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Financial Assistance Program	Origination Date: 2/04/2009
	Last Revision Date: 10/3/2025, 11/14/2025

1. POLICY STATEMENT

1.1 Grady Health System (“Grady”) refers to Grady Memorial Hospital Corporation and all affiliated locations, programs, and covered entities operating under this policy, including Children’s at Hughes Spalding.

Grady is committed to providing high-quality, compassionate care to all patients, including those seeking emergency or medically necessary services, regardless of their ability to pay. This commitment includes providing care in a manner that is equitable, respectful, and culturally sensitive.

Grady complies with all applicable Federal civil rights laws and does not discriminate, exclude, or treat individuals differently based on race, color, national origin, age, disability, or sex. Equal access to emergency and medically necessary care is a fundamental principle of Grady Health System, and all patients will be treated fairly and without bias.

2. PURPOSE

2.1 The purpose of this Financial Assistance Program (FAP) policy is to support our mission of providing care with compassion, integrity, and respect. This policy outlines the process for identifying and assisting patients who may be unable to pay for services, ensuring compliance with applicable federal regulations, including IRS §501(r). It reinforces our commitment to removing financial barriers, promoting healthcare access, and upholding the highest standards of clinical and ethical care.

3. DEFINITIONS

The following definitions support our Financial Assistance Policy (FAP) and clarify the terms and procedures for those seeking financial help:

3.1 Amounts Generally Billed (AGB)

“**Amounts Generally Billed**” (AGB) refers to the maximum amount that Grady will charge a patient who qualifies for financial assistance. This amount will not exceed the amounts generally billed to individuals who have insurance covering such care. AGB is calculated annually using the look-back method, based on actual payments received from Medicare fee-for-service and private health insurers.

3.2 Application Period

The “Application Period” begins on the date care is provided and extends through the 240th day after the date of the first post-discharge billing statement. Individuals may apply for financial assistance before care is provided, during the course of treatment, or at any time within this 240-day window. During this period, the patient or their authorized representative may submit a complete or incomplete application for financial assistance.

3.3 Covered Entity

A healthcare facility or medical group covered under this policy. For the purposes of this policy, covered entities include providers that deliver emergency services for the treatment of emergency medical conditions, as defined under the Emergency Medical Treatment and Labor Act (EMTALA).

3.4 Extraordinary Collection Actions (ECAs) - Treasury Regulation § 1.501(r)-6(b)

This regulation defines what constitutes an Extraordinary Collection Action by a hospital organization against an individual in connection with unpaid hospital bills, under the requirements of Section 501(r) of the Internal Revenue Code.

3.5 Federal Poverty Guidelines (FPG)

The “Federal Poverty Guidelines” (FPG), issued annually by the United States Department of Health and Human Services, are used to assess financial need and determine eligibility for financial assistance. Grady uses the FPG to evaluate income levels and apply sliding scale discounts or full charity care accordingly.

3.6 Federal Poverty Level (FPL)

“Federal Poverty Level” is a measure of income level issued annually and used to determine financial eligibility for assistance. FPL thresholds are set by the federal government and vary by household size. Eligibility for financial assistance is based on a percentage of the FPL, as outlined in the Financial Assistance Program Policy.

3.7 Financial Assistance or Charity Care Program

Grady offers a Financial Assistance or Charity Care Program that provides free or discounted care to eligible patients who are unable to pay for all or part of their hospital bills. Eligibility for assistance is based on family income, household size, and adherence to application procedures within the defined Application Period.

3.8 Insured Patients

Individuals who have active health insurance coverage through private insurers, government programs (such as Medicare or Medicaid), employer-sponsored plans, or other recognized sources. These patients’ medical and hospital expenses are billed to and processed by their insurance provider, which reimburses the hospital in accordance with the terms of the applicable insurance policy.

3.9 Medically Necessary Services

Medically Necessary Services are health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. These services may include physician visits, hospital care, diagnostic testing, surgery, and prescription drugs, provided they are appropriate and essential for the patient’s health and not primarily for convenience.

3.10 Unhoused Category – No Copayment Requirement

Patients who meet the definition of homelessness, as defined by the U.S. Department of Housing and Urban Development (HUD), may be eligible for financial assistance without a copayment requirement.

HUD Definition of Homelessness

A “homeless individual” includes:

- a. An individual who lacks a fixed, regular, and adequate nighttime residence; and
- b. An individual whose primary nighttime residence is:
 1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, cars, or transitional housing for individuals with mental illness);
 2. An institution that provides temporary residence for individuals who are being institutionalized;
 3. A public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings.

Reference: Federal Register, Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless", U.S. Department of Housing and Urban Development
<https://www.federalregister.gov/documents/2011/12/05/2011-30942/homeless-emergency-assistance-and-rapid-transition-to-housing-defining-homeless>

4. FINANCIAL ASSISTANCE PROGRAM

4.1 Eligibility Criteria

Residents of Fulton and DeKalb Counties with household incomes at or below 400% of the Federal Poverty Level (FPL) are eligible for financial assistance under this policy.

4.2 Out-of-County Eligibility

Residents of other counties may qualify for financial assistance for certain types of medical care. Specifically, financial assistance may be available for the following services:

- **Emergency Services:** If a patient experiences a medical emergency, they may qualify for financial assistance regardless of their county of residence.
- **Related Inpatient Admissions:** If the emergency visit results in a hospital admission, the costs associated with that inpatient stay may also be eligible for financial assistance.
- **Related Post-Discharge Care:** After being discharged from the hospital, patients may need a follow-up visit. Financial assistance may extend to these related services as well, provided they are connected to the initial emergency or inpatient care.

4.3 Medicaid Eligibility

All individuals who are eligible and approved for Medicaid are considered qualified for financial assistance.

4.4 Ineligibility Criteria

Individuals residing outside of Fulton and DeKalb Counties who receive non-emergent care that is not associated with an emergency admission are not eligible for financial assistance under this policy.

5. AUTOMATED FINANCIAL ASSISTANCE DETERMINATION

5.1 Presumptive Assessment

At the time of registration, during address verification, each patient is electronically assessed for a Federal Poverty Level (FPL) ranking using automated third-party presumptive eligibility software.

5.2 FPL Determination $\leq$ 400%

If the automated system determines that a patient's income is between 0% and 400% of the FPL, the FPL percentage is recorded in the "FPL%" field of the patient's account. The patient is then automatically qualified for the applicable financial assistance discount.

5.3 FPL Determination > 400%

If the system determines that the patient's income exceeds 400% of the Federal Poverty Level (FPL), a value is entered in the "FPL Status" field to indicate that the patient is over-income and not presumptively eligible for financial assistance.

5.4 Undetermined FPL Status

If the automated system cannot determine a patient's FPL status (e.g., due to missing SSN, insufficient data, or system mismatch), and the "FPL%" field remains blank, the patient may:

- Request a repeat of the automated process, or
- Submit a manual application for financial assistance.

5.5 Secondary Assessment at Billing

At the time of billing, the automated financial assistance determination process is repeated for any patient account without an existing entry in the FPL% field.

6. REQUESTING A GREATER DISCOUNT LEVEL

6.1 Patients who qualify for automated (presumptive) financial assistance but do not receive the maximum available discount will be notified on Statement One (1). This notice will inform the patient that they did not qualify for the highest discount level and will provide instructions on how to request a reassessment.

6.2 Patients may request a repeat of the automated eligibility process or apply for financial assistance through the manual application process.

7. MANUAL FINANCIAL ASSISTANCE POLICY DETERMINATION

7.1 Application Period

During the application period, patients may apply for financial assistance at any time using the manual process.

7.2 How to Apply for the Financial Assistance Program

Patients may apply using one of the following methods:

- **"Digital Front Door: Access and Use of Epic MyChart"**
- **Fax:** 404.489.6864
- **Mail:**
Grady Memorial Hospital
80 Jesse Hill Jr. Dr. SE
PO Box 26071
Atlanta, GA 30303
Attn: Financial Assistance Program – Mail-In Packets

Requesting a Mail-In Packet

Patients may request a Financial Assistance Program mail-in packet by calling **404.616.6920**, and selecting **option 1** to speak with a Patient Financial Counselor. Financial Counselors are available **Monday through Friday, from 7:00 a.m. – 3:30 p.m.**

Application Review

Once the completed application and all required documents are received, a member of the Financial Counseling team will contact the patient with an update within **24 hours**.

Walk-In Assistance

Walk-in visits are welcome. Patients will be provided with an application and guidance on how to complete it, including the option to apply online and upload supporting documents.

For additional assistance, please call **404.616.6920**, and select **option 1** to speak with a Patient Financial Counselor.

7.3 Children's at Hughes Spalding

Contact Information:

- a. By email: financialcounselingdept@choa.org
- b. By phone: 404.785.5060
- c. By mail or in person at the following address:

Children's at Hughes Spalding
35 Jesse Hill Jr. Dr. SE
Atlanta, Georgia 30303
Attn: Financial Assistance Program

- d. Download the Financial Assistance Program Application from Grady's website as follows:
Billing & Insurance | Grady Health

7.3.1 How to Apply

Complete, sign, and submit the Financial Assistance Program Application and required documents as outlined in this policy to determine eligibility for financial assistance.

7.3.2 Required Documentation

When applying for financial assistance, individuals must provide the following documents:

a. Proof of Identity

Provide original or certified copies of acceptable identification and documentation to verify proof of identity, including but not limited to:

1. Driver's License (Georgia), State of Georgia ID Card, Any Consular ID, Credit Card with Picture, or School Picture ID
2. Visa, Resident Alien Card, or other immigration documents issued by the U.S. Government

b. Proof of Residency

One to three of the following documents showing your current street address are required to prove residency for at least 30 days from the application date (a PO Box address or junk mail does **not** demonstrate residency):

1. Utility bills (e.g., power, gas, water, telephone)
2. Lease contract

3. Rent receipt showing current address
4. Food stamps letter
5. Current voter registration card
6. Other business documents verifying residency (e.g., credit card statements, IRS or Medicaid letters, school letters, cable bills, bank statements, mortgage statements, pay stubs showing address, etc.)

c. Proof of Income

Provide all applicable proof documents:

1. One to three current paycheck stubs (patient and spouse)
2. Social Security Administration letter for the current year
3. Unemployment claim, Department of Labor wage inquiry (if applicable), or recent bank statements if living off savings
4. Letter from employer on company letterhead stating hourly pay rate, total pay per period, and pay frequency
5. Official decision or award letters confirming an individual's receipt of unemployment compensation, Medicaid, Social Security Disability benefits, General Assistance, workers' compensation, or retirement benefits.
6. Food stamps letter and paycheck stubs (if applicable)
7. Verification of homelessness or letter from a shelter on company letterhead
8. Other business documents showing financial support
9. Previous year's tax return

d. Proof of Number of Dependents

One of the following is required:

1. Previous year's income tax return (most recent)
2. Decision letters indicating legal responsibility for the child, such as court-ordered guardianship or custody papers
3. Birth certificates for each child age 18 and younger

7.3.3 Where to Return Completed Applications and Documents

Completed applications and required documents may be:

- Delivered in person.
- Mailed

Grady:

a. Financial Counseling Department – Patient Service Center (Main Hospital Lobby Level or Neighborhood Health Center)

b. Mail to:

Grady Memorial Hospital
80 Jesse Hill Jr. Dr. SE
PO Box 26071
Atlanta, Georgia 30303
Attn: Financial Assistance Program

c. Financial Counseling Department

d. Mail to:

Children's at Hughes Spalding
35 Jesse Hill Jr. Dr. SE
Atlanta, Georgia 30303
Attn: Financial Assistance Program

e. Email: financialcounselingdept@choa.org

7.3.4 Available Assistance for Completing and/or Submitting the Application

Assistance is available to individuals who need help obtaining, completing, or submitting the Financial Assistance Program Application. Individuals may contact the addresses listed above or visit any Financial Counseling Office for support.

For telephone assistance, please contact:

- Grady's Financial Counseling Department at 404.616.6920
- Children's at Hughes Spalding Financial Counseling Department at 404.785.5060

8. NOTIFICATION FOR MANUAL FINANCIAL ASSISTANCE ELIGIBILITY

8.1 Under the manual process, if eligibility cannot be determined due to missing information and/or documentation, the individual will receive written documentation outlining the required information and/or documents needed to complete the application process.

9. FINANCIAL ASSISTANCE ELIGIBILITY

9.1 Eligibility Criteria

Eligibility for financial assistance is determined based on the patient's county of residence, household size, gross income, and alignment with the Federal Poverty Level (FPL) guidelines.

9.2 Primary Payment Sources

Patients with potential payment resources, such as commercial insurance or third-party liability coverage, must fully utilize those sources before applying for support through Grady's Financial Assistance Program.

9.3 Government Assistance Programs

Patients who qualify for any Federal or State assistance programs, including but not limited to Medicaid, Medicare, Cancer State Aid, Medicare Savings Programs, or the Georgia Crime Victims Compensation Program, are required to apply for and utilize those benefits prior to receiving assistance through Grady's Financial Assistance Program. Grady will support patients in the application process for these programs.

10. FINANCIAL ASSISTANCE DOES NOT COVER THE FOLLOWING:

- a. Cosmetic/Plastic Elective Surgery
- b. Visitor Visa Holders – Individuals receiving care who are in the country on a valid Visitor Visa (e.g., B-1/B-2).
- c. Accounts with unresolved third-party coverage or third-party liability coverage

11. MEDICARE BENEFICIARIES WHO QUALIFY FOR MEDICAID, OTHER THIRD-PARTY PAYER COVERAGE, OR ARE DETERMINED TO BE INDIGENT

11.1 Financial Assistance Screening for Medicare Patients

In accordance with CMS Publication 15-1, Section 312(B), Medicare beneficiaries will be assessed for financial assistance eligibility based on indigency or charity care status. This assessment will determine the level of discount applicable to the patient's financial responsibility for services not covered by Medicare. All Medicare patients with outstanding balances related to non-covered services will be screened for financial assistance to determine potential eligibility for charity care discounts.

11.2 Medicare and Medicaid Non-Covered Services

- **Medicare:** Patient responsibility for services not covered by Medicare (including deductibles, coinsurance, and non-covered services) will be reviewed under this policy. Patients deemed eligible through the charity care screening process will receive an appropriate discount applied to their self-pay balance.
- **Medicaid:** Charges for non-covered services provided to Medicaid recipients will also be adjusted in accordance with the patient's approved financial assistance eligibility.

12. FINANCIAL ASSISTANCE

The patient's account will reflect both the Determination Type and Discount Level, categorized as follows:

Manual Determination

- Approved-Fulton (Fulton County Resident)
- Approved-DeKalb (DeKalb County Resident)
- Approved-Other (Eligible residents outside of Fulton and DeKalb Counties)
- Approved-Homeless Fulton
- Approved-Homeless DeKalb
- Approved-Ryan White
- Approved-Title X Family Planning
- Approved-Children's at Hughes Spalding

13. INCOME GUIDELINES USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE & SUBSEQUENT CHARITY CARE DISCOUNTS

13.1 Discount Levels with Copayments

Patients who meet all eligibility criteria for financial assistance will qualify for charity care discounts based on their annual gross family income, family size, and county of residence. Eligibility is determined in accordance with the current Financial Eligibility Scale and aligns with the following tiers:

- **Tier 1:** Patients with annual gross family income up to 250% of the current Federal Poverty Level (FPL) are eligible for financial assistance, subject to applicable copayments.
- **Tier 2:** Patients with annual gross family income between 251% and 400% of the current Federal Poverty Level (FPL) are eligible for financial assistance, subject to applicable copayments.

14. Who participates?

14.1 Participating Provider Groups

Physician groups and advanced practice providers participate in and adhere to Grady's Financial Assistance Program policy.

15. AMOUNT GENERALLY BILLED (AGB)

Financial assistance discounts reduce patient balances to nominal copayment amounts, ensuring that no patient eligible for financial assistance is billed more than the Amount Generally Billed (AGB) for emergency or medically necessary care.

In compliance with Internal Revenue Code Section 501(r)(5), the AGB is calculated using the “look-back method,” based on the average reimbursement rates received from Medicare and private health insurers for the prior year’s claims for emergency and medically necessary services. The AGB is reviewed and updated at least every three years to remain compliant with IRS regulations.

Patients who qualify for financial assistance will not be charged more than the AGB for emergency or medically necessary care.

Requesting the AGB Calculation

Individuals may request a copy of the current AGB calculation free of charge by submitting a written request to:

Grady Memorial Hospital

80 Jesse Hill Jr. Drive SE
P.O. Box 26071
Atlanta, Georgia 30303
Attn: Amount Generally Billed Inquiry – Financial Assistance Program

Children’s at Hughes Spalding

Telephone: (404) 785-5589
Fax: (404) 785-9236
Email: billing@choa.org
Attn: Amount Generally Billed Inquiry – Financial Assistance Program

16. Extraordinary Collection Actions (ECA)

Grady does not engage in Extraordinary Collection Actions (ECAs) in connection with self-pay balances for emergency or medically necessary care. This includes actions taken by collection agencies on their behalf. Specifically, Grady does not:

- Report adverse information to consumer credit reporting agencies or credit bureaus;
- Initiate legal or judicial actions (e.g., lawsuits, wage garnishment) to collect medical debt;
- Require prepayment or deny medically necessary care due to a patient’s inability to pay or due to outstanding balances;
- Sell an individual’s debt to any third party.

17. FINANCIAL ASSISTANCE TIMEFRAME AND ELIGIBILITY DURATION

Defining When to Apply and How Long Eligibility Applies

17.1 Application Period

Patients may apply for financial assistance at any time **prior to receiving services** or **within 240 days** from the date of the first post-discharge billing statement.

Applications may be submitted by the patient or their authorized representative. A complete submission includes the Financial Assistance Program (FAP) application and all required supporting documentation as specified in this policy.

17.2 Application Review and Processing

All applications submitted within the designated period will be reviewed promptly and fairly, in accordance with the procedures outlined in this policy. Applicants will be notified of the eligibility determination, and any applicable discounts or adjustments will be retroactively applied to eligible accounts when appropriate.

17.3 Duration of Financial Assistance Eligibility

Eligibility for financial assistance under this policy includes both **retroactive** and **prospective coverage**, defined as follows:

- **Retroactive Coverage (past services):**
 - Approved financial assistance may be applied to **qualifying medical services** received **up to 240 days prior to the application date**.
- **Prospective Coverage (future services):**
 - Once approved, financial assistance is typically valid for a period of **6 to 12 months** from the date of determination, depending on the patient's financial situation and any updates to eligibility criteria.

Patients are required to reapply and provide updated financial information at the end of the eligibility period to maintain continued assistance.

18. Right to Reassess Financial Assistance Eligibility and Criteria

18.1 Reassessment of Eligibility Status

Grady reserves the right to reassess a patient's eligibility for financial assistance when there is a material change in financial status or when new information becomes available that could affect eligibility.

18.2 Review and Adjustment of Eligibility Criteria

Grady may update the eligibility criteria for the Financial Assistance Program to ensure it reflects community needs and remains in compliance with regulatory and contractual obligations. Changes may occur in response to:

1. Findings and priorities identified in the Community Health Needs Assessment (CHNA);
2. Changes in applicable federal, state, or local laws or regulations; or
3. Requirements under county contracts or agreements.

Any changes to the policy or eligibility criteria will be reflected in updated documentation and will be communicated through the channels listed in Section 21.

19. Broad Public Availability of the Financial Assistance Program Policy

19.1 Public Access and Promotion

Grady Health System ensures that the Financial Assistance Program Policy (FAP), Application, and Plain Language Summary (PLS), including translated versions are available free of charge to all patients and the general public. These materials are distributed and promoted in the following ways:

- Available to all patients at the time of registration.

- Made available at community healthcare partner locations.
- Posted publicly online at:
<https://www.gradyhealth.org/billing-and-insurance>
(Includes the full policy, online application, and Plain Language Summary for download and printing)

19.2 Paper Copies Upon Request

Printed copies of the Financial Assistance Program Policy and Plain Language Summary are available free of charge at the following locations:

- Financial Counseling Office
- Emergency Department

20. THE FINANCIAL ASSISTANCE PROGRAM POLICY (FAP) BROADLY PUBLICIZED

20.1 The Financial Assistance Program Policy (FAP), Application, and Plain Language Summary and appropriate translations are made available free of charge to the public. Grady will make concerted efforts to promote the Financial Assistance Program through the Plain Language Summary provided to all patients upon registration, on the hospital's website, and through the display of signs throughout the Health System. This information may be obtained as follows:

- All patients receive the Financial Assistance Program Plain Language Summary at the time of registration.
- The Plain Language Summary is available at community healthcare partners.
- The Financial Assistance Program policy, Plain Language Summary, and application are displayed for review and available electronically for printing and downloading from the Grady's website as follows:

**Billing/Insurance - [gradyhealth.org/billing-and-insurance](https://www.gradyhealth.org/billing-and-insurance)
Financial Assistance Program Policy and Plain Language Summary**

20.2 Upon request, free paper copies of the FAP policy and Plain Language Summary are available from the following:

Financial Counseling Office
Emergency Department

21. CATASTROPHIC SITUATION – INSURANCE PREMIUM ASSISTANCE

21.1 In cases of catastrophic circumstances, such as a serious illness or injury resulting in a hospitalization of 10 days or more, or repeated hospitalizations that prevent the patient from working, Grady may provide temporary financial assistance by paying insurance premiums directly to the insurer on the patient's behalf.

This assistance may be offered when:

- The patient is unable to work due to their medical condition;
- The patient is at risk of losing insurance coverage due to non-payment of premiums; and
- The patient meets all other criteria for financial assistance under this policy.

Each situation will be evaluated on a case-by-case basis to determine eligibility and appropriate level of support.

22. EXCEPTIONS TO THIS POLICY

The Executive Director of Financial Clearance, Vice President of Revenue Cycle, Vice President of Compliance/Chief Compliance Officer, and the Chief Financial Officer of Grady Health System are authorized to grant exceptions to the eligibility and determination criteria outlined in this Policy. Such exceptions may be made on a case-by-case basis when deemed appropriate, based on the specific circumstances of an individual patient.

23. POLICY APPROVAL FOR ADOPTION

Grady Board of Directors – Finance Committee
Monday, March 12, 2018

Grady Board of Directors – Finance Committee
Monday, July 9, 2018

Chief Financial Officer (Party Authorized to Adopt Policy)
March 20, 2026

24. FINANCIAL ASSISTANCE POLICY Dates:

EFFECTIVE DATE: February 4, 2009

REVISION DATES:

- April 15, 2009
- August 3, 2009
- February 15, 2011
- March 19, 2014,
- January 11, 2016
- November 11, 2016
- November 1, 2017
- December 20, 2017
- March 1, 2018
- April 23, 2018
- June 14, 2018
- May 30, 2025
- October 3, 2025
- November 14, 2025