

Medical Financial Assistance Program

Self Regional Healthcare (SRH) provides for all patients regardless of race, sex, creed, nationality, origin and ability to pay. Self Regional Healthcare will make medically necessary or urgent services available at no charge to those who are unable to pay and meet certain financial and residency guidelines.

A Financial Assistance Plan-eligible individual cannot be charged more than the amounts generally billed (AGB) for emergency or other medically-necessary care. All providers employed by Self Regional Healthcare and/or its physician practice affiliate, Self Medical Group, who provide qualifying care services are covered under this Financial Assistance Program. This Financial Assistance Program does not apply if the provider is not employed by either of these entities. A list of all providers, employed/covered and/or not employed/not covered, can be accessed online on the 'Financial Assistance Policy' page under the 'Health Information' tab at the top of the Self Regional Healthcare home page.

Any patient requesting financial assistance will be referred to the Patient Financial Advocate for assistance. Appropriate documentation/information must be gathered to support the approval of the Medical Financial Application. All completed applications must be signed by the patient and/or authorized representative.

Covered Services:

- All emergency care and required follow-up services for SRH
- Inpatient and outpatient care determined to be medically necessary
- Other services such as physician office visit and home health services when requested.
- Only qualifying services provided by a provider employed by SRH will be covered.

Non-covered Services:

- Elective services (This includes but is not limited to cosmetic, bariatric and dental services.)
- Services that require the issuance of a Medicare Advance Beneficiary Notification (ABN)
- Services that are statutorily excluded by Medicare and do not require an ABN (i.e. pharmaceuticals, dental)
- Physicians providing services that are not employees of the Hospital (i.e., "Private practice physicians") are not covered under the Medical Financial Assistance Policy.

Residency Requirements:

To be eligible for the Medical Financial Assistance Program you must be a legal resident of the state of South Carolina.

Income

Patients' income must be at or below 200% of the FPG (Federal Poverty Guideline) and/or must qualify for Catastrophic Event Financial Assistance.

Application Process

You must complete the Medical Financial Assistance Application and mail to:

Self Regional Healthcare Patient Financial Advocate
1325 Spring Street, Greenwood, SC 29646

In addition to the completed medical financial assistance application, the following documents are required for your application to proceed:

- Valid South Carolina and/or Governmental photo ID
- Proof of income for all members in the household
- Proof of current address (rent receipt, driver's license or voter's registration)
- A copy of your Social Security Card
- Verification of all members in the household including names, relationships and dates of birth
- Monthly checking account statements or most recent check stubs
- Most recent year's Federal Income Tax Return.
- If you are claimed on someone else's taxes, provide a copy of their tax return
- If you are employed but did not file a tax return, provide your eight weeks earning prior to the effective date of the application

- If you filed electronically, please sign the bottom of the form
- Verification of self-employment and/or proof of eligibility denial from programs such as Social Security, Department of Social Services, Workers Compensation, Child Support Services, etc.
- Social Security Administration letter, if applicable
- Unemployment benefits statement, if applicable
- Assistance Payments Based on Need – AFDC, SSI and other cash payments
- Pension and Benefits, Annuities, pension retirement, veteran’s or disability benefits
- Proof of any whole life insurance policies.
- Person claiming no income must provide a completed and signed Basic Need Statement.

How to Apply

Step 1 Request an application form.

Applications are available on our website (selfregional.org) or by calling the number listed under contact information.

Step 2 Complete the application and return it to:

Self Regional Healthcare Patient Financial Advocate
1325 Spring Street, Greenwood, SC 29646

Step 3 We review the application.

We will review your application to determine if you qualify for assistance. If there are special circumstances that affect your ability to pay, these will be reviewed by one of our Patient Financial Advocates.

Step 4 Receive your decision.

Determination is made within 30 days of completion of the financial assistance application and the patient is notified by letter. If the patient is denied assistance, the reason for denial will be provided.

Catastrophic Medical Expenses

Catastrophic Medical Expenses Financial Assistance will occur when the patient is not able to meet their financial obligations due to the extraordinary size of their medical bills. Upon completion of a financial evaluation and with appropriate managerial approval, special considerations may be granted to forgive or reduce such patient bills.

Uninsured Discount

In keeping with the mission and core values of Self Regional Healthcare, patients who are uninsured will be treated fairly and with respect at all times, regardless of their ability to pay.

All patients presenting with medically necessary health services, excluding elective cosmetic procedures and other already discounted procedures will receive a managed care discount referred to as an “uninsured discount.”

- All accounts that are registered as Self-Pay will automatically have their resulting charges reduced by 40%.
- An additional “prompt-pay” discount of 10% can be applied to the resulting balance on the account if the patient pays their entire bill within 10 days of the initial negotiation.

Contact Information:

If you need assistance with the application process, please call the Patient Financial Advocate that corresponds with the first letter of your last name.

Last Name Letter/Contact number

A – D/(864) 725-4122 M – R/(864) 725-4135

E – L/(864) 725-5047 S – Z/(864) 725-6079

Application and complete policy can be found at www.selfregional.org. Translations of the Medical Financial Assistance Policy, Application and Plain Language Summary can be found at www.selfregional.org.

**Your financial circumstance will not affect the care you receive.
All patients will be treated with respect and fairness.**