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	Billing Policies and Procedures
Policy #1007	Subject: Financial Hardship
	Updated: 04/21/2026
Approved by: Paulette Gillis-Taylor, Vice President of Revenue Cycle	

Policy

Azura will not waive patient liability for services rendered. Patient liability is determined based on the contracted allowance minus the remitted payment from the patient's insurance carrier. Patients are responsible for all remaining balances unless a documented financial hardship exception is approved. Exceptions may be granted only when a patient demonstrates genuine financial hardship and meets the eligibility criteria outlined in this policy.

1) Financial Hardship Overview

- Azura does not routinely waive or write off patient balances.
- Exceptions may be approved only when a patient meets the established criteria for financial hardship.
- Waiver of co-payments, deductibles, or other patient-responsible amounts will not be offered as part of any advertisement, promotion, or solicitation.
- All waiver or write-off decisions require:
 - A completed Financial Hardship Application
 - Supporting income documentation
 - Review and approval by the Revenue Cycle Manager or designated person

2) Eligibility

- Eligibility for financial hardship is based on annual household income, including immediate family members who reside with or are legally responsible for the patient.

3) Conditions for Waiver or Write-Off Consideration

- The patient demonstrates documented financial need.
- The patient submits a written request via the Financial Hardship Application

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- The patient provides all required supporting documentation, including income verification.

4) Sliding Scale Discount Table

% of Federal Poverty Level (FPL)	% Discount
200–300%	100%
301–400%	50%
401–500%	25%

5) **Exclusions** from Waiver or Write-Off Consideration

- The patient received an insurance check but did not remit the funds to Azura.
- The patient lost insurance coverage due to non-payment of premiums.
- The patient qualifies for insurance but refuses to enroll or is non-compliant with enrollment requirements.
- The patient is past the Coordination of Benefits (COB) period and refuses to enroll in Medicare.

6) Bad debt write-offs may be approved when:

- The patient is determined, in good faith, to be unable to pay, or
- The billing department has made reasonable collection efforts without success.

7) Documentation Requirements

- The Financial Hardship Application must include a signed attestation of current household income.
- All supporting documentation must be submitted before review.
- Waivers and write-offs must be documented in the patient’s account record.

8) Approval Requirements

- All waivers and write-offs must be approved by the Revenue Cycle Manager.
- No staff member may promise, imply, or suggest that patient responsibility will be waived without formal approval.

9) Duration of Approval

- All approved waivers are valid for one (1) year from the approval date.
- Patients with an approved waiver on file with Fresenius Medical Care will receive an extension of the same waiver with Fresenius Vascular Care for up to one year from the original approval date.