



### **Financial Assistance Program**

Thank you for choosing CarolinaEast Medical Center. It is CarolinaEast's (Covered Provider) policy to provide financial assistance to all patients that qualify in a professional, compassionate and equitable manner. The Covered Provider understands healthcare expenses are often unexpected and may cause a financial hardship. We are committed to helping our patients by providing Financial Counselors and onsite Department of Social Service (DSS) Workers.

*Covered Provider shall provide, without discrimination care for emergency medical conditions within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)) to individuals regardless of their eligibility for financial assistance or ability to pay.*

Covered Provider may request a self-pay deposit or payment for insurance copayments at time of service unless you notify the Covered Provider of a financial hardship and qualify under a Financial Assistance program.

#### **Covered Provider**

CarolinaEast Medical Center and Rehabilitation Hospital, CarolinaEast Diagnostic and Surgery Centers, CarolinaEast Radiation Oncology and Cancer Center, CarolinaEast Cardiopulmonary Rehabilitation, Certified Registered Nurse Anesthetists, CarolinaEast Physical Medicine & Rehabilitation, CarolinaEast Physicians, CarolinaEast Home Health and Wound Center. *Note: Services provided by CarolinaEast Physicians are not covered under this policy if rendered in a physician office.*

#### **Available Financial Assistance**

- Screening and application assistance for Medicaid and other grants.
- Charity Care - To qualify, the household gross income from all sources must be no more than 200% of the current Federal Poverty guideline, all efforts for alternative payment must be exhausted including a Medicaid eligibility assessment and financial documentation may be required. Other restrictions may apply. Covered Provider may presumptively qualify a patient for charity based on a consumer credit or propensity to pay score along with other available information.
- Amount Generally Billed (AGB) – Patients will not be asked to pay more than what the Covered Provider is reimbursed on average by Medicare and commercial payers for "Allowed/ Covered" services. To qualify, the household gross income from all sources must be between 201%-250% of the current Federal Poverty guidelines. Financial documentation may be required.
- Affordable Payment Arrangements/Plans.

Only accounts within three years of discharge qualify for Financial Assistance.

#### **How to Apply for Financial Assistance**

Patients may apply for financial assistance by calling or visiting the CarolinaEast Medical Center's Business Office, (252) 633-8701 or Pre-Registration staff (252) 634-6824 (for future services), by email - [businessoffice@carolinaeasthealth.com](mailto:businessoffice@carolinaeasthealth.com), or in writing to CarolinaEast Medical Center, P.O. Box 12157, New Bern, NC 28561. *Note: if applying for financial assistance for physician services, please contact the office directly, (252)-633-1010, visit <http://www.carolinaeastphysicians.com> (patient tab) or by mail to CarolinaEast Physicians, P.O. Box 68, Pollocksville, NC 28573.*

Patients may complete the Financial Assistance application by printing the application found on our website, <http://www.carolinaeasthealth.com/patients/financialservices/assistanceprograms/default.aspx>, and click on Assistance Programs. The Financial Assistance policy is available at this website or requests for a copy can be made to a Registrar, Financial Counselor or Cashier.

#### **Collection Actions**

The Health System and its agents shall refrain from extraordinary collection actions before making reasonable efforts to determine whether a patient qualifies for financial assistance.