

TIOGA MEDICAL CENTER UNCOMPENSATED CARE PLAN

The Tioga Medical Center will make available uncompensated care to those individuals meeting the poverty guidelines as outlined in the Department of Human Services income guidelines published in the Federal Register. The Tioga Medical Center will grant uncompensated care to those individuals who qualify with the income guidelines and also meet the requirements listed below:

1. All services, excluding nursing home, swing bed pharmacy (due to Medicare Part D issues) and independent living services, offered by the Tioga Medical are available to those persons who qualify. **Prior to qualifying for uncompensated care, the applicant is encouraged to first exhaust all forms of reimbursement, private insurances and governmental programs.**
2. The allocation plan will cover those individuals meeting the poverty guidelines, up through 200% of the Federal poverty guidelines. See the attached sliding fee schedule.
3. The Tioga Medical Center will provide uncompensated services without discrimination to persons who are eligible for services and who request uncompensated services in a proper manner.
4. **The patient/responsible party must complete the Uncompensated Care Plan application in its entirety. Applications will be made on Form A, which must be completed in its entirety and submitted with copies of one or more of the following documentation in descending order of desirability.** By signing the Uncompensated Care Plan applications persons authorize Tioga Medical Center access in confirming income and resources as disclosed on the application form. Providing false information on an Uncompensated Care Plan application will result in all Uncompensated Care Plan discounts being revoked and the full balance of the account(s) restored and payable immediately.
 - a. A written release or oral verification of wage information from his/her employer.
 - b. Pay stubs showing monthly or yearly earnings.
 - c. Oral verification from public welfare agencies.
 - d. Unemployment Compensation or Worker's Compensation benefit forms.
 - e. W-2 withholding forms.
 - f. Income tax returns from prior year or complete a Form 4506-T to verify they did not file Federal Income tax.
5. The Tioga Medical Center will render a determination of eligibility for Uncompensated Care in writing and will include the percentage of Uncompensated Care write off, or, if applicable, the reason for denial. If the application is approved for less than 100% or denied, the patient and/or responsible party must immediately establish payment arrangements with Tioga Medical Center. Uncompensated care Plan applications cover outstanding patient balances for six months prior to the application date and any balances

incurred within six months after the approved date, unless their financial situations changes significantly. The applicant has the option to reapply after the six months has expired. Collection actions will begin after 120 days of non-payment for services.

When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Uncompensated Care Plan application.

6. Information supplied on Form A regarding patient income and family size will be kept strictly confidential and will not be available for public inspection.

To be eligible to receive uncompensated care, your family income must be at or below the sliding fee schedule levels: SEE SLIDING FEE SCHEDULE. Tioga Medical Center uses the Census Bureau definitions of each.

- 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, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

7. If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date of their application adjusted. If a patient does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information; thus changing their look-back period. Any accounts turned over to collection as a result of the patient's delay in providing information will not be considered for the Uncompensated Care Plan.

8. Patients that are advised of the Uncompensated Care Plan but are unwilling or fail to take advantage of this program prior to their accounts being turned over to collections will not receive Uncompensated Care benefits for those balances that have been turned over to collections.

9. Annually, the amount of Uncompensated Care provided will be reviewed by the President/CEO and the Vice President/CFO. Pertinent information comparing amount budgeted and actual uncompensated care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our uncompensated care provisions.

10. During the annual budget process an estimated amount of Uncompensated Care service will be placed into the budget as a deduction from

revenue. Board approval for the Uncompensated Care Plan will be sought as an integral part of the annual budget.

11. Tioga Medical Center uses the Look Back Method in determining Amounts Generally Billed. Please contact the business office at 701-664-3305 for further clarification on how the Amounts Generally Billed is determined.

12. All Tioga Medical Center Providers are covered under this agreement.

If you think you may be eligible for uncompensated care, you may request an application at the Business Office of the hospital or call 701-664-3305 or online at the link below.

<http://www.tiogahealth.org>

TIOGA MEDICAL CENTER

SLIDING FEE SCHEDULE

2026

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$15,960	\$17,556	\$19,152	\$20,748	\$22,344	\$23,940	\$25,536	\$27,132	\$28,728	\$30,324	\$31,920	\$31,921
2	\$21,640	\$23,804	\$25,968	\$28,132	\$30,296	\$32,460	\$34,624	\$36,788	\$38,952	\$41,116	\$43,280	\$43,281
3	\$27,320	\$30,052	\$32,784	\$35,516	\$38,248	\$40,980	\$43,712	\$46,444	\$49,176	\$51,908	\$54,640	\$54,641
4	\$33,000	\$36,300	\$39,600	\$42,900	\$46,200	\$49,500	\$52,800	\$56,100	\$59,400	\$62,700	\$66,000	\$66,001
5	\$38,680	\$42,548	\$46,416	\$50,284	\$54,152	\$58,020	\$61,888	\$65,756	\$69,624	\$73,492	\$77,360	\$77,361
6	\$44,360	\$48,796	\$53,232	\$57,668	\$62,104	\$66,540	\$70,976	\$75,412	\$79,848	\$84,284	\$88,720	\$88,721
7	\$50,040	\$55,044	\$60,048	\$65,052	\$70,056	\$75,060	\$80,064	\$85,068	\$90,072	\$95,076	\$100,080	\$100,081
8	\$55,720	\$61,292	\$66,864	\$72,436	\$78,008	\$83,580	\$89,152	\$94,724	\$100,296	\$105,868	\$111,440	\$111,441
For each additional person, add	\$5,680	\$6,248	\$6,816	\$7,384	\$7,952	\$8,520	\$9,088	\$9,656	\$10,224	\$10,792	\$11,360	\$11,361

<https://aspe.hhs.gov/poverty-guidelines>

Tioga Medical Center
Request for Determination of Eligibility
For Uncompensated Services

Date Requested: _____

I hereby request Tioga Medical Center make a written determination of my eligibility for uncompensated services at Tioga Medical Center. I understand the information which I submit concerning my annual income and family size is subject to verification by Tioga Medical Center. I also understand that if the information which I submit is determined to be false, such a determination will result in denial of providing services as uncompensated services and that I will be liable for charges for services provided.

1. Name: _____
First Middle Last

Address: _____
Number & Street City State Zip

Telephone Number: _____

2. Occupation: _____ **Employer:** _____

3. Income: List income for the family from:	Total for Last 3 Months	Total for Last 3 Months
Wages.....	_____	_____
Farm or Self Employment.....	_____	_____
Public Assistance.....	_____	_____
Social Security.....	_____	_____
Workers Compensation.....	_____	_____
Strike Benefits.....	_____	_____
Alimony.....	_____	_____
Child Support.....	_____	_____
Military Family Allotments.....	_____	_____
Pensions.....	_____	_____
Income from Dividends, Interest, Rent...	_____	_____

4. Family Size:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

5. Type of Service Required: _____

I affirm that the above information is true and correct to the best of my knowledge.

Signature of person making request

Date