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## Financial Assistance/ Charity Care

When a patient requests their account be considered for reduced financial responsibility or charity reduction write-off, the patient is required to complete a FINANCIAL ASSISTANCE FORM.

1. It will be requested of the patient to provide a copy of the previous years Federal Income Tax Statement, W-2 and current payroll stub.
2. Upon receipt of the FINANCIAL ASSISTANCE FORM, the current National Poverty Level Sliding Scale will be reviewed to determine where the patient's income resides.
3. If the patient meets or is below the gross income amount of the national poverty level, the appropriate write-off is made applicable to the procedure charge amount.

Collier Endoscopy and Surgery Center billing representative is responsible for management and oversight of the billing and collections processes at the center.