HealthROM, Inc.
101 Silvermine Road, Brookfield, CT 06804
(888) 374-0855

FINANCIAL HARDSHIP APPLICATION

Please complete the following form and submit all necessary supporting documentation to HealthROM.

All information relating to this application are kept completely confidential and will only be used to determine eligibility.

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ / _____ / _____ SS#: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other Contact: _____

Name of person completing application (*if other than above*): _____

Relationship to patient: _____

Insurance Information: ☐ Medicare ☐ Medicaid ☐ Other (please specify) _____

Primary Insurance: _____ ID# _____

Secondary Insurance: _____ ID# _____

Please answer the following questions:

Employment Status: ☐ Employed ☐ Unemployed ☐ Retired ☐ Disabled

Number of family members living in the household: _____

	Patient	**Spouse**	**Dependents**
Monthly Wages (Gross)	$_____	$_____	$_____
Other Income	$_____	$_____	$_____
Subtotal:	$_____	$_____	$_____
TOTAL FAMILY INCOME	$_____		

I HEREBY CERTIFY THAT NO OTHER SOURCE, INCLUDING MEDICAID, WELFARE PROGRAM, PARENT OR OTHER PERSON OR PROGRAM IS LEGALLY RESPONSIBILE FOR MY BILLS. I CERITIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. I AUTHORIZE HEALTHROM TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED.

_____ _____

Applicant Signature Date

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FINANCIAL HARDSHIP POLICY AND APPLICATION

Purpose: This policy has been established to maintain consistent criteria when determining the appropriateness of waiving or reducing fees, co-insurance or deductibles in cases of uninsured or indigent patients. All applicants must complete this application for consideration of Financial Hardship concessions.

Policy: In accordance with applicable law, our practice does not routinely waive or reduce co-insurance and/or deductibles and/or out-of-pocket amounts, unless the patient successfully demonstrates that these fees would cause significant financial hardship as defined by this policy.

Additionally, as part of this policy, we **DO NOT** engage in any of the following activities:

- Advertise or in any way communicate to the general public that payments from insurance (including Medicare and Medicaid) will be accepted as payment in full for services provided by our office.
- Accept "insurance only" or TWIP (take what insurance will pay) as payment in full for services rendered.
- Fail to collect co-insurance and/or deductibles from a patient in order to induce them to obtain referrals to our practice.
- Fail to make a reasonable collection effort to collect a patient's balance.

Waiver Policy: It is the policy of HealthROM to bill all applicable out-of-pocket amounts and to make reasonable efforts to collect such amounts in accordance with our collection practices and procedures. However, on a case-by-case basis only, if the patient meets our financial hardship criteria as outlined in this policy, HealthROM may either waive or lower these amounts, or provide extended payment terms.

The application must be retained by the HealthROM Billing Department.

Figure A - 2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES & DISTRICT OF COLUMBIA*

Persons in family or household	Poverty guidelines				
	100%	200%	300%	400%	500%
1	$14,580	$29,160	$43,740	$58,320	$72,900
2	$19,720	$39,440	$59,160	$78,880	$98,600
3	$24,860	$49,720	$74,580	$99,440	$124,300
4	$30,000	$60,000	$90,000	$120,000	$150,000
5	$35,140	$70,280	$105,420	$140,560	$175,700
6	$40,280	$80,560	$120,840	$161,120	$201,400
7	$45,420	$90,840	$136,260	$181,680	$227,100
8	$50,560	$101,120	$151,680	$202,240	$252,800

For families/households with more than 8 persons, add $4,720 to baseline for each additional person.

Note – this guideline is from January 2022. The 2023 poverty guidelines will be incorporated when posted by Health and Human Services.

Patient Financial Assistance from ROMTherapy**

Poverty Level:	0% – 300%	301% – 400%	401% – 500%
Discount up to:	100%	75%	50%

* https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines
** Discount schedule is tied closely to the current Poverty Level Guidelines