Nemours Financial Assistance Program (NFAP)

ENTERPRISE POLICY
EFFECTIVE DATE:
DATE APPROVED:
SUPERSEDES DATE:

ORIGINATING DEPT.:)LQDH
DOCUMENT OWNER: &
DOCUMENT APPLIES TO: $DO1HRXV$VVRFLDWH

PURPOSE

As the magnitude of and potential for unreimbursed care grows, so does the urgency to report it and to correctly
[illegible]

POLICY

1. [illegible]

2. [illegible]

   a. [illegible]

3. [illegible]

4. [illegible] federal programs.

   a. [illegible]

NEMOURS CHILDREN'S HEALTH

5. [illegible]

6. [illegible]

7. [illegible]

   a. [illegible]
   HTXLSPHQW QRW SURYLGHG GLUHFWO\ E\ D 1HPRXUV 2SHUDWLQJ 'LYLVLRQ $Q\ H[FHSW
   DSSURYDO IURP RQH RI WKH IROORZLQJ WKH 9LFH 3UHVLGHQW RI)LQDQFH LQ WKH 'HO
)LQDQFH LQ)ORULGD WKH &KLHI ([HFXWLYH 2I²FHU RI 1HPRXUV &KLOGUHQ¬V +RVSLW
   ([HFXWLYH 2I²FHU RI 1HPRXUV &KLOGUHQ¬V +RVSLWDO)ORULGD 1&+)/ WKH 3K\VLFLI
   3K\VLFLDQ LQ &KLHI RI 1&+)/

   b. [illegible]
   FDUH SURYLGHUV WR GLUHFWO\ FRPSHQVDWH WKHP IRU VHUYLFHV SURYLGHG WR 1)$3
   WKH SULRU ZULWWHQ DSSURYDO IURP RQH RI WKH IROORZLQJ WKH 9LFH 3UHVLGHQW
   3UHVLGHQW RI)LQDQFH LQ)ORULGD WKH &KLHI ([HFXWLYH 2I²FHU RI 1HPRXUV &KLO
   &KLHI ([HFXWLYH 2I²FHU RI 1HPRXUV &KLOGUHQ¬V +RVSLWDO)ORULGD 1&+)/ WKH 3
   3K\VLFLDQ LQ &KLHI RI 1&+)/

   c. [illegible]
   WKH LQWHQW RU SUDFWLFH RI 1HPRXUV WR VROLFLW SDWLHQWV ZLWK LQVXUDQFH E\
   FR LQVXUDQFH RU GHGXFWLEOH DPRXQWV 7KLV GRHV QRW SUHYHQW 1HPRXUV IURP Z
   DSSOLFDWLRQ SURFHVV ²QDQFLDO FRXQVHORU UHYLHZ DQG WKH ²QDO GHWHUPLQDWL
   JLYHQ WKH DSSURYHG ²QDQFLDO JXLGHOLQHV

PROCEDURE

1. [illegible]

2. [illegible]

3. [illegible]

   a. [illegible]
   RXWOLQHG LQ WKH $SSOLFDWLRQ PD\ UHVXOW LQ D SDWLHQW¬V LQHOLJLELOLW\ IRU

   b. [illegible]
   LQHOLJLELOLW\ IRU FRQWLQXHG SDUWLFLSDWLRQ LQ WKH 1)$3 DQG D UHYHUVLRQ WR ©VHOI

   c. [illegible]
   &RXQVHORU PD\ DFFHSW YHUEDO GHFODUDWLRQV DV WR LQFRPH LQVXUDQFH VWDWX
   LQ FRPSOHWLQJ KLV KHU 1)$3 DSSOLFDWLRQ

   d. [illegible]
   SURYLGHG E\ WKH IDPLO\ WR IXOO\ HYDOXDWH DOO WKH FULWHULD PD\ EH VXSSRUWH
   VXFK DV FUHGLW VFRULQJ RUJDQL]DWLRQV WKDW SURYLGH LQIRUPDWLRQ RQ DELOLW
   sources will be documented as part of the application support or charity determination.

   e. [illegible]
   SURFHVVHG XQWLO DW OHDVW GD\V IURP WKH GDWH RI WKH ²UVW ELOOLQJ VWDWH

4.

6. 5HVLGHQWRIWKIFRPPXQWDUHPDGHDZDUHRIWKI1HPRXUV)$WKURXRXUYDULRXVFOLQFORFDWLRQLSHUVHG WKURXRXWRXUSDWLHQWFRPPXQWYKHFOLQFKYHEURFKXUHVLSODVHWFRQLFKWKDYDLODELOLWRI 1HPRXUQQLDODVWDQHLVLSODHG7KDZDUHQVDORPDGHRQWKHODZDUH0HGLFDLGZHEVLWHZLFK UHIHUHQHWKI1HPRXUVLQQLDOSWDQH3ROLF\

7. :HEHOLHYHWKIDERYHPHDXUHWREHLQRPSOLDQHZLWKWKI,565HJXODWLRQRQHUQQDULWFDUHSROLFLHV DQSURFHGXUHDQPDNLQWKHSROLFLHDQSURFHGXUHZLGHOSXEOLFL]HGWRWKIFRPPXQWHUYHGEWKI Hospitals.

RELATED DOCUMENTS — None

REFERENCES — None

DEFINITIONS

- [illegible]

APPENDIX — None

ATTACHMENTS

- [illegible]
- [illegible]

Attachment 2

1HPRXUYLQQLDO$VWDQH3URJUDP$SSOLFDWLRQ

TYPE OF APPLICATION:

☐ ☐

PATIENT INFORMATION

3DWLHQW1DPH _____ 6 _____

6 [_____ 1WHPWK _____ 6 W\ _____

6 V _____

R Q _____ 2WKQ _____

Q _____ % _____

Q _____ % _____

GUARANTOR/APPLICANT INFORMATION

$SOLFDQW1DPH _____ 6 W\ _____

5 D Q W H Q _____ 1WHPWK _____

K H W Q _____ 0 D W X _____

6 V _____

R Q _____ 2WKQ _____

,Q _____ ☐ Weekly ☐

2WKHU ,QFRPH _____ ☐ ☐

☐ ☐

(PSOR\HU _____ Q _____

6 V _____