VIRGINIA UROLOGY

Urosurgical Center of Richmond

Financial Assistance Policy (FAP)

I. Policy Statement

Virginia Urology and Urosurgical Center of Richmond (Med Atlantic Inc) are committed to helping eligible patients with medical bills. This policy explains how we decide who may get financial help for medically necessary services. It also explains how patients can apply.

This Financial Assistance Policy explains how:

- We decide who may qualify for financial help
- Patients can apply and how we review applications
- We limit the amount eligible patients may have to pay
- We bill and collect patients in these situations

II. Scope

This policy applies to medically necessary and elective services provided by Virginia Urology and/or the Urosurgical Center of Richmond (Med Atlantic, Inc.). Some services are not covered by this policy. Those exceptions are listed below, and the companies may identify other exceptions.

III. Eligibility Criteria

Financial assistance is based on financial needs. We look at household income and family size using the current Federal Poverty Guidelines. The current guidelines are listed at the end of this policy.

- Patients with household income up to 300% of the Federal Poverty Level may qualify.
- Both insured and uninsured patients may apply.

Virginia Urology and Urosurgical Center of Richmond (Med Atlantic Inc) offer the discounts below. The discount applies to the usual charges that would apply to the patient.

Patient's Household Income, Compared to Federal Poverty Line	**Patient Discount**	**Patient Financial Obligation**
0%-200%	100% Discount	Zero
201%-225%	75% Discount	Patient pays 25%
226% - 250%	50% Discount	Patient pays 50%
251 % - 300%	25% Discount	Patient pays 75%
Above 300%	No discount	Patient pays 100%

"Household" means the patient and the people who live in the same home and count as tax dependents. This may include the patient's spouse, parents, and children.

IV. Financial Assistance Application Process

A. Step One: Obtain an Application

First, get a Financial Assistance Application:

- Phone: 804-287-1030
- Website: https://uro.com/patient-info/forms/
- In person: https://uro.com/locations/

B. Step Two: Collect the Required Documentation

Applicants must give us documents that show whether they qualify. The documents may include one or more of the items below. Billing staff will tell patients if more information is needed.

- Proof that you applied for a Medical Assistance Program;
- Social Security benefits award letter;
- Proof of household income (last 90 days of pay stubs) or Unemployment Benefits Letter;
- A copy of 3 most recent bank statements;
- A copy of the most recent tax returns;
- Proof of acceptance into another provider's financial assistance program, such as:
    - Access Now;
    - Another Virginia healthcare provider, such as a hospital; or
    - Patients who are being treated through Virginia Urology's relationship with charitable organizations such as Global Surgical Expedition or Doctors Without Borders.
- A signed notarized letter from someone outside of your family that states how long they have known you, and that you have not been or currently not working or receiving any outside benefits.

If documents are not available, Virginia Urology and Urosurgical Center of Richmond (Med Atlantic Inc) may ask for outside confirmation. For help, patients may call Patient Account Services at 804-287-1030.

C. Step Three: Submit the Application with Required Documentation

Send us the completed Financial Assistance Application and the required documents.

These should be submitted within 14 calendar days of the date that you received the application to:

- Mail: 9101 Stony Point Dr, Attn: Patient Accounting, Richmond, VA 23235
- Fax: 804-288-3529
- Email: billing@uro.com

If we do not receive the application and required documents within 14 calendar days, the application will be denied. Billing staff will tell the patient about the denial. The patient may apply again.

V. Application Review and Determination

After a patient sends the application and required documents, billing staff will review the information to see if it is complete and if the patient qualifies.

- The Director of Patient Accounting, or the person they choose, makes the decision.
- Approved applications are valid for six (6) months. After that, the patient must submit a new application and new required documents.

Billing staff will tell patients once we decide if they qualify.

Incomplete Applications

- We will tell applicants if information is missing.
- If information is missing, we will give the patient at least 14 business days to send it.

VI. Patient Notification and Communication

Virginia Urology and Urosurgical Center of Richmond (Med Atlantic. Inc.) will make reasonable efforts to tell patients about financial assistance, including:

- Giving information before or during the billing process.
- Making the policy and application available on the website and upon request.

VII. Billing and Collection Practices

A. Reasonable Efforts Requirement

Virginia Urology and Urosurgical Center of Richmond (Med Atlantic, Inc.) will make reasonable efforts to find out if a patient qualifies financial assistance before using Extraordinary Collection Actions (ECA's).

B. Notification Period

- Patients will be provided at least 90 days from the date of the first billing statement to apply for financial assistance
- No ECAs will be initiated within the first 90 days

C. Extraordinary Collection Actions (ECAs)

Extraordinary Collection Actions may include:

- Reporting to credit agencies
- Legal actions (lawsuits, liens, garnishments)
- Assignment to collection agencies and / or law firms

We will not start Extraordinary Collection Actions until:

- Reasonable efforts to determine eligibility have been made
- The patient has been properly notified of the FAP

D. Post-Determination Actions

If a patient qualifies for financial assistance:

- Collection activity will cease for eligible amounts
- Any overpayments will be refunded
- Reasonable efforts will be made to reverse any ECAs taken

VIII. Application Period

Patients may apply for financial assistance at any time during the 90-day period from the date of the first post-discharge billing statement.

Applications submitted after 90 days may still be reviewed, but accounts may have already progressed in the collection process.

IX. Limitations and Exclusions

Financial assistance does not cover:

- Specialty medications
- Implants
- Certain supplies

Patients will be told when these charges are expected.

X. Exception Process

Exceptions may be considered based on:

- Verified financial hardship
- Medical necessity
- Availability of external assistance programs

All exceptions must be approved in writing by the CEO, COO, or CFO of the companies.

XI. Presumptive Eligibility

Virginia Urology and Urosurgical Center of Richmond (Med Atlantic Inc) may decide that a patient qualifies without a completed application if enough information is available to show financial need.

XII. Fraud and Misrepresentation

The organization may:

- Reverse financial assistance decisions
- Pursue payment or collections

This may happen if false, incomplete, or misleading information is provided.

XIII. Availability of Policy

This policy and application are available:

- On the organization's website
- By mail upon request
- At all service locations

XIV. Contact Information

Patient Account Services
Phone: 804-287-1030
Email: billing@uro.com

VIRGINIA UROLOGY

APPLICATION FOR FINANCIAL ASSISTANCE

Urosurgical Center Of Richmond

Patient Accounting Phone: 804-287-1030 Address: 9101 Stony Point Drive, Richmond, VA 23235

You must return this form and include income Verification for everyone that lives in the household that works and is over the age of 18. Please return forms within 14 days by email: billing@uro.com Fax: 804-288-3529 or Mail to address above.

Patient Name: Patient Address:	Account or Claim Number: Patient Date of Birth:
Responsible Party Name:	SSN:
Responsible Party Address:	Phone:
Are you currently employed: Yes ☐ Full time / ☐Part Time -Number of Hours per week:	Employer Name and Phone Number:
☐Not Employed Please list dates of Unemployment.	Relationship to Patient:
Number of Dependents that can be claimed on taxes, including yourself:	
Marital Status:	
Ages of Dependents:	Do any work outside of Home?

Income: Paychecks, Social Security, Supplemental Income, Unemployment Compensation, VA Benefits, Pensions. Other Income:(Child Support, Alimony, Settlements, and other type of income)

Yours	$	Monthly	Provide one or more of the Documents listed below and include anyone in the household that is over the age of 18 and working while living in the home.
Spouse	$	Monthly	
Dependent	$	Monthly	
Other	$	Monthly	
Total Monthly Income	$	Total Annual Income	$

- Proof of application for a Medical Assistance Program or Social Security Benefits Award Letter
- Proof of household income (last 90 days of pay stubs) or Unemployment Benefits Letter
- A copy of 3 most recent bank statements or a copy of the most recent tax returns
- A Signed notarized letter from someone outside of your family that states how long they have known you, and that you have not been or currently not working or receiving any outside benefits.

Financial Assistance is intended to be applied to professional and facility charges only and excludes specialty medications, Implants and supplies. Financial Assistance Applications are valid for 6 months from the date this application was submitted. I understand that the information which I submit is subject to verification by Virginia Urology and Urosurgical Center of Richmond (Med Atlantic Inc) I certify that the above information is true and accurate to the best of my knowledge, and I will notify Virginia Urology and Urosurgical Center of Richmond (Med Atlantic Inc) should any information change during the application review process.

_____ _____

Signature Date

Date Received: _____ **Proof of Income Received:** Yes or No **Reviewed By:** _____

Financial Assistance: Percentage Approved: _____% **Valid Dates of Financial Assistance:** _____

Denial Reason: _____

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Discounts

Patient's Household Income, Compared to Federal Poverty Line	Patient Discount	Patient Financial Obligation
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251 % - 300%	25% Discount	Patient pays 75%
301% and above	No discount	100% of payable charges

2026 Federal Poverty Household Income Levels

People in Household	100% Poverty Level	200% Poverty Level	225% Poverty Level	250% Poverty Level	300% Poverty Level
	UP TO				
1	$15,960	$31,920	$35,910	$39,900	$47,880
2	$21,640	$43,280	$48,690	$54,100	$64,920
3	$27,320	$54,640	$61,470	$68,300	$81,960
4	$33,000	$66,000	$74,250	$82,500	$99,000
5	$38,680	$77,360	$87,030	$96,700	$116,040
6	$44,360	$88,720	$99,810	$110,900	$133,080
7	$50,040	$100,080	$112,590	$125,100	$150,120
8	$55,720	$111,440	$125,370	$139,300	$167,160