



Department: Business Office

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Title: First Care Health Center Financial Assistance Policy

Purpose:

To provide the steps necessary for administration of Financial Assistance by this hospital.

Definitions:

1. Financial Assistance is defined as inpatient and outpatient medical treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for the care according to established hospital guidelines. Financial Assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, co-insurance, recipient liability, deductibles or a combination.
2. Bad Debt is defined as expenses resulting from treatment or services provided to a patient and/or guarantor who, having the requisite financial resources to pay for health care services, has demonstrated by his/her actions an unwillingness to comply with the contractual arrangements to resolve a bill.
3. Amounts Generally Billed (AGB) is defined as the average amount billed to insurance organizations from First Care Health Center, to include contractual discount. The "AGB limit" is the average amount billed after discount across all payers for First Care Health Center.

Policy:

In Coordination with other community programs, First Care Health Center provides temporary financial assistance to patients with demonstrated and documented financial need, who reside in the First Care Health Center service area and receive primary health care services at First Care Health Center. These programs attempt to meet the needs of as many patients as possible and applications for this assistance are available from the Business Office at First Care Health Center, or by calling 701-284-7500.

1. Non-discrimination: This hospital shall render services to all members of the community who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial assistance will be based on the patient's ability to pay and will not be abridged on the basis of age, sex, race, creed, disability, sexual orientation, gender identity or national origin.
2. Financial Assistance Services: All available health care services, emergency, inpatient and outpatient, shall be available to all individuals under this policy.
3. Confidentiality: The need for financial assistance may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek assistance. Orientation of staff and the selection of personnel who will implement this policy and procedure shall be guided by these values.
4. Staff Information: All hospital employees in patient accounting and billing will be fully versed in the hospital's Financial Assistance policy, have access to the application forms, and be able to direct questions to the appropriate hospital representatives.



5. Amounts Generally Billed (AGB): First Care Health Center will calculate the AGB limit based upon annual audited financial data, and will update this quarterly with the discount data calculated internally. Patients qualifying for financial assistance will not pay more for services than the AGB discount limit.
6. Criteria: The facility criteria for financial assistance will minimally follow the Federal Poverty Income Guidelines. Those individuals whose income fall below the minimum criteria would be eligible for 100% financial assistance allowance. All other discount criteria are listed in the chart below (based purely on income and family size). Financial assistance discounts will be evaluated on remaining patient responsibility (after insurance payments and discounts are applied). Discounts will look back 12 months from the initial application date.
7. Family/Household Income: Income will be calculated on a weighted scale utilizing the last 3 months' income and the previous years' income. Income documentation to be provided includes last year's tax return, bank statements, and paystubs as available. No assets or liabilities will be utilized in the calculation for financial aid, only income and family size.

Definitions (NHSC):

- a. Family is defined as: A group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
- b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) **do not** apply.



The patient share is listed at the bottom of the table:

2026 Discount Schedule: (Based on 2026 Federal Poverty Income Guidelines)

Family Size	Less Than/ Equal To	Greater Than	Less Than/ Equal To	Greater Than	Less Than/ Equal To	Greater Than	Less Than/ Equal To
1	\$15,960	\$15,960	\$27,132	\$27,132	\$31,300	\$31,300	\$47,880
2	21,520	21,520	36,788	36,788	42,300	42,300	64,920
3	27,080	27,080	46,444	46,444	53,300	53,300	81,960
4	33,000	33,000	56,100	56,100	64,300	64,300	99,000
5	38,680	38,680	65,756	65,756	75,300	75,300	116,040
6	44,360	44,360	75,412	75,412	86,300	86,300	133,080
7	50,040	50,040	85,068	85,068	97,300	97,300	150,120
8	55,720	55,720	94,724	94,724	108,300	108,300	167,160
Each Additional Family Member	Add \$5,680						
% of Poverty Level	100%	170%		200%		300%	
Financial Aid Discount	100%	70%		45%		22%	
Patient Share	0%	30%		55%		78%	

8. Requests for Information: Financial assistance approval will require the patient's cooperation in supplying information. The additional information requested must be submitted within 30 days of the date on the application. If the requested information is not received within 30 days, the application will be voided and a new application will need to be submitted for continued consideration. The information requested is as follows:
 - A. Most recent tax return copy, if applicable
 - B. Copy of current wage verification (3 months paystubs/bank statements)
 - C. Completed Financial Assistance application

If the above items are not received, the application cannot be processed. A notification will be sent to the applicant requesting this information. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to First Care Health Center's Financial Assistance Review Team (which consists of the CEO, Business Office Manager, Accounts Receivable Clerk and Social Worker/s) for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category. Patients who do not have insurance or are underinsured are encouraged to speak with a FCHC social worker for assistance.

9. Approval Notification: Financial assistance requests may be submitted to the approved facility representative(s). At that time, approval of the request will be granted within ten (10) working days if all aspects of the application are met. Approval for assistance must be reviewed and approved by the Financial Assistance Review Team.
10. Denial: If a patient is denied financial assistance, the patient shall be informed in writing within ten (10) working days.
11. Continuing Eligibility: If a patient has applied and obtained financial assistance within the last twelve (12) months and the patient's financial circumstances have not changed, the patient shall be deemed eligible for assistance without having to submit a new application.
12. Expired Patients: Patients who have died and have no estate are deemed to have no income for the purpose of determining financial assistance eligibility.
13. Collections: If a patient that is eligible for financial assistance fails to make regular payments, the discount will be removed when they are sent to collections (after 5 months of continuous statements).
14. Bad Debt: If payments are not received on the account and it goes into collections, any financial assistance discount received will be reversed prior to going to bad debt. Bad debt collections will collect 100% of the original amount due.

Alternative Payment Arrangements:

Upon denial of a patient's financial assistance application, the patient will be afforded the opportunity to pay the amount over a reasonable period of time.

Record Keeping:

1. Internal Recordkeeping: All financial assistance applications will be logged in the financial assistance control log and will be given a sequential control number. The completed applications will be kept on file for five (5) years. A copy of the patient's financial assistance application and all correspondence with the patient regarding the financial assistance application, approval, denial, etc. will be maintained in the patient's file.
2. Accounting: Financial assistance shall be recorded using the direct write-off method and shall comply with all accounting regulations by the American Institute for Certified Public Accounting.

Public Access:

1. The hospital shall make this policy available to the public upon request, listed on the hospital's website, and posted at the entrance of the facility.

If you or someone you know would like a financial assistance application, please contact First Care Health Center's Business Office at (701) 284-7500.



Appendix A – Participating Providers:

1. Appendix A will be updated quarterly, as needed, to maintain an accurate listing of participating providers. This policy will be approved by First Care Health Center’s Board of Directors annually.
2. Eligible/Participating Providers – Services rendered through the emergency department, hospital, rural health clinic, and/or surgical services, referred, or ordered by the following providers will be billed on a First Care Health Center statement and are eligible for a financial assistance discount:
 - Joel Johnson, MD
 - Mandi Johnson, MD, MPH
 - Tamera Clemetson, PA-C
 - Alexandra Skyrud, FNP
 - Dr. Mirza Baig, Gastroenterologist
 - Dr. Michael Bittles, General Surgeon
 - Any additional provider (locum tenens) that is billed on First Care Health Center statements, including in the emergency department.
3. Outreach Providers – First Care Health Center has many outreach providers that provide services within our facility. These providers bill separately and are not eligible for the First Care Health Center Financial Assistance Policy.

Any questions on financial assistance qualified services can be directed to our Business Office Manager at (701) 284-4504 or our Social Work Department at (701) 284-4611.