

**BETHESDA HEALTH**

Subject: Financial Assistance Charity Program

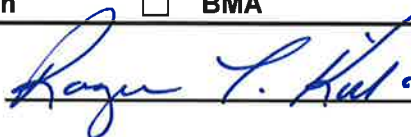
Operations Regulation: 1124

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Department of Origin: **Patient Financial Services** Effective Date: February 14, 2014  
Last Revision: June, 2013

**DIVISIONS:**     System                       Hospital                       Women's Health  
                          Focus Fin                       BMA                               Bethesda Health City

Approved by:



**Roger L. Kirk, President & CEO**

**I. PURPOSE:**

This Policy and Procedure is established to provide the operational guidelines for Bethesda Health, Inc. (BHI) to identify uninsured patients who are Financially Indigent or Medically Indigent that may qualify for charity care (free care) or financial assistance, to process patient applications for charity care or financial assistance and to bill and collect from uninsured patients, including those who qualify as Financially Indigent or Medically Indigent under this Policy.

**II. PRINCIPLES:**

As a health care provider and tax-exempt organization, BHI seeks to meet the needs of patients within the community and others who seek care, regardless of their financial abilities to pay for services provided. In addition, BHI is designated as charitable (i.e., tax-exempt) organization under Internal Revenue Code (IRC) Section 501(c)(3). Pursuant to IRC Section 501(r), in order to remain tax-exempt, BHI is required to adopt and widely publicize its financial assistance policy. The purpose of this Policy is to outline the circumstances under which BHI will provide free or discounted care to patients who are unable to pay for services and to address how BHI calculates amounts charged to patients.

BHI evaluates the delivery of health care services for all patients who present for services regardless of their ability to pay. However, non-emergent or non-urgent health care services (i.e., elective or primary care services) may be delayed or deferred based on the consultation with the hospital's clinical staff and, if necessary and, if available, the patient's primary care provider. After clinical consultation, the hospital may decline to provide a patient with non-emergent, non-urgent services in those cases when the Hospital is unable to identify a payment source or eligibility in a financial assistance program.

The urgency of treatment associated with each patient's presenting clinical symptoms will be determined by a medical professional as determined by local standards of practice, national and state clinical standards of care, and the hospital medical staff policies and procedures. Further, all hospitals follow the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements by conducting a medical screening examination to determine whether an emergency medical condition exists. It is important to note that classification of patients' medical condition is for clinical management purposes only, and such classifications are intended for addressing the order in which physicians should see patients based on their presenting clinical symptoms. These classifications do not reflect evaluation of the patient's medical condition reflected in final diagnosis.

For those patients that are uninsured or underinsured, the hospital will work with patients to assist with finding a financial assistance program that may cover some or all of their unpaid hospital bill(s). For those patients with private insurance, the hospital must work through the patient and the insurer to determine what may be covered under the patient's insurance policy. As the hospital is often not able to get this information from the insurer in a timely manner, it is the patient's obligation to provide additional information regarding what services will be covered prior to seeking non-emergency level and non-urgent care services.

### **III. POLICY:**

Charity Care or Financial Assistance. The Company's Hospitals shall provide charity care (free care) or financial assistance to uninsured patients for their emergency, non-elective care (who qualify for classification as Financially Indigent or Medically Indigent in accordance with the Charity Care Financial Assistance Process set forth below. Charity Care (100% discount to gross charges) under this Policy shall be available for uninsured patients with incomes below 200% of the Federal Poverty Level (the "Financially Indigent"). 40% to 80% discounts shall be available for uninsured patients either (1) with income below 500% FPL or (2) with balances due for BHI services in excess of 50% of their annual income (the "Medically Indigent"). See attached Financial Assistance Eligibility Guidelines.

To be considered for charity care, the patient must cooperate with the Financial Assistance Unit Caseworker to provide the information and documentation necessary to apply for other potential funding sources, such as Medicaid, Disability, or Healthcare District. Charity care will only be solicited if the patient does not qualify for another funding source, and if they meet the definition of Financially Indigent or Medically Indigent as outlined within this policy. The patient and/or guarantor will be responsible for completing the financial assistance application and providing the required documentation to verify income and assets that are necessary to determine the patient's eligibility for charity care. The Financial Assistance Unit Caseworker will work with the patient and/or guarantor to determine the appropriate funding source before attempting to qualify the individual for charity care.

## **EMTALA**

Any patient seeking urgent or emergent care [within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)] at BHI facilities shall be treated without discrimination and without regard to a patient's ability to pay for care. BHI facilities shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). BHI facilities should consult and be guided by their emergency services policy, EMTALA regulations and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an urgent or emergent condition and the processes to be followed with respect to each.

### **IV. PROCEDURE:**

#### **A. CHARITY CARE AND FINANCIAL ASSISTANCE PROCESS**

1. **Application.** BHI will request that each patient applying for charity care financial assistance complete a Financial Assistance Application Form (Assistance Application). An example Financial Assistance Application Form is attached hereto. The Assistance Application allows for the collection of needed information to determine eligibility for financial assistance.

A. Calculation of Immediate Family Members. BHI will request that patients requesting charity care verify the number of people in the patient's household.

1. Adults. In calculating the number of people in an adult patient's household, BHI will include the patient, the patient's spouse and any dependents of the patient or the patient's spouse.

2. Minors. For persons under the age of 18. In calculating the number of people in a minor patient's household, BHI will include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father.

B. Calculation of Income.

1. Adults. For adults, determine the sum of the total yearly gross income of the patient and the patient's spouse (the "Income"). BHI may consider other financial assets of the patient and the patient's family (members of family are as defined in section "Calculation of Immediate Family Members") and the patient's or the patient's family's ability to pay.

2. Minors. If the patient is a minor, determine the Income from the patient, the patient's mother and the patient's father. BHI may consider other financial assets of the patient and the patient's family (members of family are as defined in section "Calculation of Immediate Family Members") and the patient's or the patient's family's ability to pay.

2. **Income Verification.** BHI shall request that the patient verify the Income and provide the documentation requested as set forth in the Assistance Application. NOTE: Tax Returns and W-2's should be collected for year prior to date of admission.

A. Documentation Verifying Income<sup>1</sup>. Income may be verified through any of the following mechanisms:

- Tax Returns (BHI preferred income verification document)
- IRS Form W-2
- Wage and Earnings Statement
- Pay Check Remittance
- Social Security
- Worker's Compensation or Unemployment Compensation Determination Letters
- Qualification within the preceding 6 months for governmental assistance program (including food stamps, CDIC, Medicaid and AFDC)
- Telephone verification by the patient's employer of the patient's Income
- Bank statements, which indicate payroll deposits

<sup>1</sup> Note that the federal poverty levels are the base eligibility criteria for this policy. Other financial information such as assets may be considered. Assets include immediately available cash and investments such as savings and checking as well as other investments, including retirement or IRA funds, life insurance values, trust accounts, etc. Assets also include the equity in the primary residence as well as other real estate the patient and/or guarantor may have.

B. Documentation Unavailable. In cases where the patient is unable to provide documentation verifying Income, BHI may at its sole discretion verify the patient's Income in either of the following two ways:

1. By having the patient sign the Assistance Application attesting to the veracity of the Income information provided or
2. Through the written attestation of the BHI personnel completing the Assistance Application that the patient verbally verified Hospital's calculation of Income.

**Note: In all instances where the patient is unable to provide the requested documentation to verify Income, BHI will require that a satisfactory explanation of the reason the patient is unable to provide the requested documentation be noted on the Financial Assistance Assessment Form.**

C. Expired Patients. Expired patients may be deemed to have no Income for purposes of the BHI's calculation of Income. Documentation of Income is not required for expired patients. Income verification is still required for any other family members (members of family are as defined in section "Calculation of Immediate Family Members").

D. Homeless Patients. Homeless patients may be deemed to have no Income for purposes of BHI's calculation of Income. Documentation of Income is not required for homeless patients. Income verification is still required for any other family members (members of family are as defined in section "Calculation of Immediate Family Members") only if other family information is available.

E. Incarcerated Patients. Incarcerated patients (incarceration verification should be attempted by BHI personnel) may be deemed to have no Income for purposes of the Hospital's calculation of Income, but only if their medical expenses are not covered by the governmental entity incarcerating them (ie the Federal Government, the State or a County is responsible for the care) since in such event they are not uninsured patients. Income verification is still required for any other family members (members of family are as defined in section "Calculation of Immediate Family Members").

F. International Patients. International patients who are uninsured and whose visit to BHI was unscheduled will be deemed to have no Income for purposes of the Hospital's calculation of Income. Income verification is, moreover, still required for any other family members (members of family are as defined in section "Calculation of Immediate Family Members") only if other family are United States citizens.

G. Eligibility Cannot be Determined. If and when BHI personnel cannot clearly determine eligibility, the BHI personnel will use best judgment and submit a memorandum (such memorandum should be the first sheet in the documentation packet) listing reasons for judgment along with Financial Assistance documentation to appropriate supervisor. The BHI Manager will then review the memorandum and documentation. If the Manager agrees to approve the eligibility, they will sign Eligibility Determination form and continue with normal Approval process. If the Manager does not approve eligibility of the patient under this Policy, the Manager should sign the submitted memorandum and return all documentation to BHI personnel who will note account and send documentation to the Hospital's Business Office for filing. If the Manager disagrees with BHI personnel's judgment, Manager should state reasons for new judgment and will return documentation to BHI personnel who will follow either denial process or approval process as determined by Manager.

H. Classification Pending Income Verification. During the Income Verification process, while BHI is collecting the information necessary to determine a patient's Income, the patient may be treated as a self-pay patient in accordance with BHI policies.

3. **Information Falsification.** Falsification of information may result in denial of the Assistance Application. If, after a patient is granted financial assistance as either Financially Indigent or Medically Indigent, and BHI finds material provision(s) of the Assistance Application to be untrue, the financial assistance may be withdrawn.

4. **Request for Additional Information.** If adequate documents are not provided, BHI will contact the patient and request additional information. A note will be input into BHI computer system and any and all paperwork that was completed will be filed accordingly. No further actions will be taken by BHI personnel. If requested documentation is later obtained, all filed documentation will be pulled and patient will be reconsidered for Financial Assistance.

5. **Automatic Classification as Financially Indigent.** The following is a listing of types of accounts where Financial Assistance is considered to be automatic and documentation of Income or a Financial Assistance application is not needed:

- Medicaid accounts-Exhausted Days/Benefits
- Medicaid spend down accounts
- Medicaid or Medicare Dental denials
- Medicare Replacement accounts with Medicaid as secondary-where Medicare Replacement plan left patient with responsibility

6. **Classification as Financially Indigent.** Financially Indigent means an uninsured person who is accepted for care with no obligation (charity care) or with a discounted obligation to pay for the services rendered based on the BHI Eligibility Criteria.

A. Classification. The BHI personnel may classify as Financially Indigent all uninsured patients whose income, as determined in accordance with the Assistance Application, is less than or equal to 200% of the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services (Federal Poverty Guidelines).

B. Acceptance. If BHI accepts the patient as Financially Indigent, the patient may be granted charity care or financial assistance discounts in accordance with the attached Financial Assistance Eligibility Guidelines.

7. **Classification as Medically Indigent.** Medically Indigent means an uninsured patient who does not qualify as Financially Indigent under this policy because the patient's Income exceeds 500% of Federal Poverty Guidelines, but who's medical or BHI bills exceed a specified percentage of the person's Income, and who is unable to pay the remaining bill.

A. Initial Assessment. To be considered for classification as a Medically Indigent patient, the amount owed by the patient on all outstanding accounts after all payments by the patient must exceed 10% of the patient's Income and the patient must be unable to pay the remaining bill. If the patient does not meet the Initial Assessment criteria, the patient may not be classified as Medically Indigent.

B. Acceptance. BHI personnel may also accept a patient as Medically Indigent when they meet the acceptance criteria set forth below.

(1) The patient's bill is greater than 50% of the patient's Income, calculated in accordance with the Hospital's income verification procedures, and the patient's Income is greater than 500% of the Federal Poverty Guidelines. BHI will determine the amount of financial assistance granted to these patient's in accordance with the attached Financial Assistance Eligibility Guidelines.

(2) NOTE: TO QUALIFY AS MEDICALLY INDIGENT, THE PATIENT MUST BE UNINSURED.

8. **Approval Procedures.** BHI will complete a Financial Assistance Charity Application for each patient granted status as Financially Indigent or Medically Indigent. The approval process will be maintained with a tiered approach according to the total charges for each account. The approval signature process is as following:

\$1 - \$50,000	Manager
\$50,001 - above	Director

- A. The accounts will be filed according to the date the Financial Assistance adjustment was entered onto the account.
- B. BHI, at its discretion may use outside data sources to determine “Presumptive Charity” approval base on third party publicly available data sources.
- C. **If application is approved, approval is automatic for all admissions for calendar year on balances that can be considered for Financial Assistance.**

9. **Denial for Financial Assistance.** If the BHI determines that the patient is not Financially Indigent or Medically Independent under this policy, it shall notify the patient of this denial in writing.

10. **Document Retention Procedures.** BHI will maintain documentation sufficient to identify for each patient qualified as Financially Indigent or Medically Indigent, the patient’s Income, the method used to verify the patient’s Income, the amount owed by the patient, and the person who approved granting the patient status as Financially Indigent or Medically Indigent. All documentation will be retained for 7 years before shredding.

11. **Reservation of Rights.** It is the policy of BHI to reserve the right to limit or deny financial assistance at its sole discretion.

12. **Non-covered Services.** Services that are considered non-emergent or non-urgent according to the EMTALA regulations and policy are not covered by charity care.

**B. BILLING AND COLLECTION PRACTICES FOR ALL UNINSURED PATIENTS, INCLUDING THOSE WHO QUALIFY AS FINANICALLY INDIGENT OR MEDICALLY INDIGENT UNDER THIS POLICY**

1. **Fair and Respectful Treatment.** Uninsured patients will be treated fairly and with respect during and after treatment, regardless of their ability to pay.

2. **Trained Financial Counselors.** All uninsured patients at BHI will be provided with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid. If not eligible for governmental assistance, uninsured patients will be informed of and assisted in applying for charity care and financial assistance under the hospital’s charity care and financial assistance policy. Financial counselors will attempt to meet with all uninsured patients prior to discharge from BHI.

**3. Additional Invoice Statements or Enclosures.** When sending a bill to uninsured patients, BHI should include (a) a statement on the bill or in an enclosure to the bill that indicates that if the patient meets certain income requirements, the patient may be eligible for a government-sponsored program or for financial assistance from the BHI under its charity care or financial assistance policy; and (b) a statement on the bill or in an enclosure to the bill that provides the patient a telephone number of a BHI employee or office from whom or which the patient may obtain information about such financial assistance policy for patients and how to apply for such assistance.

**4. Self-Pay Rate of Charge -**

**INPATIENT SERVICES**

Service	Rate	Rate Basis
Inpatient Services	DRG Schedule	Private pay rate is based on average total reimbursement by DRG for Medicare and Managed Care Inpatients combined. Data is collected through data warehouse reporting, based on a 12 month report selection period that is run 3 months after the final month of the selection period.

**OUTPATIENT SERVICES**

Service	Rate	Rate Basis
Outpatient Services	120% of APC Schedule	Private pay rate is based on average total reimbursement per case for Medicare and Managed Care Outpatients combined (Financial Classes D, H, L, N, P, Y . The aggregate per case rate calculated is compared to the per case rate for cases only reimbursed based on the latest APC schedule. The APC private pay rate schedule is adjusted up or down to achieve an aggregate per case rate equal to the Medicare and Managed care combined average per case reimbursement rate. Data is collected through data warehouse reporting, based on a 12 month report selection period that is run 3 months after the final month of the selection period.
Reimbursable Infusion Medications	120% of J Code Schedule	The adjustment percentage applied to the Medicare APC fee schedule is also applied to the Medicare fee schedule for all reimbursable J codes.



**5. Notices.** Information on the availability of financial assistance and other programs of public assistance is posted in key public areas in the Hospital, including the following locations: Central Admitting / Patient Access, Emergency Room admission/registration Area, Clinic admission/registration locations, inpatient admission/registration areas, financial counselor locations and the Business Office/Patient Accounting Department. Signs inform the patient of the availability of free care and other forms of public assistance and include instructions on how to apply for or obtain additional information. The language is intended to be straightforward and will include similar language as outlined below. All signs and notices shall be translated into languages other than English if such language is primarily spoken by 10% or more of the residents in the hospital service area, which is based on the hospital admissions and/or discharge information.

- *Availability of Financial Assistance: "If you are unable to pay your hospital bill, you and other family members may be eligible for financial assistance through a public assistance program and/or the State's Uncompensated Care Program. Our financial counselors can help you find a program that meets your needs and to assist you in enrolling in that program. For more information, please contact a Hospital financial counselor at 561 - 737 - 7733 ext 8-4671. The office is open daily from 8:00am to 5:00pm."*
- *"Financial assistance for your hospital bill may be available through this institution. Please contact a financial counselor at 561 - 737 - 7733 ext 8-4671 daily from 8:00am to 5:00pm. Our counselors may be able to enroll you and other family members in a free or low cost health insurance public assistance program. It is your responsibility to contact us to obtain information and to work with our counselors in completing the application for these programs."*
- *"Are you unable to pay your hospital bills? Please contact a Financial Counselor to assist you with various alternatives."*
- *"Financial assistance is available through this institution. Please call 561-737-7733 ext 84671 and ask to speak with a Financial Counselor."*

**6. Liens on Primary Residences.** BHI shall not, in dealing with patients who qualify as Financially Indigent or Medically Indigent under this Policy, place or foreclose liens on primary residences as a means of collecting unpaid BHI bills. However, as to those patients who qualify as Medically Indigent but have income in excess of 500% of the Federal Poverty Guidelines, the Company may place liens on primary residences as a means of collecting discounted BHI bills, but BHI may not pursue foreclosure actions in respect of such liens. The Hospital will not force the sale or foreclosure of a patient's primary residence to pay an outstanding medical bill. The legal execution of real estate attachments on the patient's personal residence or on a patient's other assets (e.g., automobile) to secure the patient's debts is an extraordinary action that will only be used in truly exceptional circumstances. At a minimum, liens are permitted only where there is evidence that the patient or responsible party has income and/or assets to meet his or her obligations. Such action will require prior express authorization from the Hospital's CFO in each case.

**7. Garnishments.** BHI shall only use garnishments on Medically Indigent Patients where clearly legal under state law and only where it has evidence that the Medically Indigent Patient has sufficient income or assets to pay his discounted bill.

## **8. Collection Actions against Uninsured Patients.**

### **Hospital Billing and Collection Procedures**

- a. An initial bill will be sent to the responsible party for the patient's personal financial obligations.
- b. The Hospital will issue subsequent billings at least every 30 days and for a minimum of 120 days after the initial bill before referring an account to an external collection agency. The patient will receive a plain language summary of the financial assistance policy with all, and at least 3, billing statements.
- c. The statement or billing notices may be accompanied by telephone calls, collection letters, personal contact notices, and any other notification method that constitutes a genuine and reasonable effort to contact the party responsible for the obligation.
- d. The Hospital will document alternative efforts to locate the party responsible for the obligation or the correct address on billings returned by the postal office service as "incorrect address" or "undeliverable" that is otherwise considered a "bad address." Alternative efforts may include use of skip tracing methods, use of the internet, post office records or other purchased or widely available means of tracing a patient or guarantors residence or point of contact with the intent of collecting outstanding debt or notifying them of options and other programs of public assistance that may be available to them.
- e. Documentation of continuous collection action undertaken on a regular, frequent basis will be maintained by paper or electronic media.
- f. The patient's file will include documentation of collection effort including bills, follow - up letter, telephone and personal contact; will be maintained until an audit is complete.
- g. The Hospital will reserve the right to sell uncollected debt to a third party agency after a period of 18 months from the initial statement.

### **Reasonable Collection Efforts**

- a. The Hospital must make the same effort to collect accounts for Uninsured Patients as it does to collect accounts from any other patient classification.
- b. The minimum requirements before writing off an account to the Bad Debt include:
  1. An initial bill to the party responsible for the patient's personal financial obligations
  2. Subsequent billings, telephone calls, collection letters, personal contact notices, computer notifications, and any other notification method that constitutes a genuine effort to contact the party responsible for the obligation

3. Documentation of alternative efforts to locate the party responsible for the obligation or the correct address on billings returned by the postal office service as “incorrect address” or “undeliverable”
  4. Documentation of continuous Collection Action undertaken on a regular, frequent basis.
  5. Checking AHCA to ensure that the patient is not a Low Income Patient as determined by the Office of Medicaid and has not submitted an application to the AHCA system for coverage of the services under a public program.
- c. The patient’s file must include all documentation of the Provider’s collection effort including copies of the bill(s), follow - up letters, reports of telephone and personal contact, and any other effort made.

### **Outside Collection Agencies**

The hospital may contract with an outside collection agency to assist in the collection of certain accounts, including patient responsible amounts not resolved after issuance of hospital bills or final notices. However, as determined through this credit and collection policy, the hospital may assign such debt as bad debt or charity care (otherwise deemed as uncollectible) prior to 120 days if it is able to determine that the patient was unable to pay following the hospital’s own internal financial assistance program. The hospital has a specific authorization or contract with the outside collection agency and requires such agencies to abide by the hospital’s credit and collection policies for those debts that the agency is pursuing. All outside collection agencies hired by the hospital will provide the patient with an opportunity to file a grievance and will forward to the hospital the results of such patient grievances.

### **Reporting to Credit Bureaus**

In instances where the patient or debtor has not met the criteria and standards set forth in this Policy, and all reasonable means have been exhausted, it is the practice at BHI to have collection agents report to credit bureaus regarding outstanding and unresolved debt. Any account or collective balance of several accounts with combined balances greater than \$50 and no activity or arrangement in place after 45 days at a collection agency, is reported to a credit bureau. The Credit Bureaus notified include Trans Union, Equifax, and Experian. Once an account is paid in full, the collection agency will close, remove from credit report and return the account to South Shore Hospital.

**9. Interest Free, Extended Payment Plans.** All uninsured patients shall be offered extended payment plans by BHI to assist the patients in settling past due outstanding BHI bills. The BHI hospitals will not charge uninsured patients any interest under such extended payment plans.

**10. Body Attachments.** BHI shall not use body attachment to require that its uninsured patients or responsible party appear in court.

**11. Collection Agencies Follow BHI Collection Policies.** BHI will define the standards and scope of practices to be used by their outside (non-hospital) collection agencies, and will obtain written agreements from such agencies that they will adhere to such standards and scope of practices. These standards and practices shall comply with BHI collection policies set forth in this Policy.

**V. Responsibility and Authority**

- A. The President shall have overall responsibility and authority for this policy.
- B. The Vice President of Finance & CFO will be responsible to assure implementation of this policy.
- C. The Director of Patient Finance Services is responsible for assuring that the Financial Assistance Unit properly classifies documents, and processes patients referred by Patient Access or other sources. The Director is also responsible for assuring that proper referrals are made to the Financial Assistance Unit and that Patient Accounting and the Financial Assistance Unit complies with the proper write off procedures.

# FINANCIAL ASSISTANCE ELIGIBILITY GUIDELINES

Based on Federal Poverty Guidelines Effective January 22, 2014

**Schedule A** (shaded)  
Financially Indigent

**Schedule B** (not shaded)  
Medically Indigent

Family Size	100% Discount	80% Discount	60% Discount	40% Discount
1	\$ 23,340	\$ 35,010	\$ 46,680	\$ 58,350
2	\$ 31,460	\$ 47,190	\$ 62,920	\$ 78,650
3	\$ 9,580	\$ 59,370	\$ 79,160	\$ 98,950
4	\$ 47,700	\$ 71,550	\$ 95,400	\$ 119,250
5	\$ 55,820	\$ 83,730	\$ 111,640	\$ 139,550
6	\$ 63,940	\$ 95,910	\$ 127,880	\$ 159,850
7	\$ 72,060	\$ 108,090	\$ 144,120	\$ 180,150
8	\$ 80,180	\$ 120,270	\$ 160,360	\$ 200,450

Financial Indigent Classification – Add \$4,060 for each additional person > 8

## Schedule C

### **Catastrophic Eligibility as Medically Indigent -**

Only applicable if patients income exceeds 500% of Federal Poverty Guidelines

Balance Due	Discount
Balance Due is equal to or greater than 90% patients annual income	80%
Balance Due is equal to or greater than 70% and less than 90% patients annual income	60%
Balance Due is equal to or greater than 50% and less than 70% patients annual income	40%