

Cabarrus Gastroenterology Associates, PLLC  
Northeast Digestive Health Center

Date Issued: January 1, 2015

Division: Operational

Approved: January 2015

Subject: Indigent/Charity Care

**Policy**

Patients may be reviewed for indigent care if they have no insurance, do not qualify for medical assistance, or are believed to be unable to pay for services received by our providers and facility due to severe financial hardship.

**Procedure**

1. If a patient states they are unable to pay their bill with our practice, the patient must first be offered an interest free payment plan. The patient must sign an official payment arrangement in order for monthly payments to be recognized as a “payment plan.”
2. If a patient balance is in excess of forty-five (45) days and the patient states, they are unable to pay their bill with our practice in full. The patient is offered an interest free payment plan.
  - The patient is contacted by phone when the balance is in excess of forty-five (45) days to set up the payment plan.
  - Balances less than \$500.00 we offer 6-9 month payment plan, \$501.00-\$1000.00 a 9-12 month payment plan, and amounts over \$1001.00 we offer 18-24 months payment plan.
  - If a patient states they are able to pay, but can only pay an amount less than \$50 per month, payment must be approved by the Business Manager will be accepted but must be consistent and current.
3. If a patient is on the payment plan, payments must be current prior to any upcoming appointments. If payment is not current, they must pay any missed payments prior to the appointment.
4. If a patient is unable to meet an approved payment arrangement, they may be considered for indigent/charity care if they meet the criteria through the Community Care Plan
5. If the patients is approved through the CCP, the patient will have no financial responsibility.
6. Discounts will only be granted for 3 months. Re-review will be necessary for continued need.