

## **Kahm Center for Eating Disorders**

Patient financial assistance policy for out-of-pocket fees related to metabolic testing and body composition analysis.

1/1/2023

### **Policy Statement**

The Kahm Center for Eating Disorders (the “Center”) recognizes that many insurance companies will not pay for Metabolic Testing and Body Composition Analysis and it does not want the out-of-pocket costs of these tests to deter patients from getting the care that they need. The Kahm Center for Eating Disorders offers to qualifying individuals free and discounted metabolic testing and body composition analysis should they need to pay for the tests out-of-pocket. Eligibility for free or discounted testing will be determined based upon the patient’s demonstrated financial need and without regard to the patient’s race, religion, sex, age, gender identity, sexual orientation, or national origin.

### **Procedures**

In order to be considered for financial assistance, individuals must submit a complete Application for Free or Discounted Testing. An application is considered complete if all questions are answered fully, the application is signed and dated by applicant(s).

Documentation may include proof of household income:

- Type of documentation of household income will depend upon the sources of household income, but may include, without limitation, pay stubs, written verification of wages from employer, W-2 withholding form, social security or disability benefit statements, unemployment or pension/annuity benefits, or supplemental security income statements.

Anyone seeking free or discounted care may request a Free or Discounted Care Application from the Center, Monday through Friday 8:00 am until 4:00 pm. Call (802) 222-0127 for additional information.

Upon receipt of an application, patient accounts related to all members of the applicant’s household with outstanding balances in good standing (less than 120 days outstanding) will be placed on hold during the application review process.

If the application is found to be incomplete, the applicant will be notified about what required elements are missing. The applicant must submit the required information within 10 business days, or the account hold will be released. Upon receipt of a complete application, a determination of eligibility for or denial of financial assistance will be communicated to the applicant in writing within 15 business days of receipt of the complete application.

All Applications and supporting documentation will be reviewed and approved by the Center’s Administrative Manager.

**Eligibility**

The following criteria must be met to be eligible for free or discounted care at the Center:

**Residency**

You must be a full-time Vermont resident or have lived in Vermont for the past 6 consecutive months, or in the following New York counties: Clinton, Essex, Franklin, Washington, Hamilton, Warren or St. Lawrence.

**Financial**

To be eligible for financial assistance under this policy, the applicant’s household income should be at or below the following guidelines.

- Income: Household income must be at or below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size. The level of assistance is granted on a sliding scale based on the FPLG as follows:

Federal Poverty Level	Up to 250%	251% - 300%	301% - 350%	351% - 400%
Discount	100%	75%	65%	55%

Household income includes gross earnings, unemployment compensation, workers compensation, social security benefits, supplemental security income, public assistance, veteran’s benefits, survivor benefits, pension or retirement, interest, dividends, rents, royalties, estate income, trusts, educational assistance, alimony, annuities, and child support for a household. Household income does not include capital gains, liquid assets (including withdrawals from a bank or proceeds from the sale of property), tax refunds, gifts, loans, lump-sum inheritances, or non-cash benefits such as food stamps and housing subsidies.

**Term of Financial Assistance**

Each eligibility determination for financial assistance, whether approved or denied, is effective for a period of 6 months following the date of the determination letter, referred to as the termination date.

The awarded level of financial assistance for first-time recipients will be applied to eligible services, as described above, that were provided to the recipient during the 6 months preceding the date of receipt of a complete application and will be automatically applied to any eligible medical services received up through the termination date communicated in the determination letter sent to the recipient.

Subsequent to the termination of the initial determination for financial assistance, a recipient may re-apply for assistance if the recipient continues to claim financial hardship by submitting a complete application with updated information and supporting documentation. If approved, the

awarded level of financial assistance will be applied to the testing received since the termination of the last award.

**Communication of Free and Discounted Care Policy**

This policy will be posted on our website as well as handed to each patient upon admission.

**Confidentiality and Records Retention**

All information relating to this application will be kept strictly confidential.