Good Shepherd Health Care System (GSHCS) will provide charitable allowances according to a sliding scale from 200% up to 300% of Federal Poverty Guideline. As an example, a household of 3 may earn up to $60,480 and be eligible for a discount under this policy. All services that are emergent and medically necessary will qualify, except elective procedures (not including sterilizations) and services for which the patient is expecting a third party settlement.

Eligible services may receive allowances up to 100% with the following exceptions: Phase III Cardiac Rehab patients and patients eligible for health insurance coverage, but choose not to sign up, may qualify for allowances up to 50%. Elective sterilization services and self-employed applicants may qualify for allowances of up to 75%. Orthopedic joint replacement services may qualify for allowances of up to 90%. Home Medical Equipment retail sales and patients who it has been confirmed have received services using an identity other than their own are not eligible under this Financial Assistance policy (FAP).

Once a patient has been deemed eligible under our FAP, the patient will not be expected to pay “gross charges”. They will not be charged more than “amounts generally billed” (AGB) to individuals with insurance that had services at our hospital. An AGB adjustment will be subtracted from the amount they owe on their bill. GSHCS may at any time change the AGB percentage, but at a minimum will change the AGB percentage once every 12 months.

FAP applications are available to all patients in English and Spanish at any Patient Financial Representative (PFR) office, Good Shepherd Medical Group Business Offices or on our website at GSHealth.org. Also maintained on our website is a list of providers that deliver care at our facility that does or do not offer financial assistance under our FAP. For questions or information, a PFR may be reached at 541-667-3450 or may be contacted via email at pfs@gshealth.org. Patients are encouraged to fill out and return the FAP application as quickly as possible to aid in the resolution of their account(s). Patients are required to provide the following documents for each person receiving income in the household:

- Most recent Federal Tax Return (Complete tax returns are required for self-employed applicants)
- Most recent payroll check stub and/or proof of unemployment benefits
- Most recent bank statements

Financial Assistance is approved on a case-by-case basis. GSHCS may also determine FAP-eligibility on the basis of information other than the information provided on the FAP application. Allowances are based on household income, household size and other assets (for inpatient accounts only). Eligibility is capped at a maximum of $80,000 of household income. This amount may be adjusted annually to reflect local economic conditions. Household income is determined by the adjusted gross income listed on the applicant’s most recent Federal Tax Return or pro-rated current-year income – whichever is higher. Household income for self-employed applicants is determined from multiple sources which may include: the adjusted gross income on the applicant’s most recent Federal Tax Return plus depreciation (from Schedule C), Schedule K income (partnerships and S-corps), Schedule F (Farming), bank statements or a presumptive charity score.

Eligibility and allowance amounts are approved by the Patient Financial Services Director or their designee once each week. Once approved, the patient’s application and eligibility are valid for a period of six months. During this period, a new FAP application is not required. After the six-month period of eligibility expires, the patient will be required to fill out a new FAP application and provide updated income information.

GSHCS will not engage in “extraordinary collection actions” (ECA) against patients before having made reasonable efforts to determine if the person is eligible under our FAP. The full FAP is available upon request by calling 541-667-3450.