



Facility Name:	Mercy Revenue Cycle	
Policy / Procedure:	MRC PSERV Financial Assistance Program Policy_Hospital and Health Services	
Original Effective Date:	7/1/2007	
Version Effective Date:	1/1/24	
Approved:	Garrett Kates (Exec Dir-Pat Receivables Mgmt)	Date: 02/12/2024

PURPOSE

To identify and provide assistance to patients that are financially or medically indigent and demonstrate an inability to pay for medically necessary care provided to them or their dependents who qualify under the eligibility guidelines and evaluation processes defined in this policy.

In addition, this policy will contain the following descriptions:

- Eligibility criteria for financial assistance
- Describe the basis for calculating Amounts Generally Billed (AGB) to patients eligible for financial assistance under this policy
- Describe the method by which patients may apply for financial assistance
- Limit the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the AGB
- Describe the actions that may be taken in the event of nonpayment
- Determination for presumptive eligibility
- List of provider departments covered by this hospital financial assistance policy

POLICY

Mercy affirms and maintains its commitment to meet the health and medical needs of our communities in a manner consistent with our Mission, Vision, and Core Values. Mercy reserves the right to define and revise the criteria which yield a determination of financial assistance.

Mercy will use financial counseling, point of service screening, patient attestations, and/or a third-party tool as soon as practical during the intake and/or billing process to identify patients that may qualify for financial assistance.

Mercy grants financial assistance to patients for emergency and other medically necessary care based on need. The Federal Poverty Guidelines, which consider household income and household member size, are used in determining the level of financial assistance available. Financial assistance income ranges will be reviewed annually with the release of the Federal Income Poverty Guidelines and updated in the Mercy policy.

Patients who qualify for financial assistance will not be required to pay more than amounts generally billed to individuals receiving care at Mercy who have insurance covering such care. The amount generally billed to individuals who have insurance is established as a percentage discount based on a



look back method that considers discounts allowed to Medicare fee-for service and all private health insurers that pay claims to Mercy hospital facilities. Patients who qualify for financial assistance will not be asked to pay more than 21% of the patient's liability. A determination of financial assistance will be a financial assistance benefit of no less than 79% of the patient's liability, effective for a period of 6 months for patient's that have been approved through a verbal or written application. See Amount Generally Billed (AGB) under section VIII.

Mercy will provide information regarding the Financial Assistance Program in the community via patient statements, signage and brochures in patient access areas and/or in the area of treatment. The paper Financial Assistance Application and Policy are available in both English and other languages prevalent in the area and can be requested from a provider's office, facility registration, Customer Service, or obtained on www.mercy.net/fa.

- Completed applications for financial assistance can be returned to:

Mercy Health
Attention Financial Assistance
1570 W Battlefield, Suite 120
Springfield MO 65807

Fax: 417-829-4604

Email: mercyhealthcommunitiesfap@mercy.net

Questions about the financial assistance policy may be directed to Mercy Health customer service 855-420-7900.

POLICY DEFINITIONS

Medically Necessary - Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine. Medical necessity according to an individual's medical coverage is guiding under the Financial Assistance Policy. In the event that an individual is uninsured, Medically Necessary is defined by Mercy. Medically Necessary excludes non-medical services generally provided for patient convenience or under other benefits including, but not limited to dental, vision, and hearing aid services.

Household Income – Includes but not limited to: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, and other miscellaneous sources. The household income does not include child support, student loans, and student grants or non-cash benefits (such as food stamps and housing subsidies).

Third-Party Tool – Vendor contracted to provide Mercy with estimated household income information for patients.



Household Size – Number of persons living at same residence

PROCEDURE

I. Applications for Financial Assistance

a. Types of Applications

- i. A Financial Assistance Application may be submitted in writing (paper application), verbally (by providing financial information orally), or a combination of both.
 1. **Written applications:** Patients may request a paper application to apply for assistance at any time or find an application on mercy.net/fa. Information from a Medicaid Application may be used in place of the paper Financial Assistance Application.
 2. **Verbal applications:** Patients may apply verbally by expressing interest in financial assistance upon arrival for care, during phone registration, after contact with Eligibility Services or through Customer Service. During the verbal application process, patients will be asked to provide some basic household information to assist Mercy in determining eligibility. A written application will be required in addition to verbal if Mercy's third-party eligibility vendor determines the patient has high-propensity to pay or is unable to derive any information about their financial situation (null return) and/or in the case of discrepancy between the household information provided by the patient and third party tool results, that suggest differing financial assistance discounts.

II. Insurance Eligibility Screening

- a. Mercy requires patients who qualify for insurance coverage to obtain coverage prior to requesting financial assistance or to complete an Insurance Eligibility Screening. If the Insurance Eligibility Screening indicates a patient may be eligible for Medicaid, the patient must make a good faith effort to obtain coverage.
- b. Insured patients are not required to complete the Insurance Eligibility Screening before applying for financial assistance

III. Eligibility Determination

- a. Assessment of a patient's financial status will utilize patient answers provided in verbal or written applications, verification of those answers by use of a third party tool, and/or documentation needed to validate current household income, and size of the household.
- b. Mercy uses the Federal Poverty Guidelines as outlined in Exhibit A to determine the level of financial assistance available to the patient.
- c. Mercy will ask patients to exhaust all alternate payment options including, but not limited to, local, state, and federal assistance programs (i.e. completing Medicaid)



Application or obtaining available insurance) and requiring patients to seek in-network care, before considering an application for financial assistance.

IV. Coverage Period

- a. Patients who apply for financial assistance will be notified of eligibility (approval or denial) for financial assistance via a letter.
- b. If approved, patient will receive the appropriate financial discount on eligible services that were first billed to the patient in the prior 240 days. In addition, patient will receive the discount for eligible services billed to them for 6 months *from* the date of the approval letter. At the end of 6 months, a patient can request reevaluation or complete a new Financial Assistance Application.
- c. When processing an approved account for financial assistance, all dates of services that qualify for the Financial Assistance Adjustment will be reviewed to identify any personal payments that exceed the patient responsibility. In the event a Financial Assistance Adjustment will create a credit on a HAR, that credit will be reallocated to any other outstanding Mercy balance prior to consideration of a patient refund.

V. Included and Excluded Services

- a. All Professional Services are excluded from the Hospital and Health Services Financial Assistance Policy unless specifically listed as included. Reference the attached ***Exhibit C*** for a complete listing of included services.
- b. Non-emergent services received by insured patients that are not covered in-network by their insurance plan will not qualify for financial assistance unless their plan offers out-of-network benefits.
- c. Financial assistance will only apply to the patient's liability portion of the charge after all other third-party payments are applied.
- d. Financial assistance will not be granted if account(s) are related to a personal injury claim, lawsuit, workers compensation or probate of estate as examples.

VI. Presumptive Financial Assistance

- a. Striving to identify those of greatest financial need, Mercy will utilize a third-party-tool to identify patients that are at or below 200% of the Federal Poverty level with low propensity to pay. Mercy will grant these patients financial assistance presumptively, without the requirement of an application.
- b. Front-End Presumptive
 - i. Patients may receive financial assistance (without applying) *at the time their balance drops to self-pay*, if the third-party tool used to evaluate their FPL and Propensity to Pay deems they are less than or equal to 200% of the FPL and their ability to pay is low which will identify the patient as eligible for a 100% charity adjustment to that individual encounter.
- c. Back-End Presumptive
 - i. Patients may receive financial assistance (without applying) *prior to bad debt agency placement* if their financial situation (per third-party tool) changed (and now qualified) since time their balance dropped to patient responsibility and was



originally assessed. The same criterion will be used: the FPL is 200% or lower and their ability to pay is low which will identify the patient as eligible for a 100% charity adjustment to that individual encounter

- d. Insurance Eligibility Screening
 - i. While insurance screening is not required for uninsured patients prior to receiving presumptive financial assistance, if at any time it is identified a patient may qualify for a payor coverage, it is expected the patient make all efforts to obtain coverage when possible.
- e. Eligibility Determination
 - i. See section III above.
 - ii. Furthermore, if a patient has alternate sources of payment (insurance, cost-sharing plans that allow claim submission by provider, co-pay assistance etc.) appropriate claims/requests will be filed and considered by source prior to patient receiving a Presumptive discount.
- f. Qualifying Encounter
 - i. If a patient qualifies for presumptive financial assistance, only that individual encounter will have financial assistance applied.
- g. Included and Excluded Services
 - i. See section V.
- h. Application vs. Presumptive
 - i. If a patient has applied (verbally or written) for financial assistance and also qualifies for a presumptive discount, the presumptive discount will take precedence, giving the patient the highest discount possible.

VII. Non-Payment

- a. Mercy bills patients for their responsible portion via monthly statements. Patients are responsible for payment of their accounts. Patients receiving financial assistance are responsible for making payment arrangements on their remaining account balances within the statement period. If there is no payment or valid address for mailing within a 3-month statement period, the account will qualify for transfer to the collection agency. To prevent collection action, Mercy has financial counselors and customer service representatives available to assist in setting up payment options Monday through Friday, during business hours as noted on the statement.
- b. Mercy Southwest Missouri Community: If patients presenting for services in the Mercy Southwest Missouri community (which includes: Joplin Hospital, Carthage Hospital, Columbus Hospital, Specialty Hospital Southeast Kansas and Southwest Missouri Community Clinics) qualify for level 2 and do not pay the required percentage amount, services may be deferred, or care agreement terminated. See [MHJC PSER Patient Financial Clearance Guidelines](#).
- c. Accounts referred to the collection agency will be subject to additional collection efforts; including Extraordinary Collection Action such as service deferral for services received



in specific locations in accordance with the Patient Financial Clearance Guidelines. Even with balances being placed with a collection agency, patient's are able to submit a financial assistance application during the 240-day application period from their first billed statement date. Patient's are able to submit those application requests by contacting a financial counselor as detailed in our Policy section at the beginning of this document.

VIII. Amounts Generally Billed

- a. Mercy will use a look-back method for determining the amount generally billed (AGB). Under this method, a percentage discount is calculated annually on allowed claims for emergency and other medically necessary care provided to patients covered by Medicare fee-for-service and private health insurers over the last 12 months. Patients who qualify for financial assistance will not be required to pay more than amount generally billed to individuals receiving care at Mercy who have insurance covering such care. Mercy will limit the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than the annually calculated AGB percentage.
- b. The AGB percentage will be calculated for each hospital and updated annually. Mercy will assess all facilities calculated AGB percentage individually and will utilize for the basis of this policy's determination the lowest of those calculations in respect of determining AGB as a basis for all facilities covered within this policy. (See Exhibit D)

EXCEPTIONS

- I. National Health Service Clinics (NHSC): A separate policy and application is designated for services received at the NHSC designated locations. The NHSC Application does not include any use of a third-party tool and patient financial situation is assessed solely based on the documents requested or as described in the policy. For these balances, the *NHSC-specific* application should be submitted by the patient. Patients requesting financial assistance consideration for Mercy services received outside the NHSC location as well will not be required to fill out both NHSC and standard Mercy applications, rather only standard Mercy financial assistance approval process should be followed (traditional Financial Assistance Application, may be taken over phone etc.).
 - a. For patients submitting both NHSC and Non-NHSC balances for consideration, the financial assistance discount percentage determined by the Mercy financial assistance screening and approval process will be applied to both NHSC and Non-NHSC balances.
 - b. In the event a patient is granted financial assistance through a NHSC application process, and later receives services outside the NHSC location, Mercy will apply the NHSC financial assistance percentage determination to the appropriate Mercy balances for the remainder of the approved period, unless a significant variance in approval percentage is noted.



- c. If a Non-NHSC balance does not qualify for financial assistance, the NHSC balance will be considered separately.
- II. Community Clinic Services: Other community clinic financial assistance programs supersede the Mercy Hospital and Health Services Financial Assistance Policy, except for the NHSC identified locations where the above exception will apply. Otherwise, reference local community policies.
- III. Patients on Spenddown: Mercy will utilize state verified spenddown information to impute the patients' household income to determine if a patient qualifies for financial assistance.
- IV. Mercy Hospital JFK Clinic: Financial assistance guidelines for JFK patients defined in Exhibit B. Patients wishing to apply for financial assistance related to services received at a JFK clinic will need to fill out the JFK Clinic Patient Financial Assistance Application rather than the standard Mercy Financial Assistance Application. Patients presenting at JFK clinics will not be evaluated under guidelines outlined in the Presumptive Financial Assistance section (VI.)
- V. Mercy Southwest Missouri Community: Patients presenting for services in the Mercy Southwest Missouri community (which includes: Joplin Hospital, Carthage Hospital, Columbus Hospital, Specialty Hospital Southeast Kansas and Southwest Missouri Community Clinics) will not be evaluated under the guidelines in the Presumptive Financial Assistance section (VI).
- VI. International Financial Assistance Policy: The International Financial Assistance Policy supersedes this policy. See the International Finance Assistance Policy.
- VII. Patient Financial Status – Patients who are incarcerated or homeless and confirmed no other liable party can be billed, will be deemed 100% financial assistance. Bankruptcy accounts upon notification of filing will be deemed 100% charitable. Deceased patients 18 years of age and over will be reviewed by Third Party Vendor and once determined uncollectible, will be deemed 100% charity unless bad debt placement has exceeded 365 days then will be deemed 100% uncollectible bad debt.
- VIII. Revenue Cycle Management- Accounts being managed under a client/third party relationship will be granted financial assistance according to the discount percentage in their own policy, exclusive of Mercy's discount percentage scale.
- IX. Services specified as 'Excluded' in Exhibit C



- X. Mercy Southeast Missouri Community: Services provided by Mercy Hospital Southeast, Mercy Hospital Stoddard, Mercy Hospital Stoddard RHC and Mercy Clinic Southeast are excluded from this policy. Patient's will need to comply with the specific and unique policy pertaining to those locations in order to receive assistance with their medical expenses. Patients that received services at these locations are able to obtain a copy of the financial assistance application, plain language summary or learn more by:
- a. Contacting a financial counselor at 573-651-5511
 - b. Visiting our website at <https://www.sehealth.org/patients-visitors/billing-services/financial-assistance/>
 - c. Visiting an onsite financial services location at the following addresses:
 - i. Mercy Hospital Southeast: 301 S. Broadview St Cape Girardeau, MO 63703
 - ii. Mercy Hospital Stoddard: 1200 N. One Mile Road Dexter, MO 63841

DISTRIBUTION

- I. Collection Agencies
- II. Financial Leadership
- III. MRM Leadership
- IV. Business Risk and Compliance

EXHIBITS

- A. Current Year Federal Poverty Guidelines – Current Fiscal Year Financial Assistance Levels
- B. Mercy Hospital JFK Clinic-Financial Assistance Adjustment Guidelines
- C. Included and Excluded Services Listing

ATTACHMENTS

Financial Assistance Application (English and Spanish) below:

<https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-application-mercy.net-and-clinic.pdf>

<https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-program-application-spanish.pdf>



EXHIBIT A

Mercy Financial Assistance Guidelines
Based on 2024 Federal Poverty Income Guidelines

Family Size				1	2	3	4	5	6	7	8	9	10
Level	% of Poverty Level	Hospital Discount	Physician Discount	Range	Range	Range	Range	Range	Range	Range	Range	Range	Range
I	0 - 200%	100%	100%	\$0.00 - \$30,120	\$0.00 - \$40,880	\$0.00 - \$51,640	\$0.00 - \$62,400	\$0.00 - \$73,160	\$0.00 - \$83,920	\$0.00 - \$94,680	\$0.00 - \$105,440	\$0.00 - \$116,200	\$0.00 - \$126,960
II	201% - 300%	80%	70%	\$30,121 - \$45,180	\$40,881 - \$61,320	\$51,641 - \$77,460	\$62,401 - \$93,600	\$73,161 - \$109,740	\$83,921 - \$125,880	\$94,681 - \$142,020	\$105,441 - \$158,160	\$116,201 - \$174,300	\$126,961 - \$190,440

For family units with more than 10 persons, add \$5,380 to household income range for each additional person. *Effective 02.01.2024

EXHIBIT B

Mercy Hospital JFK Clinic – St. Louis, MO
Financial Assistance Adjustment Guidelines

level	% FPL	Fee	Facility	Doctor	Physician
I	0-200	\$5.00	-	\$5.00	\$5.00
II	201-300	\$25.00	\$5.00	\$20.00	\$25.00

MERCY HOSPITAL JFK CLINIC - QUALIFIED PATIENTS

Patients will qualify as an established patient at the clinic if they are uninsured. If they have access to insurance, they are no longer qualified to receive services at the Mercy Hospital JFK Clinic; including children who can qualify for Medicaid.

EXCEPTIONS

Lab Services

Patients receiving lab services on the same day as an office visit are required to pay the approved financial assistance level copay, plus the discounted lab.



Obstetric Services

The clinic rate covers all visits, labs, ultrasounds, delivery, and post-partum check. In addition, newborn charges and one visit for the baby are included. These fees are assessed yearly at a discount rate and apply to all who are established with Mercy Hospital JFK Clinic.

Dental

Dental cleanings for the uninsured are \$30.00 for adults and \$25.00 for children. If restorative work is requested, those services are required to be prepaid.

**Please use the Mercy Hospital JFK Clinic Application (English and Spanish) below:*

https://www.mercy.net/content/dam/mercy/en/pdf/financial_assistance_application_jfk_clinic_english_posted_20160915.pdf

https://www.mercy.net/content/dam/mercy/en/pdf/mercy_hospital_jfk_clinic_financial_assistance_application_spanish_posted_20161207.pdf

EXHIBIT C

INCLUDED AND EXCLUDED SERVICES LISTING

Included Services

- All Hospital Services
- Mercy Lab Services
- Mercy Home Care Services
- Mercy Hospice Services
- Mercy Home Infusion Services

All Professional Services are excluded except for the Professional Services listed below which are included in the Hospital and Health Services Financial Assistance Policy.

Community	Department	Billing System
Ada	EMERGENCY DEPARTMENT	PB
	SLEEP CENTER	PB
	CARDIOPULMONARY SERVICES	PB
	ULTRASOUND	PB
	RESPIRATORY THERAPY	PB
	HOSPITALISTS ADA	PB



Ardmore	EMERGENCY DEPARTMENT	PB
Aurora	ANESTHESIA	HB
	SLEEP MEDICINE CLINIC	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	ECHO/VASCULAR PF	HB
	SURGICAL ASSISTANTS	HB
Berryville	ANESTHESIA	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	ECHO/BLOOD FLOW PF	HB
	SLEEP MEDICINE PF	HB
	RHEUMATOLOGY CLINIC	HB
Booneville	CRNA ANESTHESIA	HB
	OPERATING ROOM RURAL	HB
	FAMILY MEDICINE RH BOONEVILLE	PB
	FTSMMC FAMILY MEDICINE MAGAZINE	PB
	FTSMMC EMERGENCY MEDICINE BOONEVILLE	PB
Carthage (McCune Brooks)	ER PHYSICIANS	HB
	ANESTHESIA	HB
	OUTPATIENT CLINIC NEUROLOGY	HB
	PAIN THERAPY CENTER	HB
	SURGERY TRAUMA ON CALL	HB
	PEDIATRICS CARTHAGE RHC	PB
	WOMENS HEALTH CARTHAGE RHC	PB
	FAMILY MEDICINE MEDICAL PARK DRIVE	PB
Cassville	ANESTHESIA	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	ECHO/VASCULAR PF	HB
	SURGICAL ASSISTANTS	HB
Fort Smith	EMERGENCY DEPARTMENT	PB
Healdton	ER PHYSICIANS	HB
	PRIMARY CARE HEALDTON	PB
Jefferson	N/A	
Joplin	ER PHYSICIANS	PB
	FAMILY MEDICINE RH NEOSHO	PB
Kingfisher	ANESTHESIA SUPPORT SERVICES	HB
	ER PHYSICIANS	HB



	HYPERBARIC/OP WOUND	HB
	HOSPITALISTS KINGFISHER	HB
Lebanon	EMERGENCY DEPARTMENT	HB
Lincoln	ANESTHESIA	HB
	ER PHYSICIANS	HB
	MERCY HOSPITALISTS LINCOLN	HB
	URGENT CARE CTR-TROY	HB
	EMG PF	HB
	STLMC FAMILY MED 1003 E CHERRY	PB
	STLMC FAMILY MED WINFIELD	PB
	STLMC FAMILY MED ELSBERRY	PB
	STLMC PRIMARY CARE 1165 E CHERRY	PB
	STLMC FAMILY MED 900 E CHERRY	PB
STLMC PSYCHIATRY 900 E CHERRY	PB	
Logan County (Guthrie)	ER PHYSICIANS	HB
	HOSPITALISTS-LOGAN CTY	HB
	WOUND CENTER	HB
	ECHO PF	HB
	OKMC PRIMARY CARE EDMOND I35	PB
	OKMC PRIMARY CARE EDMOND WATERLOO	PB
	OKMC FAMILY MEDICINE RH CRESCENT	PB
	OKMC CONVENIENT CARE RH GUTHRIE DIVISION	PB
	OKMC FAMILY MEDICINE RH GUTHRIE DIVISION	PB
	OKMC OBGYN N MERIDIAN BUILDING C	PB
	OKMC ONCOLOGY HEMATOLOGY COLETTA	PB
	OKMC PULMONOLOGY N MERIDIAN	PB
Maude Norton (Columbus)	CORPORATE HEALTH	HB
	ER PHYSICIANS	HB
Mountain View	ANESTHESIA SERVICES	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	NEUROLOGY PF	HB
	OCCUPATIONAL MEDICINE PF	HB
	PULMONOLOGY-MT VIEW PF	HB
	ECHO PF	HB
	RESPIRATORY PF	HB
Oklahoma City	EEG	PB
	EMERGENCY DEPARTMENT	PB
	ULTRASOUND	PB



Ozark (Turner)	CRNA ANESTHESIA	HB
	OPERATING ROOM RURAL	HB
	HOSPITALISTS	HB
	FTSMMC EMERGENCY MEDICINE OZARK	PB
Paris (Logan)	CRNA ANESTHESIA	HB
	HOSPITALISTS	HB
	OPERATING ROOM RURAL	HB
	FTSMMC FAMILY MEDICINE PARIS RHC	PB
	PR SAR URGENT CARE	PB
	PR SAR EMERGENCY DEPARTMENT	PB
Perry	Anesthesia	HB
	EKG	HB
	EMERGENCY DEPARTMENT	HB
	Hospitalist	HB
	Radiology	HB
Rogers	N/A	
Springfield	ER PHYSICIANS	HB
	MOBILE HEALTH BUS	HB
South (formerly SAMC)	ER PHYSICIANS	PB
	URGENT CARE PHYSICIANS	HB
St Louis	STLMC EMERGENCY MEDICINE ST LOUIS	PB
	STLMC ED CLINICAL DECISION UNIT	PB
	URGENT CARE PHYSICIANS	HB
	STLMC HOSPITAL JFK CLINIC	PB
	STLMC HOSPITAL JFK BEHAVIORAL HEALTH CLINIC	PB
	STLMC CHILDRENS AUDIOLOGY OLIVE MASON	PB
	STLO INTEGRATIVE MED AND THRPY SVCS CLYNTN CLRKSN	PB
	STLO INTEGRATIVE MED AND THRPY SVCS OLIVE	PB
	STLO INTEGRATIVE MED AND THRPY SVCS TESSON	PB
	STLO INTEGRATIVE MED AND THRPY SVCS CANCER CENTER	PB
	STLMC WOMEN'S HEALTH TOWER B STE 1017	PB
	STLMC AUDIOLOGY HEARING AID CENTER BALLAS	PB
	STLMC AUDIOLOGY HEARING AID CENTER	PB
	STLMC AUDIOLOGY HEARING AID CENTER OFALLON	PB
Tishomingo	ER PHYSICIAN	HB
	HOSPITALISTS - TISHOMINGO	HB
Waldron (Scott County)	CRNA ANESTHESIA	HB
	ENDOSCOPY PF	HB
	OPERATING ROOM RURAL	HB



	FAMILY MEDICINE RHC MANSFIELD	PB
	FAMILY MEDICINE RHC WALDRON	PB
Washington	EMERGENCY MEDICINE WASHINGTON	PB
	URGENT CARE PHYSICIANS LEGENDS PKWY	HB
	HOSPITAL WASH MCAULEY DENTAL HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY ADULT HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY WOMENS HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY BEHAVIORAL HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY CHILDRENS HEALTH SVCS	PB
Watonga	ER PHYSICIANS	HB
	HOSPITALISTS - WATONGA	HB

Excluded Services/Discounts

NON-HOSPITAL SERVICES

- Residential Services (Note: Swing Beds are Eligible for Financial Assistance)
- Retail Pharmacy
- Optical Shop
- Private Duty Nursing
- Corporate Health
- Integrative Medicine
- All Professional Services Not Specifically Listed as Included

NOT MEDICALLY NECESSARY

- Cosmetic
- Cardiac and Pulmonary Rehab Phase III
- Hearing Aids
- Driving Assessments•

OTHER DISCOUNTS

- Special Pricing arrangements (package pricing) do not qualify for Financial Assistance.
- An account cannot receive both an Uninsured Discount and Financial Assistance. If Financial Assistance granted, Uninsured Discount will be reversed.



Exhibit D
AMOUNTS GENERALLY BILLED

Facility	AGB %
Jefferson	27
South (formerly SAMC)	30
Saint Louis	30
Lincoln	36
Washington	26
Aurora	41
Berryville	34
Cassville	41
Lebanon	34
Springfield	27
Saint Francis	42
Ada	29
Ardmore	28
Healdton	55
Kingfisher	54
Logan County (Guthrie)	43
Oklahoma City	27
Tishomingo	56
Watonga	56
Bonneville	42
Fort Smith	29
Ozark (Turner)	43
Paris (Logan)	42
Waldron (Scott County)	41
Berryville	34
Northwest Arkansas	25
Joplin	26
Maude Norton Columbus	70
Southeast Kansas	21
Carthage McCune Brooks	36