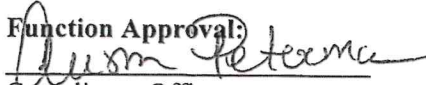

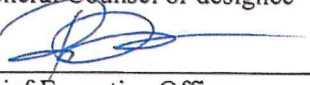


**SOUTH GEORGIA HEALTH SYSTEM  
SYSTEM POLICIES AND PROCEDURES**

<p><b>TITLE:</b> Plain Language Summary of the Financial Assistance Policy</p> <p><b>APPROVALS:</b></p> <p><b>Function Approval:</b>                    Compliance Officer</p> <p><b>Legal:</b>                    General Counsel or designee</p> <p>                  Chief Executive Officer</p>	<p><b>FACILITIES:</b></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 Smith Northview Campus</p> <p><input type="checkbox"/> SGMC Lakeland Villa</p> <p><input checked="" type="checkbox"/> SGMC Physician Network</p>	<p><b>SYSTEM POLICY NUMBER:</b> 3.007</p> <p><b>FUNCTION:</b></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 and other medically necessary care to all patients without discrimination and regardless of ability to pay. Therefore, SGHS offers financial assistance to patients for emergency or other medically necessary care under a Financial Assistance Policy.

**APPLICATION**

This Policy shall apply to all emergency and other medically necessary care provided by SGHS, as defined herein.

**DEFINITIONS**

*Amount Generally Billed* or *AGB* means the amount derived from applying a “look-back” method (as defined in 26 C.F.R. § 1.501(r), as amended from time to time), namely, the amount determined for emergency or medically necessary care by multiplying the Gross Charges for that care by the AGB Percentage.

*Federal Poverty Guidelines* means the current Federal Poverty Income Guidelines as published in the Federal Register from time to time by the U.S. Department of Health and Human Services.

*Household Income* means the gross income of all persons included in the household.

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

### **Eligibility and Assistance Under the Financial Assistance Policy**

SGHS provides financial assistance for emergency and other 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.
- Patients whose household income is between 126%-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 Amount Generally Billed in effect for their account(s).

### **PROCEDURE**

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

Patients or their guarantors may apply for financial assistance within two-hundred forty (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, SGHS’s Financial Assistance Policy, and the Financial Assistance Application Form.

Patients may apply for financial assistance by completing the Financial Assistance Application Form located at <https://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 and Financial Assistance Application Form, online at <https://www.sgmc.org/patients-visitors/financial-assistance/>. Patients may also apply for financial assistance via SGMC MyChart.

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 <https://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

Revised November 16, 2022