

## Financial Assistance Policy

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<b>Applies to:</b> <input checked="" type="checkbox"/> ZoomCare <input checked="" type="checkbox"/> ZoomCare Urgent Care	<b>Delegated Owner:</b> VP of Revenue Cycle Management

### Purpose

This policy outlines the financial assistance programs offered by ZoomCare, which are designed to support patients and guarantors while promoting the financial sustainability of ZoomCare

### Definitions

- Extenuating Circumstances/Catastrophic:** Unforeseen or exceptional situations that significantly affect an individual's ability to meet financial obligations, including healthcare costs. These may include, but are not limited to, a sudden loss of income, prolonged illness or disability, catastrophic events (such as natural disasters), death of a primary income earner, or other extraordinary life events. Extenuating circumstances may be considered when determining eligibility for financial assistance or adjusting payment terms.
- Extraordinary Collection Actions (ECA):** The following actions taken by a medical provider against an individual related to obtaining payment of a bill for medical care:
  - Selling an individual's debt to another party
  - Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
  - Deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills.
  - Actions that require a legal or judicial process, including but not limited to (A) placing a lien on an individual's property, (B) foreclosing on an individual's real property (C) attaching or seizing an individual's bank account or other personal property.

- Commencing a civil action against an individual, (E) causing an individual's arrest, (F) causing an individual to be subject to a writ of body attachment or (G) garnishing an individual's wages.
- **Financial Assistance:** A program offered by ZoomCare to provide reduced cost or free care to eligible patients who demonstrate financial need. The program is designed to assist individuals and families who are uninsured, underinsured, or otherwise unable to pay for their emergent and medically necessary healthcare services due to financial hardship. Eligibility for financial assistance is determined based on criteria such as household income, family size, and federal poverty guidelines, and may require the submission of an application and supporting documentation.
- **Financial Counseling:** Financial counseling is a service provided by ZoomCare to assist patients in understanding and managing the financial aspects of their healthcare. This service includes helping patients in a compassionate and caring manner to explore payment options, apply for financial assistance programs, navigate insurance coverage, and understand medical bills.
- **Guarantor:** A person age 18 or over, regardless of marital status, who has legal financial responsibility for services provided.
- **Household:** For the purposes of determining financial assistance eligibility, a household is defined as all individuals who occupy a single residence and share financial resources. This includes the patient, their spouse or domestic partner, and any dependents, whether biological, adopted, or fostered, who are claimed on tax returns or otherwise financially supported by the patient or their spouse/partner.
  - Household does not include any of the following people:
    - Roommates
    - Guarantor's unmarried partner, unless they have a child together and the child is the patient
- **Income:** Total amount of money earned or received by all members of a household from all sources. This includes wages, salaries, tips, business income, self-employment earnings, unemployment and disability compensation, Social Security benefits, pensions, alimony, child support, and any other regular sources of financial support. Income is used to determine eligibility for financial assistance and is typically assessed over a specified period, such as the past year.
- **Indigent Persons:** Those patients who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or

below 200% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor.

- **Medically Necessary Care:** Care that, in accordance with clinically accepted parameters, is reasonably calculated to:
  - Prevent the onset or worsening of an illness, condition, or disability;
  - Establish a diagnosis;
  - Provide palliative, curative, or restorative treatment for physical, behavioral, and/or mental health conditions; and/or
  - Assist the individual to achieve or maintain functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age.
  - Each service is performed in accordance with national standards of medical practice generally accepted at the time the services are rendered, and must be sufficient in amount, duration, and scope to reasonably achieve its purpose. Course of treatment may include observation only, or when appropriate, no treatment at all.
- **Patient:** An individual receiving care at ZoomCare.

## **Policy**

It is the policy of ZoomCare to ensure a socially just practice for providing emergency or other medically necessary care and comply with federal and state laws and regulations relating to medical services and patient Financial Assistance, including but not limited to Section 1867 of the Social Security Act, Section 501(r) of the Internal Revenue Code, RCW 70.170.060, and WAC Ch. 246-453.

## **Financial Assistance Overview**

- a. Signage and brochures informing patients and/or guarantors of ZoomCare's financial counseling programs and Financial Assistance are available at appropriate access areas, including registration, and are also available in electronic format [ZoomCare.com](https://www.zoomcare.com).
- b. Financial assistance information is provided at least annually to community agencies such as local health departments, Medicaid offices, social service agencies, and physician practices.

- c. Guarantors may apply for Financial Assistance at any time. If applicable, extraordinary collection actions (ECAs) will be suspended while an application is being reviewed.
- d. In accordance with ZoomCare policy, federal law, and RCW 70.170.060(2), emergent care (including care for people in active labor) is never delayed or denied due to an assistance determination or requests for financial information regarding ability to pay.
- e. Financial Assistance is secondary to all available sources of payment including, but not limited to:
  - i. Insurance
  - ii. Third-party liability payers
  - iii. Government programs
  - iv. Outside agency programs
  - v. Health savings accounts
- f. Financial Assistance is granted to applicants receiving emergent or medically necessary care.
- g. For emergent or medically necessary care furnished in Oregon or Washington, Financial Assistance is granted to all eligible patients that reside in the states of Washington and Oregon.
- h. Information regarding ZoomCare's billing and collections practices, including the description of actions ZoomCare clinics may take in the event of nonpayment, can be found in the separate Patient Billing and Collections Policy and Procedure which is available free of charge on [ZoomCare.com](https://www.zoomcare.com) or a free mailed copy can be requested by calling Patient Support Center at 844-966-6777.

### **Limit on Charges for Guarantors Eligible for Financial Assistance**

- a. Guarantors eligible for Financial Assistance under the Financial Assistance Policy will not be personally responsible for more than the amounts generally billed (AGB), as defined in Treasury Regulation Section 1.501(r)-1(b)(1), by the applicable ZoomCare clinics for the emergency or medically necessary services received.
- b. ZoomCare calculates each clinic's amounts generally billed (AGB) by using the "look-back" method which uses claims for medically necessary care from Medicare and all commercial insurers over a 12-month period.

- c. A free copy of the AGB calculation description and percentages will be provided via mail upon request. Requests may be made by calling the Patient Support Center at 844-966-6777.

### **Financial Assistance Application Process**

- d. Financial Assistance applications are included with each patient statement or can be obtained by request at all Patient Portal, by filling out the application at [ZoomCare.com](https://www.zoomcare.com), or by calling Patient Support Center at 844-966-6777.
- a. Consideration for Financial Assistance occurs once a complete application has been submitted to ZoomCare.
- b. Information required for a complete application:
  - i. List of family members in household
  - ii. Household gross monthly income (income before taxes and deductions)
  - iii. Signature and date
  - iv. Acceptable documentation of income attached
- c. Acceptable documentation of income must include one of the following:
  - i. A "W-2" withholding statement
  - ii. Pay stubs
  - iii. An income tax return from the most recently filed calendar year
  - iv. Forms approving or denying state funded programs (Optional)
  - v. Forms approving or denying unemployment compensation
  - vi. Statements written from employers or welfare agencies
  - vii. In the absence of the above forms of income documentation, a written and signed statement from the Guarantor will be accepted as proof of income
- d. Assets are not considered as part of the ZoomCare process for approving or denying Financial Assistance
- e. If an incomplete application is received, a letter is sent explaining what is required to complete the application.
  - i. If requested information is not returned within 30 days, the application is denied.

- ii. Additional time to secure the required documentation may be granted upon request.
- f. Financial Assistance is granted in accordance with the following table based on income and family size:

<b>2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA</b>	
Personal in family/household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
For families/households with more than 8 people, add \$5,500 for each additional person.	

0-200% of poverty guideline will receive 100% assistance

201-400% of poverty guidelines will receive 50% assistance

- g. Complete applications are processed within 14 calendar days of receipt.
- h. If approved, a letter is sent including the amount of assistance applied to outstanding guarantor balances and the dates of service for which eligible services will be covered.
- i. If denied, a letter is sent including the reason for denial and instructions for appealing.
- j. The Vice President of Revenue Cycle Management or designee has the authority to make final determination and exceptions.

**Financial Assistance Appeals**

- a. Responsible parties may appeal the outcome of Financial Assistance eligibility in writing within 45 days of the determination letter.
- b. If additional information is required to process an appeal, responsible parties will have 45 days to provide the required information for redetermination. If the required information is not received in 45 days, the initial determination will be upheld.

- c. Collection activities for accounts under appeal are pended until a determination is made.
- d. Once all information has been received an appeal determination will be made, and notification sent, within 30 days.
- e. The Vice President of Revenue Cycle Management or designee has the authority to make the final determination for all appeals.
- f. For ZoomCare facilities located in the state of Washington, when a Financial Assistance application is denied and the appeal upheld, a copy of the paperwork is provided to the Washington State Department of Health.

### **Financial Assistance Presumptive Eligibility**

- a. Other sources of information, such as estimated income and family size provided by a predictive model, may be used to make an individual assessment of financial need.
  - i. This information will enable ZoomCare to proactively assist patients with financial obligations by utilizing the best estimates available in the absence of information provided directly by the patient.
  - ii. Presumptive screening provides benefit to the community by enabling ZoomCare to systematically identify financially needy patients who may not have been able to complete a traditional application or provide appropriate documentation.
- b. For the purpose of helping financially needy patients, ZoomCare may utilize a third-party to review the patient's information to assess financial need.
  - i. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases.
    - 1. The model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, resources, and liquidity.
    - 2. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical Financial Assistance approvals for ZoomCare.
    - 3. The predictive model enables ZoomCare to assess whether a patient is characteristic of other patients who have historically qualified for Financial Assistance under the traditional application process.

4. Information from the predictive model may be used by ZoomCare to grant presumptive eligibility in cases where there is an absence of information provided directly by the patient. Where efforts to confirm coverage availability have been unsuccessful, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
- c. In the event a patient does not qualify for the highest level of Financial Assistance under the presumptive rule set, the patient may still provide the requisite information and be considered under the traditional Financial Assistance application process.
  - d. In addition to the use of the predictive model outlined above, presumptive Financial Assistance will also be provided at the 100% charity care level in the following situations:
    - i. Deceased patients where ZoomCare has verified there is no estate and no surviving spouse.
    - ii. Patients who are eligible for Medicaid from another state in which ZoomCare is not a participating provider and does not intend to become a participating provider.
    - iii. Patients who qualify for other government assistance programs, such as food stamps, subsidized housing, or Women Infants and Children Program (WIC).
    - iv. Patients who are confirmed to be homeless with no available source of payment.
    - v. Patients who have active Medicaid coverage but Medicaid does not cover a medically necessary service.
  - e. If a patient is deemed unable to pay through any of the above described means, ZoomCare will cease and desist collection efforts that are underway and adjust the account balance to zero through either bad debt (Medicare) or presumptive charity (all other coverages or lack thereof).
  - f. See Section 6 for Oregon Clinics pre-screening and presumptive eligibility criteria.

### **Oregon Clinics Pre-screening Process for Presumptive Eligibility**

- a. Oregon Clinics pre-screen for presumptive eligibility of Financial Assistance when required and make any resulting adjustments to patient cost prior to sending a billing statement.

- b. Prior to taking any other pre-screening actions, the clinics will determine if during the previous nine (9) month period, the patient has been approved for Financial Assistance. If yes, the appropriate Financial Assistance adjustment will be applied.
- c. Financial Assistance is presumptively determined based on estimated patient family size and household income provided by the patient.
- d. Patients are not required to present documentation or other verification related to any eligibility criteria as a condition of pre-screening or a requirement for adjustment to the patient costs. Patients may voluntarily submit information or documentation that would assist in the pre-screening process.
- e. If initial pre-screening method fails to return information, a good faith effort to determine the patient's presumptive eligibility will be made using other information available to the clinics.
- f. The clinics will notify patients in writing of all pre-screening results. The pre-screening process and presumptive eligibility determination is not considered an application for Financial Assistance and does not disqualify patients from seeking Financial Assistance.
- g. Patients may refuse Financial Assistance once Presumptive Eligibility outcome has been communicated but may not opt out of future screenings for Presumptive Eligibility.

### **Additional Assistance Provided**

- a. Uninsured Discount
  - i. Patients without insurance, or insured patients receiving services not covered by insurance, are awarded an uninsured discount.
  - ii. In accordance with ZoomCare Uninsured Discount Policy, uninsured discounts are granted only for emergent or medically necessary care.
- b. ZoomCare will assist patients or their guarantors in identifying and applying for available assistance programs including Medicaid and coverage available on the Washington Health Benefit Exchange. For patients outside of Washington, help is available through [healthcare.gov](http://healthcare.gov).

### **Providers Subject to ZoomCare's Financial Assistance Policy**

- a. ZoomCare's decision to provide Financial Assistance in no way affects the guarantor's financial obligations to physicians or other healthcare providers, unless such physicians or other healthcare providers are providing care to

patients pursuant to a contract with ZoomCare that requires accepting Financial Assistance decisions made by ZoomCare.

## **Help**

Further guidance may be obtained by contacting Patient Financial Services.

## **Related Material**

### **Forms:**

- Financial Assistance Application
- Plain Language Summary