

**NORTHERN COCHISE COMMUNITY HOSPITAL
POLICY / PROCEDURE**

**DEPARTMENT: Finance/Patient Financial Services
SUBJECT: Charity/Indigent Care Program**

Reviewed/Revised Date: December 2024

REFERENCES:

PURPOSE: This document outlines the Financial Assistance Policy (FAP) utilized by Northern Cochise Community Hospital (NCCH) to assist patients with financial obligations related to healthcare services.

This policy is designed to support and further NCCH's mission to serve its community by ensuring access to care regardless of a patient's ability to pay. NCCH is committed to providing financial assistance for medically necessary healthcare services in a fair, consistent, respectful, and objective manner.

Financial assistance is available to eligible patients who are uninsured, underinsured, or otherwise demonstrate financial need, in accordance with the criteria established within this policy.

SCOPE: Registration
SSMC/SMC
Patient Accounting

RESPONSIBILITIES / PROCEDURES:

1. Collection Practices for Community Care Patients

Agencies contracted with NCCH will provide patients with the NCCH phone number that patients may call to request financial assistance if financial assistance is requested by the patient while in collections. Patients whose accounts have been transferred to a collection agency may request NCCH financial assistance, submit a Financial Assistance application with requested documentation and be considered for reduction of their bill. These patients will be subject to a stay of collection activities described in the preceding paragraph.

2. Accounting for Charity Care

A separate file will be maintained for accounts written off as Financial Assistance and retained in the Business Office for a minimum of two years.

3. Communication to Patients

NCCH is committed to making the people in the communities it serves aware of the availability of financial assistance through the Financial Assistance Policy.

All billing statements and service statements will inform patients that financial assistance is available.

Patients can request financial assistance information or a copy of this policy or the Financial Assistance application by calling the hospital at 520-384-3541. Voicemail is available, and calls will be followed up on within two working days.

This policy and the Financial Assistance application for assistance in the form of the NCCH FAP are available on the NCCH website at [Financial Assistance | Northern Cochise Community Hospital](#)

The Financial Assistance application documents include instructions for completing the application form and the types of supporting documentation required to complete the application process. Instructions for returning the form are also provided.

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RESPONSIBILITIES / PROCEDURES: (cont)

1. Application Financial Assistance Determination and Payment

Completion of the Financial Assistance Application

- a. Patients wishing to apply for financial assistance must complete the application within 30 days of date of service. Otherwise, a patient will continue to be billed.
- b. A copy of the Financial Assistance application may be obtained by calling the hospital at (520) 384 -3541, by email npfs@ncch.com, by mail to NCCH ATTN: Patient Financial Services 901 W Rex Allen Dr. Willcox, AZ 85643 or in person at 901 W Rex Allen Drive Willcox, AZ 85643
- c. Completion includes filling out and submitting a Financial Assistance application, along with all requested documentation. NCCH ATTN: Patient Financial Services 901 W Rex Allen Dr. Willcox, AZ 85643, by email npfs@ncch.com, in person 901 W Rex Allen Drive Willcox, AZ 85643
- d. Documentation provided with the completed Financial Assistance application must include: copies of social security cards, proof of Arizona residency, bank or credit union statements for the last three months, or other wage or income information such as three months of payroll stubs, social security checks, or unemployment checks, self employment business records, or other documents showing income and assets, a copy of the current IRS tax return, mortgage statements and annual property tax statements, NCCH may request additional documentation during its application.

2. Confidentiality – NCCH keeps all Financial Assistance applications and supporting documentation confidential

3. Eligibility Determination – NCCH will review the patient applications and inform patients via mail of the results within 15 days of receiving a completed application and all requested documentation. The final determination of financial assistance is provided to the patient in a written “Notice of Determination” (NOD). Assignment to a collection agency for follow-up will not occur during the assistance determination process.

4. Collection activities - Patients who have completed an application and are under review will have collection activity on hold pending the decision.

5. Patients may apply for financial assistance at any time.

2. Eligibility Criteria for Patient Financial Assistance under the FAP

The Financial Assistance Policy employs a sliding-scale discount that considers a patient’s household income and assets.

RESPONSIBILITIES / PROCEDURES: (cont)

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Eligible patients are uninsured or underinsured people who receive inpatient or outpatient medically necessary services from NCCH, Sulphur Springs Medical Center, and Sunsites Medical Clinic.

3. Financial assistance determinations will be consistent among patients regardless of their age, sex, race, religion, creed, disability, sexual orientation, national origin, or immigration status.

4. Financial assistance is generally secondary to all other financial resources available to the patient, including insurance, government programs, third party liability.

3. Financial Assistance Determination Process

Allowances may be made for extenuating circumstances based on each person's unique life situation and mitigating factors.

Documents used for income and assets verification for the household include but are not limited to: copies of the most recent 90 days of payroll stubs, Social Security checks, or unemployment checks; copy of the current IRS tax return filed; current bank, mortgage statements and annual property tax statements. In the absence of income, a letter of support from individuals providing for the patient's basic living needs may be provided. Upon request NCCH may require additional verification of income and assets.