



June 8, 2026

Please Note: This letter contains important information regarding the **Hospital Financial Survey** required by law to be submitted by your facility.
Survey Filing Deadline: July 24, 2026

Facility UID: HOSP526
Survey Password: 36c39057

The Georgia Department of Community Health (DCH), Office of Health Planning, conducts an annual survey of Georgia hospitals in order to capture financial information. Completion of the Hospital Financial Survey (HFS) is required and must be fully completed in accordance with Georgia's Certificate of Need laws and rules. See O.C.G.A. §§ 31-6-21, 31-7-280, and Ga. Comp. R. & Regs. r. 111-2-2-.04 and 111-2-2-.05. Generally, new facilities and services will be required to report if approved for operation or occupancy for sixty (60) days or more of the report period.

Pursuant to O.C.G.A. § 31-6-70 (h) all health care facilities, ambulatory surgical centers, and imaging centers required to submit an annual report pursuant to O.C.G.A. § 31-6-70(a) shall make such annual reports publicly available on their websites.

The 2025 HFS is now available for hospitals to complete and submit to the Office of Health Planning. The 2025 HFS captures financial data for Hospital Fiscal Years which ended during Calendar Year 2025. Please note that hospitals participating in the Indigent Care Trust Fund must also complete the 2025 ICTF Addendum when filing their 2025 HFS. All hospitals completing the HFS must also complete the HFS Financial Statement Reconciliation Addendum. Long term care hospitals operating within a general hospital must complete a separate HFS and Reconciliation Addendum.

The 2025 Hospital Financial Survey, Financial Statement Reconciliation Addendum, and ICTF Addendum (if applicable) can be completed online using a web-based interface. In order to access the web-based survey you must point your internet browser to <https://hpsurveys.dch.georgia.gov>. Follow the directions from the main page. You will need the Facility UID and Survey Password above to access and complete your survey and addenda.

An authorized signature of both the hospital's principal officer and principal financial officer attesting to the accuracy and completeness of the information provided is required before the survey will be deemed complete by the Office of Health Planning. The financial data must be in balance between the sections of the main HFS before the form will accept a signature of either officer. **The deadline for filing the 2025 HFS and Addenda is July 24, 2026.** Revisions will not be accepted to the 2025 HFS and Addenda after August 15, 2026 unless requested by DCH.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Thank you for your cooperation and assistance. Feel free to contact me at steve.cappel@dch.ga.gov.

Sincerely,

Steve Cappel
Data Systems Supervisor
Office of Health Planning



Part A: General Information

UID: HOSP526

1. Identification

Facility Name:

Wills Memorial Hospital

County:

Wilkes

Street Address:

120 Gordon Avenue

City:

Washington

Zip:

30673

Mailing Address:

PO Box 370

Mailing City:

Washington

Mailing Zip:

30673

Medicaid Provider Number:

000002087A

Medicare Provider Number:

11-1325

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2025 only. Do not use a different report period

Please indicate your Hospital Fiscal Year

From:

05/01/2024

To:

04/30/2025

Please indicate your cost report year

From:

05/01/2024

To:

04/30/2025

Check the box to the right if your facility was not operational for the entire year ☐

If your facility was not operational for the entire year, provide the dates the facility was operational

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period ☐

If your facility experienced a trauma center designation change, provide the date and type of change

Part B: Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey

Contact Name:

Tracie Haughey

Contact Title:

CEO

Phone:

706-678-9211

Fax:

706-678-1546

Email:

thaughey@willsmemorialhospital.com

Part C: Financial Data and Indigent and Charity Care

1. Financial Table

parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	2,074,339
Total Inpatient Admissions accounting for Inpatient Revenue	139
Outpatient Gross Patient Revenue	15,060,997
Total Outpatient Visits accounting for Outpatient Revenue	8,438
Medicare Contractual Adjustments	4,032,374
Medicaid Contractual Adjustments	1,906,303
Other Contractual Adjustments	1,502,724
Hill Burton Obligations	0
Bad Debt (net of recoveries)	1,497,564
Gross Indigent Care	339,207
Gross Charity Care	62,581
Uncompensated Indigent Care (net)	339,207
Uncompensated Charity Care (net)	62,581
Other Free Care	0
Other Revenue/Gains	1,555,572
Total Expenses	10,840,129

2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care	Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	0
Employee Discounts	0
	0
Total	0

Part D: Indigent/Charity Care Policies and Agreements**1. Formal Written Policy**

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or

required to file a copy of the policy(ies) with the Department. Please e-mail a copy of the policy(ies) to Steve.Cappel@dch.ga.gov

2. Effective Date

What was the effective date of the policy or policies in effect during 2025?

09/03/2020

3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Financial Counselor

4. Charity Care Provisions

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)

200%

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2025? (Check box if yes.)

Part E: Indigent And Charity Care

1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	36,679	1,185	37,864
Outpatient	302,528	61,396	363,924
Total	339,207	62,581	401,788

2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Fund)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale of Public Hospital	0
All Other	0
Total	0

The fields below must equal

Gross Uncompensated I/C Charges - Compensation	Net I/C Charges Reported in Part C
401,788	401,788

3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	36,679	1,185	37,864
Outpatient	302,528	61,396	363,924
Total	339,207	62,581	401,788

Part F: Patient Origin

1. Total Gross Indigent/Charity Care By Charges County.

- Care)
- Inp Ch-I = Inpatient Charges (Indigent Care)
- Out Vis-I = Outpatient Visits (Indigent Care)
- Out Ch-I = Outpatient Charges (Indigent Care)

- Care)
- Inp Ch-C = Inpatient Charges (Charity Care)
- Out Vis-C = Outpatient Visits (Charity Care)
- Out Ch-C = Outpatient Charges (Charity Care)

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State. To add a row press the button. To delete a row press the minus button at the end of the row. (You may enter the data on the web form or upload the data to the web form using the .csv file.)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Clay	0	0	1	1,278	0	0	0	0
Columbia	0	0	9	2,160	0	0	0	0
Greene	0	0	1	1,567	0	0	0	0
Hall	0	0	1	2,439	0	0	0	0
Lincoln	0	0	24	18,795	0	0	0	0
McDuffie	0	0	10	4,850	0	0	1	125
Taliaferro	4	4,176	20	3,565	0	0	0	0
Warren	0	0	3	1,095	0	0	0	0
Wilkes	21	32,503	406	215,876	1	1,185	86	61,271
Other Out of State	0	0	10	50,903	0	0	0	0
Totals	25	36,679	485	302,528	1	1,185	87	61,396

Total I/C Charges for Outpatients	Total I/C Charges for Inpatients	Total I/C Charges
363,924	37,864	401,788

Indigent Care Trust Fund Addendum

1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2025? (Check box if yes.) ☐

2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2025.

Patient Category	SFY2024 7/1/2023- 6/30/2024	SFY2025 7/1/2024- 6/30/2025	SFY2026 7/1/2025- 6/30/2026
A Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge	62,581	0	0
B Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale	169,709	169,497	0
C Other Patients in accordance with the department approved policy	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY2024 7/1/2023-6/30/2024

383

SFY2025 7/1/2024-6/30/2025

215

SFY2026 7/1/2025-6/30/2026

2025 HFS Hospital Financial Statements Reconciliation Addendum

Section one is pre-filled from the answers in Part C and Part E.

You may not complete this section until Part C and Part E, question 1 are complete. Every field in this section is a required field. Enter zeroes in numeric fields and "Not Applicable" or "N/A" in the description fields for "Other Non-Hospital" and "Other

Reconciliation Addendum

Section 1:
Hospital
Only Data
from
Hospital
Financial
Survey
(HFS):

HFS Source	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	Gross Patient Charges	Medical Contract Adjusted	Medical Contract Adjusted	Other Contract Adjusted	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care			
1	2	3	4	5	6	7	8	9	10	11		
Inpatient Gross Patient Revenue	2,074,339											
Outpatient Gross Patient Revenue	15,060,997											
Per Part C, 1 Financial Table	4,032,374	1,906,303	1,502,724	0	1,497,564			0				
Per Part E, 1 Indigent and Charity Care							339,207	62,581				
Totals per HFS	17,135,336	4,032,374	1,906,303	1,502,724	0	1,497,564	339,207	62,581	0	9,340,753	7,794,583	

Section 1:
Hospital
Only Data
from
Hospital
Financial
Survey
(HFS):

Section
2: Reconciling Items to Financial Statements:

[illegible]

Section 1:
Hospital
Only Data
from
Hospital
Financial
Survey
(HFS):

[illegible]

**Section 1:
Hospital
Only Data
from
Hospital
Financial
Survey
(HFS):**

[illegible]

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).

(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete. I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could throw the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Date

 

Title

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Financial Officer Signature

Financial Officer Date

 

Financial Officer Title

Comments



WILLS MEMORIAL HOSPITAL

Title: Financial Assistance Plan/ Indigent Care Policy and Procedure
Original Date: 09/03/2020
Revised Date: 05/08/2024

I.PURPOSE:

The Financial Assistance Policy of Wills Memorial serves to provide financial assistance to uninsured or underinsured patients based on the Federal Poverty Guidelines. This policy also administers the distribution of ICTF (Indigent Care Trust Fund) per state regulations. Wills Memorial Hospital is committed to providing quality healthcare services to the community. In order to provide necessary medical services, the Health System must maintain a viable financial foundation by seeking reasonable reimbursement for its services to the extent available while at the same time recognizing its obligations to provide discounted services to uninsured and underinsured patients who are eligible for financial assistance under this Policy. Wills Memorial is committed to providing emergency and medically necessary services to all patients without discrimination, regardless of their ability to pay.

Each request for financial assistance will be reviewed independently and allowances may be made for extenuating circumstances on a case-by-case basis.

As described below, this written financial assistance policy:

- Includes eligibility criteria for financial assistance for discounted care;
- Describes the basis for calculating the amounts charged to patients;
- Describes the method used to apply for financial assistance and the process used for making determinations of financial assistance;
- Describes how Wills Memorial Hospital will widely publicize the policy within the community served by the hospital and clinics.

Definitions:

Amounts Generally Billed (AGB): the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. AGB is determined by dividing the sum of claims paid the previous year by Medicare fee-for-service and all private health insurance, including payments received from beneficiaries and insured patients, by the sum of the associated gross charges for those claims.

Emergency services: Immediate care that is needed to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

Medically necessary, medical necessity or medically necessary and appropriate: means medical services or equipment based upon generally accepted medical practices in light of conditions at the time of treatment which is (a) appropriate and consistent with the diagnosis of the treating physician and the omission of which could adversely affect the eligible patient's medical condition, (b) compatible with the standards of acceptable medical practice in the United States, (c) provided in a safe, appropriate and cost-effective setting given the nature of the diagnosis and the severity of the symptoms, (d) not provided solely for the convenience of the patient or the convenience of the healthcare provider or hospital, (e) not primarily custodial care unless there must be no other effective and more conservative or substantially less costly treatment, service and setting available. Elective procedures such as cosmetic surgery are not considered medically necessary.

Affiliated Providers: the affiliated providers that are covered by this Financial Assistance Policy include all Providers employed by Wills Memorial Hospital, Community Medical Associates, and independent contractors throughout our facilities.

II. ELIGIBILITY:

A. Eligibility Criteria

Wills Memorial uses the Federal Poverty Guidelines (FPG) in effect at the time an application is completed and submitted to determine eligibility for financial assistance. If the family's income falls below the 250% of the guidelines, the patient is eligible for some level of financial assistance. The Federal Poverty Guidelines can be found on the government website, www.aspe.hhs.gov/poverty . Criteria are set as follows:

- Household incomes that are at or below 200% of the FPG are eligible to receive discounted care. This is classified as indigent care.
- Household incomes that exceed 201% of the FPG, but are at or below 250% of the FPG qualify for a discounted payment based on a sliding scale as shown below. This is classified as charity care. The patient may also be approved for a payment plan.

Discount	100%	100%	100%	75%	50%
Family Size	100%	150%	200%	225%	250%
1	\$15,060.00	\$22,590.00	\$30,120.00	\$33,885.00	\$37,650.00
2	\$20,440.00	\$30,660.00	\$40,880.00	\$45,990.00	\$51,100.00
3	\$25,820.00	\$38,730.00	\$51,640.00	\$58,095.00	\$64,550.00
4	\$31,200.00	\$46,800.00	\$62,400.00	\$70,200.00	\$78,000.00
5	\$36,580.00	\$54,870.00	\$73,160.00	\$82,305.00	\$91,450.00
6	\$41,960.00	\$62,940.00	\$83,920.00	\$94,410.00	\$104,900.00
7	\$47,340.00	\$71,010.00	\$94,680.00	\$106,515.00	\$118,350.00
8	\$52,720.00	\$79,080.00	\$105,440.00	\$118,620.00	\$131,800.00
*	\$5,380.00	\$8,070.00	\$10,760.00	\$12,105.00	\$13,450.00

*For family units over 8, add the amount shown for each additional member.

○ Household incomes that exceed 250% of the FPG, where the patient is medically indigent, or has unusual financial circumstances, such as catastrophic illness or accident, are evaluated based on their financial situation. Some examples include: (1) The size of the patient's medical bills based on a catastrophic illness or otherwise have resulted in patient liabilities for which payment is impossible based on the current financial status of a household; or (2) The patient's subsistence is threatened resulting in an ability to meet patient liabilities. This is classified as medically indigent or charity hardship care. Private Pay patients are eligible for a prompt pay discount of up to 25%. The patient may be approved for a payment plan.

○ For emergency and medically necessary services, the charges to the individuals eligible under this Financial Assistance Policy are limited to no greater than the Amounts Generally Billed (AGB) for such services. Amounts Generally Billed will be calculated pursuant to the Look Back Method described in section 501(r)-5(b)(4) of the internal revenue code meaning that Wills Memorial Hospital will look at actual past claims paid to the hospital facility by either Medicare fee-for-service alone or Medicare fee-for-service together with all private health insurers paying claims to the hospital facility (including, in each case, any associated portions of these claims paid by Medicare beneficiaries or insured individuals) for the last twelve (12) months. The AGB percentage for Wills Memorial Hospital is 75%.

B. Income Verification

1. Income verification for **all adults** in the household is to include their IRS tax return for the most recent calendar year and the following:

- Most recent calendar year IRS tax return
- One month's current pay stubs
- Copies of pension check or Social Security check
- Child support
- Social Security Statement/Verification
- VA statement
- Unemployment earnings
- Self-employment earnings

*****Food stamps do not count as income.*****

2. Additional Documentation Required:

- Proof of residency (light or water bill or rent receipt, must be in the applicant or spouses name)
- Driver's license or State issued ID
- Social Security Cards
- Medicaid Denial Letter
- W2/1099 or last paycheck stub
- Bank statements
- Bill from Clinic or Hospital
- Additional documentation could be requested

3. If the patient/guarantor is unable to provide the documentation to verify income, an original letter from his/her employer on company letterhead should be sent showing part-time or full-time status, length of employment and monthly income. Should the patient not be able to provide any documentation of income verification, the patient must supply a letter from person providing support containing all facts supporting the need for financial assistance. Approval of this documentation will be on a case-by-case basis.

4. Total family income, based on income verification for all working adults in the household who are responsible for the patient, is compared to current federal poverty guidelines. However, do not count income from any person who is not financially responsible for the patient. For example, do not count income from one sibling as available to another sibling for purposes of paying medical bills. Likewise, do not count income from any child (minor or adult) in considering eligibility under the ICTF for the child's parent.

5. The family unit consists of individuals living alone; and any spouses, parents, and their children under age 18 who are still in high school living in the same household.

C. PRESUMPTIVE ELIGIBILITY:

The patient may also qualify for Financial Assistance based on Presumptive Eligibility as discussed below:

1. Presumptive Eligibility- If there is adequate information provided by the patient or through other sources, the patient may be deemed presumptively eligible for financial assistance without a formal application. In the event there is little or no evidence to support a patient's eligibility for financial assistance Wills Memorial may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility or potential discount amounts. Presumptive financial assistance will be determined prior to any outside collection activity. The following types of accounts may be considered eligible for financial assistance without documentation under the presumptive eligibility financial assistance program (1) Referrals from approved community agencies; (2) No estate (deceased and death certificate is presented); (3) Eligibility for Medicaid in states other than Georgia; (4) Eligibility for State/Federal Programs where program funding has been exhausted; (5) Food Stamp eligibility; (6) Low income or subsidized housing; (7) Participation in the Women, Infants and Children programs (WIC); (8) State-funded prescription programs; or (9) Unemployed persons with no Third Party insurance coverage.

D. MEDICAID APPLICATION

The patient/guarantor is to apply for Medicaid and comply with Medicaid requirements, as applicable.

E. NON-ALLOWABLE

The following are **NOT** covered by this policy:

- Amounts due to the hospital and collectable from third parties such as insurance, workers compensation medical benefits, etc.
- Patients who are Medicaid eligible and who have not applied for Medicaid
- Amounts due to independent contractors, such as, radiologist fees, outside labs, ambulance services, specialty clinics and emergency department providers.
- Amounts due that are covered under liability, auto accident, or worker's compensation with no proof of denial of coverage (CONTINUED)

(CONTINUATION)

- Elective or cosmetic procedures
- Physicals
- Preventive medicine or wellness visits
- Private rooms differences
- All services related to self-inflicted injuries
- Services required as a result from a criminal act, while incarcerated, or in the custody of law enforcement
- Non-emergent ER visits
- Drug Screens

F. PATIENTS RESPONSIBILITY*

*** Patient Responsibility cannot be more than 25% of total charges.**

Payment Plan Schedule:

Total Amount Owed	Minimum Monthly Payment	Maximum Months
< \$25.00	In Full	N/A
\$25.00- 499.00	\$ 25.00	20
\$500.00-999.99	\$ 50.00	20
\$1000-1999.99	\$ 100.00	20
\$2000 & Above	\$ 150.00	To be determined by the financial counselor

G. PROCEDURE TO IDENTIFY ELIGIBLE PATIENTS:

Individual notification of this policy summary will be given at registration to self-pay patients (or their representative) seeking services or having services at Wills Memorial Hospital. A plain-language summary of this policy, a copy of this policy, and an application shall also be posted on the WMH website.

III. APPLICATION PROCESS

A. Wills Memorial Hospital does not accept or process applications for patients who have not received nor are scheduled to receive services through Wills Memorial Hospital providers. Applications for this program are only to be taken when a patient accesses Wills Memorial's services. Wills Memorial Indigent & Charity Program is not an insurance card that is applied for in the event that services are needed.

B. All patients applying for financial assistance must complete a Financial Assistance Application Form. The application must be signed by the patient/guarantor. Applications must be submitted by the 240th day from receipt of the first WMH statement for the care provided.

C. Applications will be held until the account has final billed and necessary information has been obtained, and the service has been provided. If applicant is denied for one date of service and on another date of service financial circumstances have changed the applicant may re-apply but must provide required new proof of income. The Poverty Income Guidelines in effect the day of the application will be used. The guidelines are revised annually.

D. If the income is more than the guidelines or the documentation required by this policy has not been submitted within 30 days of notification of an incomplete application, the application will be denied and referred to the appropriate department to set up payment arrangements. Each applicant will be given a copy of the Applicant's Financial Assistance Application Form and informed that a determination will be made based on policy guidelines. When a determination has been made, a letter indicating denial and/or amount approved for write-off and patient balance, if any, will be forwarded to the address on record.

E. Each application is on a case-by-case basis. The application will be approved for 6 months retroactively and 6 months prospectively from the date of approval.

F. Patients have the right to appeal if the decision is a denial. An appeal must be submitted in writing or in person to the financial counseling department within thirty (30) days after the determination date.

IV. COLLECTIONS POLICY AND PROCEDURE:

Wills Memorial does not engage in extraordinary collection actions (ECAs) against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is FAP eligible for the care. ECAs are those actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's FAP that require a legal or judicial process, involve selling an individual's debt to another party, or involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus. In the event of non-payment by a patient for their portion of their account balance after financial assistance is processed, the account will follow normal collection process flow (see Billing and Collection Policy and Procedure).

V. ADDITIONAL INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAM:

Wills Memorial Hospital makes information readily available to patients about its financial assistance program by posting and distributing information in patient registration areas and on its website. Additionally, anyone needing copies of the information may ask at the Registration Office or by calling 706-678-9333

A plain language summary and the financial assistance application are also available. A Spanish translation of the Financial Assistance Policy, plain language summary and financial assistance application can be made available upon request. Please request this information to 706-678-9333.

VI. USE OF INDIGENT PATIENT DATA:

A. The Financial Assistant/Patient Accounting Staff may/will keep a record of all amounts written off to Indigent Care.

B. Reports may be produced on request to identify patients receiving indigent care. Reports will identify patient name, account number, date of service, type of service received, total charges, copayments, third party payments, amount of indigent care write-off, patient's county of residence, and employer (if any) or any additional information the Hospital is required to provide to State or Federal agencies.

C. Once patient has received Indigent Status and taken advantage of Wills Memorial Hospital's Indigent policy, patient cannot refuse consent for use of Health Information for reporting to state Wills Memorial Hospital's Indigent Care. If patient refuses consent or withdraws consent, then account will be reactivated, and full collection efforts will begin.

Subject:	Financial Policies	Effective Date:	
Approved By:		Last Revised Date:	04/15/2025
Approved By:	Tracie P. Haughey, CEO	Last Reviewed Date:	11/1/2024

To ensure that Wills Memorial Hospital has financial stability and to provide medical services to the community and region, the following policies will be enforced:

Payment Responsibility

The patient or legal representative is ultimately responsible for all charges incurred.

Payment for services will include:

- Cash, check or credit card from patient/ guarantor
- Acceptable payment arrangements for patients requiring extra time to resolve self-pay portions

Non-Discrimination of Services

Necessary medical services will be provided regardless of the patient's ability to pay.

Emergency or Urgent Services

Medical services will be provided regardless of the patient's ability to pay; however, the credit policies will be enforced after Emergency or Urgent services have been rendered. Emergency patients will be triaged to determine the extent and severity of the emergency.

Assignment of Benefits

Wills Memorial Hospital may bill non-contract insurance plans as a courtesy to its patients *if* patients provides the required insurance information and signs an assignment of benefits statement.

Insurance Coverage

- Adequate insurance is defined as third-party coverage at %70 (or greater) of estimated charges, assigned to Wills Memorial Hospital.
- Patients with insurance coverage equaling less than %70 of estimated charges will be asked to pay the difference between the charges and the anticipated insurance asked to pay the difference between the charges and the anticipated insurance payment. This payment may be requested and due at the time of service. A preadmission deposit may be required.
- Authorization of services from a managed care organization and/ or primary care physician (PCP) must be obtained.

Uninsured Patients/ Non-Covered Services

Payments for all charges, which are not covered by insurance, are due and payable at the time of services or discharge. A preadmission deposit may be required. In the event patients are unable to pay,

- Refer them to state or federally funded programs for assistance.
- Make an indigent or charity determination (see the Indigent/ Charity Care Policy in the "Financial Counseling" chapter)

Preadmission Program

- Preadmission information may be requested prior to scheduled admissions and outpatient services (see the Preadmission/ Pre-registration Policy in the "Preadmission/ Pre-registration" chapter).
- Patients may be requested or required to make payment of the anticipated charges for elective, uninsured services *prior* to the hospital admission or outpatient services.

In-House Collections

If during the course of a patient's stay, patient's liability exceeds \$100.00, or in the event the insurance liability was not defined at the time of admission, the patient or guarantor will be contacted for payment resolution.

Verification of Information

All information given regarding the ability to pay, third-party insurance, employment, etc., will be subject to verification.

Unpaid Insurance Balances

Patients may be requested to make full payment of unpaid balances when insurance payments are not received after 45 days from date of billing.

Third-Party Litigation

Wills Memorial Hospital may place a hospital lien (per state requirements) on a patient's third party liability claims (i.e., automobile accidents, liability claims, etc.) With the exception of *verified* Worker's Compensation Claims, and in States where "No Fault" automobile insurance prevails. Medicare Secondary Payor (MSP) requirements will be followed as outlined in the Medicare Billing section of Publication 10. State requirements regarding Medical Assistance will be followed.

Prior Unpaid Accounts

Prior to providing elective services, request and receive the payment of prior outstanding accounts, including bad debts, or have specific payment arrangements approved by the Business Offices.

Management of Self-Pay Accounts

Accounts that cannot be collected by Wills Memorial Hospital after normal in-house collection procedures will be referred to a collection agency, magistrate or attorney for further collection action in accordance with Wills Memorial Hospital's established guidelines. Refer to the "Patient Account Write-Off" policy in the "Self-Pay Collections" chapter and the "Collection Agency" policy in the "Handling Bad Debt" chapter).

Legal Action

If deemed appropriate by the Patient Financial Services Director, Wills Memorial Hospital may take legal action, including the execution of a lien on personal property, in order to collect balances owed.

Third-Party Audits

Wills Memorial Hospital recognized the need for audits of insurance claims by insurance companies of their contracted audit firms. Wills Memorial Hospital will cooperate in making available required information as outlined in the Third-Party Audit Guidelines. (Refer to the Audit Policy in "Third-Party Follow-up" chapter).

Discounts

Accounts will not be reduced or discounted unless approved by the Patient Financial Services Director or designee.

Charity Allowances

If patients are determined to be financially indigent, Patient Financial Services will assist the patient/ guarantee in applying for financial assistance. If no source of financial assistance is available, Wills Memorial Hospital will review the account for a charity allowance. Refer to Indigent/ Charity Care Policy in the "Financial Counseling" chapter.

Contractual Allowances

Contractual adjustments, bad debt write-offs, policy adjustments, etc. will be handled in accordance with strict Finance Department procedures. Refer to the “Contractual Adjustments Policy” in the “Cash Management” chapter and the Patient Account Write-off policy in the “Self-Pay Collections” chapter.

Refunds

Overpayments will be refunded to the appropriate party – normally the insurance company or guarantor. Patient’s refunds will not be processed until all active or past due accounts are paid in full. Refunds less than amount determined by the State will not be refunded unless specifically requested by the patient/ guarantor or insurance company.

Medical Assistance Eligibility

All self-pay receivables with balances greater than \$1000.00 and/ or guarantors having combined balances of \$1000.00 or greater will be outscored to an eligibility determination vendor.

Accounts will be placed in a unique financial class for Medical Assistance pending; however, these accounts will receive the same collection process as self-pay accounts.

Accounts greater than 90 days from discharge will require verification every fifteen days while cases are still pending. Accounts determined ineligible would be moved to “self-pay” status with ongoing follow-up.

Financial Policies

To ensure that Wills Memorial Hospital has financial stability and to provide medical services to the community and region, the following policies will be enforced:

Payment Responsibility

The patient or legal representative is ultimately responsible for all charges incurred.

Payment for services will include:

- Cash, check or credit card from patient/ guarantor
- Acceptable payment arrangements for patients requiring extra time to resolve self-pay portions

Non-Discrimination of Services

Necessary medical services will be provided regardless of the patient's ability to pay.

Emergency or Urgent Services

Medical services will be provided regardless of the patient's ability to pay; however, the credit policies will be enforced after Emergency or Urgent services have been rendered.

Emergency patients will be triaged to determine the extent and severity of the emergency.

Assignment of Benefits

Wills Memorial Hospital may bill non-contract insurance plans as a courtesy to its patients *if* patients provides the required insurance information and signs an assignment of benefits statement.

Insurance Coverage

- Adequate insurance is defined as third-party coverage at %70 (or greater) of estimated charges, assigned to Wills Memorial Hospital.
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