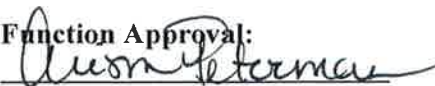
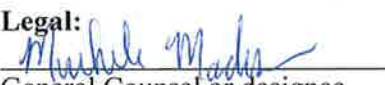
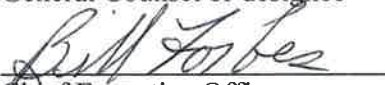


**SOUTH GEORGIA HEALTH SYSTEM
SYSTEM POLICIES AND PROCEDURES**

<p>TITLE: Plain Language Summary of the Financial Assistance Policy</p> <p>APPROVALS:</p> <p>Function Approval:  Dawn Peterson Compliance Officer</p> <p>Legal:  Michele Madsen General Counsel or designee</p> <p> Bill Forbes Chief Executive Officer</p>	<p>FACILITIES:</p> <p><input checked="" type="checkbox"/> SGMC</p> <p><input checked="" type="checkbox"/> SGMC Berrien Campus</p> <p><input checked="" type="checkbox"/> SGMC Lanier Campus</p> <p><input checked="" type="checkbox"/> SGMC Lakeland Villa</p>	<p>SYSTEM POLICY NUMBER: 3.007</p> <p>FUNCTION:</p> <p><input type="checkbox"/> 1.000 Administrative/Operations</p> <p><input type="checkbox"/> 2.000 Clinical Services</p> <p><input checked="" type="checkbox"/> 3.000 Compliance</p> <p><input type="checkbox"/> 4.000 Environment of Care</p> <p><input type="checkbox"/> 5.000 HIPAA</p> <p><input type="checkbox"/> 6.000 Finance</p> <p><input type="checkbox"/> 7.000 Human Resources</p>
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POLICY

South Georgia Health System (SGHS) provides emergency or medically necessary care to all patients without discrimination and regardless of ability to pay. Therefore, SGHS offers financial assistance to patients for emergency or medically necessary care under a Financial Assistance Policy.

APPLICATION

This Policy shall apply to SGHS, which, as used in this Policy, means South Georgia Health System and all facilities, entities and locations associated therewith or related thereto including South Georgia Medical Center (“SGMC”), SGMC Berrien Campus, SGMC Lanier Campus and SGMC Lakeland Villa.

DEFINITIONS

SGHS means South Georgia Health System, a trade name used by the Hospital Authority of Valdosta and Lowndes County, Georgia for the hospitals, nursing home, clinics and health care facilities and services owned and operated by the Hospital Authority of Valdosta and Lowndes County, Georgia.

Eligibility and Assistance Under the Financial Assistance Policy

SGHS provides financial assistance for emergency or medically necessary care to all uninsured and under-insured patients whose household income falls within the criteria listed below:

- Eligibility at SGHS for financial assistance relating to emergency or medically necessary care is based on Federal Poverty Guidelines (FPG) and percentages thereof. Patients whose Household Income is less than or equal to 125% of the Federal Poverty Guidelines will not be responsible for any charges on their account. Total charges for these accounts will be written off to Indigent Care.
- Patients whose household income is between 125%-300% of the Federal Poverty Guidelines will not be responsible for any charges on their account.

- Patients whose household income is between 301% - 400% of the Federal Poverty Guidelines may be eligible for financial assistance. If these patients apply and meet the qualifications for financial assistance, they will only be charged the current AGB (Amounts Generally Billed) in effect for their accounts(s).

PROCEDURE

How to Apply for Financial Assistance

Patients or their guarantors may apply for financial assistance within 240 days from date of service by completing the SGHS Financial Assistance Application Form and providing all documentation requested by SGHS in accordance with this Policy or the Financial Assistance Application Form.

Patients may apply for financial assistance by completing the Financial Assistance Application Form located at www.sgmc.org/patients-visitors/financial-assistance or by calling Patient Financial Services at 229-333-1040 or 877-225-2071.

Access to the Financial Assistance Policy and Application

The patient may obtain copies of the Financial Assistance Policy and Financial Assistance Application Form through any of the following methods:

Online: For the Financial Assistance Policy, online at www.sgmc.org/patients-visitors/financial-assistance. For the Financial Assistance Application Form, online at www.sgmc.org/patients-visitors/financial-assistance

Physical Locations: Visit any of the following locations:

Patient Financial Services
402 Woodrow Wilson Drive
Valdosta, Georgia 31602

South Georgia Medical Center
2501 N. Patterson Street
Valdosta, GA 31602-1735

SGMC Outpatient Plaza
4280 N. Valdosta Road
Valdosta, GA 31602-6814

SGMC Berrien Campus
1221 E. McPherson Avenue
Nashville, GA 31639-2326

SGMC Lanier Campus
116 W. Thigpen Avenue
Lakeland, GA 31635-1011

By Mail: Contact Patient Financial Services at 229-333-1040 or 877-225-2071 for free copies.

Information and Help With Financial Assistance Process

Patients may contact Patient Financial Services at 229-333-1040 or 877-225-2071, 402 Woodrow Wilson Drive, Valdosta, Georgia 31602, Monday through Friday from 8:00 a.m. to 5:00 p.m. for information and assistance regarding the Financial Assistance Policy and Financial Assistance Application Process.

Availability In Spanish

The Financial Assistance Policy, this Plain Language Summary of the Financial Assistance Policy and the Financial Assistance Application Form are available in Spanish at www.sgmc.org/patients-visitors/financial-assistance and at any of the physical locations listed above.

RESPONSIBILITY

The individual(s) and department(s) primarily responsible for the content of this Policy:
Compliance and Department of Financial Services/Revenue Cycle.

POLICY HISTORY

Original Adoption Date: May 16, 2018
Revised May 07, 2019
Revised October 16, 2019