### IMPORTANT INFORMATION

Southwell Ambulatory, Inc. offers Financial Assistance programs. For qualified patients, these programs offer full or discounted reductions of their hospital bill. The criteria for financial assistance is based on **gross** income, available assets, and family size.

In addition to completing an application, **proof of income** received from **all** sources from **all** household family members is required. Various types of documentation are accepted, but not all are required. The types include, but are not limited to:

- Previous year's tax return.
- Previous 3 month's pay stubs (if you are paid weekly this would be 12 pay stubs; if you are paid bi-weekly this would be 6 pay stubs). All checks must be in consecutive order.
- A written statement from your employer, on letterhead when available, if check stubs or tax returns are not available. The statement should include the pay rate, pay frequency, and number of hours worked per week for the previous 3 months.
- Benefit award letters for Retirement, Pension, Social Security, Workers Compensation, Unemployment, Short Term Disability, or Long Term Disability.
- Current bank statement showing direct deposit, for Social Security or Retirement only.
- Written statement from person giving support that includes the name of the person giving the support as well as the relationship to the patient, type of support (cash, room & board, etc.), and length of support. They should also sign & date the letter. A template statement is available upon request & on our website listed below.

### \*\*ORIGINAL OR CERTIFIED COPIES ARE NOT REQUIRED\*\*

A **Marital Attestation** form is required from all applicants. Supporting documentation is required & is described on the form. A Financial Counselor can provide this form or it can be printed from our website listed below.

Proof of dependents under the age of 21 is required. Various types of documentation are accepted. The types include, but are not limited to:

- Previous year's tax return, if they are listed as a dependent
- Birth certificate
- Documentation of custody (court custody papers, school records, etc.)
- A **Dependent Attestation** form may be used as a last resort. A Financial Counselor can provide this form or it can be printed from our website listed below.

Home/property owners whose total property value is \$125,000 or more should provide their most recent mortgage statement if applicable.

You may be required to apply for other government programs including, but not limited to, Medicaid or Disability prior to receiving Indigent/Charity Care approval.

Patients/Guarantors may apply for financial assistance at any time up to two-hundred forty (240) days after the first post-discharge billing statement is available. Your application will not be processed until all required information/documentation is received & all forms are signed & dated. Approved applications are valid for six (6) months. Individual accounts must meet guidelines per our policy to be eligible. You may request a reconsideration of a denial by providing additional or updated information.

Certain services performed by Southwell Ambulatory, Inc., Tift Regional Medical Center, Tift Regional Medical Center-West Campus, Southwell Medical Center and some Southwell Medical clinics may not be covered. To view a complete list of covered and non-covered facilities/locations see Appendix A on our website listed below.

Services covered by your insurance plan but are denied may not be eligible for Indigent/Charity Care assistance. Accounts referred for legal action or secondary collections will not be eligible for Indigent/Charity Care assistance. All applicable insurance, including liability/auto insurance, must be satisfied prior to applying any adjustments.

Please return all documentation to:

Southwell Ambulatory, Inc.

Attn: Financial Counseling Unit
410 Connell Road

Valdosta, GA 31602

Fax: 229-219-1631

Email: nekesha.hill@mysouthwell.com

The Financial Assistance Policy, the application and other documents are available for printing in English & Spanish on our website, <a href="https://mysouthwell-com/southwell-ambulatory/">https://mysouthwell-com/southwell-ambulatory/</a>

Financial Counselors are located in Valdosta at the address above. They are available by phone at 229-353-6885, to answer questions or assist with the application process. Please allow thirty days from receipt of your completed application and all required documents for processing. We will mail a letter to you once we have made a determination.

**REVISED OCTOBER 1, 2023** 



### SOUTHWELL AMBULATORY, INC (SWA)

Tift Regional Medical Center/ Southwell Medical, A Campus of Tift Regional Medical Center

### Financial Assistance Policy Plain Language Summary

SWA Facilities ("SWA") include not for profit charitable corporations that are committed to providing financial assistance and community services to improve access to care. SWA is committed to providing health services to patients regardless of their ability to pay. SWA recognizes that not all patients have the financial resources to pay their hospital bill. This Plain Language Summary provides basic information about our policy.

### **SWA Financial Assistance Policy**

The Financial Assistance Program offers emergency and other medically necessary services at no cost to qualified patients. Whether patients are uninsured or underinsured, they can apply for financial assistance. Our Financial Counseling staff and a third party service will assist individuals in applying for eligible government health insurance programs and completing the financial assistance application, free of charge. Upon approval, patients may receive the following assistance:

Uninsured (True Self-Pay)						
<u>Federal Poverty Level</u>	Amount of Assistance					
<200%	100%					
201%-300%	85%					
301%-400%	75%					
<b>Underinsured (Balance after Insurance)</b>						
<200%	100%					
201%-300%	25%					
301%-400%	15%					

Patients who qualify cannot be charged more than the amount generally billed (AGB).

# The Financial Assistance Policy, Application and Plain Language Summary Are Available in Multiple Languages

Financial Assistance Policies, Applications and Plain Language Summaries are available in the following languages:

- English
- Spanish

### How to Obtain Copies of our Financial Assistance Program Policy and Application

You may obtain a copy of our policy and application form free of charge in the following ways:

- Our website <a href="https://mysouthwell.com/southwell-ambulatory/">https://mysouthwell.com/southwell-ambulatory/</a>
- Visit our Financial Counseling office located at: 410 Connell Road Valdosta, GA 31602

• Request copies by calling (229) 353-6885 or send an email to <a href="mailto:nekesha.hill@mvsouthwell.com">nekesha.hill@mvsouthwell.com</a>

## Providers who are not covered under the Financial Assistance Policy

Certain physicians are not covered under the Southwell Financial Assistance policy. Please visit our website or contact us at (229) 353-6885 for more information.

### **Return Your Completed Application**

Southwell Ambulatory, Inc. Financial Counseling Unit 410 Connell Road Valdosta, GA 31602

If approved, financial assistance will apply to:

- Southwell Gastroenterology (Valdosta)
- Southwell Internal Medicine (Valdosta)
- Southwell Lowndes Endoscopy Center (Valdosta)
- Southwell OB/GYN (Valdosta)
- Southwell Valdosta Endoscopy Center (Valdosta)
- Other locations can be found at https://mysouthwell.com/southwell-ambulatory/

### **Important**

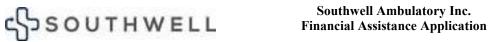
Patients/Guarantors may apply for financial assistance at any time up to two hundred forty (240) days after the first post-discharge billing statement is available.



## Financial Assistance Application Checklist

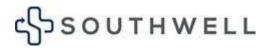
Before you turn in your Financial Assistance Application, please make sure you have provided all required information & documentation

1.	I have completed all fields in all sections on the application	√ □
2.	I have signed & dated the application	
3.	I have attached appropriate & complete proof of income (see information page, 2 <sup>nd</sup> paragraph, for details on what is required)	
4.	I have completed the Marital form & provided appropriate documentation (see information page, 3 <sup>rd</sup> paragraph, or marital form for details on what is required)	
5.	I have signed the Marital form & a witness has also signed	
6.	I have attached proof of dependents under age 21  (see information page, 4th paragraph, for details on what is required)	



	Mark I Children		• •						
GUARANTOR:(NO MINORS)	LAST	FIRST			MIDDLE				
MARITAL STATUS: (MUST ALSO COMPLETE MARITA		□MARRIED	□SEPARATED	□DIVORCED					
MAILING ADDRESS:									
CITY, STATE, ZIP, COUNT	Y:								
TELEPHONE NO:		EMAIL:							
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	5321								
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					(state, county, bank	name, etc.)			
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	ON PROVIDED IS TRUE AND ACCURATE FOR TH DERSTAND THAT TIFT REGIONAL MAY REVER SLY FILED.								
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240 DAY TIMELY FILING I	DATE:		EXP D	DATE:					
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APPROVED:	□ 0%-125% INDIGENT	□ 126%	%-200% CHARITY	□ 201%-300% CH	IARITY □ 301%-400%	CHARITY			
DENIED:	□ OVER INCOME (over 400%)	) □ OVE	R ASSETS (over \$125	(,000 net)					
FINANCIAL COUNSELOR:				DATE	:				
	UPERVISOR:								
RECONSIDERATION:	FAMILY SIZE:	ANNI	AL GROSS INCOME	E: \$					
			%-200% CHARITY	0% CHARITY □ 201%-300% CHARITY □ 301%-400% CHARITY					
DENIED:	□OVER INCOME (over 400%	6) □OVE	R ASSETS (over \$125,	000 net)					
FINANCIAL COUNSELOR:		DATE	:	PFS DIRECTOR:					

REVISED OCTOBER 1, 2023



## Southwell Ambulatory, Inc. Marital Attestation Form

\*\*Check the appropriate box below for your current marital status AND provide the appropriate documentation.\*\*

<b>Current Marital Status</b>	Date of Occurrence	**Documentation Required**				
☐ Married/Remarried		☐Marriage ce	ertificate	☐ Documentation previously submitted to TRF	НS	
☐ Divorced		☐Final Divord	e Decree	☐ Documentation previously submitted to TRF	НS	
□ Separated		□ Court document (i.e. legal separation, divorce request, etc.) <b>OR</b> □ Letter on letterhead from a third party to validate separation (i.e. church official, school official, marriage counselor, etc.) <b>OR</b> □ Documentation of two physical addresses (i.e. separate utility bills, rent/mortgage with each person's name, etc.)				
☐ Widowed, enter spouse name below		□Death certi	ficate	$\square$ Documentation previously submitted to TRF $\square$ Documentation previously submitted to TRF		
☐ Single, never married	N/A			N/A		
□ Other (Please explain):	(a) sortify that all information	n ronortod is son	anlate and accur	rato MADNING. If you knowingly give false or		
By signing this verification Statement, I (with misleading information on this form, any f		•	•	rate. <u>WARNING</u> : If you knowingly give false or ereversed.		
X			Χ			
(Patient / Responsible Party-REQUIRED)		Date	(Witness-REQUIF	RED, not spouse) Date		