



JointVenturesPT.com

tel: 617-536-1161 fax: 617-536-1165

**Exceptional Care From People Who Care.**

1-on-1 Physical Therapy | Aquatic Therapy | Personal Training | Massage | Acupuncture | Chiropractic | Nutrition

**JOINT VENTURES PHYSICAL THERAPY, INC.  
FINANCIAL ASSISTANCE POLICY**

Effective Date: January 12, 2022

**Policy:**

Joint Ventures Physical Therapy, Inc. (JVPT) is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. JVPT is committed to treating patients who have financial needs with the same dignity and consideration that is extended to all its patients. JVPT intends, with this policy, to establish financial assistance procedures that are compliant with applicable federal, state, and local laws.

**Scope of Policy:**

This Policy shall cover physical therapy services provided by JVPT and does not include non-employed chiropractors, nutritionists, personal trainers, and other services provided by outside vendors. It is not the intent of this policy to offer free care to patients who have health insurance with high deductibles or coinsurance unless they otherwise qualify for Financial Assistance under this Policy. Any person who does not have insurance or does not have the ability to pay all or part of their financial responsibility to JVPT for JVPT provided services may apply for Financial Assistance.

**Definitions:**

Financial Assistance: means the ability to receive free care. Patients who are uninsured for the relevant, medically necessary service, who are ineligible for governmental or other insurance coverage or who have health insurance coverage with a health insurance company that JVPT does not accept, and who have family incomes not in excess of 200% of the Federal Poverty Level will be eligible to receive free care. (See attached Schedule A.)

Family: Using the Census Bureau definition, a family is a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of Financial Assistance.

Family Income: Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

Income includes earnings, unemployment compensation, workers' 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.

Income does not include noncash benefits (such as food stamps and housing subsidies) and capital gains or losses. Income also excludes the income of non-relatives, e.g., housemates, who reside in the same dwelling.

Income is determined on a before tax basis.

Uninsured Patient: An individual who does not have any third-party health care coverage with (a) a third party insurer, (b) an ERISA plan, (c) a Federal Health Care Program (including without limitation Medicare and Medicaid), (d) Workers' Compensation, Medical Savings Accounts or other coverage for all or any part of the bill, including claims against third parties covered by insurance to which JVPT is subrogated, but only if payment is actually made by such insurance company.

Federal Health Care Program: Any health care program operated or financed at least in part by the federal, state, or local government is a federal health care program.

### **Eligible Services:**

For purposes of this policy, "Financial Assistance" refers to healthcare services provided by JVPT without charge to qualifying patients. The following healthcare services are eligible for Financial Assistance:

1. Physical therapy services of like nature and kind to the services provided by JVPT to patients in the ordinary course of JVPT's business.
2. Occupational therapy services of like nature and kind to the services provided by JVPT to patients in the ordinary course of JVPT's business.

### **Eligibility:**

Any person who does not have insurance or has a health insurance that JVPT does not accept or does not have the ability to pay all or part of their financial responsibility to JVPT for JVPT provided services potentially is eligible for Financial Assistance.

It is recognized that there is a small percentage of the uninsured patient population that have substantial assets and thus the ability to pay for health care services. These individuals may have tax-exempt income or other assets not reflected on a tax return. This policy is not intended to provide free care to this portion of the uninsured patient population.

### **Eligibility Determination:**

Once a patient is identified as uninsured, JVPT personnel shall provide the patient with the JVPT Financial Assistance Form (see attached Schedule B). The Uninsured Patient must complete the Financial Assistance Form. The Patient may be required to submit some or all of the financial documentation listed below.

- Income Tax returns for the most recently filed year.
- Proof of income and Adjusted Gross Income such as:
  - Pay stubs from the past six (6) pay periods
- W-2 withholding statement
- Social Security checks, receipts, or deposits.
- Bank statements - checking and savings
- Any other documentation that may serve as proof of Financial Assistance eligibility.

The financial resources of a parent or guardian may be considered in determining the eligibility of a patient who is dependent on the parent or guardian for financial support.

### **Presumptive Financial Assistance Eligibility.**

There are instances where a patient may appear eligible for Financial Assistance, but supporting documentation is lacking or unavailable. In such event, JVPT will use other appropriate third-party resources to estimate an individual's income. Patients meeting the criteria for presumptive financial assistance will have all charges waived. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. Enrolling in a state-funded prescription programs.
3. Being homeless or receiving care from a homeless clinic.
4. Participating in the Massachusetts Executive Office of Health and Human Service's Women, Infants and Children programs (WIC).

5. Being eligible for food stamps.
6. Receiving subsidized school lunches.
7. Residing in low income/subsidized housing, providing the address supplied by the patient is a valid address.
8. Patient is deceased with no known estate.

**Participation:**

A completed JVPT Financial Assistance Form will be forwarded to JVPT's Billing Department. When the JVPT Financial Assistance Form is received, the staff will review and determine if the application is complete and whether the documentation supports the individual's eligibility for Financial Assistance.

Patients with income not in excess of 200% of the Federal Poverty Guidelines supported by the appropriate documentation as determined by the JVPT Billing Department, will be eligible for 100% Financial Assistance.

Patients who do not provide the requested information necessary to assess their financial situation completely and accurately and/or who do not cooperate with efforts to secure governmental health care coverage will not be eligible for Financial Assistance.

Applications outside of these guidelines may be approved based upon extraordinary circumstances with the documented approval of the President and/or the Treasurer of JVPT.



**Schedule A**

**Joint Ventures Physical Therapy, Inc. Financial Assistance Table\***

To apply for Financial Assistance, the patient must complete the JVPT Financial Assistance Form and proof of income must be attached. In order for a patient to be eligible for Financial Assistance under Joint Ventures Physical Therapy, Inc.'s Financial Assistance Policy, it is the patient's obligation to demonstrate that his/her annual income does not exceed 200% of the Federal Poverty Level. Consequently, the patient must review the Federal Poverty Guidelines and perform a calculation to see whether his/her annual income exceeds 200% of the Federal Poverty Level for his/her family unit. The Federal Poverty Guidelines are updated annually by the Federal Department of Health and Human Services (HHS) and may be found on HHS's website (HHS.gov). For illustrative purposes only, the following chart demonstrates which patients may be eligible for Financial Assistance under this Policy based on the Federal Poverty Guidelines effective as of January 12, 2022:

<b>SIZE OF FAMILY UNIT</b>	<b>FEDERAL POVERTY LEVEL PER GUIDELINES EFFECTIVE JANUARY 12, 2022</b>	<b>THEREFORE, IF YEARLY INCOME AT OR BELOW FIGURES BELOW (LESS THAN 200% OF THE POVERTY LEVEL), THEN THE PATIENT MAY BE ELIGIBLE FOR 100% FREE CARE</b>
1	\$13,590	\$27,180
2	\$18,310	\$36,620
3	\$23,030	\$46,060
4	\$27,750	\$55,500
5	\$32,470	\$64,940
6	\$37,190	\$74,380
7	\$41,910	\$83,820
8	\$46,630	\$93,260
For each additional family member after 8 add:	\$4,720	\$9,440



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Schedule B

Joint Ventures Physical Therapy, Inc. Health Financial Assistance Form
Attestation Of No Insurance

FACILITY: DATE OF BIRTH:

LAST NAME: FIRST NAME: M.I.

ADDRESS: CITY: STATE: ZIP:

SSN# LAST FOUR DIGITS: DATE OF INITIAL SERVICE:

I hereby certify that I currently do not have the ability to pay for the treatment and or other services provided by Joint Ventures Physical Therapy, Inc. on the date stated above.

Initials:

I understand that by signing this document, I am applying for Financial Assistance.

Initials:

If any information I have given proves to be untrue, I understand that Joint Ventures Physical Therapy, Inc. may re-evaluate my financial status and I may become liable for the charges that otherwise would be due for all services provided by Joint Ventures Physical Therapy, Inc.

Initials:

Last Date Employed: Family Unit Size: Family Annual Income:

I certify the above information is true and complete. I understand that willful falsification of information contained in this application will result in denial of Financial Assistance.

Patient Signature

Date

Printed Name



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If you have questions, please contact the Joint Ventures Physical Therapy, Inc. Billing Department at 617-536-1161.

#### **DISCLAIMER**

Joint Ventures Physical Therapy, Inc. reserves the right to request such information as pay stubs, income tax returns, bank statements, social security, and/or other liquid financial information deemed appropriate to determine qualification for assistance. Joint Ventures Physical Therapy, Inc. reserves the right to reevaluate a Patient's eligibility for Financial Assistance at any time. Should Joint Ventures Physical Therapy, Inc. determine, in its sole discretion, that a patient no longer is eligible for Financial Assistance, Joint Ventures Physical Therapy, Inc. reserves the right to terminate a patient's Financial Assistance at any time. Moreover, should a periodic review of a patient's eligibility reveal that the patient received Financial Assistance while ineligible to receive such benefits under this Policy, Joint Ventures Physical Therapy, Inc. reserves the right to collect charges for services rendered during such period of ineligibility.