Purpose:
To identify and assist patients who do not qualify for a health care benefit program, or lack the financial resources to meet their total financial responsibility for services rendered.

Policy:
Given the responsibility of the Board of Directors to manage the District's resources in a fiscally responsible manner to ensure that the population it serves receives appropriate health care, it is the policy of the Board that:

a. all patients who come to Maricopa Integrated Health System will receive appropriate treatment regardless of their ability to pay, and;

b. that all patients are expected to pay for those services based on their resources, and;

c. the financial assistance plans and processes adopted to implement this policy will be consistent with the District's available resources.

A means test will be applied via a resource assessment process, which may permit the patient’s charges to be reduced, through such programs as a sliding fee schedule, discounts against billed charges, payment arrangements, and or other fair and equitable procedures.

In the case where a patient comes to MIHS for elective or non-emergent procedures, appropriate financial and resource counseling and assessment for potential enrollment in a health care benefit program or participation in the financial assistance program(s) will be conducted. All payment arrangements will be constructed with due regard for the District’s available resources.
References:

Maricopa Integrated Health System Federally Qualified Health Center Look Alike Sliding Fee Discount Program and Scale #23624 D

Board Policy Statement 99006 G - Discounts