

## **Valleywise Health Administrative Policy & Procedure**

**Effective Date:** 11/15

**Reviewed Dates:** 06/18, 06/20

**Revision Dates:** 03/16

**Policy #: 99021 G – Finance**

**Policy Title: Financial Assistance**

**Scope:**  **District Governance (G)**  
 **System-Wide (S)**  
 **Division (D)**  
 **Multi-Division (MD)**  
 **Department (T)**  
 **Multi-Department (MT)**  
 **FQHC (F)**

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### **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 Valleywise Health 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.

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In the case where a patient comes to Valleywise Health 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:** Valleywise Health Federally Qualified Health Center Look Alike Sliding Fee Discount Program and Scale #23624 D and Board Policy Statement 99006 G - Discounts

**Valleywise Health Policy & Procedure - Approval Sheet**  
(Before submitting, fill out COMPLETELY.)

**POLICY RESPONSIBLE PARTY:** Maricopa County Special Health Care District  
Board of Directors

**DEVELOPMENT TEAM(S):** Clerk's Office

**Policy #:** 99021 G – Finance

**Policy Title:** Financial Assistance

**e-Signers:** Melanie Talbot, Chief Governance Officer and Clerk of the Board

**Place an X on the right side of applicable description:**

**New -**

**Retire -**

**Reviewed - X**

**Revised with Minor Changes -**

**Revised with Major Changes -**

**Please list revisions made below:** (Other than grammatical changes or name and date changes)

**Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):**

**Committee:** N/A

**Committee:** N/A

**Committee:** N/A

**Reviewed for HR:** N/A

**Reviewed for EPIC:** N/A

**Other:** N/A

**Other:** N/A

**Other:** N/A