

Policy and Procedure

Title: Financial Assistance Program	Control No.:	Version: 16
Replaces: v.15 Financial Assistance Program		
Policy Owner: Deena Nobles (Manager - Patient Responsibility Services)		
Reviewers: Darlene LeBoeuf (Controller), Dean Verret (Director - Patient Financial Services), Holly Dufrene (Diabetes and Weight Management Quality Coordinator), Joann Cannata (Director - Risk and Regulatory), Sonya Jeblonski (Director - Pathology)		
Approvers: Cory Leonard (VP - Financial Services) Administration	Date Approved: 04/01/2026	Date Last Reviewed: 04/01/2026

Purpose:

An integral part of Terrebonne General Health System's (Terrebonne General) community benefit standard is providing financial assistance to residents of Louisiana. This policy provides financial assistance guidelines for the provision of free or discounted eligible Medically Necessary services to patients who meet certain eligibility criteria and demonstrate an inability to pay.

Policy:

Terrebonne General is committed to providing Financial Assistance for Emergency and Medically Necessary Care to persons who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, and who are determined to be eligible for Financial Assistance in accordance with this policy. Terrebonne General shall provide, without discrimination, care of Emergency Medical Conditions to individuals regardless of their ability to pay. Patients who are determined eligible for Financial Assistance shall not be deferred for Medically Necessary care.

In addition, patients are expected to cooperate with Terrebonne General's procedures for obtaining Financial Assistance or other forms of payment, and to contribute to the costs of their care based on their individual ability to pay.

The granting of Financial Assistance shall be based on an individualized determination of financial need and will not take into account age, gender, race, social status, sexual orientation, or religious affiliation. Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance shall be effective starting the month of the first qualifying service and following 3 calendar months. Coverage shall not apply non-medically necessary or cosmetic procedures.

Procedure:

A. Eligibility for Financial Assistance

1. Financial Assistance applies to patient liability only, including but not limited to, deductibles, co-payments, and co-insurances and is available to residents of Louisiana having a valid social security number or valid green card.
2. Eligibility for Financial Assistance is determined based on the patient's family income, assets, family size and only applies to accounts in good standing i.e. not accounts that have been turned over to bad debt.
3. Terrebonne General shall provide a 100% Financial Assistance discount for eligible services to patients whose Family Income is at 150% of the Federal Poverty Level (FPL) Guidelines or less.
4. Patients whose Family Income exceeds 150% of the FPL may be eligible to receive discounted rates based on a sliding scale established to provide partial assistance to patients who qualify. Sliding scale criteria based on FPL is listed on Attachment A.
 - i. The organization provides patient/guarantor, when requested, the ability to make payment arrangements (separate policy). However, the payment arrangements are also subject to Terrebonne General's collection policy and do not normally extend beyond two years depending on the balance owed after contractual adjustments are applied.
5. Patients whose Family Income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Terrebonne General.
6. Failure to comply with Terrebonne General's Medicaid coverage and Financial Assistance screening process will exclude patients from Financial Assistance eligibility.
7. Modifications to previously awarded discounts shall be made if subsequent information indicates the information provided to the organization was inaccurate.

B. Services Available for Financial Assistance Under this Policy as follows:

1. Technical charges billed by Terrebonne General excluding pre-paid fixed price services.
2. Does not include professional fees.

C. Methods by Which Patients May Apply for Financial Assistance

1. Financial Assistance requests can be made by contacting Terrebonne General's Financial Counselors via telephone, email, fax, or written correspondence or by visiting the Patient Financial Services Department located at Terrebonne General's facility. Financial Assistance applications

may also be obtained online at <https://www.tghealthsystem.com/patients-visitors/patient-financial-center/financial-assistance/>.

- i. Financial need will be determined by an individual assessment of financial need and will include the following:
 1. Include an application process (“Attachment C”), in which the patient or the patient’s guarantor, is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need.
 - a. The Financial Assistance application is required to provide additional information to allow for a more in-depth review of approvals;
 - b. The following documents are required if applicable
 - i. Copy of most recently filed income tax return OR a copy of three (3) most recent pay stubs for yourself and co-applicant.
 1. If unemployed, please provide a letter from last employer OR copy of unemployment aware letter OR letter certifying denial of unemployment benefits from applicable state department of labor
 - ii. Last 2 months bank statements for yourself and co-applicant.
 - iii. Copy of Social Security Administration monthly award letter
 - iv. Copy of Disability monthly award letter
 - v. Copy of healthcare insurance card/information
 - vi. Any and all other income:
 1. Spousal/Child Support
 2. Rental Property
 3. Investment Income
 - vii. Medicaid denial determination
 - viii. Proof of dependents (birth certificates or most recently filed income tax return)

2. Include reasonable efforts by Terrebonne General to explore appropriate alternative sources of payment and coverage from public and private payment programs; or
 3. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. Applications for Financial Assistance are considered on an episode-of-care by episode-of-care basis. A patient has 150 days from the date the first bill is mailed to the patient for an episode of care to apply for Financial Assistance.
 3. The approval process consists of recommendation by the Director of Patient Financial Services based on a thorough review of the contents of the application packet. Terrebonne General's Chief Operating Officer will make final authorization for discounted rates \$5,000.00 and above after review of the previous recommendation. Terrebonne General's Assistant Vice President of Financial Services will make final authorization for discounted rates \$1500.01 to \$4,999.99 after review of the previous recommendation. The Director of Patient Financial Services will make final authorization for discounted rates of \$1500.00 or below.

D. Amounts Charged to Patients

1. Patients who receive financial assistance may not be charged more for the same services generally billed to insured patients. The Financial Assistance discount calculated represents the average payor yield by reviewing Medicare and commercial actual and Expected Payments (including the Patient Portion) over the prior twelve month period as demonstrated more fully on Attachment B.

E. Presumptive Financial Assistance Eligibility

1. Persons may be considered eligible under the following circumstances:
 - i. Medicaid recipient with financial responsibility for medically necessary services;
 - ii. Persons who are mentally or physically incapable of providing documentation and have no known family or other assistance;
 - iii. Deceased person with no apparent estate or spouse financially able to satisfy the debt;
 - iv. Persons whose identity cannot be established;
 - v. Persons who are incarcerated;
 - vi. Transient, homeless persons.

F. Billing and Collection Efforts

1. The Billing and Collections policy and translated copies can be obtained free of charge as follows:

- i. Online at <https://www.tghealthsystem.com/images/Billing-and-Collection-Policy.pdf> or;
 - ii. Upon written request at Terrebonne General Health System Attention: Financial Counselor, 8166 Main Street, Houma, Louisiana 70360.
- 2. Terrebonne General will not impose extraordinary collection efforts such as wage garnishment, liens on primary residences or other legal actions for any patient without first making reasonable efforts to notify patients of the availability of financial assistance.
- 3. Terrebonne General does not restrict non-emergency care for patients with unpaid bills.
- 4. Terrebonne General does not sell patient debt to third parties.
- G. Communication of the Financial Assistance program can be found on patient billing statements, Terrebonne General’s website, or by visiting or calling the Patient Financial Services located at the Terrebonne General campus.

Enforcement and Exceptions:

- A. Failure to comply with this policy may result in progressive discipline up to and including termination of employment for employees or termination of contract or service for third-party personnel, students or volunteers.

Definitions:

- A. Emergency Medical Conditions – Defined within the meaning of section 1867 of the Social Security Act.
- B. Expected Payments – All claims allowed by insurers.
- C. Family Income – Defined by the Census Bureau which includes earnings, unemployment compensation, worker’s compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources on a pre-tax basis. The following are excluded from calculation as Family Income by the Census Bureau:
 - a. Noncash benefits (such as food stamps and housing subsidies);
 - b. Capital gains or losses; and
 - c. Non-relatives, such as housemates.
- D. Federal Poverty Level (FPL) – The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities and varies by family size as set forth by the Department of Health and Human Services.
- E. Gross Charges – Total charges at the facility’s full established rates for the provision of patient care services before deductions from revenue are applied.

- F. Medically Necessary – Services that are reasonable or necessary for the diagnosis or treatment of an illness or injury. Medical Necessity will be determined by the examining physician.
- G. Patient Portion – The amount the patient is financially responsible for after insurance has been applied to the bill for the services rendered.
- H. Professional Services – services provided by a physician or clinical professional.
- I. Self-Pay Discount – Discount applied to amounts due from patients for uninsured services.
- J. Technical Services – medical or technical equipment, supplies or services.
- K. Underinsured – Patient has some form of third party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.
- L. Uninsured – Patient has no form of third party assistance to assist with financial responsibility for medical services.

Supportive Data:

See attachments A-C

References:

External References:

HFMA 501(c)(3) Hospital Charity Care Policy and Procedure

Census Bureau Measure of Poverty

<https://www.healthcare.gov/glossary/federal-poverty-level-FPL/>

42.U.S.C. 1395dd

26 U.S.C. 501, see also 26 CFR Parts 1, 53 and 602, Additional Requirements for Charitable Hospitals; Final Rule

ATTACHMENT A.

Terrebonne General Health System–Federal Poverty Level Sliding Scale Discounted Rates

Based on 2026 Federal Poverty Guidelines				Patient % Responsibility										
Family Size	2026 Poverty Guidelines	150% of 2026 Poverty Guidelines	150% of 2026 Poverty Guidelines / 12	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
1	\$ 15,960	\$ 23,940	\$ 1,995	\$ 1,995	\$ 2,095	\$ 2,195	\$ 2,294	\$ 2,394	\$ 2,494	\$ 2,594	\$ 2,693	\$ 2,793	\$ 2,893	\$ 2,993
2	\$ 21,640	\$ 32,460	\$ 2,705	\$ 2,705	\$ 2,840	\$ 2,976	\$ 3,111	\$ 3,246	\$ 3,381	\$ 3,517	\$ 3,652	\$ 3,787	\$ 3,922	\$ 4,058
3	\$ 27,320	\$ 40,980	\$ 3,415	\$ 3,415	\$ 3,586	\$ 3,757	\$ 3,927	\$ 4,098	\$ 4,269	\$ 4,440	\$ 4,610	\$ 4,781	\$ 4,952	\$ 5,123
4	\$ 33,000	\$ 49,500	\$ 4,125	\$ 4,125	\$ 4,331	\$ 4,538	\$ 4,744	\$ 4,950	\$ 5,156	\$ 5,363	\$ 5,569	\$ 5,775	\$ 5,981	\$ 6,188
5	\$ 38,680	\$ 58,020	\$ 4,835	\$ 4,835	\$ 5,077	\$ 5,319	\$ 5,560	\$ 5,802	\$ 6,044	\$ 6,286	\$ 6,527	\$ 6,769	\$ 7,011	\$ 7,253
6	\$ 44,360	\$ 66,540	\$ 5,545	\$ 5,545	\$ 5,822	\$ 6,100	\$ 6,377	\$ 6,654	\$ 6,931	\$ 7,209	\$ 7,486	\$ 7,763	\$ 8,040	\$ 8,318
7	\$ 50,040	\$ 75,060	\$ 6,255	\$ 6,255	\$ 6,568	\$ 6,881	\$ 7,193	\$ 7,506	\$ 7,819	\$ 8,132	\$ 8,444	\$ 8,757	\$ 9,070	\$ 9,383
8	\$ 55,720	\$ 83,580	\$ 6,965	\$ 6,965	\$ 7,313	\$ 7,662	\$ 8,010	\$ 8,358	\$ 8,706	\$ 9,055	\$ 9,403	\$ 9,751	\$ 10,099	\$ 10,448

Based on 2026 Federal Poverty Guidelines				Patient % Responsibility										
Family Size	2026 Poverty Guidelines	150% of 2026 Poverty Guidelines	150% of 2026 Poverty Guidelines / 12	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%	
1	\$ 15,960	\$ 23,940	\$ 1,995	\$ 3,092	\$ 3,192	\$ 3,292	\$ 3,392	\$ 3,491	\$ 3,591	\$ 3,691	\$ 3,791	\$ 3,890	\$ 3,990	
2	\$ 21,640	\$ 32,460	\$ 2,705	\$ 4,193	\$ 4,328	\$ 4,463	\$ 4,599	\$ 4,734	\$ 4,869	\$ 5,004	\$ 5,140	\$ 5,275	\$ 5,410	
3	\$ 27,320	\$ 40,980	\$ 3,415	\$ 5,293	\$ 5,464	\$ 5,635	\$ 5,806	\$ 5,976	\$ 6,147	\$ 6,318	\$ 6,489	\$ 6,659	\$ 6,830	
4	\$ 33,000	\$ 49,500	\$ 4,125	\$ 6,394	\$ 6,600	\$ 6,806	\$ 7,013	\$ 7,219	\$ 7,425	\$ 7,631	\$ 7,838	\$ 8,044	\$ 8,250	
5	\$ 38,680	\$ 58,020	\$ 4,835	\$ 7,494	\$ 7,736	\$ 7,978	\$ 8,220	\$ 8,461	\$ 8,703	\$ 8,945	\$ 9,187	\$ 9,428	\$ 9,670	
6	\$ 44,360	\$ 66,540	\$ 5,545	\$ 8,595	\$ 8,872	\$ 9,149	\$ 9,427	\$ 9,704	\$ 9,981	\$ 10,258	\$ 10,536	\$ 10,813	\$ 11,090	
7	\$ 50,040	\$ 75,060	\$ 6,255	\$ 9,695	\$ 10,008	\$ 10,321	\$ 10,634	\$ 10,946	\$ 11,259	\$ 11,572	\$ 11,885	\$ 12,197	\$ 12,510	
8	\$ 55,720	\$ 83,580	\$ 6,965	\$ 10,796	\$ 11,144	\$ 11,492	\$ 11,841	\$ 12,189	\$ 12,537	\$ 12,885	\$ 13,234	\$ 13,582	\$ 13,930	

Attachment B.

Terrebonne General Health System – Amounts Generally Billed Discounts Financial Policy

Facility	Calculated Discount Rate
Terrebonne General Health System	25.97%

Attachment C.

There are no provider fees included in the financial assistance application.

Attachment D.

Terrebonne General Health System – Application

[Financial Assistance Program Application](#)

Attestation

- I have complied with the **Terrebonne General Health System Financial Assistance Program (“FAP”)** screening process to determine if I may be eligible for alternate resources (COBRA, Social Security, Medicaid, and Victim of Crime).

- I understand that until I have complied with the FAP eligibility process, or applicable application process, I will not be eligible for financial assistance.

- I understand that balances due to non-medically necessary services, such as purely elective or cosmetic services are not eligible for financial assistance, and I have not included any of those balances in this request.

- If I have included balances due to purely elective or cosmetic services, they will not be adjusted. If they are adjusted in error, they will be reinstated.

- If applicable, I have provided my most recent/current insurance card with appropriate information to submit past, present and future claims.

- I have provided all requested documentation from page 1 of this application. I attest that all information provided, as well as all supporting documents are accurate and truthful to the best of my knowledge and ability.

Printed Name

Signature

Date of Application

Phone/Contact

Address (Street Address, City, State, Zip)

Attachment(s):

Terrebonne General Financial Assistance Application and all applicable required documents

No Income Verification/Statement of Support

_____ (**Applicant**) is applying for financial assistance with the Terrebonne General Health System. The applicant has stated they do not receive any monthly/yearly income. The applicant has listed you as their sole means of support.

To the best knowledge, the applicant has no income and I certify this to be true. I am either providing the applicant with food and shelter and/or providing the applicant with financial support as specified below:

(Relationship to the applicant-for example: Shelter, Mother, Father, Other)

I am providing:

- Food and Shelter \$_____ Approximate monthly total

- Financial Support \$_____ Approximate monthly total

- Other \$_____ Approximate monthly total

Printed Name (of supporter)

Signature (of supporter)

Date

Phone/Contact

Address (Street Address, City, State, Zip)

If you have any questions or concerns, you may contact the Financial Counselor in the Patient Responsibility Department by phone at (985) 873-3799 or (985) 873-4668.

**Terrebonne General Health System
Department: Patient Responsibility
Attn: Jennifer Dufrene/Leslie Valure
8166 Main Street
Houma, LA 70360**