

**VIDANT HEALTH
POLICY & PROCEDURE**

MANUAL: Vidant Health

SUBJECT: Charity Care - Eligibility

NUMBER: VH – FS3

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PREPARED By: Office of Financial Services

Policy

The Central Business Office (CBO) for Vidant Health hospitals, Vidant Medical Group, and Outer Banks Hospital Medical Group services will engage in the evaluation of patients' accounts for Charity Care eligibility. If you receive help from the Financial Assistance Program, we will not charge more than the amounts generally billed to patients who have insurance for emergency or other medically necessary care. Vidant Health uses a look back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to our hospital during the prior 12-month period to determine the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. To be deemed eligible for financial assistance, the candidate must have limited assets, must possess no real property (other than their immediate dwelling) and must meet the designated Poverty Income Guidelines. (See Attachment A for current income guidelines, which are 200% of Federal Poverty Guidelines).

Any patient account meeting eligibility criteria under this policy will be adjusted to reflect no patient payment due. For questions call [252-847-4472](tel:252-847-4472) or toll free at [1-800-788-4473](tel:1-800-788-4473), Monday through Friday, 8:30 a.m. to 5 p.m.

*This policy excludes cosmetic procedures, or charges that may be covered by health insurances or by other third party payers.

** This policy applies to services rendered by hospital employed physicians, Vidant Medical Group and Outer Banks Hospital Medical Group. Our Providers can be found at <https://locations.vidanthealth.com/providers/>

Other physicians that practice in our facility (including East Carolina University Physicians, East Carolina Anesthesia, Physicians East, and Eastern Radiology, etc.) will have their own Financial Assistance Policies.

2022 Federal Poverty Guidelines

200% of the Federal Poverty Level Guidelines	
Family Size	Annual
1	\$27,180
2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260
For families/households with more than 8 person, add \$9,080 for each additional person.	

* Poverty Guidelines will be updated on annual basis when available.