adjustment if there is a reasonable basis to believe that Family Income will revert back to previous levels within the next year.
- f. Financial assistance is not applicable to an insurance company's or benefit plan's payment responsibility under a health benefits plan, regardless of whether the insurance company or health plan has made payment to the patient or to Beaumont Health.
- g. If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury that led to the medical services and items provided by Beaumont Health, the patient must use the settlement or judgment amount to satisfy any patient account balances and will not be eligible for financial assistance in the form of a charity care adjustment.
- h. In addition to meeting the Family Income and Family Assets criteria set forth above, to be eligible for financial assistance in the form of a charity care adjustment under this Policy, a patient also must:
 - Complete the Financial Assistance Application provided by Beaumont Health;
 - Supply all documentation requested by Beaumont Health in accordance with this Policy and the Financial Assistance Application form;
 - Apply for all public assistance programs requested by the Beaumont Health, including, for example, Medicaid, Social Security, disability, etc.; and
 - Cooperate with Beaumont Health in determining whether or not the patient is eligible for financial assistance under this Policy.
- i. Beaumont Health will provide reasonable assistance to patients in pursuit of public benefits for which they may qualify (such as, for example, Michigan Medicaid, Social Security, etc.). Beaumont Health may use the services of outside vendors to assist patients in seeking these benefits.
- j. A determination that a patient is eligible for financial assistance is subject to change if it is discovered that information provided during the application process or otherwise was inaccurate or incomplete. In such circumstances, the patient will be notified and will be responsible for

payment.

- k. Financial assistance is available under this Policy only to residents of the United States unless a specific exception is granted in advance of services being rendered.

2. Presumptive Eligibility for Financial Assistance as a Charity Care Adjustment

- a. Beaumont Health may use a third party to conduct an electronic review of public record databases to estimate a patient's Family Income and otherwise to assess financial need. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for financial assistance under the traditional application process. The family income and size information obtained from the third party will be used in conjunction with the Financial Assistance Policy sliding scale to determine the amount of financial assistance in the form of a charity care adjustment for which the patient presumptively is eligible.
- b. A patient who is a Medicaid beneficiary will be deemed presumptively to qualify for 100% financial assistance in the form of a charity care adjustment.
- c. If a patient is presumptively determined to be eligible for 100% financial assistance in the form of a charity care adjustment, the Business Office will notify the patient of the determination in writing, and the patient will not be required to complete a Financial Assistance Application. If a patient is presumptively determined to be eligible for less than 100% financial assistance in the form of a charity care adjustment, the Business Office will notify the patient regarding the basis for the presumptive eligibility determination and the manner in which the patient may apply for more financial assistance under this Policy, and it will give the patient a reasonable period of time to apply for more generous assistance before initiating extraordinary collection actions to obtain the discounted amount owed for the care.
- d. Period to Which a Determination of Eligibility for Financial Assistance in the Form of a Charity Care Adjustment Applies
 - i. A determination of eligibility for financial assistance in the form of a charity care adjustment shall apply only to a particular episode of care. Qualification for financial assistance with respect to a particular episode of care does not automatically qualify a patient for similar assistance with respect to services or items provided in the future.

C. How to Apply for Financial Assistance in the Form of a Charity Care Adjustment

1. Application Process and Deadline

- a. Unless presumptively determined to be eligible for a 100% charity care adjustment, to apply for financial assistance (or for more generous financial assistance, in the case of an individual who is presumptively determined to qualify for less than 100% financial assistance), a patient or the patient's Guarantor must complete the Financial Assistance Application provided by Beaumont Health and provide all documentation requested in accordance with this Policy and the Financial Assistance Application.
- b. Patients should complete the Financial Assistance Application as soon as possible after receiving services or items from Beaumont Health. Patients will be allowed to apply for financial assistance in the form of a charity care adjustment for up to 240 days after the date of the first post-discharge billing statement for the episode of care at issue. Failure to complete and return the application within that 240-day period may result in the denial of financial assistance.

2. Proof of Family Income and Family Assets

- a. All applicants for financial assistance in the form of a charity care adjustment should provide proof of Family Income and Family Assets. Upon request of Beaumont Health, an applicant may be required to provide copies of the following that are applicable:
 - Paycheck stubs for at least the last four weeks or a statement from the employer verifying gross wages
 - IRS Forms W-2 issued during the past year
 - Most recent IRS Form 1040
 - Most recent two months of bank statements for each checking, savings, money market or other bank or investment account
 - Written statements for the most recent two months for all other income (e.g., unemployment compensation, disability, retirement, etc.)
 - Unemployment compensation denial letter
 - Documentation of Family Assets values
- b. Failure to provide any of these documents may result in a denial of financial assistance, although an applicant will not be denied financial assistance based on failure to provide information or documentation that this Policy or the Financial Assistance Application does not explicitly require. If an applicant does not have any of the listed documents to demonstrate Family Income or Family Assets, the applicant may contact the Hospital's financial counseling office at the locations and phone numbers listed in Appendix B to discuss other evidence that may be provided to demonstrate eligibility.
- c. Beaumont Health may share patient financial assistance information across Beaumont Health-affiliated sites for the benefit and ease of administering financial assistance to patients seen at multiple locations. No information will be shared outside of Beaumont Health unless authorized or required by law.

3. Where to Obtain a Financial Assistance Application and Other Financial Assistance Information

- a. Each Beaumont Hospital makes this Financial Assistance Policy, the Financial Assistance Policy Application, and a plain language summary of this Financial Assistance Policy, and the Billing and Collection Policy available on the Beaumont Health website at <https://www.beaumont.org/patients-families/billing/financial-assistance>, in the following languages:
 - i. English
 - ii. Albanian
 - iii. Arabic
 - iv. Chinese
 - v. German
 - vi. Italian
 - vii. Japanese
 - viii. Korean

- ix. Polish
- x. Russian
- xi. Spanish
- xii. Vietnamese

- b. In addition, paper copies of this Financial Assistance Policy, the Financial Assistance Application, the list of covered and non-covered providers, a plain language summary of this Financial Assistance Policy, and the Billing and Collection Policy are available, upon request and without charge, in each Hospital's admissions areas and Emergency Center and, during normal business hours, at the applicable Hospital financial counseling office listed in Appendix B.
- c. Beaumont Health's Benefit Advisors are available to answer questions about financial assistance and to help patients with completion of the Financial Assistance Application. The location and phone number applicable to each Hospital's Benefit Advisor office is set forth in Appendix B.

4. Where to Submit the Financial Assistance Application

The completed Financial Assistance Application should be submitted, along with the required supporting documentation, to the following Beaumont Health Patient Financial Services location:

Beaumont Health
Attn: Customer Service
26935 Northwestern Hwy.
Southfield, MI 48033
Telephone: (248) 577-9205

5. Time for Processing a Financial Assistance Application

Beaumont Health staff will review the Financial Assistance Application and will determine the patient's eligibility for financial assistance. The application review process generally is completed within 30 days. Once a decision has been made regarding financial assistance eligibility, the Business Office will send a letter advising the applicant of the decision. An incomplete Financial Assistance Application will be returned to the applicant along with a written description of the additional information and documentation required in order for the individual to complete the Application.

6. Disputes

A patient may seek review of any decision by Beaumont Health to deny financial assistance in the form of a charity care adjustment, or to provide a charity care adjustment of less than 100%, by notifying the individual indicated for the Hospital at the office listed in Appendix C of the basis of the dispute and the desired relief within 30 days after the patient's receipt of notice of the circumstances giving rise to the dispute. A patient may submit the dispute orally or in writing. The individual indicated for the Hospital on Appendix C, or his or her designee, will review the patient's dispute and inform the patient of the decision in writing. A patient who chooses not to participate or who is denied financial assistance under the means-tested or presumptive eligibility components of this Policy may still qualify for an uninsured self-pay discount under this Policy.

7. Coordination With Medicare Bad Debt

Any deductible or coinsurance amount claimed as a Medicare bad debt is to be excluded from a Hospital's reporting of charity care.

D. **Basis for Calculating Amounts Charged to Patients Eligible for Financial Assistance**

1. Beaumont Health will not charge patients eligible for financial assistance under this Policy for Emergency Care or other Medically Necessary Care more than the Amounts Generally Billed to individuals who have insurance covering such care (*i.e.*, more than the Gross Charges for such care multiplied by the AGB Percentage). Members of the public may readily obtain the AGB Percentage in effect at any particular time and an accompanying description of the calculation in writing and free of charge as follows:
 - a. At the following website: <https://www.beaumont.org/patients-families/billing/financial-assistance>.
 - b. By request to the applicable financial counseling office listed in Appendix B.
2. To determine the amount owed for Emergency Care or other Medically Necessary Care by a patient eligible for financial assistance as a charity care adjustment under this Policy, the applicable charity care adjustment percentage as determined under Section IV.B.1.b of this Policy shall be applied to the Gross Charges for such care, multiplied by the AGB Percentage. For insured patients, the adjusted Gross Charges will be used to calculate only the patient's out-of-pocket financial responsibility (*e.g.*, copayments, deductibles and other coinsurance amounts) under the applicable health benefits plan; the health plan's financial responsibility will be based on the plan's terms and the Hospital's agreed rates without further adjustment, regardless of whether the health plan has made payment to the patient or to Beaumont Health. The combination of insurance payments and patient payments may exceed the AGB.
3. In accordance with Michigan law, Beaumont Health will not charge an uninsured patient with Family Income at or below 250% of the Federal Poverty Guidelines more than 115% of the Medicare reimbursement rate (*i.e.*, Beaumont Health will grant an automatic discount to ensure compliance with this law).
4. Beaumont Health will charge a patient eligible for financial assistance under this Policy less than Gross Charges for services other than Emergency Care or Medically Necessary Care.

E. **Additional Categories of Eligible Charges**

In the interest of avoiding uncertainty, it is noted that this Policy explicitly covers the following for patients who otherwise qualify for a charity care adjustment under this Policy:

1. Charges for patients with insurance coverage from an entity that does not have a contractual relationship with Beaumont Health (out-of-network plans);
2. Charges for non-covered services provided to patients eligible for Medicaid or other indigent care programs;
3. Charges for patients who have exceeded the length of stay for Medicaid or other indigent care programs; and
4. Charges for otherwise insured patients who have exhausted their benefits and are liable for the charge for any remaining amount.

F. **Uninsured Patient (Self-Pay) Discount**

1. **Eligibility**

Beaumont Health provides a discount to eligible Uninsured Patients. To be eligible for the discount, the patient must not be covered by any medical insurance plan or third-party guarantor.

2. **Amount of Discount**

The discount is equal to the particular Hospital's AGB Percentage with respect to amounts owed by

the patient. (For example, if the Hospital's AGB Percentage at the time were 76%, then the patient would receive a 76% discount off regular charges with respect to amounts owed by the patient.) The discount is applied via charge code 200027 (Uninsured Patient Discount).

Each Hospital's AGB Percentage as determined from time-to-time is posted on Beaumont Health's website and is also available by calling (248) 577-9205 or submitting a written request to the following address:

Customer Service Department
Beaumont Health System
26935 Northwestern Hwy.
Southfield, MI 48033

3. Exclusions

The following items and services are not eligible for an uninsured patient self-pay discount under this Policy:

- a. Package Price Services (Guarantor Type 112)
- b. Cosmetic Surgery (BI 11)
- c. Cardiac Rehab Phase III (BI 42)
- d. Adult Day Rehab (BI 58)
- e. Preschool Program (BI 76)
- f. Liabilities relating to a patient's insurance obligations (e.g., copayments, deductibles and coinsurance amounts)

G. Billing and Collections

1. Each Beaumont Hospital has developed policies and procedures for internal and external collection practices that take into account the extent to which a patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program, and a patient's good faith effort to comply with any payment agreements with Beaumont Health. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their outstanding bills, Beaumont Health may offer extended payment plans, will not impose Extraordinary Collection Actions (as defined in Section 501(r) of the Internal Revenue Code of 1986, as amended), and will not refer unpaid bills to outside collection agencies.
2. All billing statements sent to patients include a conspicuous written notice that informs recipients about the availability of financial assistance under this Policy and includes the telephone number of the Hospital office that can provide information about this Policy and Financial Assistance Application process, as well as the direct website address where copies of this Policy, the Financial Assistance Application form, and a plain language summary of this Policy may be obtained.
3. The actions that Beaumont Health may take in the event of non-payment are described in a separate Billing and Collections Policy. A copy of the Billing and Collections Policy is available on Beaumont Health's website at <https://www.beaumont.org/patients-families/billing/financial-assistance> or by contacting the applicable Hospital Benefit Advisor office listed in Appendix B.

H. Providers Covered Under This Policy

A list of providers (the "Provider List") contracted or otherwise authorized to render care to patients in Beaumont Health and specifying which providers are covered by this Policy, is maintained separately

from this Policy. The Provider List applies only as of the date on which it was created or last updated, as specified on the Provider List. The Provider List may be obtained, free of charge, online at <https://www.beaumont.org/patients-families/billing/financial-assistance>, or by contacting any of the Benefit Advisor offices listed in Appendix B.

I. Emergency Medical Care Policy

Beaumont Health provides to individuals, without discrimination, care for emergency medical conditions within the meaning of EMTALA, regardless of whether they are eligible for financial assistance under the Policy. Beaumont Health prohibits any action that would discourage individuals from seeking emergency medical care, including requiring prepayment of fees or conducting debt collection activities in the Emergency Center or in other Hospital venues where such activities could interfere with the provision, without discrimination, of emergency medical care.

Attachments

- [Appendix F: Beaumont Health Financial Assistance Policy Summary](#)
- [Appendix E: Method for Calculating Amounts Generally Billed to Patients](#)
- [Appendix D: Financial Assistance – Participating Providers](#)
- [Appendix C: Hospital Contact for Disputes About Financial Assistance Eligibility Determinations](#)
- [Appendix B: Benefit Advisor Offices](#)
- [Appendix A: Current Federal Poverty Guidelines](#)

Approval Signatures

Step Description	Approver	Date
	Donna Waters: VP Revenue Cycle	4/21/2021
Policy and Forms Steering Committee Approval (if needed)	Kristener Polzin: Sr Dir, Patient Revenue	3/23/2021
	Jonathan Horenstein: VP Compliance Accred and Reg	3/23/2021
	Joshua Wymer: Sr Dir, Rev Cyc Data Analytics	3/8/2021
	Kristener Polzin: Sr Dir, Patient Revenue	2/24/2021

Applicability

Beaumont Corporate Shared Services, Beaumont Medical Group, Beaumont Pharmacy Solutions, Dearborn, Farmington Hills, Grosse Pointe, Post Acute Care, Royal Oak, Taylor, Trenton, Troy, Wayne

Appendix A

Current Federal Poverty Guidelines

2021 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia		
Persons in Family / Household	100% Charity Care Adjustment	Charity Care Adjustment Equal to the Hospital's AGB Percentage
	<i>200% of FPG Or Less</i>	<i>201% to 300% of FPG</i>
1	\$25,760	\$38,640
2	\$34,840	\$52,260
3	\$43,920	\$65,880
4	\$53,000	\$79,500
5	\$62,080	\$93,120
6	\$71,160	\$106,740
7	\$80,240	\$120,360
8	\$89,320	\$133,980
*	\$9,080	\$13,620

* For families/households with more than 8 persons, add for each additional family/household member.

Beaumont

Appendix B: Benefit Advisor Offices

Beaumont Hospital – Taylor

Attention: Benefit Advisors
18101 Oakwood Blvd.
Dearborn, Michigan 48124
Telephone: (248) 577-9205

Beaumont Hospital – Trenton

Attention: Benefit Advisors
18101 Oakwood Blvd.
Dearborn, Michigan 48124
Telephone: (248) 577-9205

Beaumont Hospital – Troy

Attention: Benefit Advisors
44201 Dequindre Rd.
Troy, Michigan 48085
Telephone: (248) 577-9205

Beaumont Hospital – Wayne

Attention: Benefit Advisors
18101 Oakwood Blvd.
Dearborn, Michigan 48124
Telephone: (248) 577-9205

Beaumont Hospital – Dearborn

Attention: Benefit Advisors
18101 Oakwood Blvd.
Dearborn, Michigan 48124
Telephone: (248) 577-9205

Beaumont Hospital – Farmington Hills

Attention: Benefit Advisors
28050 Grand River
Farmington Hills, Michigan 48336
Telephone: (248) 577-9205

Beaumont Hospital – Grosse Pointe

Attention: Benefit Advisors
468 Cadieux Road
Grosse Pointe, MI 8230
Telephone: (248) 577-9205

Beaumont Hospital – Royal Oak

Attention: Benefit Advisors
3601 W. 13 Mile Road
Royal Oak, MI 48073
Telephone: (248) 577-9205

Beaumont

Appendix C: Hospital Contact for Disputes About Financial Assistance Eligibility Determinations

Beaumont Hospital – Dearborn

Attention: Kristen Polzin
Senior Director, Patient Revenue
Beaumont Health
26901 Beaumont Blvd
Southfield, MI 48033
Telephone: (248) 577-4993

Beaumont Hospital – Farmington Hills

Attention: Kristen Polzin
Senior Director, Patient Revenue
Beaumont Health
26901 Beaumont Blvd
Southfield, MI 48033
Telephone: (248) 577-4993

Beaumont Hospital – Grosse Pointe

Attention: Kristen Polzin
Senior Director, Patient Revenue
Beaumont Health
26901 Beaumont Blvd
Southfield, MI 48033
Telephone: (248) 577-4993

Beaumont Hospital – Royal Oak

Attention: Kristen Polzin
Senior Director, Patient Revenue
Beaumont Health
26901 Beaumont Blvd
Southfield, MI 48033
Telephone: (248) 577-4993

Beaumont Hospital – Taylor

Attention: Kristen Polzin
Senior Director, Patient Revenue
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26901 Beaumont Blvd
Southfield, MI 48033
Telephone: (248) 577-4993

Beaumont Hospital – Trenton

Attention: Kristen Polzin
Senior Director, Patient Revenue
Beaumont Health
26901 Beaumont Blvd
Southfield, MI 48033
Telephone: (248) 577-4993

Beaumont Hospital – Troy

Attention: Kristen Polzin
Senior Director, Patient Revenue
Beaumont Health
26901 Beaumont Blvd
Southfield, MI 48033
Telephone: (248) 577-4993

Beaumont Hospital – Wayne

Attention: Kristen Polzin
Senior Director, Patient Revenue
Beaumont Health
26901 Beaumont Blvd
Southfield, MI 48033
Telephone: (248) 577-4993