

POLICY TITLE: Financial Assistance Policy

Responsible Department: Patient Financial Assistance

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APPROVED BY: Keith Nilsson

Title: Vice President Finance North Region, Vice President Revenue Cycle

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SUMMARY & PURPOSE:

This policy is established to provide the operational guidelines for Bethesda Hospital, Inc. (“BHI”), as an affiliate of Baptist Health South Florida, Inc. (“BHSF”), to identify uninsured patients who are in need of financial assistance, and to process patient applications for financial assistance. Furthermore, the purpose of this policy is to outline the circumstances under which BHI will provide financial assistance to patients who are unable to pay for services and to address how BHI calculates amounts charged to patients eligible for financial assistance. This policy applies to Bethesda Hospital East and Bethesda Hospital West (the “Hospitals”).

POLICY:

As a health care provider and tax-exempt organization, BHI seeks to meet the needs of patients within the community and others who seek care, regardless of their financial abilities to pay for services provided. In addition, BHI is designated as charitable (i.e., tax-exempt) organization under section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the “Code”). Pursuant to section 501(r) of the Code, in order to remain tax-exempt, BHI is required to (among other things) adopt and widely publicize its financial assistance policy.

In order to promote the health and well-being of the community served, uninsured individuals with limited financial resources who are unable to access entitlement programs shall be eligible for free health care services based on established criteria. Eligibility criteria will primarily be based upon the Federal Poverty Guidelines and will be updated annually in conjunction with the published updates by the United States Department of Health and Human Services. The eligibility criteria may be revised upward or downward as necessary. The objective of the eligibility criteria under this policy is to allocate financial assistance resources based upon a patient’s ability to pay.

Financial assistance may be denied if a patient is eligible for other coverage resources such as Medicaid or a subsidized Health Insurance Exchange plan and refused to apply for these resources.

This policy applies to patient service charges which health insurance or any other payor source (e.g. third party, auto, workers compensation, etc.) does not cover. If a determination is made that the patient has the ability to pay all or a portion of the bill, such a determination does not prevent a reassessment of the person’s ability to pay at a later date. The need for financial assistance is to be re-evaluated at the following times.

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

1. Each subsequent rendering of services
2. Income change
3. Family size change

This policy does not apply to services rendered at Express Care, Care on Demand, any concierge practice of Baptist Health Medical Group or any other Baptist Health South Florida facilities or physicians. Baptist Health South Florida provides financial assistance under a separate policy. In addition, this policy does not apply to cosmetic surgery or other elective procedures that are not medically necessary for the diagnosis or treatment of illness or injury that is emergent. This policy applies to only Bethesda Hospital, Inc. facility charges and Baptist Health Medical Group North employed physician charges. This policy does not apply to private practice physician charges or other independent company billings.

For those patients who are uninsured, BHI will work with patients to assist with finding a financial assistance program that may cover some or all of their unpaid hospital bill(s). For those patients with private insurance, the Hospitals must work through the patient and the insurer to determine what may be covered under the patient's insurance policy. As BHI is often not able to get this information from the insurer in a timely manner, it is the patient's obligation to provide additional information regarding what services will be covered prior to seeking non-emergency level and non-urgent care services. In regards to billing of uninsured patient, please reference the Billing and Collections section below.

BHI shall provide financial assistance to uninsured patients, for their emergency or other medically necessary (non-elective) care, who qualify in accordance within the guidelines of this policy. To be considered for financial assistance, the patient must cooperate to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicaid, Disability, or Healthcare District. Financial assistance will only be available if the patient does not qualify for another funding source, and if they meet the criteria as outlined within this policy. The patient and/or guarantor will be responsible for completing the required application forms and cooperating fully with the information gathering and assessment process, in order to determine eligibility for financial assistance. BHI financial counselors will be available to assist patients with completion of the application.

The necessity for urgent or emergent medical treatment of any patient will be based on the clinical judgment of the provider as determined by standards of practice without regard to the financial status of the patient. Further, the Hospitals follow the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements by conducting a medical screening examination to determine whether an emergency medical condition exists. All patients will be treated with respect, kindness, fairness and courtesy in attitude, mannerisms and tone of voice, regardless of their ability to pay.

Resources are limited and it is necessary to set limits and guidelines. These are not designed to turn away or discourage those in need from seeking treatment. They are intended to assure that the resources BHI can afford to devote to its patients are focused on those who are most in need and least able to pay, rather than those who choose not to pay.

COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE:

BHI provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. BHI will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all BHI patients in a nondiscriminatory manner, pursuant to each hospital's EMTALA policy.

The following are the levels of financial assistance under this policy:

Designation	Responsible for administration	Eligibility guidelines¹ (based on federal poverty levels [FPL])	Applicable discount off of gross charges
State or federally qualified ²	Vice President of Finance North Region	Family income of 200% FPL or less	100%
Special needs financial assistance	Vice President of Finance North Region	Family income of 200 to 300% FPL	100%

¹ The federal poverty levels are the base eligibility criteria for this policy. See Attachment 1 for the current Federal Poverty Guidelines. Other financial information such as assets and hospital charges may be considered.

² Accounts qualifying at this level may be classified as "state or federally qualified" as long as the patient's discharge date is in the same or the preceding two fiscal years as the write-off. If the discharge date is prior to this time, the financial assistance will be classified as "special needs financial assistance."

Any patient that qualifies for coverage under Palm Beach County Health Care District meets the qualifications for financial assistance under this policy due to PBCHCD guidelines that follow the Federal Poverty Guidelines of 200%. Specifically, full financial assistance (100% discount off gross charges) shall be available for uninsured patients with incomes below 200% Federal Poverty Guidelines (see Attachment 1).

SERVICES ELIGIBLE UNDER THIS POLICY:

This policy applies to all emergency or other medically necessary (non-elective) care provided at the Hospitals. See Attachment 2, Provider List, for a list of providers, other than BHI itself, delivering emergency or other medically necessary (non-elective) care in the Hospitals that specifies which providers are covered by this policy and which are not covered.

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS:

Federal tax laws and regulations prohibit charitable hospitals from charging patients who are eligible for financial assistance more for emergency or other medically necessary (non-elective) care than the Amount Generally Billed ("AGB") to individuals who have insurance covering such care.

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. BHI uses the Prospective Medicare Method to determine AGB. Under this method, AGB is calculated by using the billing and coding process BHI would use if the financial assistance-eligible individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount BHI determines would be the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of copayments, coinsurance, and deductibles).

BHI does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.

BHI shall make reasonable efforts to determine whether a patient is eligible for financial assistance before engaging in extraordinary collection action(s) (see procedure 6 below).

For those patients who do not qualify for financial assistance under this policy, BHI offers a self-pay discount for eligible patients. See BHI's **Self Pay and Flat Rate Services Prices Policy 1039**.

SCOPE/APPLICABILITY:

This policy applies to Bethesda Hospital, Inc., including Bethesda Hospital East and Bethesda Hospital West.

PROCEDURES TO ENSURE COMPLIANCE:

1. Definitions:

- a. **AGB:** Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- b. **Application Period:** The period during which BHI must accept and process an application for financial assistance under its Financial Assistance Policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the later of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after BHI provides the individual with a written notice that sets a deadline after which extraordinary collection actions may be initiated.
- c. **Assets:** Assets include immediately available cash and investments such as savings and checking as well as other investments, including retirement or IRA funds, life insurance values, trust accounts, etc. Assets also include the equity in the primary residence and other real estate.
- d. **Disposable Income:** Annual family income divided by 12 months, less monthly expenses as requested on the application.
- e. **Emergent and Urgent Patients:** Patients who present to and are treated in a BHI hospital emergency department (including inpatients and observation patients admitted through the emergency department) or urgent care center and inpatients pending discharge with need for follow-up outpatient services.
- f. **EMTALA:** Emergency Medical Treatment and Labor Act, 42 USC 1935dd.
- g. **Extraordinary Collection Action:** Any action taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the Hospitals' financial assistance program that require legal or judicial process including but not limited to: placement of a lien on an individual's property, foreclosure on an individual's real property, attachment or seizure of an individual's bank account or other personal property, commencement of a civil action against an individual, garnishment of wages, reporting adverse information about individual to a consumer credit reporting agency and sale of an individual's debt to another party.
- h. **Family:** The patient, his/her spouse (including a legal common law spouse) and his/her legal dependents according to the Internal Revenue Service rules. Therefore, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
- i. **Family Income:** Gross wages, salaries, dividends, interest, Social Security benefits, workers compensation, veterans benefits, training stipends, military allotments, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.
- j. **Financial Assistance:** Health care services that were never expected to result in cash inflows. Financial assistance results from providing health care services free or at a discount to individuals who meet the established criteria.
- k. **Medically Indigent:** A patient whose medical or hospital bills exceed a specified percentage of the person's annual gross income determined in accordance with the healthcare entity's eligibility system, and who is financially unable to pay the remaining bill. The patient who incurs catastrophic medical expenses is classified as medically

and the direct website address where copies of this policy, a financial assistance application form, and a plain language summary of this policy may be obtained.

- f. All public information and/or forms regarding the provision of financial assistance will use languages that are appropriate for the BHI service area.

4. Identification of Potentially Eligible Patients:

- a. Where possible, prior to the registration of the patient, a financial counselor will conduct a pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-registration interview is not possible, this interview should be conducted upon registration/admission or as soon as possible thereafter. In the case of an emergency admission, the evaluation of payment alternatives should not take place until the medical care required to stabilize the patient has been provided.
- b. Identification of potentially eligible patients can take place at any time during the rendering of services or during the collection process.
- c. Those patients who may qualify for financial assistance from a governmental program should be referred to the appropriate program, such as Medicaid, prior to consideration for financial assistance.

5. Determination of Eligibility:

- a. All uninsured patients identified prior to service and/or discharge as potential financial assistance recipients should be offered the opportunity to apply for financial assistance.
 - Pre-service applications for financial assistance may be obtained from and returned to the Financial Assistance Department.
 - Post-service applications for financial assistance may be obtained from and returned to Patient Financial Services.
 - In all cases, a communication with basic instructions shall accompany the application sent to the patient and will indicate that a financial counselor is available to assist the patient with the application.
- b. The patient should receive and complete a written application and provide all supporting data required to verify eligibility. The determination of eligibility must be a verifiable process and must include at least one of the following pieces of documentation:
 - W-2 withholding forms.
 - Paycheck stubs.
 - Income tax returns.
 - Forms approving or denying unemployment compensation or workers compensation.
 - A written verification from public welfare agencies or any governmental agency which can attest to the patient's income status for the past twelve months.
 - A Medicaid remittance voucher which reflects that the patient's Medicaid benefits for that Medicaid fiscal year have been exhausted.
 - A witnessed statement signed by the patient or responsible party. The statement shall include an acknowledgment that, in accordance with state law, providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree.
- c. In the event that the patient does not provide sufficient information to make a determination of eligibility for financial assistance, a financial counselor will provide written notice to the patient to let them know what information is missing. A copy of the plain language summary of the program shall be sent with such notice. If a financial counselor identifies a meritorious application that is supported by documentation (e.g., a credit bureau report) but is missing an element set forth in b. above (e.g., an application missing the signature of a witness), the Vice President Finance North Region, Director of Patient Financial Services and Manager of Patient Financial Assistance may still approve the financial assistance as Special Needs Financial Assistance.

- d. A Medicaid remittance voucher reflecting that the patient's Medicaid benefits for that Medicaid fiscal year have been exhausted may be used without a written application to approve financial assistance eligibility.
- e. A unique situation exists in the event of a hospital admission of a patient with both Medicare and Medicaid where:
 - Patient's Medicare Part A benefits are exhausted at or near the beginning of a Medicaid fiscal year (July 1st) and
 - Patient's inpatient Medicaid benefits are exhausted.

In this scenario, Medicaid does not issue a remittance voucher to indicate that the coverage is exhausted. For this specific scenario, financial assistance may be approved without a written financial assistance application and without a Medicaid remittance voucher reflecting that the patient's Medicaid benefits are exhausted if the following documents are maintained:

- i. Copy of the Medicare remittance voucher demonstrating that the benefits are exhausted.
 - ii. A screen-print demonstrating Medicaid eligibility for the entire admission.
 - iii. Copy of the page from the *Florida Medicaid Provider General Handbook* specifying the policy for Inpatient Hospital and Medicare Part A Benefit Exhaustion.
 - iv. Copies of split bills for the admission, segregating the charges for 1) Medicare Part A coverage, 2) Medicaid coverage and 3) the period following exhaustion of Medicare and Medicaid benefits.
- f. If a Medicaid beneficiary applies for financial assistance for medically necessary services from BHI that is not a Medicaid provider for a given state, the Medicaid beneficiary will be considered uninsured for such services and eligible to apply for financial assistance. In these cases, the validation of the patient's Medicaid eligibility or a Medicaid remittance voucher denying Medicaid benefits may be used without a written application to approve financial assistance eligibility. If a denial from Medicaid is not forthcoming within 60 days of billing, a screen print of the patient's Medicaid eligibility will be placed in the document imaging system and the account may be approved for financial assistance without a written application and without a remittance voucher denying Medicaid benefits.
 - g. A credit report will be generated for applicants as considered necessary to validate the information provided in the application.
 - h. A record, paper or electronic, should be maintained documenting the identification of the individual who reviewed and approved or denied application and the date of such decision.
 - i. Upon completion of the application and submission of appropriate documentation, a financial counselor will document either on the application or on an attached summary: 1) approval or denial; 2) financial counselor name; 3) date of approval/denial and 4) any special comments/instructions.
 - j. If a patient's ability to meet the residency requirements set forth in this policy is in question, the patient shall produce documentation demonstrating that he/she resides at an eligible address. An example of acceptable documentation is a utility bill with the patient's name and service location. Other documentation substantiating a patient's residency may be accepted with the approval of the Vice President of Finance North Region.
 - k. Presumptive eligibility – emergent and urgent uninsured patients may be presumed to be eligible for financial assistance in limited circumstances. Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance, and will not be required to meet income criteria, asset eligibility criteria, or fill out a financial assistance application. Circumstances eligible for presumptive financial assistance are as follows:
 - Patient is deceased with no known estate,
 - Patient address on record is homeless or a homeless shelter, or

- Any patient that qualifies for coverage under Palm Beach County Health Care District meets the qualifications for financial assistance under this policy due to PBCHCD guidelines that follow the Federal Poverty Guidelines of 200%.
- l. Incarcerated patients at time or date of service are not eligible for financial assistance under this policy.
 - m. International patients who are in the United States on a Valid Visitors Visa are not eligible for financial assistance under this policy.
 - n. If and when BHI personnel cannot clearly determine eligibility, the BHI personnel will use best judgment and submit a memorandum (such memorandum should be the first sheet in the documentation packet) listing reasons for judgment along with financial assistance documentation to appropriate supervisor. The BHI Manager will then review the memorandum and documentation. If the Manager agrees to approve the eligibility, they will sign Eligibility Determination form and continue with normal Approval process. If the Manager does not approve eligibility of the patient under this policy, the Manager should sign the submitted memorandum and return all documentation to BHI personnel who will note account and send documentation to the Hospital's Business Office for filing. If the Manager disagrees with BHI personnel's judgment, Manager should state reasons for new judgment and will return documentation to BHI personnel who will follow either denial process or approval process as determined by Manager.
 - o. During the income verification process, while BHI is collecting the information necessary to determine a patient's income, the patient may be treated as a self-pay patient in accordance with BHI policies.

6. Billing & Collection

- a. BHI will not engage in ECAs against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for assistance for the care under BHI's Financial Assistance Policy. BHI shall take the following steps to demonstrate reasonable efforts to determine whether a patient is eligible for financial assistance:
 1. Notify the patient about the financial assistance program before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the date of the first post-discharge billing statement for the care.
 2. Provide written notice relevant to completing a financial assistance application to a patient who submits an incomplete application during the Application Period (See procedure 5c above) and suspend any ECAs to obtain payment for the care for a reasonable period of time in order for the patient to respond.
 3. Make and document a determination of whether the patient is eligible for financial assistance for a patient who submits a complete financial assistance application during the Application Period (See procedures 5h and 5i above) and suspend any ECAs to obtain payment for the care until a financial assistance determination is made.
 4. Notify the patient at least 30 days prior to initiating one or more ECAs to obtain payment for the care as follows:
 - a. Provide the individual with a written notice that indicates financial assistance is available for eligible individuals, identifies the ECA(s) that the hospital facility (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that written notice is provided.
 - b. Provide the individual with a plain language summary of the Financial Assistance Policy with the written notice.
 - c. Make a reasonable effort to orally notify the individual about the hospital facility's Financial Assistance Policy and about how the individual may obtain assistance with the financial assistance application process.
 5. Maintain and enforce legally binding agreements with third parties to which a patient's debt is referred or sold to abide by certain requirements as follows:

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- i. If the individual submits a financial assistance application after the referral or sale of the debt but before the end of the Application Period, the party will suspend ECAs to obtain payment for care.
 - ii. If the individual submits a financial assistance application after the referral or sale of the debt but before the end of the Application Period and is determined to be eligible for financial assistance, the party will do the following in a timely manner:
 - A. Adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the party and BHI together more than he or she is required to pay for the care as a financial assistance eligible individual.
 - B. If applicable and if the party (rather than BHI) has the authority to do so, take all reasonably available measure to reverse any ECA (other than the sale of a debt) taken against the individual.
 - iii. If the party refers or sells the debt to yet another party during the Application Period, the party will obtain a written agreement from that other party including the elements above.
- b. Upon determination that a patient is eligible for financial assistance, BHI shall:
 - 1. Notify the patient of the decision in writing.
 - 2. Refund any payments received for the service covered by the financial assistance approval (unless such excess amount is less than \$5 or such other amount published in the Internal Revenue Bulletin).
 - 3. Reverse any extraordinary collection action taken against the patient.
- c. Prior to an account being authorized for Extraordinary Collection Action(s), a final review of the account shall be conducted and approved by the Vice President of Finance North Region to ensure that the reasonable efforts to determine if the patient is eligible for financial assistance are complete.

7. Notification of Eligibility Determination:

- a. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial will be provided, generally within 30 days of receipt of a completed application.
- b. If a credit bureau report was used in the determination that a patient is not eligible for financial assistance, the use of the credit bureau report is to be reported to the patient in accordance with the requirements of the Fair Credit Reporting Act.
- c. Financial assistance applications for patient accounts which are pending Medicaid approval will not be processed until Patient Financial Assistance has received final notification from the Medicaid program or a third party eligibility consultant. If notification is not received within 120 days from the discharge date, the financial assistance application will be processed, with notification to the patient, generally within the following 30 days (unless there is notification of Medicaid approval during this time).

8. Monitoring and Reporting:

- a. Financial assistance will be reported annually in the Community Benefit Report and quarterly to the Community Benefit Committee.
- b. Financial assistance reported to the State of Florida must meet the state's financial assistance reporting guidelines. These guidelines are amended periodically. The current eligibility criteria are family income at or below 200% of the federal poverty guidelines or the amount of hospital charges due from the patient must exceed 25% of the patient's annual family income. However, in no case, shall the hospital charges for a patient whose family income exceeds four times the federal guidelines for a family of four be considered financial assistance for state purposes.

9. Approval Procedures for Financial Assistance:

- a. BHI will complete a financial assistance application for each patient meeting the criteria

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within this policy. The approval process will be maintained with a tiered approach according to the total charges for each account. The approval signature process is as following:

\$1 – \$100,000	Manager of Patient Financial Assistance / Supv Patient Financial Assistance
\$100,001 – \$250,000	Director of Patient Financial Services
\$250,001 – above	Vice President of Finance North Region

- b. The accounts will be filed according to the date the financial assistance adjustment was entered on the account.
- c. If application for financial assistance is approved, approval is automatic for all qualify admissins within previous 12 months or current fiscal year.

10. Hospital Contact Information:

Website	https://baptisthealth.net/patient-resources/billing-and-financial-assistance
Telephone	Speak with a Financial Counselor by calling 561-737-7733, Ext. 84671 (Monday through Friday – 9:00AM – 4:30PM)
By Mail	Request information in writing, or mail an application to, Bethesda Hospital East, Attn: Patient Financial Assistance 2815 South Seacrest Blvd., Boynton Beach, FL 33435
In Person	Ask for a Financial Counselor at either of the following locations: Bethesda Hospital East 2815 South Seacrest Blvd. Boynton Beach, FL 33435 Bethesda Hospital West 9655 West Boynton Beach Blvd. Boynton Beach, FL 33472

SUPPORTING/REFERENCE DOCUMENTATION:

- Florida Statute 395.301 (8) *Itemized Patient Bill*
- Florida Statute 381.026 (4)(c)3 *Florida's Patient Bill of Rights and Responsibilities, Rights of Patients, Individual Dignity*
- Florida Statute 409.11 (1)(c) *Disproportionate Share Program, Definition of Charity Care*
- Internal Revenue Code § 501(r); Treas. Reg. § 1.501(r)-1 et seq.

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

- Attachment: Eligibility Criteria for BHI Financial Assistance Program
- Financial Evaluation and Request for Financial Assistance Form
- Financial Assistance First Contact Form
- BHSF Bethesda Policy 1039 Self Pay and Flat Rate Services Prices

ENFORCEMENT & SANCTIONS:

This policy will be enforced by the Vice President of Finance, North Region, Director of Patient Financial Services and Manager Patient Financial Assistance. Violations of this policy may lead to disciplinary action, up to and including termination.

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ATTACHMENT 1
Current Federal Poverty Guidelines

ELIGIBILITY CRITERIA FOR THE BETHESDA HOSPITAL, INC. FINANCIAL ASSISTNACE PROGRAM
Based upon Federal Poverty Guidelines, Gross income levels, 2022.

Family Size	200% FPL (100% discount)	200 to 300% FPL (100% discount)
1	\$27,180	\$27,181 to \$40,770
2	\$36,620	\$36,621 to \$54,930
3	\$46,060	\$46,061 to \$69,090
4	\$55,500	\$55,501 to \$83,250
5	\$64,940	\$64,941 to \$97,410
6	\$74,380	\$74,381 to \$111,570
7	\$83,820	\$83,821 to \$125,730
8	\$93,260	\$93,261 to \$139,890

ATTACHMENT 2 Provider List

The following is a list of providers delivering emergency or other medically necessary care in Bethesda Hospital East and Bethesda Hospital West that specifies which providers are covered by BHI's Financial Assistance Policy and which are not covered.

a. Providers not covered by BHI's Financial Assistance Policy

- i. The following providers are not covered by BHI's Financial Assistance Policy. You may contact the following providers directly for information regarding the availability of financial assistance for their respective services.
- ii. Physicians by Individual Name:
 1. Visit <https://www.bethesdaweb.com/physician-locator>
 2. The name, specialty, city, and zip code of each member of the medical staff will appear in alphabetical order, along with a tab to access additional information for each physician.
- iii. Physician by Department:
 1. Anesthesiology:
ENVISION PHYSICIAN SERVICES
Phone: (800) 296-2611, (844) 248-4320
Patient Payments to: P.O. Box 744193
Atlanta, GA 30374
WEBSITE: www.envisionphysicianservices.com/billing
 2. Emergency Services:
Schumacher Clinical Partners
Schumacher Phone: (888) 703-3301
EMBCC Stirling Patient Services Phone: (844) 367-0408
4849 Greenville Ave.
Dallas, TX 75206
WEBSITE: www.emb.patientwallet.com/#/
 3. Radiology:
Bethesda Radiology Associates
MBB RADIOLOGY
Phone: (904) 236-5884
P.O. BOX 200053
DALLAS, TX. 75320-0053
WEBSITE: pay.imaginepay.com/provider/MBBAC
Email billing questions to ptcollections@radpartners.com

Bethesda Associates of South Florida Radiology
Billing: East/West
Phone: 1 (800) 841-4236
WEBSITE: <https://click2pay.us>

Radiology Associates of South Florida, LLC
c/o MSN
Phone: (800) 841-4236
P.O. Box 919336
Orlando, FL 32891
WEBSITE: <http://rasf.net/>
 4. Pathology:
Bethesda Pathology Group
Billed by MEDPAY

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Phone: (954) 656-6430 or (561) 880-6700
P.O. Box 3093
Boca Raton, FL 33431-0993
WEBSITE: www.mrapay.com

5. Neonatology/Pediatric ER:
KidZ Medical Services
Phone: (305) 661-1515 or (305) 662-6769
P.O.Box 432920
Miami, FL 33146
WEBSITE: www.kidzmedical.com
6. Intensivists:
Critical Care Associates of South Florida, LLC
Phone: (561) 939-0208 or (877) 599-7639 ext 4097
P.O. Box 810097
Boca Raton, FL 33481
7. Echocardiogram or EKG:
ECG Associates of Bethesda
Affiliate: Advanced Claim Processing
Phone: (954) 726-1808
499 NW 70th Ave, Suite 300
Plantation, FL 33317
8. Other Providers:
Bethesda Health Physician Group, Inc.
Phone: (561) 853-1612 or (855) 257-3627
P.O. Box 14000
Belfast, ME 04915-4033
WEBSITE: www.quickpayportal.com

Durable Medical Equipment
BREG
Phone: (305) 270-7426 or (800) 321-0607
Fax: (305) 270-7429
WEBSITE: www.breg.com

IPC: In-Pt. Consultants of Florida
Affiliated with Team Health National Patient Services
Phone (related to 2017 and before): (800) 467-0132
Phone (related to 2018 and after): (888) 952-6772
Bethesda Physician Bill Pay: (888) 580-2688
3225 N Star Cir. L
Louisville, TN 37777
WEBSITE: www.teamhealth.com