

**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\*\*  
2023**

**Facility Identification (FID):** 4391435 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Cook Children's Medical Center **County:** Tarrant

**Mailing Address:** 801 7th Aven., Fort Worth, TX 76104

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

**Effective Date of the current policy:** 07/01/2018

**Date of Scheduled Revision of this policy:** 01/01/2024

**How often do you revise your charity care policy?** Every 3 to 5 years

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

Name of the office/department: System Finance

Mailing Address: 801 7th Ave., Fort Worth, Texas 76104

Contact Person: Ashley Regier Title: Dir. Budget & Finance  
Planning

Phone: 6828853089 Fax: 6828851007

Person completing this form if different from above:

Name: Javier Canetti Phone: 6828857306

\*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.texas.gov/chs/hosp](http://www.dshs.texas.gov/chs/hosp) under 2023 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: <http://www.dshs.texas.gov/chs/hosp/>

**I. Charity Care Policy:**

1. Include your hospital’s Charity Care Mission statement in the space below.

In connection with CCHCS exemption from certain federal and state taxes, and in support of CCHS mission to serve the health care needs of the community, CCHCS will provide charity care or financial assistance to eligible needy patients.

2. Provide the following information regarding your hospital’s current charity care policy.

a. Provide definition of the term **charity care** for your hospital.

Financial assistance for guarantors who do not have the financial means to pay for health services.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.

5

1. 100%

4. <200%

5.

2. <133%

Other, specify @ or below 400%

3. <150%

c. Is eligibility based upon net or  gross income? Check one.

d. Does your hospital have a charity care policy for the Medically Indigent?

YES  NO If yes, provide the definition of the term **Medically Indigent**.

A medically indigent guarantor is a person whose medical or hospital bills exceed 5% of the guarantor's annual gross income, has no third-party insurance coverage, family income exceeds 400% of the poverty guidelines and is unable to pay. CCHCS may consider other financial assets and liabilities of the person when determining ability to pay.

e. Does your hospital use an Assets test to determine eligibility for charity care?

YES  NO  If yes, please briefly summarize method.

f. Whose income and resources are considered for income and/or assets eligibility determination?

1. Single parent and children

2. Mother, Father and Children

3. All family members

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, college or university scholarships, grants, fellowships & apprenticeships \_\_\_\_\_

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 online or email

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.

www.cookchildrens.org,

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

YES NO

If yes, please check

Spanish  1 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. Paycheck 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 gov't assistance programs such as Medicaid
  - 19. Signed affidavit or attestation by patient
  - 20. Veterans benefit statement
  - 21. Other, please specify \_\_\_\_\_

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 Financial Indigent - 100% Medical  
Catastrophically Indigent - Sliding Scale

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? Determined by how long it takes to receive verification by usually 30 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 Can last up to 1 year, but information is re-verified

10. How does the hospital notify the patient about their eligibility for charity care? Check all that apply.  
Check all that apply?

- a. In person
- b. By telephone
- c. By correspondence
- d. Other, specify \_\_\_\_\_

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). Elective cosmetic surgery

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).

**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. Knowing that every child's life is sacred, it is the Promise of Cook Children's to improve the health of every child in our region through the prevention and treatment of illness, disease, and injury. Cook Children's has been assisting North Texas childr

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**NOTE:** This is the twenty-third 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.texas.gov](mailto:dwayne.collins@dshs.texas.gov).

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

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

**Suggestions/questions:**