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## NHC Financial Assistance Policy

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**Applicable To** This policy applies to Northeast Hospital Corporation, d/b/a Addison Gilbert Hospital, BayRidge Hospital, and Beverly Hospital (“NHC,” the “hospital” or the “Hospital”), with respect to the hospitals it operates and any substantially related entity (as defined in the Department of Treasury section 501(r) regulations) and providers employed by or affiliated with NHC (see Appendix Five (5) for the complete list of providers covered under this policy).

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**References**

- EMTALA: Collection of Financial Information
- Credit & Collections Policy
- Federal Poverty Guidelines, US Dept. of Health and Human Services
- IRS Notice 2015-46 and 29 CFR §§1.501(r)-(4)-(6)
- Appendix 1: Financial Assistance Application for Charity Care
- Appendix 2: Financial Assistance Application for Medical Hardship
- Appendix 3: Discount Chart Based on Income and Asset Thresholds
- Appendix 4: Amounts Generally Billed (AGB)
- Appendix 5: Providers and Departments—Covered and Uncovered
- Appendix 6: Public Access to Documents

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## Purpose

Our mission is to distinguish ourselves through excellence in patient care, education, research and through improved health in the communities we serve.

NHC is dedicated to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Emergency Care, Urgent Care, or other Medically Necessary Care based on their individual financial situation. This Financial Assistance Policy is intended to be in compliance with applicable federal and state laws for our service area. Patients eligible for Financial Assistance will receive discounted care received from qualifying NHC providers. Patients determined to be eligible for Financial Assistance from an affiliated hospital (including Addison Gilbert Hospital; Anna Jaques Hospital; BayRidge Hospital; Beth Israel Deaconess Medical Center; Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Needham; Beth Israel Deaconess Hospital – Plymouth; Beverly Hospital; Lahey Hospital & Medical Center, Burlington; Lahey Medical Center, Peabody; Mount Auburn Hospital; New England Baptist Hospital; and Winchester Hospital) will not be required to reapply for Financial Assistance from NHC during the Qualification Period.

Financial Assistance provided under this policy is done so with the expectation that patients will cooperate with the policy's application process

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and those of public benefit or coverage programs that may be available to cover the cost of care.

We will not discriminate based on the patient's age, gender, race, creed, religion, disability, sexual orientation, gender identity, national origin or immigration status when determining eligibility.

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## Definitions

The following definitions are applicable to all sections of this policy.

Classification of emergency and nonemergency services is based on the following general definitions, as well as the treating clinician's medical determination. The definitions of Emergency Care and Urgent Care provided below are further used by the Hospital for purposes of determining allowable emergency and urgent bad debt coverage under the hospital's Financial Assistance program, including the Health Safety Net.

**Amounts Generally Billed (AGB):** AGB is defined as the amounts generally billed for Emergency Care, Urgent Care, or other Medically Necessary Care to individuals who have insurance covering such care. NHC uses the “LookBack” method described in 29 CFR § 1.501(r)-5(b)(3) to determine its AGB percentage. The AGB percentage is calculated by dividing the sum of the amounts of all of NHC’s claims for Emergency Care, Urgent Care, and other Medically Necessary Care that have been allowed by private insurers and Medicare Fee-for-Service during the prior fiscal year (October 1 – September 30) (including coinsurance, copays and deductibles) by the sum of the associated Gross Charges for those claims. The AGB is then determined by multiplying the AGB percentage against the Gross Charges for care provided to the patient. NHC uses only one single AGB percentage and does not calculate a different one for different types of care. The AGB percentage will be calculated annually by the 45<sup>th</sup> day following the close of the prior fiscal year, and implemented by the 120<sup>th</sup> day following the close of the fiscal year. Following a determination that an individual is eligible for Financial Assistance under this policy, such individual may not be charged more than the AGB for Emergency Care, Urgent Care, or other Medically Necessary Care.

For more information, see Appendix Four (4).

**Application Period:** The period in which applications will be accepted and processed for Financial Assistance. The application period begins on the date that the first post-discharge billing statement is provided and ends on the 240<sup>th</sup> after that date.

**Assets:** Consists of: ●

Savings accounts

- Checking accounts
- Health savings accounts (HSA)\*
- Health reimbursement arrangements (HRA)\*
- Flexible spending accounts (FSA)\*

\*If a patient/Guarantor has an HSA, HRA, FSA or similar fund designated for Family medical expenses, such individual is not eligible for assistance under this policy until such assets are exhausted.

**Charity Care:** Patients, or their Guarantors, with annualized Family Income at or below 400% of the FPL, who otherwise meet other eligibility criteria set forth in this policy, will receive a 100% waiver of patient responsible balance for eligible medical services provided by NHC.

**Elective Service:** A hospital service that does not qualify as Emergency Care, Urgent Care, or other Medically Necessary Care (as defined below).

**Emergency Care:** Items or services provided for the purpose of evaluation, diagnosis, and/or treatment of an Emergency Medical Condition.

**Emergency Medical Condition:** As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term “Emergency Medical Condition” means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of medical care could be reasonably expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions:
  - a. There is inadequate time to effect a safe transfer to another hospital for delivery; and
  - b. That transfer may pose a threat to the health or safety of the woman or unborn child.

**Family:** as defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according

to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility for this policy.

**Family Income:** an applicant's Family Income is the combined gross income of all adult members of the Family living in the same household and included on the most recent federal tax return. For patients under 18 years of age, Family Income includes that of the parent, or parents, and/or step-parents, or caretaker relatives. Family Income is determined using the Census Bureau definition as follows when computing Federal Poverty Guidelines: 1. Includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational stipends, alimony and child support

2. Noncash benefits (such as food stamps and housing subsidies) do not count
3. Determined on a before tax (gross) basis
4. Excludes capital gains and losses

**Federal Poverty Level:** The Federal Poverty Level (FPL) uses the income thresholds that vary by Family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of the subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <https://aspe.hhs.gov/poverty-guidelines>.

**Financial Assistance:** Assistance, consisting of Charity Care and Medical Hardship, provided to eligible patients, who would otherwise experience financial hardship, to relieve them of a financial obligation for Emergency Care, Urgent Care, or other Medically Necessary Care provided by NHC.

**Guarantor:** A person other than the patient who is responsible for the patient's bill.

**Gross Charges:** Total charges at the full established rate for the provision of patient care services before deductions from revenue are applied.

**Homeless:** As defined by the Federal government, and published in the Federal Register by HUD: "An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human

habitation or is living in a publicly or privately run shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.”

**In-Network:** NHC and its affiliates are contracted with the patient’s insurance company for reimbursement at negotiated rates.

**Medical Hardship:** Financial Assistance provided to eligible patients whose medical bills are greater than or equal to 25% of their Family Income.

**Medically Necessary Care:** Medically necessary items or services, such as inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury or illness. In addition to meeting clinical criteria, such items or services are typically defined as covered by Medicare Fee-for-Service, Private Health Insurers, or other third party insurance.

**Medicare Fee-for-Service:** Health insurance offered under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c-1395w-5).

**Out-of-Network:** NHC and its affiliates are not contracted with the patient’s insurance company for reimbursement at negotiated rates, typically resulting in higher patient responsibility.

**Payment Plan:** A payment plan that is agreed to by either NHC, or a third party vendor representing NHC, and the patient/Guarantor for out of pocket fees. The Payment Plan will take into account the patient’s financial circumstances, the amount owed and any prior payments.

**Presumptive Eligibility:** Under certain circumstances, Uninsured Patients may be presumed or deemed eligible for Financial Assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

**Private Health Insurer:** Any organization that is not a government unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

**Qualification Period:** Applicants determined to be eligible for Financial Assistance will be granted assistance for a period of six months from the date of approval. Patients who qualify for Financial Assistance may attest that there have been no changes to their financial situation at the end of the six (6) month qualification period to extend eligibility for another six (6) months.

**Uninsured Patient:** A patient with no third party coverage provided by a Private Health Insurer, an ERISA insurer, a Federal Healthcare Program (including without limitation Medicare Fee-for-Service, Medicaid, SCHIP, and CHAMPUS), workers' compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses.

**Underinsured Patients:** Any individual with private or government coverage for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by NHC.

**Urgent Care:** Medically Necessary Care provided in an acute hospital after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably result in placing a patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part.



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**Eligibility for  
Financial  
Assistance from  
NHC**

Services eligible for Financial Assistance must be clinically appropriate and within acceptable medical practice standards, and include:

1. In-Network and Out-of-Network facility charges for Emergency Care as defined above.
  2. In-Network and Out-of-Network professional fees for Emergency Care as defined above, rendered by providers employed by NHC and its affiliates, as listed in Appendix Five (5).
  3. In-Network facility charges for Urgent Care, as defined above.
  4. In-Network facility charges for Medically Necessary Care, as defined above.
  5. In-Network professional fees for Urgent Care and Medically Necessary Care rendered by providers employed by NHC and its affiliates, as listed in Appendix Five (5).
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**Services Not  
Eligible for  
Financial  
Assistance from  
NHC**

Services not eligible for Financial Assistance include:

1. Professional fees and facility charges for Elective Services, as defined above.
2. Professional fees for care rendered by providers who do not follow the Financial Assistance Policy (e.g. private or non-NHC medical or physician professionals, ambulance transport, etc.), as listed in Appendix Five (5). Patients are encouraged to contact these providers directly to see if they offer any financial assistance and to make payment arrangements. See Appendix Five (5) for a full listing of

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providers not covered under this policy.

3. Out-of-Network facility charges and professional fees for Urgent Care and Medically Necessary Care that is not Emergency Care, as defined above.
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**Public  
Assistance  
Programs**

For Uninsured Patients or Underinsured Patients, the hospital will work with such patients to assist them in applying for public assistance programs that may cover some or all of their unpaid hospital bills. In order to help Uninsured Patients and Underinsured Patients find available and appropriate options, the hospital will provide all individuals with a general notice of the availability of public assistance programs during the patient's initial in-person registration at a hospital location for a service, in all billing invoices that are sent to a patient or Guarantor, and when the provider is notified, or through its own due diligence becomes aware, of a change in the patient's eligibility status for public or private insurance coverage.

Hospital patients may be eligible for free or reduced cost of health care services through various state public assistance programs (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net). Such programs are intended to assist low-income patients taking into account each individual's ability to contribute to the cost of his or her care. For Uninsured Patients or Underinsured Patients, the hospital will, when requested, help them with applying for coverage through public assistance programs that may cover all or some of their unpaid hospital bills.

The Hospital is available to assist patients in enrolling into state health coverage programs. These include MassHealth, the premium assistance payment program operated by the state's Health Connector, and the Children's Medical Security Plan. For these programs, applicants can submit an application through an online website (which is centrally located on the state's Health Connector Website), a paper application, or over the phone with a customer service representative located at either MassHealth or the Connector. Individuals may also ask for assistance from hospital financial counselors (also called certified application counselors) with submitting the application either on the website or through a paper application.

**Available  
Assistance**

NHC offers patients assistance with applying for public assistance programs and hospital Financial Assistance, as described in greater detail, below.

NHC will make diligent efforts to collect the patient's insurance status and other information in order to verify coverage for the emergency, inpatient or outpatient health care services to be provided by the Hospital. All information will be obtained prior to the delivery of any items or services that does not constitute Emergency Care or Urgent Care. The Hospital will delay any attempt to obtain this information during the delivery of any EMTALA-level Emergency Care or Urgent Care, if the process to obtain this information will

delay or interfere with either the medical screening examination or the services undertaken to stabilize an Emergency Medical Condition.

The hospital's reasonable due diligence efforts to investigate whether a third party insurance or other resource may be responsible for the cost of services provided by the hospital shall include, but not be limited to, determining from the patient if there is an applicable policy to cover the cost of the claims, including: (1) motor vehicle or home owner's liability policy, (2) general accident or personal injury protection policy, (3) workers' compensation programs, and (4) student insurance policies, among others. If the hospital is able to identify a liable third party or has received a payment from a third party or another resource (including from a private insurer or another public program), the hospital will report the payment to the applicable program and offset it, if applicable per the program's claims processing requirements, against any claim that may have been paid by the third party or other resource. For state public assistance programs that have actually paid for the cost of services, the hospital is not required to secure assignment on a patient's right to third party coverage of services. In these cases, the patient should be aware that the applicable state program may attempt to seek assignment on the costs of the services provided to the patient.

NHC will check the Massachusetts Eligibility Verification System (EVS) to ensure that the patient is not a Low Income Patient and has not submitted an application for coverage for either MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, or Health Safety Net, prior to submitting claims to the Health Safety Net Office for bad debt coverage.

**Assistance  
through Health  
Safety Net**

Through its participation in the Massachusetts Health Safety Net, the Hospital also provides financial assistance to low-income Uninsured Patients and Underinsured Patients who are Massachusetts residents and who meet income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low income Uninsured Patients and Underinsured Patients through free or discounted care across acute hospitals in Massachusetts. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for Uninsured Patients and Underinsured Patients with incomes under 300% of the Federal Poverty Level.

Low-income patients receiving services at the Hospital may be eligible for financial assistance through the Health Safety Net, including free or partially free care for Health Safety Net eligible services defined in 101 CMR 613.00.

*(a) Health Safety Net - Primary*

Uninsured Patients who are Massachusetts residents with verified MassHealth MAGI Household Income or Medical Hardship Family Income, as described in 101 CMR 613.04(1), between 0-300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.

The eligibility period and type of services for *Health Safety Net - Primary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Primary*.

*(b) Health Safety Net – Secondary*

Patients that are Massachusetts residents with primary health insurance and MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), between 0 and 300% of the FPL may be determined eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net - Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Secondary*.

*(c) Health Safety Net - Partial Deductibles*

Patients that qualify for *Health Safety Net – Primary* or *Health Safety Net – Secondary* with MassHealth MAGI Household Income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL may be subject to an annual deductible if all members of the Premium Billing Family Group (PBFG) have an income that is above 150.1% of the FPL. This group is defined in 130 CMR 501.0001.

If any member of the PBFG has an FPL below 150.1% there is no deductible for any member of the PBFG. The annual deductible is equal to the greater of:

1. the lowest cost Premium Assistance Payment Program operated by the Health Connector premium, adjusted for the size of the PBFG proportionally to the MassHealth FPL income standards, as of the beginning of the calendar year; or
2. 40% of the difference between the lowest MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's PBFG and 200% of the FPL.

*(d) Health Safety Net - Medical Hardship*

A Massachusetts resident of any income may qualify for *Health Safety Net – Medical Hardship (Medical Hardship)* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's Countable Income defined in 101 CMR 613.

The applicant's required contribution is calculated as the specified percentage of Countable Income in 101 CMR 613.05(1)(b) based on the *Medical Hardship* Family's FPL multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible. Further requirements for *Medical Hardship* are specified 101 CMR 613.05.

A hospital may request a deposit from patients eligible for Medical Hardship. Deposits will be limited to 20% of the Medical Hardship contribution up to \$1,000. All remaining balances will be subject to the payment plan conditions established in 101 CMR 613.08(1)(g).

For Medical Hardship, the hospital will work with the patient to determine if a program like Medical Hardship would be appropriate and submit a Medical

Hardship Application to the Health Safety Net. It is the patient's obligation to provide all necessary information as requested by the hospital in an appropriate timeframe to ensure that the hospital can submit a completed application.

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**Role of the  
Financial  
Assistance  
Counselor**

The hospital will help Uninsured Patients and Underinsured Patients apply for health coverage through a public assistance program (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, and the Children's Medical Security Program), and work with individuals to enroll them as appropriate. The hospital will also help patients that wish to apply for financial assistance through the Health Safety Net.

The hospital will:

- a) provide information about the full range of programs, including MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net;
- b) help individuals complete a new application for coverage or submit a renewal for existing coverage;
- c) work with the individual to obtain all required documentation;
- d) submit applications or renewals (along with all required documentation);
- e) interact, when applicable and as allowed under the current system limitations, with the programs on the status of such applications and renewals;
- f) help to facilitate enrollment of applicants or beneficiaries in insurance programs; and
- g) offer and provide voter registration assistance.

The hospital will advise the patient of their obligation to provide the hospital and the applicable state agency with accurate and timely information regarding their full name, address, telephone number, date of birth, social security number (if available), current insurance coverage options (including home, motor vehicle, and other liability insurance) that can cover the cost of the care received, any other applicable financial resources, and citizenship and residency information. This information will be submitted to the state as part of the application for public program assistance to determine coverage for the services provided to the individual.

If the individual or Guarantor is unable to provide the necessary information, the hospital may (at the individual's request) make reasonable efforts to obtain any additional information from other sources. Such efforts also include

working with individuals, when requested by the individual, to determine if a bill for services should be sent to the individual to assist with meeting the one-time deductible. This will occur when the individual is scheduling their services, during pre-registration, while the individual is admitted in the hospital, upon discharge, or for a reasonable time following discharge from the hospital. Information that the hospital obtains will be maintained in accordance with applicable federal and state privacy and security laws.

The hospital will also notify the patient during the application process of their responsibility to report to both the hospital and the state agency providing coverage of healthcare services any third party that may be responsible for paying claims, including a home, auto, or other insurance liability policy. If the patient has submitted a third party claim or filed a lawsuit against a third party, the hospital will notify the patient of the requirement to notify the provider and the state program within 10 days of such actions. The patient will also be informed that they must repay the appropriate state agency the amount of the healthcare covered by the state program if there is a recovery on the claim, or assign rights to the state to allow it to recover its applicable amount.

When the individual contacts the hospital, the hospital will attempt to identify if an individual qualifies for a public assistance program or for Financial Assistance from the hospital. An individual who is enrolled in a public assistance program may qualify for certain benefits. Individuals may also qualify for additional assistance based on the hospital's Financial Assistance program based on the individual's documented income, Assets and allowable medical expenses.

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**Patient  
Obligations**

Prior to the delivery of any health care services (except for services that are provided to stabilize a patient determined to have an Emergency Medical Condition or needing Urgent Care), the patient is expected to provide timely and accurate information on their current insurance status, demographic information, changes to their Family Income or group policy coverage (if any), and, if known, information on deductibles, co-insurance and copayments that are required by their applicable insurance or financial program. The detailed information for each item should include, but not be limited to:

- Full name, address, telephone number, date of birth, social security number (if available), current health insurance coverage options, citizenship and residency information, and the patient's applicable financial resources that may be used to pay their bill;



- If applicable, the full name of the patient's Guarantor, their address, telephone number, date of birth, social security number (if available), current health insurance coverage options, and their applicable financial resources that may be used to pay for the patient's bill; and
- Other resources that may be used to pay their bill, including other insurance programs, motor vehicle or homeowners insurance policies if the treatment was due to an accident, workers' compensation programs, student insurance policies, and any other Family Income such as an inheritances, gifts, or distributions from an available trust, among others.

The patient is responsible for keeping track of their unpaid hospital bill, including any existing co-payments, co-insurance, and deductibles, and contacting the hospital should they need assistance in paying their bill. The patient is further required to inform either their current health insurer (if they have one) or the state agency that determined the patient's eligibility status in a public program of any changes in Family Income or insurance status. The hospital may also assist the patient with updating their eligibility in a public program when there are any changes in Family Income or insurance status provided that the patient informs the hospital of any such changes in the patient's eligibility status.

Patients are also required to notify the hospital and the applicable program in which they are receiving assistance (e.g., MassHealth, Connector, or Health Safety Net), of any information related to a change in Family Income, or if they are part of an insurance claim that may cover the cost of the services provided by the hospital. If there is a third party (such as, but not limited to, home or auto insurance) that is responsible to cover the cost of care due to an accident or other incident, the patient will work with the hospital or applicable program (including, but not limited to, MassHealth, Connector, or Health Safety Net) to assign the right to recover the paid or unpaid amount for such services.

**Hospital  
Financial  
Assistance**

Financial Assistance will be extended to Uninsured Patients, Underinsured Patients and their respective Guarantors who meet specific criteria as defined below. These criteria will assure that this Financial Assistance Policy is applied consistently across NHC. NHC reserves the right to revise, modify or change this policy as necessary or appropriate. NHC will help individuals apply for hospital Financial Assistance by completing an application (see Appendix 1 and Appendix 2).

Payment resources (insurance available through employment, Medicaid, Indigent Funds, Victims of Violent Crime, etc.) must be reviewed and evaluated before a patient is considered for Financial Assistance. If it appears



that a patient may be eligible for other assistance, NHC will refer the patient to the appropriate agency for assistance in completing the applications and forms or assist the patient with those applications. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for hospital Financial Assistance, including applying to public assistance programs and the Health Safety Net, as described above.

Financial Assistance applicants are responsible for applying to public programs and pursuing private health insurance coverage. Patients/Guarantors choosing not to cooperate in applying for programs identified by NHC as possible sources of payment may be denied Financial Assistance. Applicants are expected to contribute to the cost of their care based on their ability to pay as outlined in this policy.

Patients/Guarantors that may qualify for Medicaid or other health insurance must apply for Medicaid coverage or show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace within the previous six (6) months of applying for NHC Financial Assistance. Patients/Guarantors must cooperate with the application process outlined in this policy in order to qualify for Financial Assistance.

The criteria to be considered by NHC when evaluating a patient's eligibility for hospital Financial Assistance include:

- Family Income
- Assets
- Medical obligations
- Exhaustion of all other available public and private assistance

NHC's Financial Assistance program is available to all patients meeting the eligibility requirements set forth in this policy, regardless of geographic location or residency status. Financial Assistance will be granted to patients/Guarantors based on financial need and in compliance with state and federal law.

Financial Assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with the insurer's contractual agreement. Financial Assistance is generally not available for patient copayment or balances in the event the patient fails to comply with the insurance requirements.

Patients with a Health Savings Account (HSA), Health Reimbursement Account (HRA), or a Flexible Spending Account (FSA) will be expected to utilize account funds prior to being considered eligible for hospital Financial

Assistance. NHC reserves the right to reverse the discounts described in this policy in the event that it reasonably determines that such terms violate any legal or contractual obligation of NHC.

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**Financial  
Assistance  
Discounts**

Based on an assessment of an applicant's Family Income, Assets and medical obligations, patients may receive one of the discounts listed below. All discounts noted are with respect to patient responsible balance. Out-of-Network co-payments, coinsurance and deductibles are not eligible for Financial Assistance. Likewise, insured patients who opt to not utilize available third party coverage ("voluntary self-pay") are not eligible for Financial Assistance for the amount owed on any account registered as voluntary self-pay. In no case, however, will a patient determined to be eligible for hospital Financial Assistance be charged more than the AGB.

**Charity Care:** NHC will provide care at 100% discount under this policy for patients/Guarantors whose Family Income is at or below 400% of the current FPL, who otherwise meet other eligibility criteria set forth in this policy.

**Medical Hardship:** A 100% discount will be provided for eligible patients whose medical debt is greater than or equal to 25% of their Family Income, who otherwise meet other eligibility criteria set forth in this policy.

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**Financial  
Assistance  
Policy**

Information regarding NHC's Financial Assistance Policy, Plain Language Summary and Financial Assistance Application are available, free of charge, on NHC's website, posted in hospital and clinic locations and will be translated into any language that is the primary language spoken by the lesser of 1,000 people or 5% of the residents in the community served by NHC.

In addition, NHC references payment policies and Financial Assistance on all printed monthly patient statements and collection letters. Information on the Financial Assistance Policy is available, at any time, upon request.

1. Patients/Guarantors may apply for Financial Assistance at any time during the Application Period.
2. In order to be considered for Financial Assistance, patients/Guarantors are required to cooperate and supply financial, personal or other documentation relevant to making a determination of financial need. A

Financial Assistance Application Form can be obtained in any of the following ways:

- a. On the NHC public website:  
<https://www.beverlyhospital.org/locations--services/patients-visitors'-guide/billing--patient-accounts>
  - b. In person at the Financial Counseling Unit  
41 Mall Road  
Burlington, MA 01803  
(781) 744-8815
  - c. Call the number above to request a copy to be mailed
  - d. Call the number above to request an electronic copy
3. Patients/Guarantors are required to provide an accounting of financial resources readily available to the patient/Guarantor.  
Family Income may be verified using any or all of the following:
- a. Current Forms W-2 and/or Forms 1099
  - b. Current state or federal tax returns
  - c. Four (4) most recent payroll stubs
  - d. Four (4) most recent checking and/or savings statements
  - e. Health savings accounts
  - f. Health reimbursement arrangements
  - g. Flexible spending accounts
4. Prior to evaluating eligibility for Financial Assistance, the patient/Guarantor must show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace, and must provide documentation of any existing third party coverage.
- a. NHC financial counselors will assist patient/Guarantors with applying for Medicaid and will subsequently assist those same individuals with applying for Financial Assistance.
  - b. If an individual applies for Financial Assistance during the Federal Health Insurance Marketplace open enrollment, such individual is required to seek coverage prior to NHC's evaluation of any Financial Assistance Application.
5. NHC may *not* deny Financial Assistance under this policy based on an individual's failure to provide information or documentation that is *not* clearly described in this policy or the Financial Assistance Application.
6. NHC will determine final eligibility for Financial Assistance within thirty (30) business days upon receipt of a completed application.
7. Documentation of the final eligibility determination will be made on all current (open balance) patient accounts retroactive to 6 months from the application. A determination letter will be sent to the patient/Guarantor.

8. If a patient/Guarantor submits an incomplete application, a notification will be sent to the patient/Guarantor explaining what information is missing. The patient/Guarantor will have thirty (30) days to comply and provide the requested information. Failure to complete the application will result in the Financial Assistance being denied.
  9. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application will remain valid for the Qualification Period for all eligible medical services provided, and will include all outstanding receivables for the previous six (6) months including those at bad debt agencies. Patients who have been determined to be eligible for Financial Assistance by NHC or an affiliated hospital within the Qualification Period will automatically be considered eligible for hospital Financial Assistance for the 6month period from the date of that eligibility determination. It is the patient/Guarantors responsibility to notify NHC of any financial change during the Qualification Period. Failure to do so may result in the loss of eligibility.
  10. Patients that are eligible for Financial Assistance will receive a refund for any payments made that exceed the amount the individual is personally responsible for paying.
- 

**Reasons for  
Denial**

NHC may deny a request for Financial Assistance for a variety of reasons including, but not limited to:

- Sufficient Family Income
  - Sufficient Asset level
  - Patient uncooperative or unresponsive to reasonable efforts to work with the patient/Guarantor
  - Incomplete Financial Assistance Application despite reasonable efforts to work with the patient/Guarantor
  - Pending insurance or liability claim
  - Withholding insurance payment and/or insurance settlement funds, including payments sent to the patient/Guarantor to cover services provided by NHC, and personal injury and/or accident related claims
-

**Presumptive  
Eligibility**

NHC understands that not all patients are able to complete a Financial Assistance Application or comply with requests for documentation. There may be instances in which a patient/Guarantor's qualification for Financial Assistance is established without completing the application form. Other information may be used by NHC to determine whether a patient/Guarantor's account is uncollectible and this information will be used to determine Presumptive Eligibility.

Presumptive Eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

- Patients/Guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy is discharged will be written off.
- Patients/Guarantors who are deceased with no estate in probate.
- Patients/Guarantors determined to be Homeless.
- Accounts returned by the collection agency as uncollectible due to any of the reasons above and no payment has been received.
- Patients/Guarantors who qualify for state Medicaid programs will be eligible for Financial Assistance for any cost sharing obligations associated with the program or non-covered services.

Patient accounts granted Presumptive Eligibility will be reclassified under the Financial Assistance Policy. They will not be sent to collection nor will they be subject to further collection actions.

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**Prompt Pay  
Discount**

Patients that do not qualify for public assistance or Financial Assistance will be provided a discount of 40% contingent upon prompt payment of their account balance on all care provided, including Emergency Care, Urgent Care, Medically Necessary Care, and Elective Services. Payment of the negotiated amount must be made in full within fifteen days of the patient's receipt of their first statement. This discount will not be offered for any service in which a separate self-pay fee schedule has been assigned. Additionally, In-Network and Out-of-Network co-payments, coinsurance and deductibles are not eligible for the prompt pay discount. For the avoidance of doubt, this discount also will not be offered to any patient paying for services in accordance with a Payment Plan.

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**Emergency  
Medical  
Services**

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patient is to be screened for Financial Assistance or payment information prior to the rendering of services in an emergency situation. NHC may request that patient cost sharing payments (i.e. copayments) be made at the time of service, provided such requests do not cause delay in the screening examination or necessary treatment to stabilize the patient in an emergency situation. NHC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they are eligible under this policy. NHC will not engage in actions that discourage individuals from seeking Emergency Care.

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**Credit and  
Collections**

The actions that may be taken by NHC in the event of non-payment are described in a separate Credit and Collections Policy.

Members of the public may obtain a free copy by:

a. Going to the NHC public website:

<https://www.beverlyhospital.org/locations--services/patients--visitors'guide/billing--patient-accounts>

b. Visiting the Financial Counseling Unit located at:

41 Mall Road  
Burlington, MA 01803  
(781) 744-8815

c. Calling the number above to request a copy to be mailed

d. Calling the number above to request an electronic copy

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**Regulatory  
Requirements**

NHC will comply with all federal, state and local laws, rules and regulations, and reporting requirements that may apply to activities pursuant to this policy. This policy requires that NHC track Financial Assistance provided to ensure accurate reporting. Information on the Financial Assistance provided under this policy will be reported annually on the IRS form 990 Schedule H.

NHC will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements.

**Appendix 1**  
**Financial**  
**Assistance**  
**Application**  
**Form**

**Financial Assistance Application for Charity Care**

**Please Print**

Today's Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Patient  
Name:

Address:

\_\_\_\_\_  
Street Apt. Number  
\_\_\_\_\_  
City State Zip Code

Date of Hospital Services: \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Did the patient have health insurance or Medicaid\*\* at the time of hospital service?

Yes ☐ No ☐

If "Yes", attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

\*\*Prior to applying for financial assistance, you must have applied for Medicaid in the past 6 months and will need to show proof of denial.

*Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.*

**To apply for financial assistance complete the following:**

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				

3.				
4.				

In addition to the Financial Assistance Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current Forms W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

By my signature below, I certify that I have carefully read the Financial Assistance Policy and Application and that everything I have stated or any documentation I have attached is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly submit false information to obtain financial assistance.

Applicant's Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date Completed: \_\_\_\_\_

If your income is supplemented in any way or you reported \$0.00 income on this application, have the Support Statement below completed by the person(s) providing help to you and your family.

**Support Statement**

I have been identified by the patient/responsible party as providing financial support. Below is a list of services and support that I provide.

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I hereby certify and verify that all of the information given is true and correct to the best of my knowledge. I understand that my signature will not make me financially responsible for the patient's medical expenses.

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please allow 30 days from the date the completed application is received for eligibility determination.

Staff Only.		
Application Received by:		
AJH	<input type="checkbox"/>	
AGH	<input type="checkbox"/>	
BayRidge	<input type="checkbox"/>	
BIDMC	<input type="checkbox"/>	
BID Milton	<input type="checkbox"/>	
BID Needham	<input type="checkbox"/>	
BID Plymouth	<input type="checkbox"/>	
Beverly	<input type="checkbox"/>	
LHMC	<input type="checkbox"/>	
LMC Peabody	<input type="checkbox"/>	
MAH	<input type="checkbox"/>	
NEBH	<input type="checkbox"/>	WH <input type="checkbox"/>

If eligible, financial assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

**Appendix 2**  
**Medical  
Hardship  
Application**

**Financial Assistance Application for Medical Hardship**

**Please Print**

Today's Date: \_\_\_\_\_

Social Security# \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Patient  
Name:

\_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Address:

\_\_\_\_\_ Street \_\_\_\_\_ Apt. Number

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Did the patient have health insurance or Medicaid at the time of hospital service(s)?

Yes ☐ No ☐

If "Yes", attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

*Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.*

**To apply for Medical Hardship assistance, complete the following:**

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
---------------	-----	-------------------------	-----------------------------------	----------------------

1.				
2.				
3.				
4.				

In addition to the Medical Hardship Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts
- Copies of all medical bills

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

List all medical debt and provide copies of bills incurred in the previous twelve months:

Date of service	Place of Service	Amount owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief explanation of why paying these medical bills will be a hardship:

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---

By my signature below, I certify all of the information submitted in the application is true to the best of my knowledge, information and belief.

Applicant's Signature:

\_\_\_\_\_

Relationship to

Patient: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

Staff Only.

Application Received by:

AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

**Appendix 3**  
**Discount Chart**  
**Based on**  
**Income and**  
**Asset**  
**Thresholds**

**Prompt Pay Discount:** Patients that do not qualify for public assistance or Financial Assistance will be provided a discount of 40% contingent upon prompt payment of their account balance on all care provided, including Emergency Care, Urgent Care, Medically Necessary Care, and Elective Services. Payment of the negotiated amount must be made in full within fifteen days of the patient's receipt of their first statement. This discount will not be offered for any service in which a separate self-pay fee schedule has been assigned. Additionally, In-Network and Out-of-Network copayments, coinsurance and deductibles are not eligible for the prompt pay discount. For the avoidance of doubt, this discount also will not be offered to any patient paying for services in accordance with a Payment Plan.

**Discounts for Financial Assistance and Medical Hardship are applied to a patient's responsible balance for eligible medical services as described in the policy.**

**Financial Assistance Discount for Eligible Patients:**

**Charity Care**

Income Level	Discount
Less than or equal to 400% FPL	100%

**Medical Hardship**

Patients will be determined as eligible for Medical Hardship if the medical bills are greater than or equal to 25% of Family Income and will receive a 100% discount.

**Appendix 4**  
**Amounts**  
**Generally**  
**Billed (AGB)**

See the definition of Amounts Generally Billed in the policy, above, for a description of how the AGB is calculated using the “Look-Back” method.

NHC’s current AGB percentage based on claims for fiscal year 2023 equals 34.87%.

The AGB is subject to change at any time due to the following reasons:

- Private Health Insurer and Medicare Fee-for-Service contract changes
- Settlements received by Private Health Insurer plans and Medicare Fee-for-Service

Updated 01/2024

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**Appendix 5**  
**Providers and**  
**Clinics—**  
**Covered and**  
**Uncovered**

**This Financial Assistance Policy covers all Hospital (Facility) charges at the following locations:**

- *Beverly Hospital 85 Herrick Street, Beverly, MA*
- *Addison Gilbert Hospital 298 Washington Street, Gloucester, MA*
- *BayRidge Hospital 60 Granite Street, Lynn, MA*
- *Lahey Outpatient Center Danvers, 480 Maple Street, Danvers, MA*
- *Wound Center, 500 Cummings Center, Beverly, MA*
- *Sports Medicine Rehabilitation, 77 Herrick Street, Beverly, MA*
- *Gloucester High School Clinic 32 Leslie O Johnson Way, Gloucester, MA*
- *Manchester Radiology 195 School Street, Manchester, MA*

**This Financial Assistance Policy also covers the charges from the individuals and entities listed in this section below for services provided within the Hospital facilities listed above:**

<u>LastName</u>	<u>FirstName</u>	<u>MiddleName</u>	<u>Degree</u>
Abou-Ezzi	Pierre	D.	MD
Adams	Emily	A.	PA
Adler	Christopher	K.	PA
Al-Husami	Wael	F	MD
Arathuzik	Gillian		RD
Argento	Vivian	S.	MD
Axelrod	Matthew	J.	MD
Bagla	Ritu		MD
Balaguera	Henri		MD
Barouch	Fina	C.	MD
Bassil	Ribal		MD
Baveja	Tarun		MD
Birkett	Tanya	M.	MD
Blaha	Gregory	R.	MD
Bogardus	Christina		RD
Bouthot	Beth	A.	MD
Boyd	Rachel	E.	PA
Brabeck	David	M.	MD
Brams	David	M	MD
Brand	Thomas	M.	MD
Brown	Megan	D.	DO
Buddaraju	Sunil		MD
Buhaescu	Irina		MD
Burke	Joy	E.	MD
Burns	Joseph	D.	MD
Cabral	Diana	Hope	NP
Calnan	Kelly	Ann	NP

Campagna	Anthony	C.	MD
Carabba	Victor	H.	MD
Cargill	Julianne		PA
Chamberlain	Benjamin		PA
Chang	Jeffrey	A	MD
Chi	Amy	K.	MD
Chow	Urey		DO
Colancecco	Michael		DO
Come	Carolyn	E.	MD, MPH
Coppinger	Shauna	Ann	PA
Courville	Edward	J.	MD
Crowley	Conor		NP
Culbertson	Collin	J.	MD
Cushing	Gary	W.	MD
Damico	Karen	E	DO
Dar	Abdul Qadir		MD
Dawiskiba	Malgorzata	I.	MD
Deck	Gina	M.	MD
Deeba	Farah		MD
Dennis	Julie	O.	MD
Dobрева- Yakimova	Violeta	B.	MD
Donnelly	Andrew	Dallahan	NP
Draper	Timothy	S.	DO
D'Silva	Karl	J.	MD
Eissa	Khaled	E.	MD
Elias	Heather	L.	MD
Elias-Todd	Tina	J.	MD
Ellis	Gail	L.	MD
Fang	Jack	J	MD
Ferm	Bhavna		MD
Fernandes	Justin	R.	MD
Fikry	Karim	S.	MD
Finocchiario	Darci	L.	MD
Fitelson	Daniel	S.	MD
Ford	Heather	A.	MD
Formica	Philip		MD
Franzoni- Kleeman	Suzanne	Nicole	NP, DNP
Frendling	Andrea	M	PA
Freniere	Brian	B.	MD
Fu	Yining		MD
Gabriel	Alis	G.	MD
Gadey	Gautam		MD
Gage	Thomas	M.	MD
Garcia-Banigan	Dinamarie	C.	MD, MPH
Gauthier	Melissa	Ann	NP



Gazourian	Lee		MD
Geva	Tamar	S.	MD
Ghogawala	Zoher		MD
Giaccotto	Joshua	A.	MD
Gibson	Whitney	Marie	NP
Gillespie	Steven	A.	MD
Gilman	Matthew	P.	MD
Gladstein	Jaclyn	L	PA
Goldar-Najafi	Atoussa		MD
Gray	Anthony	W.	MD
Gross	Daniel	R.	NP
Gross	Joseph	W	MD
Gross	Paul	T.	MD
Grossman	Nicole	L.	MD
Guo	Lifei		MD, PhD
Gupta	Aanchal		MD
Guryanova	Irina	A.	MD
Haessler	Karen	T.	PA
Hallac	Alexander		MD
Han	Gena		DO
Hansen	Christopher	K.	MD
Hehir	Kristin		PA
Heit	Jeffrey		MD
Helenius	Johanna	A.	MD, MPH
Hodge	Mary Beth		MD
Hollett	Kathryn	J.	MD
Houle	Brian	P.	NP
Hsu	Howard	C.	MD
Huang	Chunmei		MD
Hunter	Klaudia	U.	MD
Jakobi	Hezi		MD
Javeed	Iqra		MD
Jellison	Angela	L.	MD
Jiang	Naomi	Y.	MD
Jiang	Shaolay	X.	MD
Johnson	Meredith	T.	PA
Jordow	Rechele	L.	NP
Kahriman	Azmin		MD
Kalra	Aarti		MD
Kanyi	Emmanuel	F.	MD
Karpinski	Sylwia		MD
Katz	Sharon	Carol	MD
Kaufman	Michael	D.	MD
Kausar	Humera		MD
Keating	Joseph	M	MD
Klenz	Jeffrey	Thomas	MD
Kulbak	Guy		MD

Lamb	Carla	R.	MD
Lapine	Nina	Michaud	NP
Larkin	Timothy	J.	MD
Larsen	Tory	Leif	NP
Lazzaro	Alicia	M.	RD
Lebowitz	Jessica		PA
Lee	Kristofferson	M.	MD
Lemons	Jeffrey	M.	MD
Lemos	Mark	J.	MD
Lenhardt	Andrew	S.	MD
Levy	Michael	S.	MD
Liesching	Timothy	N.	MD
Lim	Alan	A.	MD
Longo	Rebecca	Libby	NP
Lopez	Denise		NP
Lu	Hairong		MD
Lutz	Jennifer	Ann	NP
Lynch	Jessica	A.	MD
Mackay	Fraser	C.	MD
Magge	Subu	N.	MD
Magliulo	Daniel	P.	MD
Mahajan	Neeraj		MD
Mahoney	Laura	E.	PA
Majithia	Arjun	R	MD, FACC
Mannan	Mredula	A.	MD
Marnoy	Zachary	R.	MD
Massoud	Elias	F.	MD
Mattingly	Peter	J.	MD
Mazzola	Maria	Antonietta	MD
McAdams	Matthew	T.	MD
McDermott	Jennifer	L.	NP
Meller	Rafael	A.	MD
Messiner	Ryan	V.	DO
Michaud Finch	Jennifer	A.	DO
Miller	Ezra	R.	MD
Minor	Michael	E.	MD
Miozzo	Ruben	A.	MD
Molgaard	Andrew	F	PA
Morra	Rachel	Marie	PA
Mouchantaf	Fares	G	MD
Nair	Nisha	G.	PA
Nepomnayshy	Dmitry		MD
Neumeyer	David	Alexander	MD
Neville	Cassidy	Ann	PA
Nghiem	Luan	M.	MD
Nguyen	Hong		NP
Nixon	Asa	J.	MD

Noland	Timothy	L.	PA
Nzugang	Edwige		
Noutonsi	Christelle		MD
O'Connor	Ashling		MD
Pandya	Sonal	N.	MD
Parikh	Gaurav		MD
Parker	Annie	L.	MD
Passer	Joel	Z.	MD
Patel	Avignat	S.	MD
Pellish	Randall	S.	MD
Peppe	Joseph		MD
Perrino	Carmen	M.	MD
Petrova	Rositsa	D.	MD
Pincus	Michael	D.	DO
Plourde	Michael	A.	PA
Plourde	Joseph	R.	PA
Popelka	Andrew		MD
Price	Jacqueline		PA
Pyden	Alexander	D.	MD, MPH, BS
Rafferty	Kevin	Barry	MD
Ramineni	Anil		MD
Ramsey	David	J.	MD
Redmond	Barbara	Ann	PCNS
Rehman	Urrooj	H	MD, MBA
Resnic	Frederic	S.	MD, MSc
Restrepo	Angela	M.	MD
Rezapour	Seyed		MD
Rivera Agosto	Ivia	E.	MD
Roy	Melanie		NP
Samuelson	Brian	T.	MD
Santos	Eric	Chandler	NP
Sciascia	Sara	E.	NP
Scott Iriarte	Ariadne	S.	MD
Sehgal	Siddharth		MD
Serra	Lisa	Gallagher	MD
Servais	Elliot	L.	MD
Shaban	Eman	E	MD
Shadchehr	Sara		DO
Shahriar	Jimsheed		MD
Shanker	Vidushi		MD
Sharifi	Sheida		MD, PhD
Shekar	Prem	S.	MD
Silver	Jonathan	S.	MD
Skelton	Timothy	P.	MD, PhD
Smith	Adam	J.	MD
Soccorso	Elizabeth	Ann	PCNS

Solorza	Andres	J.	MD
Somalaraju	Sandeep	R.	MD
Sood	Esha		MD
Sperling	Scott	B.	MD
Srinivasan	Jayashri		MD
Stempek	Susan	B.	PA
Stock	Cameron	T.	MD
Summerhill	Eleanor	Marie	MD
Suski	Joanna	L.	MD
Tabiri	Collins	A.	MD
Tadevosyan	Aleksey		MD
Tarragona	Nestor	G.	MD
Tilem	Matthew	E.	MD
Tolokh	Ilyia		MD
Toraldo	Gianluca		MD, PhD
Tortorici	Sara	Jean	NP, MSc
Tronic	Bruce	S.	MD
Varai	Gyorgy	L.	MD, MPH
Vattamala	Sheba	G.	MD
Vernadakis	Adam	J.	MD
Vidal-Farino	Zorayda	T	MD
Vohra	Parag		MD
Votipka	Rhea		NP
Vu	Canh	P.	MD
Vytopil	Michal		MD
Walton	Kaitlin	Elyse	NP
Watkins	Ammara	A.	MD
Welch	Harold	J.	MD
White	Melissa	Ann	NP
Whitmore	Robert	G.	MD
Wilcox	Susan	R.	MD
Wolf	Lucas	Edward	MD
Woods	Laurie	E.	NP
Wozniak	Joanne	M.	PA
Xing	Wei		MD
Yang	Katelyn	Enwright	NP
Yang	Weihong		MD
Yavarovich	Ekaterina	R.	DO
Yew	Andrew	Y.	MD
Yunus	Shakeeb	A	MD
Zamore	Richard	S.	MD

**For the providers listed below, this Financial Assistance Policy only covers the Hospital Facility charge. It does not cover provider charges from the individuals and entities listed below. Patients are encouraged to contact these providers directly to see if they offer any assistance and to make payment arrangements**

Non-Covered			
LastName	FirstName	MiddleName	Degree
Addison	Jessica	M.	MD, MSc, MPH
Ahson	Imran	M.	DMD, MD
Akbar	Syed	A	MD
Al Dalati	Chirin		MD
Alden-St. Pierre	David	M.	PA
Allara	Mark	E.	MD
Amesbury	Spencer	R.	MD
Amesur	Sandeep	Nirmal	MD
Ansari	Eman		MD
Antonell	Michael	Robert Francis	MD
Aquino	Suzanne	Lei	MD
Archibald	Jason	D.	MD
August	Betsy	S.	MD
Avgerinos	Nicholas	G.	MD
Ayers	Andrew	W.	MD
Bader	Walid	G.	DO
Baer	Sideris	D.	MD
Bahng	Edward	J.	MD
Baker	Daniel	Mark	MD
Balekian	Diana	S	MD
Banville	Paul	Jean	CRNA
Baraban	Inna		PA
Barchuk	Oleksandr	V.	NP
Barker	Jennifer	L.	PA
Barthelmess	Julie		PA
Basile	Charlene		CRNA
Basile	Matthew	P	CRNA
Basler	Sally	A.	RNFA
Bauer	Laurel	Ann	MD
Beam	Kristyn	S	MD
Becker	Theresa	M.	DO
Belle	Troy	Allyn	MD
Berger	Kyan	J.	MD
Bernal	Oscar	G.	MD
Bernard	Kevin	K	MD
Bhathena	Jasmin	F.	MD, MBBS
Bhattacharya	Subroto		MD
Birkett	Richard	T.	MD
Bis	Sabina	G.	MD
Bjorlie	Cynthia	Choate	MD
Blair	Shelby	Elizabeth	CRNA

Blinderman	Raechel	L.	LICSW
Blumenthal	Scott	Evan	DO
Boardman	John	W.	MD
Bochman	Marisa	M.	MD
Bogorad	Ilya	V	MD
Borus	Joshua	S.	MD
Bosman	Mitchell	John	MD
Bouley	Michelle	J.	PA
Bovenschen	Chelsey	B.	DO
Boyd	Mary	C.	MD
Boyd	William	F.	MD
Braimon	Jennifer	C.	MD
Branton	Kenneth	R	MD
Breckwoldt	William	Lawrence	MD
Breslin	Fiona	M.	MD
Brickley	Tess	Alexandra	CNM
Brightney	Nancy	Burnett	CRNA
Brooks	Katherine		PA
Broughton	Adam	T.	PA
Brown	Daniel	E.	DPM
Brown	Tanner	William	MD
Brull	James		DO
Bruns	Margaret	D	MD
Bui	Rosa	T	MD
Bulczynski	Wojciech		MD, BS
Burke	Paul	F.	MD
Burrows	Barry	W.	MD
Burzinski	Shiloe	S.	MD
Butler	Matthew	P.	DPM
Campbell	Clovene	P.	MD
Cancelliere	Alessandro		MD, PhD
Capozzi	Matthew	V.	DPM
Carritte	Amanda	L.	CNM
Carter	Debbie	Lee	CRNA
Carter	Katherine	Maria	CRNA
Cassidy	Elizabeth	F.	PA
Cataldi-Betcher	Emma	Louise	MD
Cataldo	Lauren	Elizabeth	DO
Chahal	Karenjeet		MD
Chan	Vivian	S.	MD
Chandrasekaran	Soumya		MD
Chaoui	Alain	Albert	MD
Charbonneau	Quinn	T.	DPM
Chase	Meghan	McCarthy	NP
Chatson	Kimberlee	E	MD
Chegireddy	Nina	P	MD
Chen	Christopher		MD

Cheng	Lauren-Anne		MD
Chhajed	Gautam	P.	MD
Chin	Benjamin		DO
Chinamasa	Gordon		LICSW
Choice	Tanishia	D	MD
Chon	Anna	H.	MD
Chrzanowski	David	S.	MD
Chuderewicz	Cara	L.	MD
Cipolle	Robert	F.	MD
Clapp	John	C.	MD
Clark	Monina	T.	CRNA
Clemenzi	Joseph	Paul	CRNA
Cohen	Mauri	R.	MD
Cohen	Saul	L	MD
Conlon	Leanne		NP
Cooper	Robert	J	MD
Copeland	Maura	Pepose	MD
Corrales	Carleton	E	MD
Coughlin	Catherine	G.	MD
Courtney	Michael	W.	DMD, MD
Crognale	Janice	Elaine	MD
Crowe	Jenna	M.	DO
Crown	Benjamin	D	PA
Culic	Ivana		MD
Cummins	Deborah	L	MD
Cummins	Jordan	M.	MD
Cuneo	Richard	K	MD
Cunningham	Mary	E.	DO
Danis	David	O.	MD
Davis	Marguerite	Lee	MD
Davis	Frances	S	MD
Day	Samantha	Marie	PA
Dean	John	C	MD
Decker	Tamara	K.	PA
DeMarkles	Michael	P.	MD
Demeter	Bradley	L.	MD
Demetroulakos	James	L.	MD
Deming	Rachel	S.	MD
Deno	Ceara	C.	MD
Deshmukh	Uma	S.	MD
Devlin	Elizabeth	Cramer	MD
Diamond	Jill	F.	MD
DiChiara	David	P.	MD
DiPirro	Mary	Elizabeth	DDS
Dirks	Susan	L. McGowan	NP
Do	Daihung	V	MD

Doran	Janet	E.	MD
Dording	Christina	M	MD
Dore	Cortney	A.	LMHC
Douglas	David	W.	MD
Doyschen	Jennifer	L.	PA
Dresens	Peter	H.	MD
Driscoll	David	M.	DO
Drown	Michelle	Barbara	CRNA
D'Souza	Cheryl	M.	MD, MPH
Duby	Joanna	R.	MD
Duclos	Sarah	K	PA
Duffy	Catherine	M.	NP
Duffy	Kristina	E.	MD
Duffy	Daniel	John	CRNA
Dufresne	Shannon	L.	MD
Dunau	Miriam	C.	MD
Dupont	Stefan	A	MD, PhD
Dupuis	Jessica	L.	PA
Edwards	Michael	A.	MD
Edwards	Lucas	J.	MD
Eisenberg	Matthew	A.	MD, MPH
Elkhider	Hisham	G.	MD
Ellis	Christie	Ann	CRNA
Elvanides	Harry	S	MD
Emery	Sherry	T.	MD
Enneguess	Jeanne	M.	DO
Enos	Laura	Anne	NP
Erhahon	Jonadab	Ekuase	NP
Esdale	Amy	Bonner	MD
Eurich	Laura	S.	MD
Evans	Ira	Kenneth	MD
Everett	Margaret	F.	MD
Fallon	Paul	A.	MD
Farrell	Caitlin	A.	MD
Fast	Marissa	A	MD
Feeley	Raymond		PA
Fehnel	David	J	MD
Feng	Allen	L	MD
Ferres	Millie	A.	MD
Florie	Erycka	E.	DO
Foss	Cara	J.	NP
Fox	Courtney	R.	MD
Fox	Justin	W.	MD
Friend	Theresa	M.	CNM
Frissora	Henry	A.	MD
Froio	Erin	Marie	NP
Fryling	Brent	A.	MD



Fu	Eric	C	MD
Gandhi	Jaipal	S.	MD
Ganim	JoAnn	S.	MD
Ganim	Donald	G.	MD, MSc
Garcia-Rivera	Ricardo		MD
Garibaldi	Dominick		DPM
Garibyan	Lilit		MD
Geaney	Megan	Margaret	PA
Genadry	Katia	C.	MD
Gendreau	Mark	A.	MD
Gianakakos	Georgia		MD
Gibson	Donna		PhD
Gill	Peter	S.	MD
Gillies	Lindsey	Anne	CNM, NP
Giordani	Julie		PA
Giordano	Anthony	Victor	MD
Giorgio	Louis	A	MD
Girouard	Derek	Michael	PA
Glavas	Ioannis	P.	MD
Goldberg	Howard	S.	MD
Goldstein	Erica	Norkin	MD
Goldstein	Justin	R	MD
Goodman	Lance	R.	MD
Gordon	Laurence	A.	MD
Gosbee	Beth	L.	CNM
Gould	Karen	M.	CNM
Grafmiller	Kevin	Timothy	MD
Granot	Amit		MD
Gravel	Cynthia	A.	MD
Graves	Suzanne	F.	MD
Grossman	Shamai	A.	MD, MSc
Grover	Eric	H.	MD
Gruskin	Karen	Dale	MD
Gualtieri	Anthony	P.	MD
Guarino	Dana	T.	PA
Guarino	Joseph	Thomas	PA
Guenther	Geoffrey	M.	MD, MPH
Guerra	Lilia	DeJesus	MD
Gupta	Munish		MD
Gurley	John	M.	MD
Hadaegh	Anoush		MD
Halverson	Matthew	D	NP
Hande	Rashmi		MD
Harper	April	A.	MD
Hart	Margaret	Leigh Inners	MD
Harte	Francis	Michael	MD
Harvey	Laura	J.	MD

Heith	Agnieszka	M.	MD
Higham	Catherine	M.	MD
Hill	Joseph	A.	MD
Ho	Charles	C	MD
Hoffman	Jennifer	L,	MD
Hogan	Mary Kate	K	MD
Hollis	Steven	C.	MD
Horowitz	Leonard	M.	MD
Hotchkiss	Laura	A.	MD
Hulkower	Miriam	B.	MD
Humphreys	Elizabeth	H.	MD, MPH
Hutchinson	Helene		NP
Ierardi	Michael	D	PA
Indelicato	Michael	G	DO
Inestroza	Moises	Aaron	CRNA
Inz	Jonathan	M	PhD
Isaac	Jay	J.	MD
Ivanis	Jelena		MD
Izgur	Vitaly	Z	MD
Jackson	Kristina	Gavelis	MD
Jacobs	Karen		NP
Jacques	Angela	M.	MD
Jalali	Mazda		MD
Janisar	Muhammad		MD
Jeppesen	Hans	C.	MD
Jewett	Frederic	C.	DPM
Jha	Amalanshu		MD
Jhaveri	Deepa		DPM
Jin	Seonggeun		CRNA, MSc
Johnson	Carl	E.	MD
Johnson	Ellen	Dairinn	MD
Jones	Elaine	Celeste	MD
Jorgensen	Selena		MD
Joseph	Luc	F.	MD
Jurgens	Lori	V	DDS
Kachan-Liu	Svetlana	S.	MD
Kacoyanis	George	P.	MD
Kahan	Steven	E.	MD
Kahane	Caroline	G.	MD
Kakazu	Rafael		MD
Kaminski	Justin	P.	DPM
Kanarek	Stephen	D.	MD
Karbassi	John	A	MD
Katcheves	Alexander	Steve	MD
Katzin	Roy	C.	MD
Keating	Patrick	John	CRNA
Kelley	Leroy	J.	DPM

Kelliher	Timothy	Raymond	MD
Kemp	Jacqueline	M.	MD
Kempinski	Sharon	E	LICSW
Khani	Shahrokh	C.	MD
Kiefer	Nicholas	M	MD
Kim	Yonwook	J.	MD
Kim	Connie	T	MD
Kita	Filza	Kaukab	DO
Kleeman	Linda	C.	MD
Ko	Ashley		NP
Kobrosky	Neil	D.	MD
Kolesar	Carla	Ann	NP
Konduri	Srivalli		MD
Kontamwar	Mridul	A.	MD
Korik	Deborah	L.	MD
Krendel	Steven	I	MD
Kubic	Leslie	A.	PA
Kumar	Rajat		MD
Kunz	Sarah	N.	MD
Kurtz Phelan	Dorothy	H.	DPM
Lacy	Kyle	W	MD
Ladu	Aishatu	I.	MD, MPH
Landman	Jarett	S	PA
Lane	Jeffrey	P.	MD
Le	James	D.	MD
Leathe	Jennifer	L.	MD
Ledoux	Danielle	M	MD
Lee	Jennifer	W.	MD
Levin	Adriane	A.	MD
Liebmann	James	E.	MD
Lin	Denis	Y.	MD
Lincoln	Kyle	J.	LMFT, LMHC
Lipof	Tamar		MD
Lloyd	Daniel		LMHC
Lomonaco	Anthony	P.	DO
Long	Jennifer	C.	LICSW, MSW
Lonshteyn	Maria		MD
Lopez	Marisa	P	MD
LoPorto	Katelyn	E.	MD
Luther	Daniel	J.	MD
MacDonald	David	B.	MD
Machain	Joanna	Beth	NP
Maciag	Michelle	C	MD
MacLean	James	A	MD
Maczynski	Dawn	Marie	MD
Maguire	James	M.	MD
Maisonet	Laddy	M.	MD

Malolepszy	John		MD
Malsnee	Kirsten	A.	MD
Mandel	Yuliya		MD
Mandell	Mark	H.	MD
Mann	Dana Ann	D	MD
Manzano	Ramiro	J.	DPM
Markarian	Andre	B.	MD
Markuns	Kimberly	A.	MD
Marron	Jonathan	M.	MD, MPH
Martin Paez	Yosbelkys		MD
Massicotte	Emma	C.	MD
Masterpol	Katherine	S.	MD
Mastrangelo	Ashley	N.	DPM
Mathew	Jacob	S.	MD
Mathews	Maureen	M.	MD
Mattheos	Steven		MD
Mayers	William	F.	MD
Mazzarino	Erin	L.	PA
Mazzoni	Cynthia	Lynn	MD
McAuliffe	Donald	T	MD
McCabe	O'Ine		MD
McClintock	Marissa		PA
McCullough	Daniel	J.	MD, MPH
McGinness	Lawrence	E.	DPM
McGovern	Alexandria	Danielle	PA
McIntyre	Angus	P.	MD
McKeen	Elizabeth	C.	MD
McLarney	Richard	M.	MD
McLaughlin II	Robert	E	MD
McNeilly	Amy	Elizabeth	PA
Medwid	William	J.	MD
Mendese	Gary	W.	MD
Meoli	Vincent	P.	MD
Mercurio	Joseph		NP
Merlin	Gabriel	E.	MD
Messenger	Mark	J.	MD
Miller	Clay	David	MD
Miller	Kelsey	A.	MD, MEd
Millet	Susan	K.	DO
Mitchell	Suzanne	E.	MD
Miura	Katherine	Kimi	MD
Moak-Blest	Hayley	C	DO
Mooney-McNulty	Kimberly	J.	MD
Morgan	Stephen	J	MD
Morin	Scott	J.	DO
Morrison	Kristy	Anne	NP
Morrison	Elizabeth	Wynne	NP

Morton	Sarah	Uhler	MD, PhD
Mostone	Alex	Christopher	NP
Moussouttas	Michael	M.	MD
Mugge	Richard	E.	MD
Murgia	Robert	D	DO
Murphy	Christiina	M.	PA
Murphy	Erinn	Michelle	DO
Murphy	Lawrence	J.	MD
Murzic	William	J.	MD
Napoli	David	C.	MD
Narra	Vinod		MD
Nasser	Samer	S	MD
Natale	Thomas	S.	MD
Newton	Jeffrey	B.	MD
Ng	Michael		MD
Niescierenko	Michelle	L.	MD
Nishitani	Miki		MD
Nwankwo	John	I.	MD
O'Brien	Karen	E.	MD
O'Brien	Robert	Joseph	MD
Oettinger	Jana	T.	MD
O'Flynn	Hugh	Matthew	MD
O'Holleran	James	D.	MD
Okurowski	Lee		MD, MPH
Oliver	Matthew	Thomas	CRNA
Ollington	Kevin	F.	MD
Olsen	Gwenivere	Stanton	CNM
Omari	Dorina		MD
O'Reilly	Edward		PA
Oren	Eyal		MD
Orenberg	William	B.	MD
Oriel	Brad	S.	MD
Orr	Brian	Gerard	MD
Osa	Etin-Osa	O	MD
Ozuna	Richard	M	MD
Pakett	Joel	Daniel	MD
Palumbo	Cristina	Mazzoni	MD
Panda	Alexander		MD, MPH
Parent	Kaylen	Janine	CRNA
Pasquarello	Donald	A.	MD
Pasquariello	Vanessa	Maria	CRNA
Patel	Pritika	Arvind	NP
Patel	Minesh	S	MD
Paul	Deborah	S	MD
Pawson	Shawn	R.	MD
Pearce	Thomas	S.	MD
Pearlman	Scott	M	DO

Peicott	Paul	S	DPM
Peinert	Richard	A	MD
Peloquin	Marie	M	MD
Pergament	Stuart		MD
Perryman	Jonathan	R.	MD
Peterson	Douglas	E	DO
Petropoulos			
Weissleder	Anna	E.	MD
Pham	Lien		MD
Phillips	William	E	MD
Phillips	Emilia		MD
Piacentini	Michael	A.	MD
Pieper	Connie	L.	MD
Pilika	Asti		MD
Plante	Beth	J.	MD
Plosker	Matthew	C.	MD
Podstrelova	Marina		MD
Polansky	Jared	J.	PA
Poole	Jennifer	Marlene	RD
Poorvu	Eli	C.	MD
Porter	John	A	MD
Post-Anderle	Janine	L.	NP
Pound	Kerry	E.	MD
Powers	Jamie	L	NP
Prentiss	Jennifer	Ruth	CNM
Prokopis	Peter	M	MD
Raghavan	Vidya	R.	MD
Raho	Vittorio	J.	MD
Raizin	Mark	D.	MD
Ramirez	Anthony	J.	MD
Randall	Daniel	C.	MD
Ratushny	Vladimir		MD
Ravi	Revathi		MD
Rea	Emily	Anne	PA
Reddy	Prathima	V.	MD
Reines	Eric	J.	MD
Rene	Daniel	G	MD
Richio	Laura	J	MD
Rindner	Sarah	A	PA
Rizvi	Avez	Ali	MD
Rodde	Laetitia	A.	LMHC
Roderick	Sarah	S.	MD
Rodman	Richard	C	MD
Rodriguez	Elizabeth	M.	MD
Rogers	Gary	Steven	MD
Roggero	Chad	Michael	PA
Rose	Marrina	Lee	CNM

Rosenzweig	Todd	A	MD
Rosman	Samantha	L	MD, MPH
Rossin	Richard	D	MD
Rowlands	Bethann		NP, DNP
Roy	Jeffrey		PA
Rubel	Jeff	R.	MD
Rubenstein	William	J.	MD
Ruleman	Vicky	E.	MD
Rusnak	William	J.	MD
Rutteman	Dominique	A.	PMHCNS
Sadri Tafazoli	Faranak		MD
Safa	Ahmed	M	MD
Salvador	Gary	B	PA
Sanders	Katrina	L.	MD
Scannell	Elizabeth	C.	MD
Schaefer	Susan	A.	MD
Schillinger	Stephen	A.	DO
Schleibaum	Jeremy	J.	PA
Schleyer	Edward	G.	MD
Schneider	Elyssa	Brooke	NP
Schwartz	Benjamin	J	MD
Seaward	Kimberly	A.	NP
Selby	Ariana		PA
Seman	Thomas	Matthew	MD
Sepehr	Alireza		MD
Servais	Andrew	B.	MD
Sever	Nicholas		PA
Shah	Shree	J.	MD
Shah	Anushree	A.	LMHC
Shah	Kaya	Y	MD
Shah	Nirav	S.	MD, MBA
Shalhoub	Joseph	Francis	MD
Shastri	Priya	S	MD
Sheehy	Brendan	T.	MD
Sherman	Melissa	J.	MD
Sheth	Manju		MD
Shieh	Kenneth		MD
Shih	Deborah	P.	MD
Shin	Reuben	D	MD
Shnider	Marc	R	MD
Shofner	Joshua	D	MD
Shore	Jeremy	M	MD
Shuman	Elizabeth		NP
Shvets	Irina		NP
Sicat	Jocelyn		MD
Sierra Velez	Desiree	A.	MD
Silva	Sheryl	R.	MD

Sinclair	Linda		MD
Sklaver	Ian	Fredric	MD
Sleeper	Kristin	M.	MD
Sleeper	Eric	J.	MD
Slocum	Robert	E	DO
Smail	David	F.	MD
Smith	Timothy	M.	MD
Smith	Benjamin	L	PA
Smith	Bruce	W.	MD
Smoot	Sanford	M.	MD
Sneeringer	Rita	M.	MD
Snow	Kathleen	D.	MD
Snyder	Candice	M.	MD
Soderman	Jeffrey	T.	MD
Solky	Benjamin	A.	MD
Sorkin	Jeffrey	A	MD
Spagnuolo	Eric	D.	PA
Spang	Robert	C	MD
Spiel	Melissa	H.	DO
St. Pierre	David	P.	MD
Stanton	Christopher	P	PA
Ste. Marie	Allison	R.	MD
Ste. Marie	Ronald	W.	MD
Stephen	Priya	C.	MD
Stockman	Jeffrey	Marc	MD
Strauss	Tyler		PA
Streimish	Iris	G.	MD
Suh	Youngun		PA
Sullivan	Patrick	B.	LMHC
Sullivan	Marguerite	Elizabeth	MD
Syed	Khalid	Mazhar	MD
Tan	Weizhen		MD
Taylor	Hugh	M.	MD
Taylor	Kristin	M	NP
Taylor	Kenneth	J.	CRNA
Tee	Saw		MD
Thomas	Brian	Andrew	CRNA
Thompson	Cheryl	A.	NP
Thompson	Candace	L.	DO
Tibert	Amanda	Mae	PA
Todd	Matthew	P	PA
Torregrossa	Jessica		PA
Touma	Jeffrey	M.	DO
Tramontozzi	Meghan	L.	MD
Tramontozzi	Louis	A.	MD
Traugher	Sarah	Grace	DNP, CRNA
Tryzelaar	Joan	F.	MD



Tudi	Savitha	R	MD
Tung	Christie	E.	MD
Twomey	Andrea		PA
Tzur	Lihi		MD
Umeh	Chizoba	C.	MD
Uroskie	Jonathan	A.	MD
Valeras	Demetrios	C.	PA
Vanasse	Emily	Mae	PA
Veno	Daniel	Arthur	MD
Venter	Jacob	J.	MD, MBA
Verdugo	Gonzalo	H.	MD
Vitiello	Danielle		MD
Volf	Eva	M.	MD
Voskoboynik	Berenika		MD
Wages	David	J.	MD
Wallace	Erika	R	MD
Wang	Miaoyuan	M.	MD
Ward	Emine	Nalan	MD
Waugh	Tina	R	MD
Webster	Myles	D.	MD
Weinschenk	Nancy	P.	MD
Weinstein-Zanger	Matthew	W.	MD
Weir	Meghan	M.	MD
Weiss	Robert	M.	MD
Westin	Charles	William	MD
Williams	Kyle	D	PA
Willis	Anthony	Joseph	MD
Willis	Kimberly	Y	NP
Witkin	Andre	J.	MD
Woodward	Timothy	A	MD
Wren	Donna	K.	MD
Wright	Stacy	Veitch	MD
Wu	Katherine	A	MD
Yapundich	Robert	A	MD
Yegian	Patrick	M.	MD
Yegian	Courtney	C.	MD
Yin	Yuming		MD
Yoon	Michael	Y.	MD
Zabar	Julie	Ann	PA
Zachareas	Michael	J	MD
Zera	Chloe	A.	MD
Zhang	Qiwei		MD
Zhao	Yu Cheng		MD
Zoric	Bojan	B.	MD
Zupancic	John	A.F.	MD

Updated 01/2024



**Appendix 6**  
**Public Access to**  
**Documents**

Information on the NHC Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and the NHC Credit and Collection Policy will be made available to patients and the community served by NHC through a variety of sources, free of charge:

1. Patients and Guarantors may request copies of all documents pertaining to Financial Assistance and Credit and Collections, and may request assistance in completing both the Financial Assistance and Medical Hardship Applications, via phone, mail or in person at:

Lahey Hospital and Medical Center, Financial Counseling, 41  
Burlington Mall Road, Burlington, MA 01803

Beverly Hospital, 85 Herrick Street, Beverly, MA  
Addison Gilbert Hospital, 298 Washington Street, Gloucester, MA  
BayRidge Hospital, 60 Granite Street, Lynn, MA

2. Patients and Guarantors may download copies of all documents pertaining to Financial Assistance and Credit and Collection Policy via the NHC public website:

<https://www.beverlyhospital.org/locations--services/patients--visitors'guide/billing--patient-accounts>

The Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and Credit and Collection Policy will be translated into any language that is the primary language spoken by the lessor of 1,000 people or 5% of the residents in the community served by NHC.

NHC has posted notices (signs) of availability of Financial Assistance as outlined in this policy in the following locations:

1. General admissions, patient access, waiting/registration areas, or equivalent, including, for the avoidance of doubt, the emergency department's waiting/registration area;
2. Waiting/registration areas or equivalent of off-site hospital licensed facilities; and
3. Patient financial counselor areas.

Posted signs are clearly visible (8.5" x 11") and legible to patients visiting these areas. The signs read:

#### FINANCIAL ASSISTANCE NOTICE

The Hospital offers a variety of financial assistance programs to patients who qualify. To find out if you're eligible for assistance with your hospital bills, please visit our Financial Counseling Office at Lahey Hospital and Medical Center at 41 Burlington Mall Road in Burlington, Beverly Hospital at 85 Herrick Street in Beverly located in the hospital lobby, or at Addison Gilbert Hospital at 298 Washington Street in Gloucester located just inside the building as you enter the Washington Street entrance, or at BayRidge Hospital at 60 Granite Street in Lynn located in the Outpatient Clinic area, or by calling 781-744-8815 Monday – Friday 8:30 am – 5:00 for information about the various programs and their availability.

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#### Policy History

Date	Action
September 2016	Policy approved by the Board of Trustees
July 2020	Provider List Updated
August 2020	Revised Policy approved by BILH EVP/CFO and NHC Board Treasurer as Authorized Body of the Board

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