



West Ascension Parish Hospital

Financial Assistance Policy

Purpose

The purpose of this policy is to support the charitable mission of West Ascension Parish Hospital by offering free or discounted care to financially disadvantaged or otherwise qualified patients. This policy ensures compliance with Internal Revenue Code Section 501(r) and applicable federal regulations.

I. Eligibility Criteria

A. Financially Indigent Patients

Patients are eligible if they are uninsured or underinsured and have a household income equal to or less than 200% of the Federal Poverty Level (FPL). Household income includes wages, social security, pensions, and other forms of reportable income. Assets such as primary residence equity and retirement accounts are excluded.

B. Medically Indigent Patients

Patients with unpaid medical bills from the past six months that exceed 20% of their annual household income may qualify, even if insured.

C. Medicaid Application Requirement

Patients who appear eligible for Medicaid must apply within 30 days of request. Failure to apply will result in denial of financial assistance under this policy.

D. Eligible Services

Covered services include:

- Emergency care
- Medically necessary services as determined by a licensed physician
- Non-elective inpatient or outpatient services
- Services provided within licensed hospital facilities by hospital-employed providers

Cosmetic and non-medically necessary procedures are not eligible.

II. Covered Providers

This policy covers services rendered by West Ascension Parish Hospital and its employed providers. Independent physicians, contracted emergency providers, and other external entities are not covered. A list of covered and non-covered providers is available at the hospital or on our website.



III. Charges and Discounts

A. Amounts Generally Billed (AGB)

Eligible patients will not be charged more than the AGB, which is calculated using the 'prospective method' based on amounts typically paid by Medicare and commercial insurers.

B. Sliding Scale Discounts

FPL Range	Discount
0% - 200%	100%
201% - 275%	75%
276% - 350%	50%
351% - 400%	25%

Medically indigent patients will be responsible for no more than 20% of their household income.

IV. Application Process

A. Submitting an Application

Applications must be submitted within 240 days of the first post-discharge bill. They can be delivered to:

Business Office - Patient Accounts

301 Memorial Drive, Donaldsonville, LA 70346

Applications are available at no cost online or at all admissions points in the hospital.

B. Documentation Requirements

Complete applications must include:

- Most recent W-2(s)
- Federal tax return
- 3 recent pay stubs
- 3 months of bank/investment statements
- Proof of any needs-based program participation (if applicable)

Incomplete applications will not be processed but patients will be given 14 days to provide missing documentation.

C. Approval Authority

Write-off Amount	Approval By
\$0 - \$10,000	Chief Administrative Officer
Over \$10,000	Chief Executive Officer



Approvals are valid for the current service date and six months thereafter.

D. Presumptive Eligibility

Financial assistance may be granted without an application if the patient is:

- Homeless
- Mentally incapacitated without representation
- Enrolled in needs-based programs (e.g., Medicaid, WIC)
- A member of a religious order with a vow of poverty

V. Collection Practices

A. Extraordinary Collection Actions (ECAs)

The hospital may refer unpaid accounts to collections no sooner than 120 days after the first post-discharge bill. Prior to this, the hospital will:

- Notify patients of financial assistance options
- Attempt verbal outreach
- Provide a 30-day written notice before initiating ECAs

B. Suspension of ECAs

If an application is submitted, all ECAs will be suspended during the review process. If approved, ECAs will be reversed and refunds issued if applicable.

VI. Emergency Medical Care

Emergency care is provided without regard to the patient's ability to pay. No payment will be demanded before treatment, and collection activities will not interfere with emergency services, in accordance with EMTALA regulations.

VII. Policy Administration

Questions about this policy should be directed to the Chief Administrative Officer. The most current version of this policy and provider lists can be obtained at the hospital or at <https://www.westaph.org>.