

Duke University Health System

DUHS Financial Assistance Policy Summary

Effective: July 2016

Purpose

Duke University Health System (“DUHS”) maintains a policy to provide uncompensated medical services either free of charge or on a discounted basis to those patients who demonstrate an inability to pay.

Summary

- Services that qualify for financial assistance or financial hardship are limited to:
 - **Medically Necessary Services** that in the absence of immediate medical attention, could reasonably be expected to result in a) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, b) serious impairment to bodily functions, or c) serious dysfunction of any bodily organ or part.
- Patients must meet certain financial criteria to be determined **eligible** for financial assistance. The financial criteria for eligibility is:
 - Household income equal to or less than 300% of the federal poverty guidelines determined by household size and based on the adjusted gross income of the family for the current or prior year.
- To be eligible for a Financial Assistance Adjustment, the patient is expected to have applied for and complied with all processes related to seeking assistance from other insurers and/or programs (including all potentially applicable governmental programs) as requested by DUHS. Patients that are noncompliant or uncooperative in attempting to obtain other assistance may be denied Financial Assistance Adjustments.
- Patients that are determined to be ineligible for financial assistance may still be eligible for discount in their outstanding balances that would be equivalent to 15% of the patient’s household adjusted gross income for the year.
- Eligibility is applicable to all DUHS entities for a period of one year. The Private Diagnostic Clinic, PLLC (PDC) has no prescribed financial assistance policies, but as an accommodation and courtesy to PDC patients, the PDC has elected to follow the financial assistance determinations made by DUHS under this policy. Durham Emergency Physicians, PA and Durham Radiology Associates, Inc. have separate financial assistance policies but have elected to follow the financial assistance determinations made by DUHS under this policy.
- A financial assistance adjustment will be applied when the patient has been determined eligible via the application process and the service rendered is a qualifying service. When a patient is approved for financial assistance, adjustments will be processed for any open, active or bad debt balance that is patient responsibility.
- Once eligibility has been determined, patients will not be charged more for emergency or other medically necessary care than amounts generally billed to patients that have insurance covering such care. DUHS uses the look-back method to calculate amounts generally billed.

Transplant, experimental and elective services are specifically excluded from this policy.

HOW TO APPLY

- Financial Assistance applications can be obtained at www.dukehealth.org, by calling customer service at 919-620-4555 or 800-782-6945 or by contacting any DUHS patient registration locations.

In addition, copies of the full Duke University Health System Financial Assistance policy and Financial Assistance Application are available free of charge upon request by writing to the Self Pay Collections Department at 5213 South Alston Ave, Durham, NC 27713.

- To apply for financial assistance, a complete DUHS Financial Assistance application is required. A complete DUHS Financial Assistance application is inclusive of, but not limited to, disclosure of household income, assets, resources; and supporting documents (e.g. current year tax forms, pay stubs).
- Complete DUHS Financial Assistance applications should be submitted to PRMO Self Pay Collections at 5213 South Alston Ave, Durham, NC 27713 for review and determination of eligibility. The percentage of the financial assistance adjustment is determined by PRMO Self Pay Collections using a sliding scale based on income and family size. Once a determination has been made, the self pay department will send a determination letter to the patient. Determinations are normally completed within 4 – 6 weeks after receipt.
- The full DUHS Financial Assistance Policy, DUHS Financial Assistance Policy Summary and DUHS Financial Assistance Application are available in Spanish and are available electronically or in paper form.

NOTICE of NONDISCRIMINATION

Duke University Health System, Duke University Affiliated Physicians, Inc., Duke Home Care and Hospice, Private Diagnostic Clinic, PLLC, and any duly authorized affiliates and subsidiaries (collectively "Duke Health") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Duke Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Duke Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Patient Visitor Relations at 919-681-2020 (option 3)

If you believe that Duke Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient Visitor Relations
Box 2968 DUMC
Durham, NC 27710
Phone: 919-681-2020 (option 3)
Fax: 919-684-8296
patientvisitorrelations@dm.duke.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Patient Visitor Relations is available to help you.

You can also file a civil rights complaint with

U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index>.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-919-681-3007.

1. **SPANISH (ESPAÑOL): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-919-681-3007.
2. **CHINESE (繁體中文): 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-919-681-3007。
3. **VIETNAMESE (TIẾNG VIỆT): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-919-681-3007.
4. **KOREAN (한국어): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-919-681-3007 번으로 전화해 주십시오.
5. **FRENCH (FRANÇAIS): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-919-681-3007.
6. **HMONG (HMOOB): LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-919-681-3007.
7. **RUSSIAN (Русский): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-919-681-3007.
8. **TAGALOG-FILIPINO (TAGALOG): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-919-681-3007.
9. **GUJARATI (ગુજરાતી): સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-919-681-3007.
10. **MON-KHMER, CAMBODIAN (ខ្មែរ): ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-919-681-3007។
11. **GERMAN (DEUTSCH): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-919-681-3007.
12. **HINDI (हिंदी): ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-919-681-3007 पर कॉल करें।
13. **LAO (ພາສາລາວ): ໂປດຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍ່ລິການຊ່ວຍເຫຼືອ ອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-919-681-3007.
14. **JAPANESE (日本語): 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-919-681-3007 まで、お電話にてご連絡ください。

15. **ARABIC (العربية) ملحوظة:** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم

1-919-681-3007