TITLE Financial Assistance Program			IDENTIFICATION NUMBER A07-010
ORGANIZATION(S) University of Kentucky / UK HealthCare	**SITES AFFECTED** ☒ Enterprise ☐ Chandler ☐ Good Samaritan ☐ Golisano Children's at UK ☐ Ambulatory	**CATEGORY** ☒ Enterprise ☐ Nursing ☐ Department ☐ Guideline ☐ Protocol	**REPLACES:**
REVIEW CYCLE: ☐ 1 year ☒ 3 years **REVIEW DATES:** 7/1/2006; 1/22/2007; 4/30/2007; 8/1/2008; 7/2011; 2/20/2017; 4/20/2020; 10/4/2021; 12/18/2023; 6/3/2024; 4/7/2025, 6/16/2025, 10/21/2025, 7/20/2026		**EFFECTIVE DATE:** 8/15/2026	

POLICY STATEMENT

Consistent with our overall health care mission, UK HealthCare (UKHC) provides quality care to patients regardless of their ability to pay. UKHC offers an uninsured discount as well as a financial assistance program for patients who receive emergency or medically necessary services and meet the eligibility requirements. The policy in effect at the time of the discount, approval, or denial will be used to determine eligibility.

PURPOSE

The purpose of this policy is to define the use of financial assistance resources available to UKHC to maximize the availability of health care services in a consistent, equitable and effective manner. This policy does not affect or limit UKHC's dedication and obligation under EMTALA to screen, stabilize, or treat patients with emergency medical conditions.

SCOPE

This policy applies to all patient billing and collections activity for the University of Kentucky Hospitals, Kentucky Medical Services Foundation (KMSF), and the UK College of Dentistry (CoD) except where noted otherwise in this policy, and excluding UK King's Daughters Medical Centers and UK St. Claire.

DEFINITIONS

Financially indigent

Financially indigent refers to a patient whose medical expenses, in relation to assets/income/liabilities, create a financial hardship. UKHC classifies applicants as financially indigent based upon the applicant's annual household income as a percent of the most current Federal Poverty Guidelines published annually by the U.S. Department of Health and Human Services.

Income

Income is defined as total cash receipts from all sources before taxes, including any liquid asset balance maintained in a financial institution account and/or Medicare-approved method for receiving Federal benefits in the absence of direct deposit to a financial institution account. An attestation will be required in the absence of any financial institution accounts. Verification of income is not required for dependents under age 18. Deceased guarantors with no estate may be deemed to have no income for the purpose of UKHC's calculation of income.

PROCEDURES

Discounts for Uninsured Services

Persons who have no health insurance coverage, no coverage from any other third party (such as third-party auto liability coverage), or who obtain services not covered by their health insurance will be eligible for a 60% uninsured discount on gross charge amounts, except for services noted in Category 3 of the Financial Assistance Exceptions Table (Appendix A). This discount will be given regardless of income or Kentucky residency.

The uninsured discount percentage amount will be reviewed by UKHC executives on an as-needed basis to ensure charge parity among all patients, including those with insurance and those without insurance.

Effective July 1, 2026, if an uninsured patient or guarantor is approved for Financial Assistance after receiving an uninsured discount, UKHC will reverse the uninsured discount and post the applicable charity adjustment to gross charges. Subject to the Financial Assistance Exceptions Table and other limitations in this policy, the charity adjustment will eliminate the eligible patient or guarantor balance.

Financial Assistance

Financial Assistance is a benefit where 100% of the self-pay balance will be adjusted except for limitations in the Financial Assistance Exceptions Table (Appendix A) and excepting those balances covered by external funding sources. Given the 100% benefit, amounts generally billed (AGB), to determine the benefit do not apply. Financial Assistance is available for patients/guarantors who meet family asset/income/liability criteria. Anyone may apply for Financial Assistance, and all applications will be considered without discrimination, and without regard to race, color, gender, national origin or religious preference.

Any financial assistance or uninsured discount authorized in accordance with this policy is not intended to influence the applicant's selection of a particular provider, practitioner, or supplier. Furthermore, such allowance or discount shall not be offered as part of any advertisement or solicitation to the public. Any payments received on the account balance following such financial assistance or discount will remain on the account and no refund shall be issued. Any financial allowance or discount shall not be done on a routine basis, but only after the applicant has been approved for financial assistance under this policy and UKHC has determined in good faith that the individual meets the eligibility criteria.

1. Availability of Financial Assistance
    a. Applications will be made available on the UKHC website, by request, and/or in conjunction with identification of need based on a financial assistance screening. Applications may be submitted in advance of an initial visit to UKHC.

b. UKHC will post notices as required by law regarding the availability of financial assistance. Patients requesting financial assistance or thought to require such assistance shall be referred to a Financial Counselor.

c. Financial assistance will only be provided after all other financial resources are exhausted. Other financial resources include, but are not limited to, private health insurance, agency funding, health share programs, Medicare and/or Medicaid.

d. Financial assistance covers only services deemed "medically necessary" by Medicare,

Medicaid, or industry standards. All medically necessary services will be considered Category 1 unless approved as Category 2 or 3 in the Financial Assistance Exceptions Table (Appendix A).

2. Eligibility for Financial Assistance

a. A determination of eligibility for Financial Assistance will be effective for 6 months prospectively from the date of the application and retroactively for current outstanding patient balances –240 days from the first patient billing statement on the account and must be still in good standing and not residing with collection agencies. Balances residing with a collection agency are not eligible for financial assistance. Financial assistance only applies to the current balance and not to the original outstanding balance.

3. Rights and Responsibilities

a. Applicants whose household assets/income/liabilities are less than or equal to 300% of the current Federal Poverty Guidelines for the family size may be eligible for financial assistance.

b. Applications must be complete, including signature and supporting documentation being provided, including Government-issued Photo ID. In cases where the patient is a minor, the identification must be provided by the guarantor or parent within 30 days of the original application, or the application may be denied.

c. Applicants shall cooperate with any and all efforts to establish other payment options, including, but not limited to applying for government health insurance coverage (Medicare and/or Medicaid) or for other funding sources and shall not have been prohibited from participating in Federal- or State-funded programs. A lack of cooperation may result in denial of a pending application and/or revocation of current approvals on file, at which time the patient will be responsible for any balances.

d. Only patient balances will be considered for financial assistance adjustment. This includes motor vehicle accident status with exhausted personal injury protection only coverage. Patient balance is the amount for which there is no third-party coverage or other funding available. Accounts in a liability status such as third-party liability or workers' compensation are not eligible for financial assistance adjustments.

e. Medical Center may elect to use available digital resources which provide household size and family income data to determine the applicant's eligibility, in lieu of the above listed supporting documents. An applicant who is denied assistance may request a manual review of the application by providing any previously unnecessary supporting documents.

f. Once a final determination has been made on a financial assistance application, the applicant will be notified.

g. An applicant has the right to appeal against a denied application by contacting Financial Counseling to provide reasons and additional facts and materials supporting the appeal. The appeal, after review by Financial Counseling Management, may be brought to the attention of the Associate Chief Revenue Officer or Chief Revenue Officer or Patient Financial Experience who will further research and determine next steps. The applicant will be contacted with the determination.

h. If an applicant's assets/income/liabilities or family size changes, a new application may be submitted with supporting documentation for re-evaluation of financial assistance status. The patient must present all assets including bank and saving account statements.

i. Any payments made up to the point of financial assistance status will be counted toward outstanding balances and will not be refunded.

j. Patients with primary insurance coverage are not eligible for this benefit, if the services have been denied authorization, lack of coverage for specific services, or an out-of-network service denial. For example, if the patient's primary insurance covers services only at designated in-network facilities or with in-network providers, UKHC will not provide financial assistance for those services if the patient chooses to use a facility or provider that is not in-network. In those circumstances, the patient will be required to pay in advance for non-emergent/urgent care if the patient chooses to use a non-network option.

4. Extraordinary Circumstances

a. Homeless persons - A homeless person is an unhoused individual who does not have a dwelling place, place of residence, or permanent shelter and depends on charity or public assistance for day-to-day living. Such individuals will be eligible, even if they are unable to provide all of the documentation required for the application. The application needs to indicate in the address field that the patient is homeless, and the application must be signed and dated by the patient.

b. Deceased - The charges incurred by a patient who expires in a UKHC facility may still be considered eligible for financial assistance, but only after an estate search is complete and valid documentation of no estate found is received. If the decedent was not eligible for financial assistance prior to dying, on the financial assistance application, a decedent will count as a family member of the applicant's household, but the decedent's income will be zero. Accounts in an estate status are not eligible for financial assistance.

c. Inmates – Charges incurred by a patient who has subsequently become incarcerated may still be considered eligible for financial assistance. His/her income will be deemed as zero for the purposes of the application from the date of entry into the correctional facility until the date of release from the correctional facility, if it is known. Written proof from the correctional facility that the patient is an inmate, including date of entry and proposed date of release, shall suffice as supporting documentation for the application. Note: All charges incurred during the incarceration are the responsibility of the correctional facility.

d. Transplant Services – All transplants, solid organ, blood, and bone marrow, as well as transplant-related services are excluded from this policy. Blood and Marrow Transplants are addressed in a separate policy A07-070 Blood and Marrow Transplant (BMT) Payment.

e. Pharmacy and Medication Services – Addressed in policy A07-135 Medication Assistance Program.

f. International Patients and Medical Tourism – Non-U.S. Citizens-Individuals who are not U.S. citizens and who are present in the United States under any of the following circumstances are not eligible for financial assistance:

   i. Holders of a valid or expired visa, including but not limited to: Business & Tourism (B-1/B-2), Temporary Workers (H-1B, H-2A, H-2B), Intracompany Transferees (L-1), Individuals of Extraordinary Ability (O-1), Exchange Visitors (Q), Media & Journalists (I), Transit/Crewmembers (C/D), Treaty Traders/Investors (E), Religious Workers (R-1), Victims of Trafficking or Criminal Activity (T/U), and all other visa classifications not expressly listed herein

   ii. Individuals present in the United States under a , or a visa/passport waiver program or any other form of travel authorization current or expired.

   iii. Students and scholars present in the United States on an academic or exchange visa (F, J, or M classifications).

   iv. Individuals who are seeking, have applied for, or have been granted asylum or refugee status.

   This exclusion applies regardless of the individual's current immigration or visa status, length of stay, or purpose of visit within the United States. Individuals in the above categories are not eligible for financial assistance but may request a cost estimate for care.

g. Organ Donation - UKHC's policy is to encourage organ donation in accordance with the Center for Medicare & Medicaid Services (CMS) requirements. UKHC recognizes that a financial burden may be created for an organ donation candidate as a result of the additional cost of medical services furnished after treatment is judged to be futile but before brain death is declared and Network for Hope (NFH) assumes financial responsibility. With a complete, signed financial assistance application, these charges for such gap period specifically will be eligible for financial assistance adjustment.

5. Falsification of Information
   a. Falsification of assets, income, or liability information may result in the denial of a financial assistance application. If UKHC determines, after financial assistance has been granted, that any material information provided in the Financial Assistance Application is inaccurate or fraudulent, the assistance will be revoked, and the full balance will become the patient's sole financial responsibility. Applicable accounts will receive an uninsured discount rate. The application must clearly demonstrate how the patient or household is meeting basic living expenses, including utilities, food, and housing. If a bank account does not reflect expenditure consistent with these basic necessities, the applicant will be required to provide documentation explaining how those needs are met.
6. Document Retention
   a. UKHC shall maintain financial assistance applications and supporting documentation used to identify and/or approve/deny an applicant for financial assistance in accordance with our standard operating procedures for patient billing and payment.

APPROVAL

NAME AND CREDENTIALS: Emily Goertz **TITLE:** Chief Revenue Officer	**NAME AND CREDENTIALS:** **TITLE:**

Appendix A: Financial Assistance Exceptions Table

Category	Definition	Program Eligibility		Service Definitions
		Uninsured Discount	Financial Assistance	
Category 1	Medically Necessary	Y	Y	Most Services
Category 2	High Cost Treatment; Other Alternatives Usually Available	Y	N	1. Voluntary non-use of health or applicable insurance 2. Cochlear implant 3. Bariatric surgery 4. Experimental procedures, including non-FDA approved procedures and devices or implants. 5. Services for which prior authorization is denied or considered non-covered by the patient's insurance coverage. 6. Services or procedures for which there is a reasonable substitute or if the patient's insurance company will provide a service or procedure that is covered service or procedure. 7. LDL apheresis 8. Transplants (see respective BMT/Solid Organ transplant policy) 9. Bariatric surgery 10. Deep brain stimulation 11. Penile or testicular implant 12. Vasectomy or tubal reversal 13. Left Ventricular Assist Device (see transplant policy) 14. Preservation of reproductive opportunities after cancer treatment (IVF for PROACT) 15. Any other procedure which does not meet medical necessity. 16. Services offered at retail, direct to consumer pricing.

Category	Definition	Program Eligibility		Service Definitions
		Uninsured Discount	Financial Assistance	
Category 3	Excluded Services including all pre-testing, follow-up and care due to complications of elective procedures	N	N	1. Cosmetic/aesthetic surgery/procedures including Transform Health 2. Lasix Surgery 3. Infertility evaluation and treatment 4. Contraceptive measures or medication 5. College of Dentistry except in the instances of trauma and/or oncology related services* 6. Integrative Medicine elective services, i.e., acupuncture, massage, etc. 7. All FQHC North Fork Valley locations and services* 8. Retail and stand-alone outpatient pharmacy, specialty pharmacy, or Durable Medical Equipment products and services 9. Home Health Services 10. Inpatient Alcohol or drug detoxification 11. Hearing aids and any type of hearing devices 12. Non-medically necessary obstetric ultrasound, virtual colonoscopy, full body MRI 13. Allergy testing and medications 14. Hearing and vision devices or repair

*The College of Dentistry and FQHC North Fork Valley locations may have specific financial assistance policies for helping patients with care costs. Details about applicable services and policies can be requested at the relevant department. These policies may be applicable for certain situations and circumstances.