Let’s Crush Medical Debt

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LCMD

Agenda

- Let’s Crush Medical Debt
- Details about Charity Care
- Policy Improvements

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Let’s Crush Medical Debt

Mission

01

Volunteer

LCMD is a student-run organization at UT Austin that advocates for patients with overwhelming medical expenses. We fight for those who are eligible for Charity Care programs at hospitals around the nation.

02

Legislative Advocacy

Our approach centers around outreach events, where we attend both events within the local Austin community to share financial assistance resources.

We crush medical bills by making charity care **known, easy, and fair.**



IMPACT

$1,578,960
Dollar amount in medical bills that has been processed for charity care due to LCMD

623
# of patients that LCMD has referred to Dollar For

LET'S CRUSH MEDICAL DEBT
advocating for patients

4000+
volunteer hours

60+
stories collected

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What is Charity Care?

Charity care is the **full or partial forgiveness of a patient's hospital bill** based on financial need, rather than insurance status or ability to negotiate payment. Eligibility is determined by household income and size, typically measured against the Federal Poverty Level (FPL), with hospitals offering free care below a certain threshold and sliding-scale discounts above it. It is federally mandated for **nonprofit hospitals** under Internal Revenue Code Section 501(r), enacted as part of the **Affordable Care Act (2010)**.

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Dollar For Resources



Financial assistance application form

Ascension

Patient information

(Please print and all fields must be completed. Indicate N/A if not applicable on any individual line in the application.)

Date_____ Account number _____

Name (first and last)_____

Birth date_____ Marital status_____ Phone number _____

Mailing address_____ City_____ State_____ ZIP_____

Social security number (optional) _____

Employer_____ Employment status_____

Number of hours worked per week_____ Employer phone number_____

Responsible party's information/legal guardian's information

(If patient above is same as responsible party, leave this section blank.)

Name (first and last)_____

Birth date_____ Marital status_____ Phone number _____

Mailing address_____ City_____ State_____ ZIP_____

Social security number (optional) _____

Employer_____ Employment status_____

Number of hours worked per week_____ Employer phone number_____

Responsible party spouse information

(If patient is same as responsible party, fill in spouse information for patient.)

Name (first and last)_____

Birth date_____ Marital status_____ Phone number _____

Mailing address_____ City_____ State_____ ZIP_____

Social security number (optional) _____

Employer_____ Employment status_____

Number of hours worked per week_____ Employer phone number_____

Dependents of responsible party

(If patient is same as responsible party, fill in spouse information for patient.)

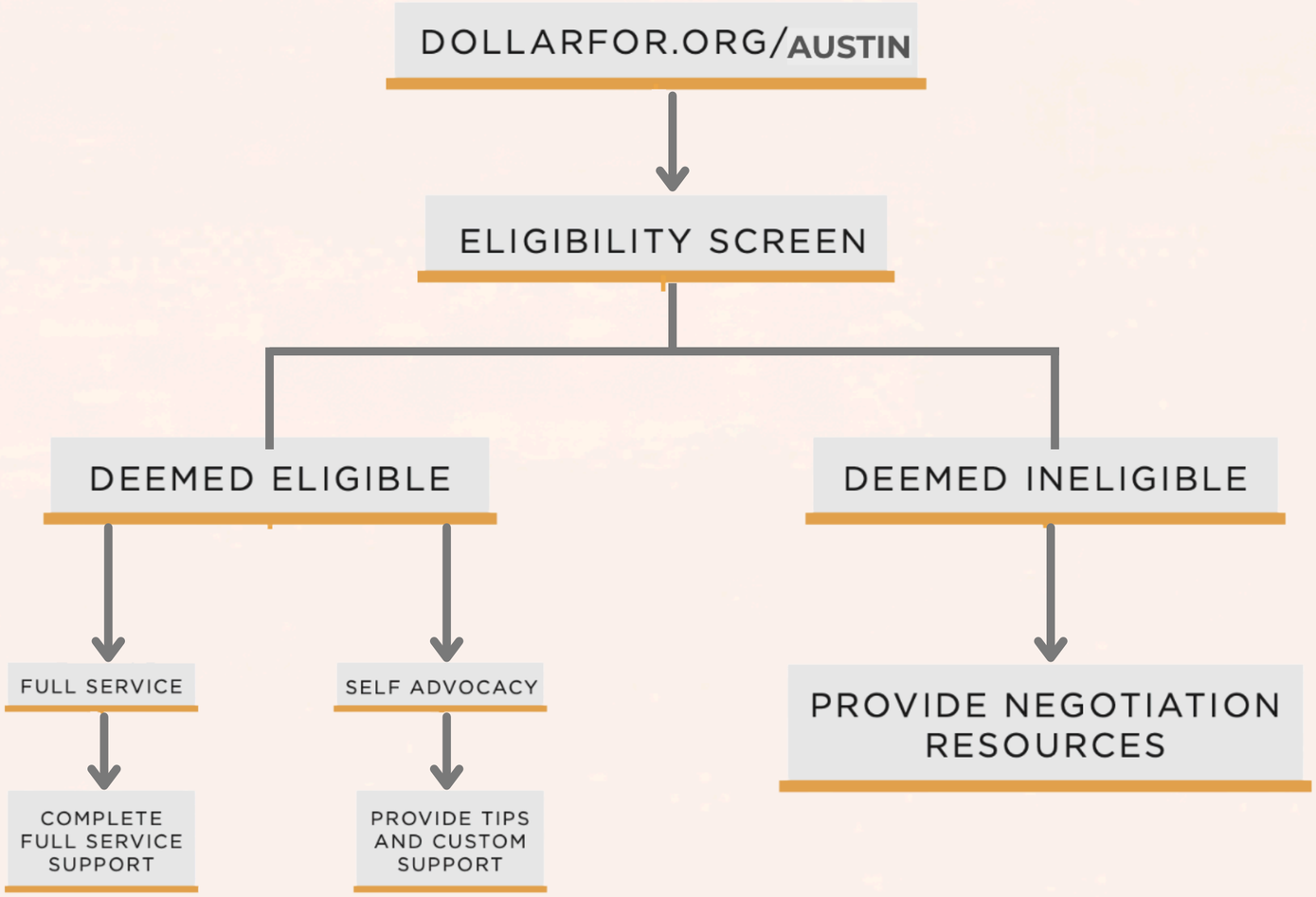
Name_____ Birth date _____ Relationship to responsible party_____

Name_____ Birth date _____ Relationship to responsible party_____

Name_____ Birth date _____ Relationship to responsible party_____

Name_____ Birth date_____ Relationship to responsible party _____

Number of adults and children living in household _____



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Law vs. Practice

- Maintain a written Financial Assistance Policy (FAP) defining eligibility and covered services
- **Widely publicize that policy to patients**
- Limit charges to FAP-eligible patients
- **Make reasonable efforts to screen patients for eligibility before pursuing collections**

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Policy Solutions

Problem: Existing financial assistance resources are not serving the deserved population

- **1st Step -** Screen for charity care before the bill gets sent to collections (Rep. Oliverson)

Existing Policy: Oregon House Bill 3320 - Requires hospitals to preemptively screen for charity care

LET’S CRUSH MEDICAL DEBT

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