

## Gilchrist Hospice Care Policy

**TITLE:** Financial Assistance Policy  
**POLICY #:** TBD

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### I. POLICY

This financial assistance policy will clearly outline if a patient qualifies for Gilchrist financial assistance. The intent of this policy is for the provision of financial assistance for indigent and uninsured patients to ensure access to hospice services regardless of an individual's ability to pay.

### II. PROCEDURE

- A. This determination is based upon financial gross income and is available to patients who do not have an insurance benefit available for hospice services and/or Room & Board fees not covered by an insurance benefit.
- B. On referral, the patient's insurance coverage will be investigated to determine financial resources available to the patient/family.
- C. Once it is identified that the patient does not have insurance coverage for hospice services and/or room & board, the admission staff will request the "Financial Assistance Application" be completed at the admission visit to determine eligibility for financial assistance
- D. The Financial Assistance Application asks for 2 vital pieces of information, the monthly or annually gross income and household size.
- E. Once the Financial Assistance Application is completed, the admission staff can review and determine from the sliding scale if the patient will have an out of pocket assessed and the amount of patient responsibility will be determined.
- F. Should there be extenuating circumstances and the patient can not afford the out of pocket assessed, this application will be submitted to the CFO and/or President/Executive Director with documentation from the clinical staff requesting an exception to the assessed out of pocket. Determination of this will be returned to the patient within 2 business days, through team communication.
- G. Should the patient be assessed an out of pocket expense, services will be received, and the patient will be billed on a monthly basis. Should the patient be unable to pay in full at the time of billing, they can request and will be granted a payment plan as necessary.
- H. Gilchrist billing department will send a letter with the results of the financial assistance application to the patient within 2 business days after admission.

GILCHRIST HOSPICE CARE  
Financial Assistance Application

EXHIBIT A

Patient Name: \_\_\_\_\_ MR #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

- 1. Wages, Salary & Tips: \_\_\_\_\_
- Alimony: \_\_\_\_\_
- Social Security Benefits: \_\_\_\_\_
- Unemployment Benefits: \_\_\_\_\_
- Military or Veterans Benefits: \_\_\_\_\_
- Other Income: \_\_\_\_\_
- Total Gross Monthly Income: \_\_\_\_\_

2. How many dependents in the household? (including yourself) \_\_\_\_\_

Out of Pocket Assessed

Zero (0) Out of Pocket Assessed – Fully Financial Assistance \_\_\_\_\_  
Initials

Out of Pocket Assessed at \_\_\_\_\_ per day \_\_\_\_\_  
Initials

No Fee Reduction \_\_\_\_\_  
Initials

\_\_\_\_\_  
Date Signature of Beneficiary /Representative

Beneficiary is unable to sign Reason: \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Hospice Representative

**Gilchrist Sliding Scale - Daily and Monthly Rates  
Routine Level of Care**

Family Size Annual Incomes										
Federal Poverty Levels	Patient/Family Responsibility Daily	Average Patient/Family Responsibility Monthly	1	2	3	4	5	6	7	8
150%	<b>\$0 out of pocket</b>	<b>\$0 out of pocket</b>	\$18,210 - \$21,244	\$24,690 - \$28,804	\$31,170 - \$36,364	\$37,650 - \$43,924	\$44,130 - \$51,484	\$50,610 - \$59,044	\$57,090 - \$66,604	\$63,570 - \$74,164
175%	<b>\$17.08</b>	<b>\$519.62</b>	\$21,245 - \$24,279	\$28,805 - \$32,919	\$36,365 - \$41,559	\$43,925 - \$50,199	\$51,485 - \$58,839	\$59,045 - \$67,479	\$66,605 - \$76,119	\$74,165 - \$84,759
200%	<b>\$34.17</b>	<b>\$1,039.24</b>	\$24,280 - \$27,314	\$32,920 - \$37,034	\$41,560 - \$46,754	\$50,200 - \$56,474	\$58,840 - \$66,194	\$67,480 - \$75,914	\$76,120 - \$85,634	\$84,760 - \$95,354
225%	<b>\$51.25</b>	<b>\$1,558.85</b>	\$27,315 - \$30,349	\$37,035 - \$41,149	\$46,755 - \$51,949	\$56,475 - \$62,749	\$66,195 - \$73,549	\$75,915 - \$84,349	\$85,635 - \$95,149	\$95,355 - \$105,949
250%	<b>\$68.33</b>	<b>\$2,078.47</b>	\$30,350 - \$33,384	\$41,150 - \$45,264	\$51,950 - \$57,144	\$62,750 - \$69,024	\$73,550 - \$80,904	\$84,350 - \$92,784	\$95,150 - \$104,664	\$105,950 - \$116,544
275%	<b>\$85.42</b>	<b>\$2,598.09</b>	\$33,385 - \$36,419	\$45,265 - \$49,379	\$57,145 - \$62,339	\$69,025 - \$75,299	\$80,905 - \$88,259	\$92,785 - \$101,219	\$104,665 - \$114,179	\$116,545 - \$127,139
300%	<b>\$102.50</b>	<b>\$3,117.71</b>	\$36,420 - \$39,454	\$49,380 - \$53,494	\$62,340 - \$67,534	\$75,300 - \$81,574	\$88,260 - \$95,614	\$101,220 - \$109,654	\$114,180 - \$123,694	\$127,140 - \$137,734
325%	<b>\$119.58</b>	<b>\$3,637.33</b>	\$39,455 - \$42,489	\$53,495 - \$57,609	\$67,535 - \$72,729	\$81,575 - \$87,849	\$95,615 - \$102,969	\$109,655 - \$118,089	\$123,695 - \$133,209	\$137,735 - \$148,329
350%	<b>\$136.67</b>	<b>\$4,156.94</b>	\$42,490 - \$45,524	\$57,610 - \$61,724	\$72,730 - \$77,924	\$87,850 - \$94,124	\$102,970 - \$110,324	\$118,090 - \$126,524	\$133,210 - \$142,724	\$148,330 - \$158,924
375%	<b>\$153.75</b>	<b>\$4,676.56</b>	\$45,525 - \$48,559	\$61,725 - \$65,839	\$77,925 - \$83,119	\$94,125 - \$100,399	\$110,325 - \$117,679	\$126,525 - \$134,959	\$142,725 - \$152,239	\$158,925 - \$169,519
400%	<b>\$170.83</b>	<b>\$5,196.18</b>	\$48,560 - \$51,594	\$65,840 - \$69,954	\$83,120 - \$88,314	\$100,400 - \$106,674	\$117,680 - \$125,034	\$134,960 - \$143,394	\$152,240 - \$161,754	\$169,520 - \$180,114
425%	<b>\$187.92</b>	<b>\$5,715.80</b>	\$51,595 - \$54,629	\$69,955 - \$74,069	\$88,315 - \$93,509	\$106,675 - \$112,949	\$125,035 - \$132,389	\$143,395 - \$151,829	\$161,755 - \$171,269	\$180,115 - \$190,709
>450%	<b>No Fee Reduction</b>	<b>No Fee Reduction</b>	\$54,630+	\$74,070+	\$93,510+	\$112,950+	\$132,390+	\$151,830+	\$171,270+	\$190,710+

- Sliding scale based on 2018 federal poverty guidelines
- <https://aspe.hhs.gov/poverty-guidelines>

**Gilchrist Sliding Scale - Daily and Monthly Rates  
Inpatient Level of Care**

Family Size Annual Incomes										
Federal Poverty Levels	Patient/Family Responsibility Daily	Average Patient/Family Responsibility Monthly	1	2	3	4	5	6	7	8
150%	<b>\$0 out of pocket</b>	<b>\$0 out of pocket</b>	\$18,210 - \$21,244	\$24,690 - \$28,804	\$31,170 - \$36,364	\$37,650 - \$43,924	\$44,130 - \$51,484	\$50,610 - \$59,044	\$57,090 - \$66,604	\$63,570 - \$74,164
175%	<b>\$65.83</b>	<b>\$2,002.43</b>	\$21,245 - \$24,279	\$28,805 - \$32,919	\$36,365 - \$41,559	\$43,925 - \$50,199	\$51,485 - \$58,839	\$59,045 - \$67,479	\$66,605 - \$76,119	\$74,165 - \$84,759
200%	<b>\$131.67</b>	<b>\$4,004.86</b>	\$24,280 - \$27,314	\$32,920 - \$37,034	\$41,560 - \$46,754	\$50,200 - \$56,474	\$58,840 - \$66,194	\$67,480 - \$75,914	\$76,120 - \$85,634	\$84,760 - \$95,354
225%	<b>\$197.50</b>	<b>\$6,007.29</b>	\$27,315 - \$30,349	\$37,035 - \$41,149	\$46,755 - \$51,949	\$56,475 - \$62,749	\$66,195 - \$73,549	\$75,915 - \$84,349	\$85,635 - \$95,149	\$95,355 - \$105,949
250%	<b>\$263.33</b>	<b>\$8,009.72</b>	\$30,350 - \$33,384	\$41,150 - \$45,264	\$51,950 - \$57,144	\$62,750 - \$69,024	\$73,550 - \$80,904	\$84,350 - \$92,784	\$95,150 - \$104,664	\$105,950 - \$116,544
275%	<b>\$329.17</b>	<b>\$10,012.15</b>	\$33,385 - \$36,419	\$45,265 - \$49,379	\$57,145 - \$62,339	\$69,025 - \$75,299	\$80,905 - \$88,259	\$92,785 - \$101,219	\$104,665 - \$114,179	\$116,545 - \$127,139
300%	<b>\$395.00</b>	<b>\$12,014.58</b>	\$36,420 - \$39,454	\$49,380 - \$53,494	\$62,340 - \$67,534	\$75,300 - \$81,574	\$88,260 - \$95,614	\$101,220 - \$109,654	\$114,180 - \$123,694	\$127,140 - \$137,734
325%	<b>\$460.83</b>	<b>\$14,017.01</b>	\$39,455 - \$42,489	\$53,495 - \$57,609	\$67,535 - \$72,729	\$81,575 - \$87,849	\$95,615 - \$102,969	\$109,655 - \$118,089	\$123,695 - \$133,209	\$137,735 - \$148,329
350%	<b>\$526.67</b>	<b>\$16,019.44</b>	\$42,490 - \$45,524	\$57,610 - \$61,724	\$72,730 - \$77,924	\$87,850 - \$94,124	\$102,970 - \$110,324	\$118,090 - \$126,524	\$133,210 - \$142,724	\$148,330 - \$158,924
375%	<b>\$592.50</b>	<b>\$18,021.88</b>	\$45,525 - \$48,559	\$61,725 - \$65,839	\$77,925 - \$83,119	\$94,125 - \$100,399	\$110,325 - \$117,679	\$126,525 - \$134,959	\$142,725 - \$152,239	\$158,925 - \$169,519
400%	<b>\$658.33</b>	<b>\$20,024.31</b>	\$48,560 - \$51,594	\$65,840 - \$69,954	\$83,120 - \$88,314	\$100,400 - \$106,674	\$117,680 - \$125,034	\$134,960 - \$143,394	\$152,240 - \$161,754	\$169,520 - \$180,114
425%	<b>\$724.17</b>	<b>\$22,026.74</b>	\$51,595 - \$54,629	\$69,955 - \$74,069	\$88,315 - \$93,509	\$106,675 - \$112,949	\$125,035 - \$132,389	\$143,395 - \$151,829	\$161,755 - \$171,269	\$180,115 - \$190,709
>450%	<b>No Fee Reduction</b>	<b>No Fee Reduction</b>	\$54,630+	\$74,070+	\$93,510+	\$112,950+	\$132,390+	\$151,830+	\$171,270+	\$190,710+

- Sliding scale based on 2018 federal poverty guidelines
- <https://aspe.hhs.gov/poverty-guidelines>

**Gilchrist Sliding Scale - Daily and Monthly Rates  
Room and Board (Gilchrist Center Towson and Gilchrist Center Howard County)**

Family Size Annual Incomes										
Federal Poverty Levels	Patient/Family Responsibility Daily	Average Patient/Family Responsibility Monthly	1	2	3	4	5	6	7	8
150%	<b>\$0 out of pocket</b>	<b>\$0 out of pocket</b>	\$18,210 - \$21,244	\$24,690 - \$28,804	\$31,170 - \$36,364	\$37,650 - \$43,924	\$44,130 - \$51,484	\$50,610 - \$59,044	\$57,090 - \$66,604	\$63,570 - \$74,164
175%	<b>\$29.17</b>	<b>\$887.15</b>	\$21,245 - \$24,279	\$28,805 - \$32,919	\$36,365 - \$41,559	\$43,925 - \$50,199	\$51,485 - \$58,839	\$59,045 - \$67,479	\$66,605 - \$76,119	\$74,165 - \$84,759
200%	<b>\$58.33</b>	<b>\$1,774.31</b>	\$24,280 - \$27,314	\$32,920 - \$37,034	\$41,560 - \$46,754	\$50,200 - \$56,474	\$58,840 - \$66,194	\$67,480 - \$75,914	\$76,120 - \$85,634	\$84,760 - \$95,354
225%	<b>\$87.50</b>	<b>\$2,661.46</b>	\$27,315 - \$30,349	\$37,035 - \$41,149	\$46,755 - \$51,949	\$56,475 - \$62,749	\$66,195 - \$73,549	\$75,915 - \$84,349	\$85,635 - \$95,149	\$95,355 - \$105,949
250%	<b>\$116.67</b>	<b>\$3,548.61</b>	\$30,350 - \$33,384	\$41,150 - \$45,264	\$51,950 - \$57,144	\$62,750 - \$69,024	\$73,550 - \$80,904	\$84,350 - \$92,784	\$95,150 - \$104,664	\$105,950 - \$116,544
275%	<b>\$145.83</b>	<b>\$4,435.76</b>	\$33,385 - \$36,419	\$45,265 - \$49,379	\$57,145 - \$62,339	\$69,025 - \$75,299	\$80,905 - \$88,259	\$92,785 - \$101,219	\$104,665 - \$114,179	\$116,545 - \$127,139
300%	<b>\$175.00</b>	<b>\$5,322.92</b>	\$36,420 - \$39,454	\$49,380 - \$53,494	\$62,340 - \$67,534	\$75,300 - \$81,574	\$88,260 - \$95,614	\$101,220 - \$109,654	\$114,180 - \$123,694	\$127,140 - \$137,734
325%	<b>\$204.17</b>	<b>\$6,210.07</b>	\$39,455 - \$42,489	\$53,495 - \$57,609	\$67,535 - \$72,729	\$81,575 - \$87,849	\$95,615 - \$102,969	\$109,655 - \$118,089	\$123,695 - \$133,209	\$137,735 - \$148,329
350%	<b>\$233.33</b>	<b>\$7,097.22</b>	\$42,490 - \$45,524	\$57,610 - \$61,724	\$72,730 - \$77,924	\$87,850 - \$94,124	\$102,970 - \$110,324	\$118,090 - \$126,524	\$133,210 - \$142,724	\$148,330 - \$158,924
375%	<b>\$262.50</b>	<b>\$7,984.38</b>	\$45,525 - \$48,559	\$61,725 - \$65,839	\$77,925 - \$83,119	\$94,125 - \$100,399	\$110,325 - \$117,679	\$126,525 - \$134,959	\$142,725 - \$152,239	\$158,925 - \$169,519
400%	<b>\$291.67</b>	<b>\$8,871.53</b>	\$48,560 - \$51,594	\$65,840 - \$69,954	\$83,120 - \$88,314	\$100,400 - \$106,674	\$117,680 - \$125,034	\$134,960 - \$143,394	\$152,240 - \$161,754	\$169,520 - \$180,114
425%	<b>\$320.83</b>	<b>\$9,758.68</b>	\$51,595 - \$54,629	\$69,955 - \$74,069	\$88,315 - \$93,509	\$106,675 - \$112,949	\$125,035 - \$132,389	\$143,395 - \$151,829	\$161,755 - \$171,269	\$180,115 - \$190,709
>450%	<b>No Fee Reduction</b>	<b>No Fee Reduction</b>	\$54,630+	\$74,070+	\$93,510+	\$112,950+	\$132,390+	\$151,830+	\$171,270+	\$190,710+

- Sliding scale based on 2018 federal poverty guidelines
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Gilchrist Sliding Scale - Daily and Monthly Rates Room and Board (Gilchrist Center Baltimore)										
Family Size Annual Incomes										
Federal Poverty Levels	Patient/Family Responsibility Daily	Average Patient/Family Responsibility Monthly	1	2	3	4	5	6	7	8
150%	<b>\$0 out of pocket</b>	<b>\$0 out of pocket</b>	\$18,210 - \$21,244	\$24,690 - \$28,804	\$31,170 - \$36,364	\$37,650 - \$43,924	\$44,130 - \$51,484	\$50,610 - \$59,044	\$57,090 - \$66,604	\$63,570 - \$74,164
175%	<b>\$20.83</b>	<b>\$633.68</b>	\$21,245 - \$24,279	\$28,805 - \$32,919	\$36,365 - \$41,559	\$43,925 - \$50,199	\$51,485 - \$58,839	\$59,045 - \$67,479	\$66,605 - \$76,119	\$74,165 - \$84,759
200%	<b>\$41.67</b>	<b>\$1,267.36</b>	\$24,280 - \$27,314	\$32,920 - \$37,034	\$41,560 - \$46,754	\$50,200 - \$56,474	\$58,840 - \$66,194	\$67,480 - \$75,914	\$76,120 - \$85,634	\$84,760 - \$95,354
225%	<b>\$62.50</b>	<b>\$1,901.04</b>	\$27,315 - \$30,349	\$37,035 - \$41,149	\$46,755 - \$51,949	\$56,475 - \$62,749	\$66,195 - \$73,549	\$75,915 - \$84,349	\$85,635 - \$95,149	\$95,355 - \$105,949
250%	<b>\$83.33</b>	<b>\$2,534.72</b>	\$30,350 - \$33,384	\$41,150 - \$45,264	\$51,950 - \$57,144	\$62,750 - \$69,024	\$73,550 - \$80,904	\$84,350 - \$92,784	\$95,150 - \$104,664	\$105,950 - \$116,544
275%	<b>\$104.17</b>	<b>\$3,168.40</b>	\$33,385 - \$36,419	\$45,265 - \$49,379	\$57,145 - \$62,339	\$69,025 - \$75,299	\$80,905 - \$88,259	\$92,785 - \$101,219	\$104,665 - \$114,179	\$116,545 - \$127,139
300%	<b>\$125.00</b>	<b>\$3,802.08</b>	\$36,420 - \$39,454	\$49,380 - \$53,494	\$62,340 - \$67,534	\$75,300 - \$81,574	\$88,260 - \$95,614	\$101,220 - \$109,654	\$114,180 - \$123,694	\$127,140 - \$137,734
325%	<b>\$145.83</b>	<b>\$4,435.76</b>	\$39,455 - \$42,489	\$53,495 - \$57,609	\$67,535 - \$72,729	\$81,575 - \$87,849	\$95,615 - \$102,969	\$109,655 - \$118,089	\$123,695 - \$133,209	\$137,735 - \$148,329
350%	<b>\$166.67</b>	<b>\$5,069.44</b>	\$42,490 - \$45,524	\$57,610 - \$61,724	\$72,730 - \$77,924	\$87,850 - \$94,124	\$102,970 - \$110,324	\$118,090 - \$126,524	\$133,210 - \$142,724	\$148,330 - \$158,924
375%	<b>\$187.50</b>	<b>\$5,703.13</b>	\$45,525 - \$48,559	\$61,725 - \$65,839	\$77,925 - \$83,119	\$94,125 - \$100,399	\$110,325 - \$117,679	\$126,525 - \$134,959	\$142,725 - \$152,239	\$158,925 - \$169,519
400%	<b>\$208.33</b>	<b>\$6,336.81</b>	\$48,560 - \$51,594	\$65,840 - \$69,954	\$83,120 - \$88,314	\$100,400 - \$106,674	\$117,680 - \$125,034	\$134,960 - \$143,394	\$152,240 - \$161,754	\$169,520 - \$180,114
425%	<b>\$229.17</b>	<b>\$6,970.49</b>	\$51,595 - \$54,629	\$69,955 - \$74,069	\$88,315 - \$93,509	\$106,675 - \$112,949	\$125,035 - \$132,389	\$143,395 - \$151,829	\$161,755 - \$171,269	\$180,115 - \$190,709
>450%	<b>No Fee Reduction</b>	<b>No Fee Reduction</b>	\$54,630+	\$74,070+	\$93,510+	\$112,950+	\$132,390+	\$151,830+	\$171,270+	\$190,710+

- Sliding scale based on 2018 federal poverty guidelines
- <https://aspe.hhs.gov/poverty-guidelines>