Banner Health

POLICY and PROCEDURE

TITLE: Financial Assistance Programs for Uninsured Hospital Patients			
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Approved by: Board of Directors			

TITLE: *Financial Assistance Programs for Uninsured Hospital Patients*

I. Purpose/Expected Outcome:

A. This policy and the Financial Assistance Programs outlined herein are intended to address the dual interests of providing access to care to those without the ability to pay and to offer a discount from billed charges for those who are able to pay a portion of the costs of their care. This policy sets forth the basic framework for the two Financial Assistance Programs that will apply to each hospital that is owned, leased or operated by Banner Health (BH). Upon adoption by the BH Board of Directors, acting in its capacity as the governing body for each such hospital, this policy and the Financial Assistance Programs set forth herein will constitute the official financial assistance policy (within the meaning of Section 501(r) of the Internal Revenue Code) for each such hospital.

II. Definitions:

A. Amounts Generally Billed (AGB) means the Usual and Customary Charges for Covered Services provided to individuals eligible under the Basic Financial Assistance Program, multiplied by the Hospital-Specific AGB Percentage applicable to such services.

B. Billing and Collections Policy means the BH Policy entitled: "Patient Financial Services: Billing and Collection Policy for Self-Pay Accounts," as the same may be amended from time to time.

C. Covered Providers means those physicians and other non-Hospital individuals, if any, whose Emergent and other Medically Necessary services are covered by the Basic or the Enhanced Financial Assistance Program.

D. Covered Services means those inpatient and outpatient services provided by a BH hospital which are Medically Necessary in accordance with the standards of BH's Medicare fiscal intermediary.

E. Emergent Condition means a medical condition of an Uninsured Patient that has resulted from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place the Uninsured Patient's health in serious jeopardy, result in serious impairment to bodily functions of the Uninsured Patient or result in serious dysfunction of any bodily organ or part.

F. Emergent Services means the services necessary and appropriate to treat an Emergent Condition.

G. FAP-Eligible Individual means an individual eligible for financial assistance under this Policy and one or both of the Financial Assistance Programs hereunder without regard to whether the individual has applied for financial assistance.

H. Hospital means each hospital owned or leased by BH, and each hospital operated by BH at which the BH Board of Directors has governing body authority over the operations of such hospital.

I. Hospital-Specific AGB Percentage means, for each Hospital, a percentage derived by dividing (1) the sum of all claims for Medically Necessary services provided at such Hospital allowed during the Relevant Period by Medicare fee-for-service and all private health insurers as primary payors, together with any associated portions of these claims paid by Medicare or Medicaid beneficiaries or insured individuals in the form of co-pays, co-insurance or deductibles, by (2) the Usual and Customary Charges for such Medically Necessary Services. The Hospital-Specific AGB Percentage shall be calculated for the initial Relevant Period no later than December 31, 2013. Thereafter, the Hospital-Specific AGB Percentage shall be calculated no later than November 14 of each year, commencing on November 14, 2014, for the most recently completed Relevant Period. Each Hospital-Specific AGB Percentage will be effective until the next annual calculation the Hospital-Specific AGB Percentage based on the most recent Relevant Period. The calculation of the Hospital-Specific AGB Percentage for each Hospital shall comply with the "look-back method" described in Treasury Regulation §1-501(r)-5(b) (1) (B).

J. PFS means Patient Financial Services, the operating unit of BH responsible for billing and collecting self-pay accounts for hospital services.

K. Relevant Period means the 12-month period ending on November 30, 2013, for financial assistance provided from January 1, 2014 until the Hospital Specific AGB Percentage is calculated based on claims paid during the 12-month period ending on September 30, 2014. Thereafter, the Relevant Period means each 12-month period ending on September 30.

L. Medicaid means all State and Federal Programs which include (but are not limited to) Medicaid, Medi-Cal, AHCCCS, CICP, and FES.

M. Medically Necessary means those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be Medically Necessary taking into account the most appropriate level of care. Depending on a patient's medical condition, the most appropriate setting for the provision of care may be a home, a physician's office, an outpatient facility, or a long-term care, rehabilitation or hospital bed. In order to be Medically Necessary, a service must:

1. Be required to treat an illness or injury;
2. Be consistent with the diagnosis and treatment of the Patient's conditions;
3. Be in accordance with the standards of good medical practice;
4. Not be for the convenience of the Patient or the Patient's physician; and
5. Be that level of care most appropriate for the Patient as determined by the Patient's medical condition and not the Patient's financial or family situation.

Emergent Services are deemed to be Medically Necessary.

N. Uninsured Patient means a patient without benefit of health insurance or government programs that may be billed for Covered Services provided to them or for physician services, and who is not otherwise excluded from this policy under Section III.B below.

O. Usual and Customary Charges means the rates for Covered Services that are filed annually with the Arizona Department of Health Services or other applicable state agency. If rates are not required to be filed annually with any state agency by the relevant Hospital, then the Usual and Customary Charges will be the rates for Covered Services as set forth in the chargemaster for that Hospital at the time the Covered Services are rendered.

III. Policy:

A. Overview. BH is dedicated to providing quality healthcare to all patients regardless of age, sex, sexual orientation, race, religion, disability, veteran status, national origin and/or ability to pay. This policy establishes two programs, the Basic Financial Assistance Program and the Enhanced Financial Assistance Program. Under the Basic Financial Assistance Program, Uninsured Patients having annual household incomes of $125,000 or less may, depending upon their assets and liabilities, qualify for discounted pricing for Covered Services without having to apply for Medicaid assistance. Under the Enhanced Financial Assistance Program, Uninsured Patients having household incomes at or below 200% of the Federal Poverty Line and insufficient assets may, depending upon their assets and liabilities, qualify for Enhanced Financial Assistance in the form of free Emergent Services and other services required to be provided by BH under EMTALA, subject (in most circumstances) to application for Medicaid, and for discounted pricing for other Covered Services. This policy and the Financial Assistance Programs set forth under this policy are intended to comply with Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder, and shall be interpreted and applied in accordance with such regulations.

B. Exclusions. This policy and the Financial Assistance Programs hereunder apply solely to Uninsured Patients who have no third party coverage either for the Covered Services BH provides to them, through governmental sources or commercial insurance, or for physician services. There is no financial assistance program at BH available to persons who are not Uninsured Patients. This policy and the Financial Assistance Programs hereunder do **not** apply to the portion of charges an insured patient is personally responsible for, i.e., co-pays, co-insurance, and deductibles, and does not apply to non-Covered Services. This policy is not available to persons who have basic health insurance that excludes hospital inpatient or outpatient services, nor is it available to persons who have any contractual claim or right for reimbursement or indemnification from an insurer or other third party payor. The policy also does not apply to elective procedures except as may be determined in the sole discretion of BH on a case-by-case basis.

C. Covered and Non-Covered Providers. In most instances, this policy, and the Basic and Enhanced Financial Assistance Programs do not apply to charges for services from physicians and other providers in all departments of the Hospital whose services are coincident to those provided by the Hospital, e.g., emergency department physicians, radiologists, pathologists, surgeons, anesthesiologists, and hospitalists. These physicians and other providers are not part of the Hospital and are not substantially related to the Hospital within the meaning of Section 501(r) of the Internal Revenue Code. Each Hospital will maintain a list of all departments of the Hospital indicating that none of the providers in that department are covered by this policy, except in those instances where a provider is a Covered Provider, in which case the list shall include the name of the Covered Provider (or the practice group of Covered Providers) and the types of services provided by such Covered Provider. The list of departments and of Covered Providers shall be updated quarterly, and shall be provided free of charge, both online and on paper, upon request from any member of the public made to the Hospital staff indicated in the Plain Language Summary (see below).

D. Reservation of Right to Seek Reimbursement of Charges from Third Parties. In the event that any first or third party payor is liable for any portion of an Uninsured Patient's bill, BH will seek full reimbursement of all charges incurred by the patient at the Hospital's Usual and Customary Charges from such first or third party payors, including situations governed by the provisions of A.R.S. Section 33-931, et seq. (or the analogous provisions of the laws of other states as applicable) despite any financial assistance granted pursuant to this policy.

E. Methods for Applying for Financial Assistance. Patients may apply for Financial Assistance under either the Basic or Enhanced Financial Assistance Programs by any of the following means:

1. Advising PFS personnel at or prior to the time of registration that they are Uninsured.

    a. PFS personnel will offer patients a form for the Basic Financial Assistance Program if patients state that their annual household income is under $125,000.
    b. PFS will provide information about the Enhanced Financial Assistance Program.
    c. PFS will assist the patient in applying for Medicaid.

2. Downloading the application form from the BH or Hospital website and mailing it to PFS at the address on the application form.

3. Requesting an application form PFS by phone: 480-684-7409 or, if outside Arizona, 855- 244-7460 or by mail: 525 W. Brown Road, Mesa, AZ 85201 and mailing it to PFS at the address on the application form.

4. Any of the methods specified in the Billing and Collections Policy.

F. Presumptive Eligibility. BH may determine that an individual is eligible for the Enhanced Financial Assistance Program based on information other than that provided by the individual or a prior FAP-Eligibility determination. Such information will be obtained by accessing, either directly or using a third-party vendor, information from credit agencies (e.g., Equifax), using the individual's social security number, to determine the individual's annual income and family size, and then comparing such information to the eligibility criteria for the Enhanced Financial Assistance Program. Such determination will be made in accordance with the "Presumptive Eligibility for Enhanced Financial Assistance for Uninsured Patients—Procedure" policy, as the same is modified from time to time. Upon such a presumptive determination, the individual shall be treated for all purposes as an FAP-Eligible Individual from the effective date of the determination.

G. Basic Financial Assistance Program.

1. Eligibility Criteria and Determinations. Except as otherwise provided herein, Uninsured Patients will ordinarily qualify for the Basic Financial Assistance Program if they have annual household incomes of less than $125,000. However, BH reserves the right to deny participation in the Basic Financial Assistance Program to Uninsured Patients who have annual household incomes of less than $125,000 if, in the judgment of PFS, such patients have sufficient net assets to pay for Covered Services at Usual and Customary Charges.

2. Amounts Payable Under Basic Financial Assistance Program. Participants in the Basic Financial Assistance Program will be charged for Covered Services at AGB; provided, however, that the Basic Financial Assistance Program does not apply to Covered Services for which BH has published a package price for procedures for self-pay patients (e.g., obstetric packages) if the

price is below AGB. If the Covered Services are Emergent Services or services that the Hospital is otherwise required to provide under EMTALA, then the Hospital will provide such Covered Services without requiring any advance deposit or prepayment. For all other Covered Services, BH will ordinarily require a substantial advance prepayment or deposit in the estimated amount not to exceed the AGB for the Covered Services or other arrangements for assurance of payment satisfactory to PFS in its discretion.

3. Determination and Publication of Hospital-Specific AGB Percentage. Immediately upon each annual determination of the Hospital-Specific AGB Percentage(s), BH shall prepare a description of the manner in which the Hospital-Specific AGB Percentage(s) were determined using the form attached to this Policy as Appendix A and shall cause such calculations to be posted on the BH website, and the applicable calculation to be posted on each Hospital's specific website.

H. Enhanced Financial Assistance Program.

1. Eligibility Criteria and Determinations. Except as otherwise provided herein, an Uninsured Patient will ordinarily qualify for the Enhanced Financial Assistance Program if he or she meets each of the following requirements:

   a. Has an annual household income equal to or less than 200% of the Federal Poverty Level;
   b. If in Arizona and if requested by BH in other states, applies for Medicaid and fully cooperates in the Medicaid application and eligibility determination process;
   c. Is denied Medicaid coverage.

   An Uninsured Patient in Arizona or elsewhere who is required to apply for Medicaid but does not cooperate fully with the Medicaid application and eligibility determination process may not be eligible for participation in the Enhanced Financial Assistance Program. BH reserves the right to deny participation in the Enhanced Financial Assistance Program to Uninsured Patients who have annual household incomes equal to or less than 200% of the Federal Poverty Level if, in the judgment of PFS, such patients have sufficient net assets to pay for Covered Services at Usual and Customary Charges or at AGB.

2. Amounts Payable Under Enhanced Financial Assistance Program. Uninsured Patients who qualify for the Enhanced Financial Assistance Program will be not charged for Emergent Services or other services that the Hospital is otherwise required to provide under EMTALA, and their entire bill for such services will be written off. For all other Covered Services, Uninsured Patients who qualify for the Enhanced Financial Assistance Program will be charged AGB, and BH will ordinarily require a substantial advance prepayment or deposit in the estimated amount not to exceed the AGB for the Covered Services or other arrangements for assurance of payment satisfactory to PFS in its discretion. The determination of whether services constitute Emergent Services will be made by the Chief Medical Officer of each Hospital, whose determination will be final.

I. Write-Offs and Adjustments. Covered Services will be eligible for write-off, in whole or in part, if:

1. A patient qualifies for Medicaid after service has been provided by BH (100% write-off). This includes any bills for services that predate coverage.

2. A patient qualifies for Medicaid but funding is not available to pay for services or Medicaid denies coverage for particular Covered Services (100% write-off).

3. A patient is approved for participation in the Enhanced Financial Assistance Program (100% write-off of Emergent/EMTALA-mandated services, and adjustment of bills to AGB for all other Covered Services provided for episode coinciding with successful application for participation in Enhanced Financial Assistance Program).

4. A patient is approved for participation in the Basic Financial Assistance Program (adjustment of bills to AGB for Covered Services provided for episode coinciding with successful application for participation in Basic Financial Assistance Program).

Upon approval, write-offs and adjustments will be processed promptly in accordance with procedures, state statutes and regulations.

J. Signature Authority for Write-Offs. Basic and Enhanced Financial Assistance Program write-offs will be granted subject to the following approval limits:

1. Up to $5,000 – Patient Accounts Manager

2. Over $5,000 – Patient Accounts Director, unless delegated to hospital CFO by the Director.

K. Notification of FAP-Eligibility. Upon determination of eligibility, an individual who is determined to be eligible for the Enhanced Financial Assistance Program shall be notified in writing of such determination.

L. Collection of Balances owed by Patients; Patient Financial Services Billing and Collections Policy. Accounts for hospital services for patients who are able, but unwilling, to pay are considered uncollectible bad debts and will be referred to outside agencies for collection. If an individual is determined not to be eligible for either the Basic or Enhanced Financial Assistance Program, BH may charge for such services in an amount up to its Usual and Customary Charges for the services provided. The unpaid discounted balances of patients who qualify for the Basic Financial Assistance Program are considered uncollectible bad debts and such patients will be referred to outside agencies for collection and other actions in accordance with the Billing and Collections Policy. The Billing and Collections Policy will be posted to the BH website (www.bannerhealth.com/_Patients+and+Visitors/Financial+Services/Financial+Assistance) and each Hospital-specific website. In addition, a free copy of the Billing and Collections Policy can be obtained by any member of the public upon request to the admitting areas and in the emergency department at each Hospital or to PFS at the address and phone number listed at the end of this Policy.

M. Refunds. If an individual who has paid for services is subsequently determined to be FAP-Eligible, the Hospital will refund any amount paid for care by the FAP-Eligible Individual that exceeds the amount a FAP-Eligible Individual would have paid; however, the Hospital is not required to refund excess payments of less than $5.

N. Monitoring of Programs. The Patient Accounts Director will be responsible to monitor the appropriateness of the Basic Financial Assistance and the Enhanced Financial Assistance Programs, the charges, patient days, and allowances. PFS has the responsibility for monitoring and ensuring that a reasonable effort to determine whether an individual is FAP-eligible and for determining whether and when extraordinary collection actions may be taken in accordance with this policy and the Billings and Collections Policy

O. Publication of Policy.

1. Plain Language Summary. A Hospital-specific plain language summary (each, a "Plain Language Summary") that notifies an individual that BH offers financial assistance under the Basic and Enhanced Financial Assistance Programs will be prepared by PFS for each Hospital, and will be updated based upon any modifications to the information contained therein. The basic template of the Plain Language Summary with information common to all Hospitals is attached to this Policy as Appendix B. Each Plain Language Summary will provide the following information in language that is clear, concise, and easy to understand:

    a. A brief description of the eligibility requirements and assistance offered under the Basic and Enhanced Financial Assistance Programs and how to apply for such assistance;
    b. The direct Web site address and physical location(s) (including a room number, if applicable) at each Hospital where any individual can obtain copies of this Policy, the Billing and Collections Policy, and the application forms for the Basic and Enhanced Financial Assistance Programs; (Need to do app form for Enhanced)
    c. Instructions on how any individual can obtain free copies of this Policy, the Billing and Collections Policy, and the application forms for the Basic and Enhanced Financial Assistance Programs by mail;
    d. The contact information, including the telephone number(s) and physical location (including a room number, if applicable), of Hospital staff who can provide an individual with information concerning the Basic and Enhanced Financial Assistance Programs and the application process for these programs, as well as of the nonprofit organizations or government agencies, if any, that the Hospital has identified as available sources of assistance with the Basic and Enhanced Financial Assistance Program applications;
    e. A statement of the availability of translations of this Policy, the Billing and Collections Policy, and the application forms for the Basic and Enhanced Financial Assistance Programs and the Plain Language Summary in other languages, if applicable; and
    f. A statement that no FAP-Eligible Individual will be charged more for Emergent Services or other Medically Necessary care than AGB.

2. Dissemination of Plain Language Summary. The Plain Language Summary will be available in English and Spanish and into primary languages of any population with limited English proficiency that constitutes more than 5% or 1,000 residents of the community served by the Hospital, whichever is less ("Other Languages"). The website for BH (www.bannerhealth.com/_Patients+and+Visitors/Financial+Services/Financial+Assistance) and each Hospital shall either post the Plain Language Summary conspicuously in English. Spanish and Other Languages on their websites, or have a conspicuous link to another webpage having the summaries. Each billing statement for self-pay accounts shall include colorful inserts in English, Spanish and Other Languages advising of the Basic and Enhanced Financial Assistance Programs and instructions on where to access FAP documents. PFS representatives shall include information concerning the programs in follow-up collection calls to self-pay accounts. Each Hospital shall also distribute copies of the Plain Language Summary to community groups serving populations likely to include individuals who would be eligible for the Enhanced Financial Assistance Program.

3. Advertising and Posters. The availability of the Basic and Enhanced Financial Assistance Programs shall be publicized widely within the communities served by each Hospital. All Hospital emergency rooms and admitting areas shall have conspicuous posters in English,

Spanish and Other Languages prominently displayed that advise of the existence of the programs and how a free copy of the Policy and application forms for the Basic and Enhanced Financial Assistance Programs may be obtained upon request and by mail. Posters will include a toll-free telephone number for staff who can provide information about the Basic and Enhanced Financial Assistance Programs and the application process for these programs application process, as well as of any nonprofit organizations or government agencies the hospital has identified as capable sources of assistance with FAP programs All admission staff shall advise individuals who may be FAP-Eligible Individuals of the existence of the programs at the time of registration and shall deliver the Hospital-Specific Plain Language Summary of the programs to such persons.

4. Notification of Potential FAP-Eligible Individual Patients. Patients who are potentially FAP-Eligible Individuals will be given the Plain Language Summary and application forms for the Basic and Enhanced Financial Assistance Programs prior to discharge from a Hospital. Patients will subsequently be notified as set forth in the Billing and Collections Policy.

P. No Abuse in Determination of Eligibility. No determination that an individual is not eligible for the Basic or Enhanced Financial Assistance Program shall be based on information that any BH employee has reason to believe is unreliable or incorrect or was obtained from the individual under duress or through the use of coercive practices, which include delaying or denying emergency medical care to an individual until the individual has provided the requested information.

IV. Procedure/Interventions:

A. N/A

V. Procedural Documentation:

A. N/A

VI. Additional Information:

A. Template form for Explanation of Hospital-Specific AGB Percentage
B. Template form for Hospital-Specific Plain Language Summary
C. Template form for Hospital-specific List of Covered Providers and non-covered departments.
D. Applications for Basic and Enhanced Financial Assistance
E. Contact Information for Patient Financial Services:
   1. By phone: 480-684-7409 or, if outside Arizona, 855- 244-7460
   2. By mail: Banner Health, Patient Financial Services Department, 525 W. Brown Road, Mesa, AZ 85201

VII. References:

A. Patient Protection and Affordable Care Act, Section 9007
B. Internal Revenue Code, Section 501(r)
C. C.R.S. 25-3-112 (Colorado SB 12-134)
D. 29 C.F.R. §1.501(r)-1 through §1.501(r)-7
E. Notice 2015-46, Internal Revenue Bulletin 2015-28 (July 13, 2015)
F. 79 Fed Reg 78954-79016

VIII. Other Related Policies/Procedures:

A. Patient Financial Services: Billing and Collections Policy for Self-Pay Accounts (#14344)
B. **Note:** This policy replaces the following policies:
   1. Financial Assistance Programs for Uninsured Patients (#2869);

2. Financial Assistance Program for Insured Patients (#2868);
3. Financial Assistance Program for Insured and Uninsured Patients (Fairbanks Memorial Hospital and Denali Center) (#12909).

IX. Keywords and Keyword Phrases:

A. Financial Assistance Program
B. Patient Assistance Program
C. Uninsured Patients
D. Legal
E. Board
F. Finance
G. Charity Care

X. Appendix:

A. Template Form for Disclosure of Calculation of Hospital-Specific Amounts Generally Billed Percentage.
B. Template Form for Plain Language Summary
C. Template Form for List of Covered Providers and Non-Covered Departments

APPENDIX A

TEMPLATE FOR ANNUAL CALCULATION AND DISCLOSURE OF HOSPITAL-SPECIFIC AGB PERCENTAGE

IMPORTANT: This calculation must be posted by 1/1/14 initially, and then updated and reposted no later than 11/14, starting 11/14/14.

CALCULATION OF AMOUNTS GENERALLY BILLED PERCENTAGE FOR [INSERT NAME OF HOSPITAL] EFFECTIVE [INSERT START DATE, WHICH MUST BE A DATE ON OR BEFORE EACH NOVEMBER 14]

RELEVANT (MEASUREMENT) PERIOD: [**INSERT:** October 1, [**INSERT PRIOR YEAR]** to September 30, [**INSERT CURRENT YEAR]]**

A. Medicare Fee-for-Service Claims Allowed for Hospital during Relevant Period (including co-pays, co-insurance and deductibles): $_____

B. Private Insurer Claims Allowed for Hospital during Relevant Period (including co-pays, co-insurance and deductibles): $_____

C. TOTAL ALLOWED CLAIMS $_____

D. Usual and Customary Hospital Charges for Services Provided for Claims listed in D. $_____

E. Hospital-Specific Amounts Generally Billed (AGB) Percentage (C ÷ D): __%

APPENDIX B

TEMPLATE FOR HOSPITAL-SPECIFIC PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS

Important: This summary must be customized for each hospital by insertion of correct information into the summary.

SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AT [INSERT NAME OF BANNER HOSPITAL]

[**INSERT NAME OF BANNER HOSPITAL**] offers a Basic and an Enhanced Financial Assistance Program to uninsured patients. An uninsured patient is someone who does not have any health coverage at all, whether through insurance or any government program, and who does not have any right to be reimbursed by anyone else for their healthcare expenses.

If you are an uninsured patient, you will qualify for the Basic Program if you have an annual household income of less than $125,000 and lack any other assets to pay the Hospital's full charges. If you qualify for the Basic Program, you will be charged "Amounts Generally Billed," which is based upon the average of the amounts that would have been paid to the Hospital by private health insurers and Medicare (and co-pays and deductibles)for the medically necessary services that you receive, if you had been insured .

If you are an uninsured patient, you will qualify for the Enhanced Program (1) if you have an annual household income equal to or less than 200% of the Federal Poverty Level and lack other assets to pay the Hospital's full charges and, (2) if requested to do so by the Hospital, you apply for Medicaid/AHCCCS, fully cooperate in the application and determination process, and are denied Medicaid/AHCCCS coverage. If you qualify for the Enhanced Program, emergency services will be provided to you free of charge. You will be charged for other medically necessary services at the Amounts Generally Billed (see above).

If you qualify for either the Basic or the Enhanced Programs, you will in no case be charged more than Amounts Generally Billed for emergency services or other medically necessary services. In addition, you will never be required to make advance payment or other payment arrangements in order to receive emergency services. However, you will be required in most situations to make a substantial advance deposit or other payment arrangements based upon an estimate of the Amounts Generally Billed in order to receive non-emergency services.

A free copy of the Hospital's financial assistance policy, the billing policy, and the application forms are available on the Banner website at www.bannerhealth.com/_Patients+and+Visitors/Financial+Services/Financial+Assistance and on the Hospital's website at **[INSERT HOSPITAL WEBSITE ADDRESS]**. Copies are available at the Hospital in the Admitting area located near the main entrance of **[INSERT NAME OF HOSPITAL]** (located at **[INSERT ADDRESS OF HOSPITAL**] and follow the signs to "Admitting" or "Registration"). Copies of this information are also available by mail by contacting Banner Patient Financial Services at 480-684-7409.

You can apply for financial assistance under the Basic or Enhanced Programs by any of the following methods: (a) advising Hospital staff in the Admitting area that you are uninsured, completing the application form, and returning it to the Hospital staff in the Admitting area, (b) downloading the financial assistance application form from the Bannerhealth.com (www.bannerhealth.com/_Patients+and+Visitors/Financial+Services/Financial+Assistance) or Hospital website or

requesting the form by mail from Banner Patient Financial Services at 525 W. Brown Road, Mesa, AZ 85201, and mailing the completed application to Banner Patient Financial Services at the address indicated on the application form, or (c) in accordance with the instructions that accompany any billing statement that you received following the receipt of services.

The Banner Patient Financial Services staff is available to answer questions and provide information about the Basic and Enhanced Programs, assist with the application process, and provide information regarding any nonprofit organizations and government agencies that can assist with these applications. The Banner Patient Financial Services staff is located in the Hospital's Admitting area and can be reached by phone at 480-684-7409 or, if outside Arizona, 855-244-7460.

Spanish and other language translations of this Summary, the Hospital's financial assistance and billing policies, and the applications forms are available on the Banner and Hospital websites and in the Hospital's Admitting area. They may also be requested by contacting the Banner Patient Financial Services staff at 480-684-7409.

APPENDIX C

TEMPLATE FOR LIST OF HOSPITAL DEPARTMENTS AND COVERED PROVIDERS AND NON-COVERED DEPARTMENTS

[INSERT NAME OF HOSPITAL]

NAME OF DEPARTMENT	PHYSICIANS AND OTHER PROVIDERS COVERED BY FINANICAL ASSISTANCE POLICY
Emergency	[List any ED physician or other providers for whom hospital bills; otherwise, insert: **NONE**]
Radiology/Imaging	[Same for department physicians]
Surgery	[Same for department physicians]
Pathology	[Same for department physicians]
Medicine	[Same for department physicians]
Pediatrics	[Same for department physicians]
Anesthesiology	[Same for department physicians]
[List all other departments]	[Same for all other department physicians]