Even though hospitals are required to publicize financial assistance, charity care notifications are hidden in fine print on bills, tiny signs in hospital lobbies, and hard-to-find web pages. Many patients incorrectly believe they won’t qualify for financial assistance — even when a hospital has a generous policy. Meanwhile, patients are bombarded with bills and calls demanding payment or threatening consequences. Federal law even allows hospitals to send patients to collections 120 days before the charity care application window closes.

Dollar For seeks to overcome these challenges by spreading the word about charity care. Using a range of strategies, we distribute key messages to educate patient communities and make them aware of our services.

### 2022 Strategies

**Partner Organizations**

We partnered with over 40 social service organizations to educate the vulnerable populations about financial assistance.

**Press & Social Media**

We leveraged social media and traditional press to tell stories about charity care.

**Community Outreach**

We engaged deeply with local groups through dedicated community organizers in Austin, TX and Louisville, KY.

### 2022 Impact

- **Social Media Impressions**: 10,000,000+
- **News Stories**: 20
- **Bills Screened for Eligibility**: 9,531
Hospital financial assistance offices are frequently understaffed and difficult to reach. There may be only one or two people in the entire hospital who can answer questions or help patients apply. Application forms are often long and complicated, requiring a long list of proof of income documents (tax returns, bank statements, paystubs, and more). Patients already stressed by illness find this intrusive and overwhelming. In most cases, hospitals expect patients to mail or fax their applications. Many patients lack access to printers, copy machines, and fax machines.

Dollar For’s proven program helps patients apply for hospital charity care and crush bills. We help patients check if they are eligible for financial assistance at their hospital, prepare and submit applications, and eliminate medical bills.

**2022 IMPROVEMENTS**

**LAUNCHED CUSTOM-BUILT FORMS**

Our new eligibility screener and full service questionnaire allow us to precisely control what patients are asked and how the data is collected.

**FORMALIZED OUR HOSPITAL DATABASE**

This custom database allows us to ensure consistent data to power our entire program.

**LAUNCHED BILINGUAL SERVICES**

By offering translated forms, automated communications, and bilingual staff, we have expanded our ability to crush bills for Spanish-speaking patients.

**2022 IMPACT**

<table>
<thead>
<tr>
<th>Hospital Applications Submitted</th>
<th>Debt Crushed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,390</td>
<td>$8,688,986</td>
</tr>
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</table>
A $36,000 bill still hung in the balance three years after Ashley Harrison first walked into the emergency room at Advocate South Suburban Hospital in the Chicago suburbs. “I was having real bad chest pains. I wasn’t eating. My joints were hurting. I had a real horrible headache,” Ashley said.

Doctors found she had cancer. After two days, she was transferred to a second hospital when South Suburban told her they didn’t take the insurance she had through work. Ashley spent seven weeks being treated at a third hospital as she fought off the disease. Months later, back home caring for her one-year-old son, Ashley received a jarring letter. She owed South Suburban over $36,000 for her two-night hospital stay.

“At the time, when you’re going through a lot, you’re not feeling good. That wasn’t on my mind at all about what hospital accepts my insurance. I’m thinking ‘I’m not feeling well. I need immediate help,’” Ashley said.

The insurance claim with the hospital was pending for the next two years. “It was always in the back of my mind. They will call every now and then and leave messages and say that it’s gone to collections,” Ashley said.

In that time, she began researching ways to get assistance with paying the bill. She contacted the Expect Miracles Foundation’s Samfund and was quickly referred to Dollar For.

In Ashley’s case, the hospital didn’t allow a financial aid application to be processed while insurance was pending. When the claim was closed, leaving Ashley responsible for the entire $36,000 bill, too much time had passed since her discharge date – prohibiting her from receiving assistance under the hospital’s policy.

Dollar For advocated on Ashley’s behalf for over six months. Her Patient Advocate was able to get the entire bill completely canceled by the hospital.

“I was shocked. It made my day. I didn’t think that was even possible, I was so excited. You hear about things like this happening to other people and then it happens to you, so I was really happy,” Ashley said.

Having the medical debt cleared allowed her to enroll in community college full-time. Now she’s on track to become a surgical technician, helping others during their own hospital stays.

Since her bill was forgiven, Ashley’s been in conversations with Advocate Health’s vice president to give suggestions on how to improve the treatment, billing, and financial aid process. She hopes her input will help her future patients receive the care they need without a financial crisis.
Sharon Eriksen’s medical bills story started with a biking accident. She was airlifted from California’s Yosemite National Park, where she works as a park ranger, to a nearby hospital. While doctors diagnosed her with a severe concussion and several facial fractures, she fortunately needed no surgery and left the emergency room after just eight hours.

Sharon knew that even without surgery, she would not be spared from expensive medical bills. She had read that air ambulance companies, which are mostly for-profit, charge tens of thousands of dollars. Even knowing that, Sharon was not prepared for the balance she saw. Her bill from PHI Air Medical was $68,100.

Bills also arrived from providers who had seen Sharon during her short ER visit. It was unclear what the total of all the ER bills would be, but “I knew it was going to be money that I didn’t have,” she said.

As Sharon was searching online for places to help her with debt relief, a friend shared a link to a National Public Radio story about Dollar For. She learned from filling out a short questionnaire on Dollar For’s website that she would likely qualify for financial assistance at Doctors Medical Center in Modesto, Calif. Staff at DMC had not told Sharon about the hospital’s program at all.

Sharon’s Patient Advocate at Dollar For filled out a copy of the hospital’s charity care application and stayed in touch to make sure the process was advancing. Several months later, Sharon received a letter from the hospital that said nearly her entire bill, except about $3,000, was canceled.

The letter was the first time that Sharon learned the total cost of her visit. Before financial assistance, she would have been stuck with a $160,000 bill for her eight-hour trip to the emergency room — and no health coverage from her employer to offset the cost.

After tackling the hospital bill, Sharon and her advocate turned their attention to the $68,100 air ambulance bill. Sharon sent in her charity care application and, with her advocate’s help, called the company after it failed to respond with a decision. The persistence of Sharon and her advocate ensured that the company did respond with a decision. PHI forgave all of the $68,100 bill for her airlift.

Getting her debt wiped out has removed a huge burden for Sharon. Before her bills were forgiven, she took a second job to help her slowly chip away at what would have been a $228,000 debt. She researched the possibility of medical bankruptcy and gave up hope of ever buying a home.

Today, instead of paying off a quarter-million-dollar debt, Sharon can use the money from her second job to build a financial future. Best of all, she can continue working as a park ranger, a job she loves.

“[I felt] so overwhelmed and alone,” Sharon said. “Having support from Dollar For made a world of difference,” Sharon said. For anyone facing medical bills of their own, “I want people to know that this is a resource.”
Today's hospitals are able to decide the terms of their financial assistance policies and what hoops people must jump through to apply. Policies often use loopholes and vague or complicated wording to exclude patients from assistance based on residency, insurance status, or the size of the bill.

There is almost no federal oversight of charity care. A recent study showed that 72% of nonprofit hospitals spent less on charity care and community investment than they received in tax breaks. Combined, nonprofit hospitals in 2018 received $17 billion in tax breaks that were not passed on as community benefits.

Dollar For advocates for stronger laws, policies, and practices to help patients avoid needless medical debt.

**PILOT PROGRAM: NEGOTIATIONS LAB**

In 2022, Dollar For launched a pilot program to help patients negotiate medical bills that did not qualify for financial assistance. We launched an intake process and carefully selected 55 patients to accept into the pilot program. Working intensively with these patients, Dollar For staff tested a range of approaches to determine the best practices for negotiating with hospitals and debt collectors.

The program had an enormous impact for the patients served, but ultimately proved challenging to scale. Recognizing the need to help patients outside of charity care, we shifted our focus to vetting potential partners and publishing negotiations resources. Today, patients that are deemed ineligible for charity care are now automatically referred to our new partners and the Dollar For online negotiations guide.

While helping patients apply for financial assistance, Dollar For became aware that a Maryland hospital was telling patients that they were ineligible for financial assistance because maternity services were not medically necessary.

Our policy team sprang into action, researching the law and confirming the practice through multiple patient interactions and calls.

We then reached out to the hospital, they took action to re-train their staff and ensure that no patients were ever denied on this grounds again. Further, as a result of our conversations with stakeholders across the state around this issue, the Maryland Health Services Cost Review Commission sent a notice to all hospitals to remind hospitals of their responsibility to offer financial assistance to patients with emergent conditions.

DEBT CRUSHED THROUGH THE LAB

$1,533,130
We are so thankful to every single donor who provided funds to make our work possible. Your gifts made a meaningful difference in the lives of patients and allowed us to grow faster than we had ever anticipated. Thank you.

**2022 NUMBERS**

- **TOTAL INCOME**
  - Foundation Support: $172,135
  - Corporate Gifts: $25,390
  - Individual Giving: $165,586
  - Development: $122,208
  - Programs: $476,155
  - Administration: $64,402

- **TOTAL EXPENSES**: $662,766