

**Texas Nonprofit Hospitals \***  
**Part II**  
**Summary of Current Hospital Charity Care Policy and Community Benefits**  
**for Inclusion in DSHS Charity Care Manual as Required**  
**by Texas Health and Safety Code, § 311.0461\*\***

**Facility Identification (FID):** 2016302 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Methodist Willowbrook Hospital **County:** Harris

**Mailing Address:** 18220 Tomball Parkway, Houston, TX 77070

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 08/31/2004

**Date of Scheduled Revision of this policy:** 04/01/2014

**How often do you revise your charity care policy?** Annually

**Provide the following information on the office and contact person(s) processing requests for charity care.**

Name of the office/department: Patient Access

Mailing Address: 18220 Highway 249, Houston, Texas 77070

Contact Person: Kim Rushing Title: Director of Finance

Phone: (281) 737-2152 Fax: (281) 737-1361 E-Mail klushing@tmhs.org

Person completing this form if different from above:

Name: Dimitria Oniyide Phone: (281) 737-4509

\* This summary form is to be completed by each **nonprofit** hospital. Hospitals in a system must report on an individual hospital basis. Public hospitals, for-profit hospitals participating in the Medicaid disproportionate share hospital program and exempt hospitals are not required to complete this form. This form is only available in PDF format at DSHS web site: [www.dshs.state.tx.us/chs/hosp](http://www.dshs.state.tx.us/chs/hosp) under 2012 Annual Statement of Community Benefits Standard.

\*\* The information in the manual will be made available for public use. Please report most current information on the charity care policy and community benefits provided by the hospital.

\*\*\* The list is also available on DSHS web site: [www.dshs.state.tx.us/chs/hosp/](http://www.dshs.state.tx.us/chs/hosp/).





4. All household members

5. Other, please explain \_\_\_\_\_

g. What is included in your definition of income from the list below? Check all that apply.

- 1. Wages and salaries before deductions
- 2. Self-employment income
- 3. Social security benefits
- 4. Pensions and retirement benefits
- 5. Unemployment compensation
- 6. Strike benefits from union funds
- 7. Worker's compensation
- 8. Veteran's payments
- 9. Public assistance payments
- 10. Training stipends
- 11. Alimony
- 12. Child support
- 13. Military family allotments
- 14. Income from dividends, interest, rents, royalties
- 15. Regular insurance or annuity payments
- 16. Income from estates and trusts
- 17. Support from an absent family member or someone not living in the household
- 18. Lottery winnings
- 19. Other, specify \_\_\_\_\_

3. Does application for charity care require completion of a form?  YES NO

If YES,

a. **Please attach a copy of the charity care application form.**

b. How does a patient request an application form? Check all that apply.

- 1. By telephone
- 2. In person
- 3. Other, please specify Physician office, internet, written request

c. Are charity care application forms available in places other than the hospital?

YES  NO If, YES, please provide name and address of the place.

d. Is the application form available in language(s) other than English?

YES NO

If yes, please check

Spanish  Other, please specify \_\_\_\_\_

4. When evaluating a charity care application,

a. How is the information verified by the hospital?

- 1. The hospital independently verifies information with third party evidence (W2, pay stubs)
- 2. The hospital uses patient self-declaration
- 3. The hospital uses independent verification and patient self-declaration

b. What documents does your hospital use/require to verify income, expenses, and assets? Check all that apply.

- 1. W2-form
- 2. Wage and earning statement
- 3. Pay check remittance
- 4. Worker's compensation
- 5. Unemployment compensation determination letters
- 6. Income tax returns
- 7. Statement from employer
- 8. Social security statement of earnings
- 9. Bank statements
- 10. Copy of checks
- 11. Living expenses
- 12. Long term notes
- 13. Copy of bills
- 14. Mortgage statements
- 15. Document of assets
- 16. Documents of sources of income
- 17. Telephone verification of gross income with the employer
- 18. Proof of participation in govt assistance programs such as Medicaid
- 19. Signed affidavit or attestation by patient
- 20. Veterans benefit statement
- 21. Other, please specify Letter of support from family member, if applicable

5. When is a patient determined to be a charity care patient? Check all that apply.

- a. At the time of admission
- b. During hospital stay
- c. At discharge
- d. After discharge

e. Other, please specify \_\_\_\_\_

6. How much of the bill will your hospital cover under the charity care policy?

a. 100%

b. A specified amount/percentage based on the patient's financial situation

c. A minimum or maximum dollar or percentage amount established by the hospital

d. Other, please specify \_\_\_\_\_

7. Is there a charge for processing an application/request for charity care assistance?

YES  NO

8. How many days does it take for your hospital to complete the eligibility determination process? 1-7 days

9. How long does the eligibility last before the patient will need to reapply? Check one.

a. Per admission

b. Less than six months

c. One year

d. Other, specify \_\_\_\_\_

10. How does the hospital notify the patient about their eligibility for charity care?

Check all that apply?

a. In person

b. By telephone

c. By correspondence

d. Other, specify Email

11. Are all services provided by your hospital available to charity care patients?

YES  NO

If NO, please list services not covered for charity care patients (e.g. transplant services, ER services, other outpatient services, physician's fees).

Cosmetic procedures, physician fees, services deemed not medically necessary

12. Does your hospital pay for charity care services provided at hospitals owned by others?

YES  NO

## II. Community Benefits Projects/Activities:

Provide information on name, brief description (3 lines), target population or purpose (3 lines) for each of the community benefits projects/activities CURRENTLY being undertaken by your hospital (example: diabetes awareness).

Vein Screening Events ζ free screenings for community members on hospital campus as well as free seminar by a vascular surgeon; Heart to Heart seminar ζ (free physician seminar providing education to community members as well as cholesterol and BP screenings); Tour de Pink ζ (major sponsor and employee participation raising money for breast cancer / American Cancer Association); Ask the Doctor seminar series ζ (free educational seminars on the hospital campus with physician speakers addressing a variety of topics throughout the year (women's health, surgical weight loss, managing reflux, allergy treatments, men and prostate, and more)); Support Groups ζ (offered free on hospital campus with a variety of support groups facilitated (breast cancer, grief, etc)); American Heart Association Go Red for Women Event ζ (major sponsor and leadership team member; supported heart healthy break-out room educating over 350 attendees and providing free cholesterol, diabetes, BP and BMI screening); American Heart Association Heart Walk ζ (major sponsor; staffed tent to educate community attendees on heart health); March of Dimes ζ hospital employees raised funds supporting this charity; Cy Fair Chamber ζ (sponsored mobility forum, collaborating with the chamber to educate and inform the community on current mobility issues and plans; served as chamber ambassador; sponsored other chamber events & provided health information to hundreds of chamber and community members; awarded 2012 Business of the Year for contributions to the Cypress community and local charities; Kindred Black Bag Affair ζ major sponsor benefitting Dress for Success Houston; Alzheimer's Walk ζ company walkers raising funds for this charity); Cypress Triathlon Club ζ (major sponsor; provided sports medicine and orthopedic speakers to educate club members on safety, injury prevention, and human performance); Cy Fair Education Foundation ζ (sponsored multiple foundation events raising funds to support Cy Fair ISD scholarships; lead sponsor for event supporting and recognizing area teachers); Klein Educational Foundation ζ sponsored golf team to raise funds for Klein ISD scholarships; Cypress Creek EMS ζ sponsored golf team to raise funds supporting Houston area EMS student scholarships; Boys and Girls Country ζ (sponsored and provided employee volunteers at Spring Festival, raising funds to support basic needs of 100 boys and girls; Reach Unlimited Learning Center ζ sponsored luncheon event raising funds to support services for people with intellectual and developmental disabilities); Lone Star College ζ sponsorship of various events supporting scholarships and programs at the local community college; Northwest Houston Chamber ζ (major sponsor; educated chamber members on health issues and offered free screenings at chamber events; provided speaker and sponsorship for economic development forum; provided sponsorship for healthcare summit to educate community on the current state of healthcare); Greater Tomball Chamber ζ (major sponsor Spring High School, USA Fit, Cypress Christian School, The Kinkaid School, Rosehill Christian School, Northwest Flyers Track Club - provided community education and sponsorship support for organizations listed; supplied speakers (sports medicine, orthopedic experts, athletic trainers); provided health information and concussion management education; provided BP, flexibility, BMI and other screenings as available at events; provided athletic training support); NAACP National Convention ζ (Tomball Lions Club ζ sponsored golf tournament in support of this charity); NAACP National Convention ζ (major sponsor for convention and offered cholesterol screenings to participants)

### Additional Information:

Use this space if more space is required for comments or to elaborate on any of the information supplied on this form. Please refer to the response by question and item number.

**Texas Nonprofit Hospitals**  
**Part II**  
**Summary of Current Hospital Charity Care Policy and Community Benefits**  
**for Inclusion in DSHS Charity Care Manual as Required**  
**by Texas Health and Safety Code, § 311.0461**

**NOTE:** This is the twelfth year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512) 776-7261 or fax: (512) 776-7344 or E-mail: [dwayne.collins@dshs.state.tx.us](mailto:dwayne.collins@dshs.state.tx.us).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**