

VAL VERDE REGIONAL MEDICAL CENTER

SUBJECT: Financial Assistance/Charity Policy	REFERENCE #:
EFFECTIVE DATE: July 21, 2021	REVISED DATE: October 10, 2025
DEPARTMENT: Patient Financial Services	PAGE:1 of 12
APPROVED BY: Board of Trustees	

SCOPE: Val Verde County Hospital Authority

PURPOSE STATEMENT: Val Verde Regional Medical Center (VVRMC) is committed to providing financial assistance to uninsured and under insured individuals who are in need of emergency or medically necessary treatment and have a household income below 300% of the Federal Poverty Guidelines (FPG). Federal Poverty Guidelines updated annually.

Eligible patients will qualify 100% for charity care based off the prospective method, in accordance with the Affordable Care Act (ACA) and will not be charged more than Amount Generally Billed (AGB).

POLICY STATEMENT: VVRMC is committed to providing a hospital financial and medically indigent program for income eligible patients or guarantors, who meet the poverty guidelines of the program, which is based from the U.S Department of Health and Human Services, and who have received, intend to receive, or currently receive care at VVRMC.

VVRMC will provide emergency care to all individuals without discrimination of eligibility under the Financial Assistance Policy (FAP). VVRMC will provide care for emergency medical conditions as required under federal law, including the Emergency Medical Treatment and Labor Act (EMTALA) 42 U.S.C §1395dd. VVRMC prohibits any actions that discourage individuals from seeking emergency medical care, such as demanding payment prior to treatment or permitting debt collection practices that interfere with emergency medical care

Financial assistance will be granted to qualified individuals for the following services: Inpatient, Emergency Room, and Outpatient services including, Rehabilitation, and Clinic visits at VVRMC.

Financial and Medically indigent assistance will be provided to patient without adequate financial means to cover medically necessary services.

VVRMC will provide charity care to all patients who present themselves for care at VVRMC without regard to race, creed, color, religion, gender, or national origin, and who are classified as financially or medically indigent according to the hospital's eligibility system. Eligible services for the VVRMC Financial/Medically Indigent Assistant program must be deemed medically necessary by the attending/referring physicians. Patients may be first asked to apply for external programs (such as Medicaid & County Indigent) as appropriate before eligibility under this policy is determined.

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Val Verde Regional Medical Center offers 100% for charity care for all emergency or other medically necessary care for individuals eligible under our Financial Assistance Policy (“FAP”). A printable Hospital Financial Assistance Form, the Hospital Financial Assistance Policy, and Hospital Collection Policy is available on our website at <https://www.vvrmc.org/patientsandvisitors/billing/financial-assistance/> For further questions or assistance in completion of the assistance application, please call our Financial Counselor at 830-778-3715.

DEFINITIONS:

1. **Charity Care:** Medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy.
2. **Medically Necessary:** Hospital services or care rendered both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity of malfunction, and threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
3. **Emergency Care:** Immediate care that is necessary to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
4. **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.
5. **Uninsured:** Patients with no insurance or third-party assistance to help resolve financial liability to health care providers.
6. **Under Insured:** Insurance patients with household income below 300% of the Federal Poverty Guidelines.
7. **Gross charges:** The full amount charged by VVRMC for items and services before any discounts, contractual allowances, or deductions are applied.
8. **Household:** A person living alone, a married couple, or two or more persons living together who are related by birth, marriage, or adoption where legal responsibility for support exists.

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9. Household Income: the amount of all sources of income received by people in a household, to include but not limited to:

- earnings, unemployment compensation, workers' compensation, Social Security, Supplemental, public assistance (welfare), veterans' payments, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Noncash benefits (such as food stamps and housing subsidies) are not counted.
- Determined on a before- tax basis (Gross income)
- It includes the income of ALL family members in the household.

10. Financial Indigent: An uninsured person who is accepted for care with no obligation or discounted obligation to pay for the services rendered based on the hospital's eligibility system. The hospital's eligibility system is based on the federal poverty guidelines published annually by the Federal Register.

11. Medically Indigent: A person whose medical or hospital bills after payment by third party payers exceed 15 percent of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill. Consideration of the patient's financial position and ability to pay will determine the patient's medically indigent discount.

12. Accounts Generally Billed (AGB): is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charge for those claims
Communication of Charity Care Program:

- VVRMC communicates the availability and terms of its charity care program to all patients, through means which include, but are not limited to:
- Posted signs and brochures within waiting rooms, registration cubicles/desks, as well as emergency rooms, clinics, and financial services department.
- The FAP application form and plain language summary of the FAP (the FAP documents) is available on our website.
- Posted on our organization website at <https://www.vvrmc.org/patientsandvisitors/billing/financial-assistance/>
- Designated staff knowledgeable on the charity care policy to answer patient question or who may refer patient to the program.
- Paper Copies of the FAP document is available upon request and without charge by mail and in public locations in the hospital facility, including at a minimum in the emergency room and admissions area.

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- If individual makes a request by mail or phone call (830)778-3715; Val Verde Regional Medical Center 801 N Bedell Avenue, Del Rio, TX 78840.

Requests can be made by a patient, patient guarantor, or family member, but will be subject to applicable privacy laws.

Patients concerned about their ability to pay for services or would like to know more about financial assistance should be directed to the Financial Counselor at (830) 778-3715.

PROCEDURES: VVRMC contracts with some physicians to provide emergency and clinical services (i.e. ER Physicians, Hospitalist, Radiologists, Pathologists, and other contracted physicians). Services provided by contracted physicians, not billed by VVRMC, will not be covered by the VVRMC financial assistance program. A complete list of physicians covered and contracted providers delivering emergency and medically necessary care that are not covered through the VVRMC financial assistance program can be found in Appendix A.

VVRMC will recognize and honor all VVRMC Specialty Clinics.

VVRMC is not a payer of last resort, but a service entity within the hospital. Patient eligibility for services under any insurer or agency shall include in its obligation, and approval of payment, the hospital services rendered.

Applying for Financial Assistance:

Charity Care is the un-reimbursed cost to a hospital providing, funding or otherwise financially supporting health services on an inpatient or outpatient bases to a person classified as financially or medically indigent. To be considered eligible for charity care, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for charity care, or other financial assistance. The Val Verde Regional Medical Center and its Clinics, Financial Assistance Policy, application, and a list of supporting documentation that will be requested, can be found on our website

<https://www.vvrmc.org/patientsandvisitors/billing/financial-assistance/>

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Eligibility:

A patient may be classified as financially or medically indigent if a patient or guarantor can provide proof of residency and Household Income as outlined in the following sections:

1. Eligibility maybe limited to; patients residing in the State of Texas in Val Verde and Kinney County
 - a. Undocumented immigrants (immigrants not detained)
2. **Federal Poverty Guidelines (FPG):** Determination of eligibility is also contingent upon the Annual Household's Income as outlined in the U.S Department of Health and Human Services Federal Poverty Guidelines (FPG). These recommendations provide the poverty income guideline level and size of family unit which are utilized in determining eligibility. The hospital eligibility criterion for determining financial indigence does not exceed 300% of the federal poverty guidelines.

Household Income Determination:

- a. A household is defined as a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons (as defined in the IRS.gov guidelines).
- b. A family is defined as anyone living together in a household; this will include college students, regardless of their residence, who are supported by their parent's (students must be a dependent on parent's income tax.)

Application Process:

1. Financial Counselor will screen patient for possible assistance either for financially indigent or medically indigent pre-eligibility. Once it is determined that patient and/or guarantor will qualify for assistance the patient and/or guarantor may provide the following documentation, including but not limited to:

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- a. Proof of income (Copy of most recent tax return and most recent check stub)
- b. Copy of Social Security Card/Resident Alien Card
- c. Social Security or SSI benefits
- d. If no income; Notarized Statement of fact (offered by Financial Counselor)
- e. Proof of unemployment benefits (if applicable)
- f. Other income: i.e. Child Support, Alimony, Worker's Compensation Benefits, Stocks/Bonds, possible settlement, inheritance, military benefits, rental income, and financial assistance received from family member(s)
- g. Proof of Texas residency (i.e. valid Texas driver's license or Texas I.D Card)
- h. Proof of residency in the Val Verde or Kinney County (i.e. electric, utility, cable, or phone bill for 2 concurrent months)
- i. Signed, completed Financial Assistance application
- j. Per Texas Notary regulations the only foreign identification a Texas Notary may accept to identify a signer, is a current foreign passport that contains the photograph and signature of the acknowledging person and only for notarization of residential estate documents. If unable to present an ID issued by a state or federal government agency and include a photo and signature of the person, application will not be notarized.

Individuals who do not have the documents listed above; have questions about the financial assistance application; or would like assistance with completing the financial assistance application may contact our Financial Counselor by calling (830)778-3715 or by mail to: Val Verde Regional Medical Center, 801 Bedell Avenue, Del Rio, TX 78840.

Financial Counseling Office (located in Business Office) hours are:

☐ Monday through Friday 8:00am to 4:30pm

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- 1. Financially Indigent Coverage Period** – Applications are approved per episode of care. All dates of services rendered 240 days retro from date of application may qualify under presumptive eligibility. Patients may be required to re-apply for charity care every 180 days.
- 2. Medically Indigent Coverage Period** – The qualification period for Medically Indigent approved applicants will extend through the month that qualification was originally approved. Applicants may be required to update their application by affidavit and/or income verifications each month thereafter and may be required to submit a new application after 240 days of the original application.

In the event the patient does not initially qualify for charity care or financial assistance, after providing the requested information and documentation, the patient may re-apply if there is a change in their income, assets, or family responsibilities.

Completion Application Process:

After exhausting all attempts to have patient/guarantor submit a formal application for the financial assistance program, policy will allow the use of Patient Financial Data Screen (PFDS) in qualifying the patient/guarantor for presumptive eligibility. The following may be considered, but not limited to, when:

- Patient is Homeless;
- Patient is eligible for other state or local programs;
- State-funded prescription programs;
- Patient participates in Women, Infants and Children programs (WIC);
- Patient is eligible in Temporary Assistance for Needy Families(TANF) Program and/or Food Stamps;
- Patient is eligible for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down);
- Patient is eligible for low income/subsidized housing – a valid address must be provided;
- Patient is deceased with no known estate;
- Medicaid Program participants where coverage is denied for maximum confinement, or non-covered services;
- Patient is bankruptcy declared and confirmed within the prior (12) months of hospital services being rendered;

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- Any uninsured account returned from a collection agency as uncollectable;
- Patient is eligible for the Children's Health Insurance Program (CHIP);
- Patient is eligible Free lunch program at children's respective school;
- Hospital services provided with no history of payments >90 after the first post discharge bill;
- Patient has stated that he/she does not have the resources to pay;
- Patient has been given an indigent or charity care application but has not returned the application or the necessary documentation;
- The patient/guarantor address on file is no longer on a good address;
- Other factor that are useful information an expectation of payment;

1. If a hospital had already determined whether the individual was FAP eligible for the previously provided care at issue based on a complete FAP application or had presumptively determined the individual was FAP eligible for the previously provided care

VVRMC may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at VVRMC may be used for a time period up to 180 days after the date of application submission.

1. Presumptive financial assistance may be taken into consideration when a patient has expired and there is no estate. An incomplete financial assistance form may be on file because documentation was lacking that would support the provision of financial aid. In this case:
 - A family member is contacted to insure no estate exists
 - Family member may be asked to sign and date a statement to the effect that no estate exists.
 - The county in which deceased patients resided is contacted to verify that no estate exists.
 - The collection actions VVRMC may take if a financial assistance application and/or payment are not received are described in the Billing and Collection Policy.

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- You can request a free copy of this full policy in person at the Business Department at our facility at 801 N. Bedell Avenue, Del Rio TX 78840; by calling us at 830-778-3715, mailing a request to 801 N. Bedell avenue, Del Rio TX 78840 Attn: Financial Counselor; or online at: <https://www.vvrmc.org/patients-and-visitors/billing/financial-assistance/>

Eligibility Federal Income Guidelines:

The granting of charity shall be based on an individualized determination of financial need. If no public or private third-party source of payment is available, amounts generally billed for Covered Services are discounted one hundred percent (100%) for Eligible Residents.

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Appendix A. Val Verde Regional Medical Center Roster

VAL VERDE REGIONAL MEDICAL CENTER ROSTER OF COVERED PROVIDERS UNDER THE CHARITY PROGRAM				
<i>Provider Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Department/Specialty Group</i>	<i>Coverage</i>
Castaneda, Antonio, MD	801 N. Bedell Ave., Del Rio, TX 78840	830-778-3528	General Surgeon	Yes
Manning, Mark G., MD	801 N. Bedell Ave., Del Rio, TX 78840	830-778-3666	General Surgeon	Yes
Nguyen, Wyn, MD	801 N. Bedell Ave., Del Rio, TX 78840	830-778-3528	General Surgeon	Yes
Alwan, Imad, MD	801 N. Bedell Ave., Del Rio, TX 78840	830-778-3696	Cardiology	Yes
Hernandez, Cynthia, APN	801 N. Bedell Ave., Del Rio, TX 78840	830-778-3696	Cardiology	Yes
Korte, Stephen, MD	801 N. Bedell Ave., Del Rio, TX 78840	830-778-3696	Cardiology	Yes
Hoskins, Jonathan, MD	801 N. Bedell Ave., Del Rio, TX 78840	830-778-3645	Orthopedic	Yes
Delgado, Anel, NP	801 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	Convenient Care	Yes
Escobedo, Monica, NP	801 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	Convenient Care	Yes
Hoover, John, NP	801 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	Convenient Care	Yes
Ong, Dennis B., FNP	801 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	Convenient Care	Yes
Chartrand, Daniel J., MD	1200 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	OB/GYN	Yes
Hoehn, Jerri, CNM	1200 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	OB/GYN	Yes
Lopez, Ashley R., DO	1200 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	OB/GYN	Yes
Ord, Jessica L., PA	1200 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	Family Practice	Yes
Solis-Cariaga, Paloma, NP	1200 N. Bedell Ave., Del Rio, TX 78840	830-778-8566	Family Practice	Yes
Vega, Linessa, MD	1200 N. Bedell Ave., Del Rio, TX 78840	830-778-3629	Psychiatry	Yes

VVRMC RURAL HEALTH CLINIC ROSTER OF COVERED PROVIDERS UNDER NHSC POLICIES (SLIDING FEE DISCOUNT PROGRAM)				
<i>Provider Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Department/Specialty Group</i>	<i>Coverage</i>
Boenicke, Brandon C., PA	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Family Practice	Yes
Dickson, Kylie, PA	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Family Practice	Yes
Lira, Abigail, APRN	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Family Practice	Yes
Raichlin, Sarah, NP	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Family Practice	Yes
Aguilar, Juan, FNP-BC	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Pediatrics	Yes
Olaya, Jorge, MD	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Pediatrics	Yes
Oviedo, Jose, MD	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Pediatrics	Yes
Faz, Maria M., NP	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Walk-In Clinic	Yes
Olivarez-Trevino, Judith, DNP	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Walk-In Clinic	Yes
Ong, Dennis B., FNP	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Walk-In Clinic	Yes
Valdez, Sasha, NP	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Walk-In Clinic	Yes
Cannon, Michael	1801 N. Bedell Ave., Del Rio, TX 78840	830-768-9200	Podiatry	Yes

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PROVIDERS NOT COVERED UNDER ASSISTANCE PROGRAMS			
<i>Provider Name</i>	<i>Address</i>	<i>Department/Specialty Group</i>	<i>Coverage</i>
Otazo, Julio C.	801 N. Bedell Ave., Del Rio, TX 78840	Radiology	No
Gutierrez, Jaime J., MD	612 Bedell Ave, Ste. A, Del Rio, TX 78840	Gutierrez Urgent Care	No
Laing III, Aurelio, MD	913 S. Main St., Del Rio, TX 78840	United Medical Center	No
Salama, Mostafa M., MD	2209 N. Bedell Ave., Del Rio, TX 78840	United Medical Center	No
Morales-Luzuriaga, Milton, MD	1117 E. De La Rosa St., Del Rio, TX 78840	United Medical Center	No
Astudillo, Gerardo, MD	1117 E. De La Rosa St., Del Rio, TX 78840	United Medical Center	No
Hunt, Howard DDS	320 Griner St., Del Rio, TX 78840	Dental	No
Martinez-Ruiz, Edson	1121 Ave E, Del Rio, TX 78840	Dental	No
Victor H. Gonzalez, MD	1947 N Bedell Ave, Del Rio, TX 78840	Ophthalmology	No
Vargas, Valerie	606 N Bedell Ave., Del Rio, TX 78840	Dental	No

NON-COVERED SERVICING COMPANIES			
<i>Physician Group</i>	<i>Address</i>	<i>Department/Specialty Group</i>	<i>Coverage</i>
United Medical Center Physicians	1117 W. De La Rosa St., Del Rio, TX 78840	Various	No
Val Verde Anesthesia ABEO	801 N. Bedell Ave., Del Rio, TX 78840	Anesthesia	No
Pathology Reference Laboratory	9600 Datapoint, San Antonio, TX 78229	Laboratory	No
South Texas Radiology Associates	600 Datapoint, San Antonio, TX 78229	Radiology	No
Renal Associates, P.A.	16620 US HWY 281, San Antonio, TX 78232	Nephrology	No
Gulf Coast Eye Institute	1947 N Bedell Ave, Del Rio, Tx 78840	Ophthalmology	No
Peripheral Vascular Associates, PA	4330 Medical Drive, Ste 120., San Antonio, TX 78229	Vascular Surgery	No
Victoria Emergency Associates	1900 Barton Springs Rd., Austin, TX 78704	ER Physicians	No
South Texas Hospitalist Associates	1900 Barton Springs Rd., Austin, TX 78704	Hospitalist Group	No

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Appendix B. Poverty Guideline

2025 Poverty Guidelines for the 48 contiguous states and the District of Columbia

<i>Persons in family or household</i>	<i>Poverty guideline</i>
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.	

The federal poverty definition consists of a series of thresholds based on a family size and composition - 300% poverty if their annual income fell below \$46,950.