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AJH Financial Assistance Policy

Applicable To This policy applies to Anna Jaques Hospital (“AJH,” the “hospital” or the “Hospital”), with respect to the hospital 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 AJH (see Appendix Five (5) for the complete list of providers covered under this policy).

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

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

AJH 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 AJH providers. Patients determined to be eligible for Financial Assistance from an affiliated hospital (including Addison Gilbert 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 AJH 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 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.

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. AJH uses the "Look-Back" 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 AJH'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. AJH 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 45th day following the close of the prior fiscal year, and implemented by the 120th 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 240th 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 AJH.

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 AJH.

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: AJH 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: AJH 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 AJH, or a third party vendor representing AJH, 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 AJH.

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.

Eligibility for Financial Assistance from AJH

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 AJH 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 AJH and its affiliates, as listed in Appendix Five (5).

Services Not Eligible for Financial Assistance from AJH

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-AJH 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 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.

**Available
Assistance**

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

AJH 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.

AJH 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.

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.

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 (PBF) 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 PBF has an FPL below 150.1% there is no deductible for any member of the PBF. 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 PBF 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 PBF 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.

**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.

**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 co-payments 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 AJH. AJH reserves the right to revise, modify or change this policy as necessary or appropriate. AJH 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, AJH 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 AJH 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 AJH 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 AJH 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

AJH'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. AJH 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 AJH.

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: AJH 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.

Financial Assistance Policy

Information regarding AJH's Financial Assistance Policy, Plain Language Summary and Financial Assistance Application are available, free of charge, on AJH'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 AJH.

In addition, AJH 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 AJH public website: <https://www.ajh.org/patients-and-visitors/billing-and-insurance>
 - b. In person at the Financial Counseling Unit
Anna Jaques Hospital
25 Highland Avenue
First Floor

Newburyport, MA 01950
(978) 463-1134

- 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. AJH 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 AJH's evaluation of any Financial Assistance Application.
5. AJH 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. AJH 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 AJH or an affiliated hospital within the Qualification Period will automatically be considered eligible for hospital Financial Assistance for the 6-month period from the date of that eligibility determination. It is the patient/Guarantors responsibility to notify AJH 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

AJH 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 AJH, and personal injury and/or accident related claims

Presumptive Eligibility

AJH 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 AJH 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.

**Prompt Pay
Discount**

Patients that do not qualify for public assistance or Financial Assistance will be provided a discount of 30% 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.

**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. AJH may request that patient cost sharing payments (i.e. co-payments) 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. AJH will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they are eligible under this policy. AJH will not engage in actions that discourage individuals from seeking Emergency Care.

**Credit and
Collections**

The actions that may be taken by AJH 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 AJH public website: <https://www.ajh.org/patients-and-visitors/billing-and-insurance>
- b. Visiting the Financial Counseling Unit located at:
Anna Jaques Hospital
25 Highland Avenue
First Floor
Newburyport, MA 01950
(978) 463-1134
- c. Calling the number above to request a copy to be mailed
- d. Calling the number above to request an electronic copy

**Regulatory
Requirements**

AJH 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 AJH 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.

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

Appendix 1

**Charity Care
 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.

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.

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

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"/>

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:

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:

- 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

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"/>

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 30% 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.

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.

AJH’s current AGB percentage based on claims for fiscal year 2019 equals 54.0%.

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 8/2020

Appendix 5

Providers and Clinics— Covered and Uncovered

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

- AJH Main Campus, 25 Highland Ave, Newburyport, MA
- Amesbury Health Center, 24 Morrill Place, 3rd Floor, Amesbury, MA
- AJH Diagnostic Ultrasound, 255 Low St., Newburyport, MA
- Diagnostic Imaging Services, One Parkway, PMA, 1st Floor, Haverhill, MA
- AJH Ultrasound, 600 Primrose St., 2nd Floor, Suite 202, Haverhill, MA
- AJH Aquatic Rehabilitation, 13 Market St., 1st Floor, Haverhill, MA
- AJH Cancer Center, 1 Wallace Bashaw Jr. Way, 2nd Floor, Suite 2001, Newburyport, MA
- AJH Outpatient Rehabilitation, 25 Storey Ave., 1st Floor, Newburyport, 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:

- Seacoast Affiliated Group Practice, Inc. (SAGP)

Provider Last Name	Provider First Name	Specialty
Alexander	Kelsey	Department of Medicine
Anderson	Marianne	Department of Pediatrics
Andoni	Alda	Department of OB/GYN
Baker-Berzansky	Mary	Department of OB/GYN
Bibeau	Steven	Department of Medicine
Bourke	Janae	Department of Medicine
Boyer	Rebecca	Department of OB/GYN
Chang	Mary	Department of OB/GYN
Clifford	Katherine	Department of Medicine
Daou	Nadine	Department of Medicine
De Kanter	Katherine	Department of Medicine
DeSimone	Olga	Department of Pediatrics
Geary	Julie	Department of Medicine
Hartmann	Peter	Department of Surgery
Henning	Lynne	Department of Medicine
Kellogg	Patricia	Department of OB/GYN
Kerr-Fernandez	Jane	Department of OB/GYN

Kersten	Kimberly	Department of Medicine
Liu	Thomas	Department of Medicine
Mace	Lauren	Department of OB/GYN
Matos	Katy	Department of Medicine
McWha	Kenneth	Department of Medicine
Mollov	Steven	Department of OB/GYN
Naseer	Saira	Department of Medicine
Newhouse	Susan	Department of OB/GYN
Payeur	Christa Ramsey	Department of OB/GYN
Pilkenton	Deanna	Department of OB/GYN
Quinlan	Kasey	Department of OB/GYN
Rollins	Andrea	Department of OB/GYN
Ross Rissmiller	Rachel	Department of OB/GYN
Russell	Erica	Department of OB/GYN
Satrape	Jessica	Department of OB/GYN
Sebeny	Peter	Department of Medicine
Shrestha	Shayla	Department of Medicine
Swierzewski	David	Department of Surgery
Thurlow	Jeffrey	Department of Surgery
Thurlow	Kyla	Department of Surgery
Tran	Tai	Department of Pediatrics
Walsh	Lisa	Department of OB/GYN
Zirin	Richard	Department of Medicine

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.

Provider Last Name	Provider First Name	Specialty
Adams	Kenneth	Department of Medicine
Agarwal	Sangita	Department of Medicine
Al Assad	Wasim	Department of Medicine
Allara	Mark	Department of Medicine
Allen	Samuel	Department of Surgery
Alletag	Danielle	Department of Medicine
Anderson	Chad	Department of Anesthesia
Anderson	Beverly	Department of Psychiatry
Anderson	Kevin	Department of Pathology
Antkowiak	Peter	Department of Emergency Medicine
Appleton	Jenya	Department of Medicine

Arnow	Jonathan	Department of Radiology
Arrigg	Fred	Department of Surgery
Asch	Alexander	Department of Medicine
Aschkenasi	Carl	Department of Radiology
Assouline-Dayana	Yehudith	Department of Medicine
Awtrey	Christopher	Department of OB/GYN
Badri	Omar	Department of Medicine
Balekian	Diana	Department of Medicine
Banos	Andrew	Department of Surgery
Barnes	Angela	Department of Surgery
Barry	Joseph	Department of Radiology
Barthold	Harold	Department of Medicine
Bashir	Hassaan	Department of Medicine
Beams	Owen	Department of Emergency Medicine
Beaudoin	Stephen	Department of Medicine
Beck	Adam	Department of Surgery
Bencale	Maureen	Department of Medicine
Bentley	Jeffrey	Department of Surgery
Berger	Ruth	Department of Anesthesia
Berman	Jonas	Department of Radiology
Bernstein	Megan	Department of Medicine
Berzansky	Stephen	Department of Medicine
Blaeser	Bart	Department of Surgery
Blasberg	Elizabeth	Department of Surgery
Blinderman	Raechel	Department of Psychiatry
Block	Linda	Department of Psychiatry
Bloom	Romi	Department of Medicine
Bogorad	Ilya	Department of Medicine
Bottner	Tammy	Department of Pediatrics
Boulavsky	Jessica	Department of Medicine
Bouley	Michelle	Department of Surgery
Bourne	Katherine	Department of Anesthesia
Boyd	Catherine	Department of Medicine
Brabec	Jiri	Department of Medicine
Bradley	Erin	Department of Emergency Medicine
Brady	Stephen	Department of Pathology
Branton	Kenneth	Department of Anesthesia
Breen	Joan	Department of Medicine
Brezinski	Mark	Department of Medicine
Briggs	Lawrence	Department of Radiology
Bronstein	Yulia	Department of Radiology
Bucher	Eric	Department of Pediatrics

Buck	Rosanne	Department of Pediatrics
Burdette	David	Department of Radiology
Burnham	Kimberly	Department of Medicine
Cabral Silvero	Heather	Department of Medicine
Campbell	David	Department of Surgery
Carey	Jeremy	Department of Emergency Medicine
Carmichael	Thomas	Department of Pediatrics
Carney	Caitlin	Department of Medicine
Carroll	Jacqueline	Department of Medicine
Casha	Lawrence	Department of Radiology
Cashman	Virginia	Department of Medicine
Cerami	Ross	Department of Anesthesia
Chan	Andrew	Department of Medicine
Chan	Mony	Department of Surgery
Chang	Paul	Department of Surgery
Chang	John	Department of Radiology
Chang	Scott	Department of Radiology
Chartier	Molly	Department of Medicine
Chaudhry	Ghulam	Department of Medicine
Chee	Chun Min	Department of Medicine
Cheung	Arnold	Department of Radiology
Childs	Margaret	Department of Medicine
Chung	Hyun-Kee	Department of Anesthesia
Clark	Anna	Department of Psychiatry
Cleveland	Jane	Department of Medicine
Colden	Daryl	Department of Surgery
Connell-Boudoya	Elise	Department of Radiology
Connor	Erin	Department of Anesthesia
Conti	Danielle	Department of Psychiatry
Cooke	Vera	Department of Surgery
Coolidge	Beth*	Department of Anesthesia
Cooper	Bruce	Department of Radiology
Corrales	Carleton	Department of Surgery
Corson	Deborah	Department of Radiology
Cote	Matthew	Department of Emergency Medicine
Cullen	Maureen	Department of Emergency Medicine
Cummings	Sakara	Department of Medicine
Cummins	Deborah	Department of Medicine
Cummins	Jordan	Department of Medicine
Curtis	Elizabeth	Department of Medicine
D'Alessandro	Melissa	Department of Surgery

Daley	Kristopher	Department of Radiology
Dauksewicz	Anna	Department of Anesthesia
Davis	Elizabeth	Department of Surgery
Davis	Robert	Department of Emergency Medicine
Davis	Steven	Department of Radiology
DeAngelis	Joseph	Department of Surgery
DeAngelis	Cynthia	Department of Surgery
Dearborn-Tomazos	Jennifer	Department of Medicine
Desai	Neelam	Department of Medicine
Desai	Anupam	Department of Medicine
Dieselman	Karin	Department of Medicine
DiResta	James	Department of Surgery
Dobre	Mircea	Department of Radiology
Dolan	Dan	Department of Emergency Medicine
Donohoo	Jay	Department of Radiology
Dore	Cortney	Department of Psychiatry
Downen	Cathy	Department of Anesthesia
Downs	Timothy	Department of Surgery
Dude	Karen	Department of Psychiatry
Dulude	Emily	Department of Medicine
Dunn	Nancy	Department of Anesthesia
Dunn	Celeste	Department of Pediatrics
Eagle	Janine	Department of Surgery
Eisenberg	Vladimir	Department of Anesthesia
Elwell	Brooke	Department of Emergency Medicine
Eneman	Jonathan	Department of Medicine
Ensminger	Elizabeth	Department of Medicine
Evans	Jordan	Department of Surgery
Evans	Ira	Department of Surgery
Evansmith	Jennifer	Department of Anesthesia
Evenchik	Benjamin	Department of Emergency Medicine
Faliszek	James	Department of Radiology
Fallon	Paul	Department of Psychiatry
Faro	Angela	Department of Medicine
Faynzilberg	Simon	Department of Anesthesia
Federman	Marc	Department of Medicine
Fehnel	David	Department of Surgery
Ferres	Millie	Department of OB/GYN
Ferrucci	Frankie	Department of Emergency Medicine

Ficht	Kay	Department of Medicine
Filigenzi	John	Department of Radiology
Finkle	Jeremy	Department of Medicine
Fiore	Eddie	Department of Radiology
Fisher	Marc	Department of Medicine
Flecchia	Samantha	Department of Medicine
Ford	James	Department of Surgery
Fox	Pamela	Department of Medicine
Fox	Matthew	Department of Radiology
Francavilla	Deborah	Department of Surgery
Frederick	Maureen	Department of Radiology
Freid	Ronald	Department of Emergency Medicine
Freid	Renaë	Department of Medicine
Fu	Eric	Department of Surgery
Fuenfer	Michael	Department of Surgery
Fung	Claire	Department of Medicine
Gangadharan	Sidharta	Department of Surgery
Garcia	Christopher	Department of Radiology
Gavrilescu	Theodore	Department of Medicine
Gayed	Ahmed	Department of Medicine
Gelineau	Katelyn	Department of Psychiatry
Gelsomini-Gruber	Rita	Department of Psychiatry
Ghiasuddin	Salman	Department of Medicine
Gibney	Mary	Department of Medicine
Giguere	Kathryn	Department of Medicine
Glazier	Kenneth	Department of Surgery
Goldfarb	Alexander	Department of Medicine
Goldman	Richard	Department of Medicine
Golzari	Houtan	Department of Medicine
Good	Katrina	Department of Emergency Medicine
Goodhue	Brian	Department of Emergency Medicine
Grasso	Dominique	Department of Psychiatry
Greenblott	David	Department of Surgery
Greenstein	David	Department of Medicine
Gross	Joseph	Department of Medicine
Guarino	Dana	Department of Surgery
Guide	Danielle	Department of Surgery
Gupta	Himanshu	Department of Radiology
Gurley	Kiersten	Department of Emergency Medicine
Haddad	Eduardo	Department of Medicine

Hall	Bruce	Department of Radiology
Hall	Matthew	Department of Radiology
Halpert	Albena	Department of Medicine
Hanks	Patrick	Department of Radiology
Hansen	Herbert	Department of Medicine
Harris	Laura	Department of Pathology
Hashmi	Ali	Department of Medicine
Hassan	Fida	Department of Psychiatry
Hassani	Sara	Department of Medicine
Hatch	Christine	Department of Medicine
Hayden	Anthony	Department of Radiology
Heath	Jessica	Department of Anesthesia
Hecht	Adam	Department of Radiology
Heersink	Bernhard	Department of Surgery
Hein	John	Department of Medicine
Hemani	Sadrudin	Department of Surgery
Hemming	Jason	Department of Medicine
Herrera	Michele	Department of Emergency Medicine
Hirsch	Denise	Department of Medicine
Ho	Charles	Department of Anesthesia
Hough	Timothy	Department of Radiology
Hughes	Beth	Department of Anesthesia
Ibrahim	Ahmer	Department of Medicine
Ierardi	Michael	Department of Surgery
Imbrescia Jr.	Frank	Department of Surgery
Ingram	William	Department of Medicine
Jackson	William	Department of Medicine
Jaleel	Mohammed	Department of Medicine
Jednacz	Jeffery	Department of Radiology
Jeffcoat	Lydia	Department of Medicine
Johnson	Patrick	Department of Anesthesia
Jones	Leroy	Department of Psychiatry
Juersivich	Adam	Department of Medicine
Kannler	Christine	Department of Medicine
Karbassi	John	Department of Surgery
Kass	Jason	Department of Surgery
Kats	Mark	Department of Anesthesia
Kaul	Heema	Department of Surgery
Kelleher	David	Department of Anesthesia
Kempinski	Sharon	Department of Psychiatry
Kent	Michael	Department of Surgery
Kheir	Fayez	Department of Medicine
Kim	Patricia	Department of Surgery

Kireyev	Dmitriy	Department of Medicine
Kirkman	Robert	Department of Anesthesia
Kirsner	Robert	Department of Surgery
Kitamura	Tatsuyoshi	Department of Medicine
Klein	Jerome	Department of Radiology
Kobrosky	Neil	Department of Medicine
Koning	Heather	Department of Emergency Medicine
Korbage	Aiham	Department of Radiology
Korinow	Doron	Department of Emergency Medicine
Kraeft	Jessica	Department of Radiology
Kramer	Daniel	Department of Medicine
Kraus	James	Department of Surgery
Kshirsagar	Ravi	Department of Medicine
Kumar	Sandeep	Department of Medicine
Kutka	Michael	Department of Surgery
Kwon	Robert	Department of Surgery
Lacy	Kyle	Department of Surgery
Ladner	Mandy	Department of Surgery
Lanoue	Mark	Department of Radiology
Lanphear	Kevin	Department of Medicine
Larios	Roberto	Department of Medicine
Larson	Ann	Department of Anesthesia
LaSpina	Mark	Department of Surgery
Lee	Jennifer	Department of Pediatrics
Lee	Stella	Department of Surgery
Levin	Elizabeth	Department of Radiology
Li	Mitchell	Department of Emergency Medicine
Liguori	Paul	Department of Surgery
Liou	Wayne	Department of Radiology
Lioutas	Vasileios-Arsenios	Department of Medicine
Lipin	Alexander	Department of Psychiatry
Little	Gavin	Department of Medicine
Lomonaco	Anthony	Department of Anesthesia
Long	Jennifer	Department of Psychiatry
Lopes	Anavera	Department of Medicine
Lopez	Anthony	Department of Medicine
Lovett	Alexandra	Department of Medicine
Lugo	Susana	Department of Psychiatry
Lundgren	Lars	Department of Pediatrics
Lutner	Samuel	Department of Emergency Medicine

Maan	Mohender	Department of Medicine
Madden-Holman	Loretta	Department of Anesthesia
Mahmood	Omar	Department of Radiology
Mahoney	Liam	Department of Emergency Medicine
Majid	Adnan	Department of Medicine
March	Jonathan	Department of Medicine
Marchione	Robb	Department of Medicine
Markarian	Mark	Department of Surgery
Markuns	Kimberly	Department of Surgery
Martin	Robert	Department of Anesthesia
Martin	Tyler	Department of Anesthesia
Mastromatteo	Michael	Department of Radiology
Mattheos	Steven	Department of Surgery
Mazzarino	Erin	Department of Surgery
McCartney	Michael	Department of Medicine
McClintock	Marissa	Department of Surgery
McLaughlin II	Robert	Department of Surgery
McLaulin	John	Department of Emergency Medicine
McVey	Courtney	Department of Medicine
Melchionda	Lara	Department of Surgery
Melendez	Melissa	Department of Psychiatry
Mendelsohn	Michael	Department of Emergency Medicine
Milosavljevic	Vladan	Department of Medicine
Moche	Ilana	Department of Radiology
Morocco	Daniel	Department of Psychiatry
Morse	James	Department of Emergency Medicine
Mulqueen	Catherine	Department of Radiology
Murale	Anushya	Department of Medicine
Murnane	Leah	Department of Anesthesia
Murray	Caroline	Department of Radiology
Murray	Shane	Department of Medicine
Nadkarni	Sangeeta	Department of Medicine
Navarra	Guido	Department of Medicine
Naveed	Nausheen	Department of Radiology
Nicell	Donald	Department of Radiology
Nine	Erik	Department of Radiology
Nowak	Joanne	Department of Medicine
O'Brien	Karen	Department of OB/GYN
O'Flynn	Hugh	Department of Surgery
Ofman	Peter	Department of Medicine

O'Holleran	James	Department of Surgery
Okurowski	Lee	Department of Medicine
O'Reilly	Edward	Department of Surgery
Oren	Eyal	Department of Medicine
Orraca-Tetteh	Kingsley	Department of Radiology
Ortiz	Jorge	Department of Medicine
Ozuna	Richard	Department of Surgery
Padron Gleich	Mariann	Department of Medicine
Palumbo	Cristina Mazzoni	Department of Medicine
Panda	Alexander	Department of Medicine
Papandrea	Cheryl	Department of Psychiatry
Pappavaselio	Thomas	Department of Surgery
Parikh	Mihir	Department of Medicine
Parker	Steven	Department of Anesthesia
Parker	James	Department of Radiology
Parker-Mello	Kelly	Department of Pediatrics
Patel	Minesh	Department of Anesthesia
Pelletier	Jon	Department of Emergency Medicine
Perry	Kelly	Department of Psychiatry
Peruski	Lauren	Department of Medicine
Pilz	Michael	Department of Pediatrics
Polansky	Jared	Department of Surgery
Poole	Lisa	Department of Medicine
Post-Anderle	Janine	Department of Psychiatry
Potter	Christopher	Department of Radiology
Pourati	Isaac	Department of Medicine
Pratt	Alan	Department of Radiology
Prichard	Lindsay	Department of Psychiatry
Prokopis	Peter	Department of Surgery
Pursell	Susan	Department of Surgery
Pursley	DeWayne	Department of Pediatrics
Quinn	James	Department of Surgery
Quirk	Barbara	Department of Anesthesia
Raju	Kiran	Department of OB/GYN
Randall	Charles	Department of Medicine
Rao	Kavitha	Department of Pathology
Ray	Chaya	Department of Medicine
Reczek	Jakub	Department of Radiology
Reiner	Bruce	Department of Radiology
Reynolds	Andrew	Department of Radiology
Reynolds	Owen	Department of Medicine
Riccardi	Christine	Department of Pediatrics
Riley	Thomas	Department of Radiology

Rindner	Sarah	Department of Surgery
Riordan	Matthew	Department of Surgery
Rivera	Morris	Department of Emergency Medicine
Rizos	Demetrius	Department of Medicine
Robertson	Sarah	Department of Medicine
Rosin	Richard	Department of Radiology
Rozell	Joseph	Department of Radiology
Rupnick	Maria	Department of Medicine
Russell	Kathryn	Department of Psychiatry
Russell	Elizabeth	Department of Emergency Medicine
Sakr	Mahmoud	Department of Medicine
Salvador	Gary	Department of Surgery
Sandford	Amanda	Department of Pediatrics
Sanfacon	Kristina	Department of Psychiatry
Sarge	Todd	Department of Anesthesia
Sasmor	Michele	Department of Surgery
Sayegh	Raouf	Department of Medicine
Scala	Patricia	Department of Emergency Medicine
Schleibaum	Jeremy	Department of Surgery
Schoeck	Andreas	Department of Medicine
Schoonmaker	Jessica	Department of Medicine
Schulman	Risa	Department of Medicine
Schwartz	Mary	Department of Medicine
Schwartz	Benjamin	Department of Surgery
Scott	Tyrone	Department of Psychiatry
Searls	David Eric	Department of Medicine
Seidel	Gregory	Department of Pathology
Selim	Magdy	Department of Medicine
Seymour	Peter	Department of Surgery
Seymour	Bridget	Department of Medicine
Shah	Ashish	Department of Medicine
Shainker	Scott	Department of OB/GYN
Sheehan	Stacey	Department of Pediatrics
Shehadah	Amjad	Department of Medicine
Shore	Jeremy	Department of Surgery
Sitzer	Alon	Department of Medicine
Siva	Kirubakaran	Department of Medicine
Skinner	Cary	Department of Medicine
Small	Jeffrey	Department of Surgery
Smith	Benjamin	Department of Surgery
Snadecki	Haley	Department of Medicine

Somers	Dana	Department of Psychiatry
Someswaranathan	Janarthanan	Department of Medicine
Sorenson	David	Department of Psychiatry
Spang	Robert	Department of Surgery
Spiegel	Daphna	Department of Medicine
Spiel	Melissa	Department of OB/GYN
Srivastava	Sunny	Department of Medicine
St. Pierre	Stephanie	Department of Medicine
Stahl	Simonne	Department of Medicine
Stanton	Christopher	Department of Surgery
Stewart	Jane	Department of Pediatrics
Stewart	Bruce	Department of Radiology
Su	Mark	Department of Medicine
Sullivan	Kelsi	Department of Surgery
Sullivan	Katharine	Department of Surgery
Sutcliffe	Joan	Department of Radiology
Sydow	Gregg	Department of Radiology
Tabba	Maher	Department of Medicine
Talati	Komal	Department of Radiology
Talbot	Danea	Department of Surgery
Tallman	Carter	Department of Surgery
Tarkan	Joshua	Department of Medicine
Teabo	Melanie	Department of Medicine
Thiim	Michael	Department of Medicine
Thumser	Carolyn	Department of Pediatrics
Tibbetts	Alla	Department of Medicine
Timpson	Wendy	Department of Pediatrics
Todaro	Joseph	Department of Radiology
Todd	Erin	Department of Anesthesia
Todd	Matthew	Department of Surgery
Tollman	James	Department of Medicine
Tong	Samuel	Department of Radiology
Tsirozidou	Irene	Department of Medicine
Tusini	Alta	Department of Pediatrics
Tzvetanov	Tzvetan	Department of Medicine
Uroskie	Jonathan	Department of Surgery
Valeras	Demetrios	Department of Surgery
Votaw	James	Department of Psychiatry
Wang	Jeffrey	Department of Medicine
Wax	Jenne	Department of Medicine
Weerasinghe	Kenneth	Department of Medicine
Welch	Taylor	Department of Emergency Medicine
Wen	Shih-Te	Department of Medicine

Werner	Alain-Marc	Department of Medicine
Westrin	David	Department of Medicine
Wilbraham	Tracy	Department of Psychiatry
Williams	Kyle	Department of Surgery
Xue	Lanny	Department of Medicine
Yasin	Zayed	Department of Emergency Medicine
Yavarow	Colleen	Department of Medicine
Zhang	Lydia	Department of Medicine
Zoric	Bojan	Department of Surgery

Updated 6/2020

Appendix 6

Public Access to Documents

Information on the AJH Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and the AJH Credit and Collection Policy will be made available to patients and the community served by AJH 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:

AJH
Financial Counseling Unit
25 Highland Avenue
First Floor
Newburyport, MA 01950
(978) 463-1134

2. Patients and Guarantors may download copies of all documents pertaining to Financial Assistance and Credit and Collection Policy via the AJH public website: <https://www.ajh.org/patients-and-visitors/billing-and-insurance>

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 AJH.

AJH 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

AJH 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 in the 1st floor of the main building at 25 Highland Avenue, Newburyport, MA or call (978) 463-1134 for information about the various programs and their availability.

Policy History

Date	Action
June 2020	Provider List Updated
August 2020	Revised Policy approved by BILH EVP/CFO and AJH Board Treasurer as Authorized Body of the Board
