



Pathways Program Application

General Information:

Umpqua Health-Newton Creek, formerly known as New Clinic, provides healthcare services to the sick and afflicted, regardless of ability to pay. For those that meet the required criteria, we have adopted a standard charity care policy known as the Pathways Program.

To qualify for the Pathways Program, we ask that the Guarantor fill out the following application. The amount of discount offered is based on Federal Poverty Guidelines and income verification.

Visits will require the complete application and income verification process.

Applicants must provide proof of household income for the last 60-days. If proof of income is not provided, you will be charged according to the Clinics' Accounts Receivable policy. Proof of income may include:

- ✓ Wages and Salaries
- ✓ Regular payments from public assistance, social security, unemployment, strike benefits, military allotments, disability, rental income, regular support from an absent family member or someone not living in the household (child support, alimony), government or private pensions, and regular insurance or annuity payments.
- ✓ Income from dividends, interest, rents, royalties, or income from estates or trusts.
- ✓ The previous year's Federal Income Tax return.

Guarantor Section: "Guarantor" refers to a person age 18 or over, regardless of marital status or school status, which has legal financial responsibility for services, provided to him/her and/or his/her legal minor children.

The Guarantor is the person who receives the statements for the account and has financial responsibility. The Guarantor may be the same as the patient or in the case of a child; the Guarantor may be different than the patient.

Guarantor's Spouse/Partner Section: This section provides information regarding the Guarantor's partner and/or spouse. For example, a minor child is brought in for treatment. The mother is the financial party and the Guarantor. Her boyfriend & father of the minor child (who lives with the mother) would be listed in this section.

Household Information Section:

1. The term "*Household*" includes the following people residing in the same home and related by birth, marriage, or adoption:
 - Guarantor
 - Guarantor's spouse
 - Guarantor's children/minor dependents and step-children



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2. A household does not include any of the following people:
- Roommates
 - Extended family members such as aunts, uncles, cousins, parents, etc.
 - Neither the Guarantor's unmarried partner nor the unmarried partner's other child(ren) from a previous relationship.

Additional Income Section:

Does anyone in the household receive additional money such as:

- Child Support
- Unemployment
- Retirement
- Rental Income
- Trust Payments
- Disability
- Foster Care
- Social Security
- Pension
- Alimony
- Food Stamps
- TANF (Temporary Assistance Needy Families)
- Workers Compensation Time Loss
- Educational Financial Assistance
- VA Benefits
- Military Allotments

Eligibility

- All other alternative payment resources must be exhausted, including third party payment from insurance(s), Federal and State programs.
 - An individual who is eligible for insurance or government programs but has refused to apply will not be eligible for the Pathways Program.
 - If minor children are not covered by private or a guarantor's medical insurance, then an application for State Medical Assistance will be required.
- The Pathways Program is granted for a 180-day eligibility period, for any medical necessary services.
 - A discount will not be granted for elective cosmetic surgery, or the cost of serum or medications involved in treatment.
- There are other special situations it is not granted for, such as that of an individual who is eligible for insurance or government programs but has refused to apply.

Additional Information Section:

The patient responsibility is expected to be paid in full before the patient is checked in, but will not deter the patient from being seen. All other payment policies at the Clinics apply to this program and if not adhered to patient may be dismissed from the practice, along with all family members who are on the Pathways Plan.



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Umpqua Health – Newton Creek
PATHWAYS PROGRAM APPLICATION

I hereby authorize representatives from Umpqua Health – Newton Creek to verify the information provided on this form, or to release information regarding my office visit to any insurance company or third party seeking settlement on this account. I hereby state that the information given is true and complete to the best of my knowledge.

1. **I understand that if any information is found to be incorrect, I may not be eligible for any future consideration of reduced rates.**
2. **I further understand that any sliding fee discounts taken in the past may be reversed and all family members will be adjusted and that my household may be responsible for 100% of charges.**
3. **If I receive a financial discount, I acknowledge that no other discounts will be available to me and that this discount relates to Umpqua Health - Newton Creek Clinic and Umpqua Health - Harvard Clinic only not to other entities such as lab or radiology.**

I acknowledge the discount offered and will come prepared to pay my financial responsibility at each visit. My financial responsibility is expected to be paid in full before I am checked in. If I do not pay my financial responsibility within a reasonable time, I may be dismissed from the practice, along with any of my family members who are on the Pathways Plan.

Signature of applicant/guarantor

Date

Name of Patient

Date