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PURPOSE:

This Financial Assistance Policy (“FAP”) is intended to set forth WakeMed’s policies with respect to financial assistance for certain patients and to comply with both the North Carolina Medical Debt De-Weaponization Act and Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder and shall be interpreted and applied in accordance with such regulations.

POLICY STATEMENT:

WakeMed provides Emergency Care and other medically necessary services that are reasonable and necessary for the diagnosis and treatment of illness or injury to individual patients without discrimination, regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage.


This policy is specifically targeted at low-income, uninsured and underinsured patients who are established residents of North Carolina and who meet certain eligibility requirements and is not intended to be applied to insured or self-insured patients who have the means to accept the responsibility for their incurred charges. Financial assistance applies only to medically necessary procedures/interventions and visits where the patient/guarantor has met all third-party payor authorization requirements, including compliance with network contracts between our organization and the patient’s insurance company.

If a financial assistance application is received, open accounts are identified as “pending charity” if the patient is uninsured, or their insurance does not pay 100% of contracted charges. All patients who are identified as “pending charity” will be screened for alternative sources of funding to meet their medical expenses at any point in the billing cycle. If no alternative sources are found, the patient will be considered for full or partial debt forgiveness as applicable and after receipt of a completed financial assistance form, as described below. Uninsured patients will remain classified as “pending charity” until information is received to validate otherwise or deadlines for submitting all the required information to assess eligibility for financial assistance have passed, whichever occurs sooner. The billing process will continue, but collections activity will not be initiated until after the applicable deadlines have passed without submission of all the required information or a patient has been determined not to be eligible for financial assistance, whichever occurs sooner.

Patients identified by WakeMed as self-pay who are not covered by health insurance or another third-party source, which is or may be responsible, are provided a 62% uninsured/self-pay discount for hospital and PET charges and a 30% discount for physician charges prior to billing initiation. International uninsured patients who are not covered by health insurance or another third-party source, which is or may be responsible, are provided a 20% uninsured/self-pay

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discount for hospital charges and a 10% discount for physician charges prior to billing initiation.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

This policy applies to locations operated by WakeMed and Physician Practices. Specific locations include but not limited to:

- WakeMed Hospitals (WakeMed Raleigh CCN, including North, Rehab, WakeBrook, and WakeMed Cary CCN)
- Wake Pet Services LLC
- WakeMed Healthplexes & Medical Parks, including Apex, Brier Creek, Garner, Clayton, Wendell, and Raleigh.
- WakeMed Physician Practices: Cancer Care – Hematology & Medical Oncology; ENT – Head & Neck Surgery; Gastroenterology; General Surgery; Heart & Vascular; Maternal-Fetal Medicine; Obstetrics & Gynecology; Orthopedics; Pediatric Cardiology; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Primary Care; Pediatric Pulmonology & Sleep Medicine; Pediatric Surgery; Pediatric Urology; Physical Therapy; Primary Care; Pulmonology; Thoracic Surgery; Rheumatology; Urgent Care; Urogynecology; Urology

Services provided and/or billed by private or independent (non-WakeMed) entities, practice groups, physicians, or other providers are not covered by this policy. Patients should address any payment questions or concerns directly with the private physician practice. These groups include:

- Wake Emergency Physicians
- Raleigh Radiology Consultants
- Raleigh Pathology Laboratory Associates and Wake Medical Laboratory Consultants
- Mednax and East Carolina Anesthesia Associates (ECAA)
- All private or independent physicians not employed by WakeMed or physician practices not owned by WakeMed

Hospital and Physician practice locations established after publication of this Policy are incorporated by reference, and services provided and billed by those locations will be subject to this Policy.

WHO SHOULD READ THIS POLICY:

All Revenue Cycle Staff and WakeMed Physician Practice Staff

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PROCEDURES:

I. ELIGIBILITY

- a. WakeMed's Revenue Cycle Department is responsible for determining that reasonable efforts have been made to determine eligibility for financial assistance.
- b. In order to be eligible for consideration for financial assistance under WakeMed's FAP:
 - i. The applicant must be a North Carolina resident (the criteria for determining residency is attached as [Appendix A](#) to this policy);
 - ii. The applicant's adjusted gross income must be within the ranges established by WakeMed based on federal government poverty guidelines (see WakeMed Health and Hospitals Charity Sliding Scale, attached as [Appendix B](#)); and
 - iii. WakeMed may also consider the following in assessing the applicant's ability to pay for services:
 1. The applicant's net worth, considering liquid and non-liquid assets;
 - a. The following will be excluded from a calculation of the applicant's net worth:
 - i. One essential automobile for a single applicant and two essential automobiles for a married couple;
 - ii. The value of the primary residence;
 - iii. Property owned in conjunction with a business for which a family is fully dependent upon for income if financial income from the business is included in determining if a patient or dependent meets the debt forgiveness guidelines.
 2. Payments due to the applicant or WakeMed from any source or under any agreement, including, but not limited to:
 - a. Group or individual medical plan and/or health insurance;
 - b. Medicare (Title XVIII);
 - c. Medicaid (Title XIX);
 - d. Other federal, state, tribal, or military programs (e.g., Indian Health Services, CHAMPUS);
 - e. Third party liability insurance (e.g., resulting from automobile accidents or other personal injury);
 - f. Workers' compensation programs;

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- g. Designated grant funds for which the patient may be eligible;
 - h. Any other persons or entities that may have a legal responsibility to pay for the patient's medical services, such as third-party liability sources;
 - i. Government and public records;
 - j. Prior applications for financial assistance; and
 - k. Information posted on public websites.
- c. U.S. citizens outside of North Carolina, legal residents and undocumented residents may be approved for debt relief with management approval.
 - d. Catastrophic medical debt may be used as a deduction from income on a case by case basis with management approval.
 - e. The head of household must qualify for debt forgiveness when dependents are applying for assistance. Parents' income will be used to determine eligibility for an unemancipated minor.
 - f. A patient who is 18 years or older (or is an emancipated minor) will be considered the responsible party unless he or she is claimed as a dependent for tax purposes by another person, in which case that person's assets and adjusted gross income will also be evaluated under this policy to determine the patient's eligibility for financial assistance. Such person will be considered the "responsible person" for purposes of this policy.
 - g. Eligible patients may qualify for a discount of an amount up to 100% off gross charges (or free care) for eligible services. Discount amounts off remaining gross charges will be determined based upon a patient's adjusted gross income compared to the percentages of the current Federal Poverty Income Guidelines as per the chart below after consideration of the applicant's assets available to pay for care.
 - h. WakeMed will use the "Look-Back Method," as defined in IRS regulations, to confirm that no FAP-eligible individual is charged more than the Amount Generally Billed ("AGB") to individuals who have insurance coverage. This method will be used for all FAP-eligible patients receiving Emergency Care or other non-elective, Medically Necessary care. The AGB amounts applied at each WakeMed entity and location covered by this policy are listed in the appendices.
 - i. Once a decision is made on the appropriate discount or adjustment amount, any remaining amount is the patient's liability and must be paid in full prior to the charity adjustment (applicable discount) being made.
 - j. Eligibility for catastrophic financial assistance is addressed in Section IV, below.

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II. **APPLICATION PROCESS**

- a. To apply for financial assistance, the applicant must:
 - i. Complete a financial assistance application form (the form may be completed over the phone with a WakeMed employee); and
 - ii. Submit the following information:
 1. A copy of the most recent tax return (to include all copies of applicable forms, schedules, and required attachments);
 2. Most recent pay stub(s) that show work history for the past 4 weeks;
 3. Written verification of other income sources (e.g. child support, social security, alimony) or if unemployed.
 4. Proof of the following (as applicable):
 - a. Permanent residency (as outlined in [Appendix A](#));
 - b. Disability;
 - c. Medicaid Denial; and
 - d. Household Financial Income.
- b. Completed financial assistance applications must be received within two hundred forty (240) days of the date on the first post-discharge billing statement sent by WakeMed that includes information about the availability of financial assistance. However, collections activities may begin if a completed application is not received within one hundred twenty (120) days of the first statement.
- c. The applicant is responsible for furnishing documentation upon request and as required by the financial assistance application. The normal billing process will be reinstated if the documentation is not returned within thirty (30) days.
- d. A new application must be completed for every twelve (12) month period.
- e. The income of the applicant is calculated twelve (12) months forward.

III. **PRESUMPTIVE ELIGIBILITY:**

WakeMed understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. WakeMed may engage in a review of publicly-available information to establish such patients' qualification for financial assistance ("presumptive eligibility screening"). Presumptive eligibility screening enables WakeMed to systematically identify financially in need patients, reduce administrative burdens, and provide financial assistance to patients and their guarantors.

- a. Non-income driven presumptive eligibility may be granted to patients based on their eligibility for or enrollment in other means-tested public assistance programs or life circumstances such as:

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- i. Homelessness or receipt of care from a homeless clinic or shelter;
 - ii. Mental incapacitation with no one to act on the patient's behalf;
 - iii. Enrollment in Medicaid of patient or a child in their household;
 - iv. Women, Infants and Children (WIC) program;
 - v. SNAP benefits (Supplemental Nutritional Assistance Program, (formerly known as Food Stamps) as proof of need and are therefore presumptively eligible).
 - vi. Minors 17 years of age or younger who are deemed financially responsible for a minor child who has received services at WakeMed.
 - vii. Minors 17 years of age or younger who WakeMed was unable to obtain a parent or legal guardian to be financially responsible for services rendered to the minor.
 - viii. Eligibility in other state or local assistance programs, such as Victims of Violent Crimes.
- b. Income Driven presumptive eligibility may be granted based on the level in which the patient falls within the Federal Poverty Guidelines. WakeMed may use a third party to conduct a review of publicly-available information about the patient or guarantor to assess financial need. In no event will WakeMed or the third party access the patient's or guarantor's credit file.
- c. The data returned from the presumptive eligibility review will constitute adequate documentation of financial need under this Policy.
- d. If a patient will be screened under the presumptive eligibility model, the following will occur:
- i. Non-Income driven screening for non-emergency department services for insured and uninsured patients shall be completed prior to or at the time of check-in. The patient will be notified of their eligibility prior to discharge.
 - ii. Non-Income driven screening for emergency department services for insured and uninsured patients shall be completed as soon as possible but prior to discharge, if feasible. The patient will be notified of their eligibility prior to receiving a bill.
 - iii. Income driven screening for uninsured patients shall be completed prior to bad debt assignment or after all other eligibility and payment sources have been exhausted to ensure the patient is screened for presumptive charity/financial assistance prior to pursuing any extraordinary collection actions.
- e. Effective 1/1/2026, Section III (e)(iii), shall read, Income driven screening for insured and uninsured patients shall be completed prior to the patient receiving a bill after all other eligibility and payments sources have been exhausted to

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ensure the patient is screened for presumptive charity/financial assistance prior to pursuing any extraordinary collection actions. The patient will be notified of their eligibility prior to receiving a bill.

- f. If the information obtained through the presumptive eligibility screening does not support a finding that the patient qualifies for financial assistances, the patient may still apply through, provide the requisite information for, and be considered under the traditional financial assistance process.
- g. Patient accounts deemed non-income driven presumptively eligible will be reclassified as financial assistance. Any remaining balance due will be forgiven, excluding copays for insured patients.
- h. Patient accounts deemed income driven presumptively eligible will be reclassified as financial assistance. Any remaining balance due will be forgiven, but only for eligible services provided on the specific dates of service screened for presumptive charity eligibility. Refunds will only be granted for patient accounts granted presumptive eligibility if the patient subsequently completes the application process and is approved for financial assistance within two hundred forty (240) days of first billing statement from WakeMed.
- i. Presumptive eligibility status will not constitute a state of free care as available through the traditional financial assistance application process. Instead, these accounts will be treated as eligible for financial assistance under this Policy. They will not be sent to collections, will not be subject to further collection action, and will not be included in WakeMed's bad debt expense. Patients/guarantors will not be notified to inform them of this decision when the patient/guarantor qualifies for the most generous level of financial assistance.
- j. WakeMed reserves the right to reverse the presumptive charity discount if a potential payer source is identified. Eligible payer sources may include, but are not limited to, agency funding, government insurance, private insurance, or third-party liability coverage. Once the reversal is complete, the account will be reprocessed based on billing processes for the new coverage information provided. After processing, if a patient balance remains, a presumptive charity discount will be reapplied.
- k. WakeMed will only consider open hospital account balances for all NC residents for presumptive charity review.
- l. Effective July 1, 2025:
 - i. WakeMed will use the "Look-Back Method", as defined in the Medical Debt Mitigation, to relieve any outstanding patient responsibility for services rendered to patients who are now actively enrolled in NC Medicaid.
 - ii. WakeMed will relieve all past due medical debt for NC Residents who are

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currently enrolled in NC Medicaid for services dating back to January 1, 2014.

- iii. WakeMed will relieve all past due medical debt for services dating back to January 1, 2014, for NC Residents with incomes at or below 350% federal poverty level or for whom total debt exceeds 5% of their annual income.
- m. WakeMed nor its third-party debt collectors will charge interest on any outstanding patient responsibility.

IV. NATURAL DISASTERS

WakeMed recognizes the significant impact natural disasters in North Carolina can have on our communities and our patients and their ability to pay their bills or apply for financial assistance during these times.

To support North Carolina residents affected by NC natural disasters, WakeMed, at our discretion, may identify accounts, with or without the assistance of third-party partners, for qualification for financial assistance "presumptive eligibility screening". Presumptive eligibility screening enables WakeMed to systematically identify financially in need patients in the impacted areas, reduce administrative burdens, and provide financial assistance to patients and their guarantors.

- a. Eligibility Criteria
 - i. Affected Area: the disaster must be officially declared by state or federal authorities.
 - ii. Impact Assessment: WakeMed will proactively identify individuals or guarantors living in the areas of the disaster (by zip code) to determine all patients impacted.
 - iii. WakeMed will consider all open hospital and physician account balances for insured and uninsured patients.
 - iv. Accounts that have already been sent to collections, may be returned and included in the disaster relief adjustment.
 - v. All information used to identify and assist affected individuals will be kept confidential and used solely for the purpose of providing financial assistance.
- b. Assistance Provided
 - i. Accounts identified as needing disaster relief may be provided with a one-time presumptive charity adjustment of only their current outstanding balances due.
 - ii. Any future visits that result in a patient balance will flow through the normal billing cycle and all typical screening and payment options will be available to the patient/guarantor.

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V. CATASTROPHIC FINANCIAL ASSISTANCE

- a. Following financial assistance review and denial, patients who are denied traditional financial assistance based on income guidelines exceeding 300% of the Federal Poverty Guidelines may be eligible for catastrophic financial assistance.
- b. To be eligible for catastrophic financial assistance, the patient must have open accounts with WakeMed that produce a medical debt-to-income ratio of greater than or equal to 20%.
 - i. Example: If a household of two has an annual income of \$50,000.00, their combined balances (after all other means of payment, as defined below) must be at least \$10,000.00.
 - ii. "Other means of payment" includes, but is not limited to, agency funding, government insurance, private insurance, or third-party liability coverage.
- c. All accounts for which the guarantor is responsible, including balances in bad debt, may be included in the calculation of medical debt. Catastrophic financial assistance does not apply to future visits.
 - i. Any account pending third party payment at the time the approval occurs may be considered for catastrophic financial assistance but will be held until all third-party payments are received. This includes, but is not limited to, accounts pending Medicaid approval.
- d. Catastrophic financial assistance may be granted once per year.
- e. Upon approval of catastrophic financial assistance, the patient's medical debt will be reduced to 15% of the Household Financial Income.

VI COLLECTIONS ACTIVITIES

- a. WakeMed shall not engage in actions that discourage individuals from seeking Emergency Care. WakeMed does not require that emergency department patients pay before receiving treatment for emergency medical conditions or permit debt collection activities that interfere with the provision of Emergency Care.
- b. If a financial assistance application has not been received within one hundred twenty (120) days after the first post-discharge billing statement, WakeMed may initiate extraordinary collection actions ("ECAs"). WakeMed will not engage in ECAs during the one hundred twenty (120) day period after the first post-discharge billing statement.
 - i. ECAs include selling an individual's debt to another party, making an adverse credit report, requiring payment before providing non-emergent Medically Necessary care because of nonpayment of previous bills, or initiating legal action against the responsible party.

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- c. WakeMed’s Collections Department is responsible for determining that all reasonable efforts have been made to determine whether an individual is FAP-eligible before engaging in any ECAs.
- d. WakeMed will give notice of any ECAs that may be taken at least thirty (30) days before implementing the ECAs.
- e. If a financial assistance application is received after ECAs have been implemented, but within two hundred forty (240) days of the first post-discharge billing statement, WakeMed will suspend such ECAs until a financial assistance determination has been made.
- f. If the responsible party is determined to be eligible for financial assistance under this policy after ECAs have been initiated, WakeMed will refund any excess funds it collected over the amount the responsible party actually owes, as calculated under the FAP.

VII. AVAILABILITY OF INFORMATION


- a. This policy, the financial assistance application, a plain language summary of this policy, and applicable billing and collections policies are available on WakeMed’s website, www.wakemed.org, where they are accessible to view and print in English and Spanish.
 - i. These documents are also available by request, without charge and in English and Spanish, in WakeMed Customer Service offices and by mail.
- b. The availability of these documents and instructions for obtaining the documents are noted on billing statements sent out by WakeMed.
- c. WakeMed’s customer service representatives are available during regular business hours at (919) 350-8359 to provide information about the policy and assist with application questions.

DEFINITIONS:

Amount Generally Billed (AGB)	A discount applied to FAP-eligible patients receiving emergency and non-elective medically necessary care at our hospital. WakeMed uses the Look Back Method to calculate this discount. (See Appendix C)
Elective Services	Elective Services are non-urgent medical procedures or interventions that, in the opinion of a physician, are not medically necessary and can be safely planned and scheduled without endangering the patient’s health or well-being.

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Emergency Care	Immediate care that is necessary in the opinion of a physician to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any organs and body parts, warranting the highest priority.
Household Financial Income	The modified adjusted gross income (AGI) of spouses, if filing jointly, plus the modified AGI of each individual in the patient's family whom he or she can claim as a dependent and who is required to file an income tax return because his or her income meets the income tax return filing threshold. Measured against Federal Poverty Guideline, income includes, but is not limited to, the following: <ul style="list-style-type: none"> • Annual household AGI or pre-tax job earnings • Unemployment Compensation • Worker's Compensation • Social Security and Supplemental Security Income • Veteran's payments • Pension or retirement income • Other applicable income to include, but not limited to, rent, alimony, child support, and any other miscellaneous source
Medically Necessary	Hospital services provided 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 or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
Mental Incapacitation with no one to act on their behalf	As defined by WakeMed – Patient is unresponsive, meaning they are unable to communicate with WakeMed representatives.
Natural Disaster	As defined by WakeMed – a natural disaster is a natural hazard event, which has been declared by state or federal authorities, such as an avalanche, earthquake, flood, and landslide.
Open Accounts	Accounts that have an active balance due.

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THIS POLICY IS CROSS REFERENCED IN:

I. ASSOCIATED DOCUMENTS


- a. [Appendix A](#)
- b. [Appendix B](#)
- c. [Appendix C](#)

II. ADDITIONAL RESOURCES

- a. To obtain the Financial Assistance Application as well as learn more information regarding the policy, please visit <https://www.wakemed.org/patients-and-visitors/billing-and-insurance/financial-assistance>

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APPENDIX A: CRITERIA FOR DETERMINING RESIDENCY

Per North Carolina DHHS definition of Family and Children’s Medicaid MA-3335, “State Residence”:

To verify residency, the applicant may provide documentation that verifies the address he has listed on his application as his physical or mailing address. Documents from at least two of the following categories may be provided. This means a document or proof must be from two of the little letters below. Example: An item from c. and d. would be acceptable. Two documents outlined in b. are not acceptable.

- a. A valid North Carolina drivers’ license or other identification card issued by the North Carolina Division of Motor Vehicles.
- b. A current North Carolina rent, lease, or mortgage payment receipt, or current utility bill in the name of the applicant or the applicant’s legal spouse, showing a North Carolina address.
- c. A current North Carolina motor vehicle registration in the applicant’s name and showing the applicant’s current North Carolina address.
- d. A document verifying that the applicant is employed in North Carolina.
- e. One or more documents proving that the applicant’s home in the applicant’s prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- f. The tax records of the applicant or the applicant’s legal spouse, showing a current North Carolina address.
- g. A document showing that the applicant has registered with a public or private employment service in North Carolina.
- h. A document showing that the applicant has enrolled his children in a public or private school or a child care facility located in North Carolina.
- i. A document showing that the applicant is receiving public assistance (such as SNAP benefits (Supplemental Nutritional Assistance Program, formerly known as Food Stamps)) or other services which require proof of residence in North Carolina. Work First and Energy Assistance do not currently require proof of NC residency.
- j. Records from a health department or other health care provider located in North Carolina which shows the applicant’s current North Carolina address.
- k. A written DMA-5152, North Carolina Residency Declaration, from an individual who has a

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social, family, or economic relationship with the applicant, and who has personal knowledge of the applicant's intent to live in North Carolina permanently, for an indefinite period of time, or residing in North Carolina in order to seek employment or with a job commitment.

- l. A current North Carolina voter registration card.
- m. A document from the U.S. Department of Veteran's Affairs, U.S. Military or the U.S. Department of Homeland Security, verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
- n. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with a job commitment.
- o. A document issued by the Mexican consular or other foreign consulate verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.

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APPENDIX B: WAKEMED HEALTH & HOSPITALS CHARITY SCALE

% of Poverty Guidelines		300%
Discount		100% Discount
Family Size	1	\$47,880.00
	2	\$64,920.00
	3	\$81,960.00
	4	\$99,000.00
	5	\$116,040.00
	6	\$133,080.00
	7	\$150,120.00
	8	\$167,160.00

- For families with more than eight (8) members, add \$17,040 for each additional member.
- The figures provided are based on the federal poverty guidelines published in the *Federal Register*, which may be updated from time to time.

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	Title: Financial Assistance Policy	Effective Date: 02/02/2026

APPENDIX C: AMOUNT GENERALLY BILLED (AGB) CHARGED TO FAP-ELIGIBLE PATIENTS

The Amount Generally Billed is a discount applied to FAP-eligible patients receiving emergency and non-elective medically necessary care at our hospital. WakeMed uses the Look Back Method to calculate this discount. WakeMed’s calculation is based on discount percentages from BlueCross Blue Shield, Commercial & Managed Care Payors, and Third-Party Liability Payors. For more information on how to obtain the current discount percentage and how it was calculated, please submit a request in writing to:

Attn: WakeMed Financial Assistance
3000 New Bern Ave
Raleigh, NC 27610

Request can be made in person at our WakeMed Raleigh or WakeMed Cary Customer Service Offices:

WakeMed Raleigh	3000 New Bern Ave	Raleigh, NC 27610
WakeMed Cary	1900 Kildaire Farm Road	Cary, NC 27518

Origination date: 01/01/1992
Prepared by: Mgr, Patient Financial Services
Approved by: DIR, REVENUE CYCLE
Reviewed: 02/02/2026
Revised: 02/02/2026

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