

Title: Financial Assistance Policy		Policy No: SHS-FIN-002 Page 1 of 12
Effective Date: 03/9/2017	Revised/Reviewed: 3/2009, 1/2010, 9/2011, 2/2017	Authorized by:

SINAI HEALTH SYSTEM POLICY AND PROCEDURE

(For the Benefit of its Affiliate Entities ("Affiliates"), Mount Sinai Hospital Medical Center of Chicago, Schwab Rehabilitation Hospital and Care Network, Holy Cross Hospital and The Mount Sinai Community Foundation d/b/a Sinai Medical Group; and Schwab Faculty Associates, Inc.)

SUBJECT: Financial Assistance Program (FAP)

PURPOSE:

Sinai Health System's (SHS) mission is to improve the health of the individuals and communities it serves. It is the practice of The Mount Sinai Hospital Medical Center of Chicago, Schwab Rehabilitation Hospital and Care Network, Holy Cross Hospital and The Mount Sinai Community Foundation d/b/a Sinai Medical Group to provide high-quality medical care to those in need, regardless of ability to pay.

The purpose of this policy is to produce a mechanism by which the hospital Affiliates can provide financial assistance to their patients unable to pay the full cost of their care. This policy provides a systematic process by which to provide assistance to patients most in need and least able to pay. In order to balance the needs of the patient and the needs of the hospital, it is necessary to review patients' financial information for the purpose of assessing need and understanding the patients' circumstances. This is done not to discourage those in need from seeking treatment but rather to manage finite resources.

While regulations exist to ensure that uninsured patients receive financial assistance, these regulations do not pertain to physician groups. Sinai Health System recognizes that patients of The Mount Sinai Community Foundation d/b/a Sinai Medical Group and Schwab Faculty Associates providers may also need financial assistance and, therefore, extend the SHS Financial Assistance Program Policy to these groups. It is the intent of this policy to simplify and coordinate the assistance policy and procedures throughout all SHS Affiliates, and to ensure that financial assistance is provided for both hospital and physician services.

This policy sets forth the eligibility criteria, the type of financial assistance, eligible services, and the procedure by which a patient shall apply for financial assistance. It is intended to be applied universally to patients who are Illinois residents and for whom paying their medical bills would be a hardship. Free care assistance is provided to both uninsured and underinsured patients. Discounted care is provided to uninsured patients. The policy and appropriate procedures are compliant with all applicable federal, state and local laws and regulations.

Financial assistance is extended with the expectation that patients will cooperate with SHS procedures for obtaining insurance coverage, financial assistance, or other forms of payment, and that they will contribute to the cost of their care according to their ability to pay. Financial assistance will be provided without regard to race, religion, gender, age, ethnicity, social or immigration status, sexual orientation or insurance status.

SCOPE: This policy applies to Sinai Health System "Affiliate" Hospitals and Physician groups, defined above.

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DEFINITIONS:

Affiliation Agreement: Written agreement between any SHS entity and an external party that delineates cooperative practices aimed at fulfilling SHS's Mission – to improve the health of the individuals and communities it serves.

Amount Generally Billed: The amount generally billed is the expected payment from a patient, or a patient guarantor, eligible for financial assistance. This amount is based on a calculation of the average rate allowed under the Medicare fee for service payment system. Patients eligible for financial assistance will not be expected to pay more than the amount generally billed under Medicare.

Assets: Assets will not be considered to determine eligibility for full free care or partial discounts under this financial assistance policy. Assets will only be considered in the determination of the 25% maximum collectible amount in a 12-month period as required under the Illinois Hospital Uninsured Patient Discount Act. Certain assets will not be considered including the uninsured patient's primary residence; personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts held in a pension or retirement account, although distributions and payments from pension or retirement plans may be included as income. Acceptable documentation of assets includes: statements from financial institutions or some other third party verification of an asset's value. If no third party exists, the patient shall certify the estimated value of the asset.

Bad Debt Expense: Uncollectible fees associated with accounts receivable that were expected to result in cash inflows (*i.e.*, the patient did not meet Financial Assistance eligibility criteria).

Charity Care: See Financial Assistance, below.

Core Service Area: The Core Service Area is defined as the primary (9) and secondary (10) zip code areas representing the surrounding communities served by Mount Sinai Hospital Medical Center of Chicago, Schwab Rehabilitation Hospital and Care Network and Holy Cross Hospital (Exhibit C). This represents approximately 80% of the patients served by SHS Affiliates, and approximately 14,982 adult inpatient admissions.

Cost to Charge Ratio: The ratio of a hospital's costs to its charges taken from its most recently filed Medicare cost report (CMS 2552-96 Worksheet C, Part I, PPS Inpatient Ratios).

Discounted Care: Financial assistance that provides a percentage discount based on a sliding scale, to eligible uninsured patients with annualized family incomes in excess of 300% of the Federal Income Poverty Guidelines.

Emergency Medical Condition: As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Family Income: The annual gross family income and cash benefits from the prior 12 month period or the prior tax year as shown by recent pay stubs or income tax return, less payments made for alimony or child support. Proof of earnings may be determined by annualizing the year-to-date family income, taking into consideration the current earnings rate.

A person's family income includes the income of all adult family members in the household. For patients under 18 years of age, family income includes that of the parents and/or step-parents, or care-taker relatives.

Income includes wages, salaries, unemployment compensation, worker's compensation, payments from Social Security, public assistance, Crime Victim Act program, veterans benefits, child support, alimony, educational assistance, survivors benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets, rents, royalties, and income from other miscellaneous sources.

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Non-cash benefits are excluded (*i.e.*, Medicare, Medicaid, SNAP benefits, heat assistance, school lunches, housing assistance, need-based assistance from non-profit organizations, foster care payments, or disaster relief assistance) and are not counted as income for making an eligibility determination for financial assistance.

Family Members: All persons who reside together and who are related by birth, marriage, civil union or adoption and are identified as dependents for tax purposes. This may include children 18 years of age and under, full-time students age 21 and under, disabled children, and elderly parents supported by the applicant and claimed as a dependent on their income tax return, according to the Internal Revenue Service rules.

Federal Poverty Income Guidelines: The Federal Poverty Income Guidelines are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPIG guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.

Financial Assistance: Assistance provided to patients for whom it would be a financial hardship to fully pay the patient payment obligation for medically necessary services provided by a SHS Affiliate and who meet the eligibility criteria for such assistance.

Free Care: A 100% waiver of a patient's financial obligation resulting from healthcare services provided a SHS Affiliate. Uninsured and underinsured patients with annualized family incomes not in excess of 300% of the Federal Poverty Level (FPL) will be eligible for Free Care.

Guarantor: An individual other than the patient who is responsible for payment of the patient's bill.

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

Healthcare Services: Any Emergency or Medically Necessary inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a SHS Affiliate to a patient.

Illinois Resident: A person who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving healthcare benefits does not satisfy the residency requirement.

MANG Application: Application used by the State of Illinois to determine eligibility for Medical Assistance No Grant (Medicaid).

Maximum Collectible Amount: The amount that may be collected in a 12-month period for healthcare services provided by a SHS Affiliate from an uninsured patient. The maximum collectible amount may not exceed 25% of the patient's family income, as required under the Illinois Hospital Uninsured Patient Discount Act. The 12-month period to which the maximum amount applies shall begin on the first date an uninsured patient receives healthcare services that are determined to be eligible for the Uninsured Discount at SHS.

Medically Necessary: Any inpatient or outpatient hospital or medical service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. A "medically necessary" service does not include any of the following: (1) non-medical services such as social and vocational services; and (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity. Sinai maintains a list of services that do not meet the definition of Medically Necessary.

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Presumptive Eligibility Policy: Under certain circumstances, patients may be presumed or deemed eligible for financial assistance based on their enrollment in other programs or on information that is not provided directly by the patient. The SHS policy regarding presumptive eligibility is contained within this Financial Assistance Policy and sets forth the criteria by which financial need is determined and presumptive eligibility is granted. This also includes utilization of an electronic charity model to screen unresponsive patients prior to bad debt assignment.

Reasonable Payment Plan: An extended payment plan that is negotiated between a SHS Affiliate and the patient for any patient out-of-pocket fees. The payment plan shall take into account the patient's available income and assets, the amount owed, and any prior payments.

Uninsured Discount: The Illinois Hospital Uninsured Patient Discount Act sets the Uninsured Discount according to the patient's ability to pay. For patients below 600% of the Federal Poverty Limit (FPL), the discount is set to be a hospital's charges multiplied by the uninsured discount factor, which is 1.0 less the product of a hospital's Cost to Charge Ratio multiplied by 1.35. The Uninsured Discount has been set to be greater than the standard established by the Illinois Hospital Uninsured Patient Discount Act. On behalf of its Affiliates, SHS will perform an annual review to evaluate the Cost to Charge Ratio.

Uninsured Patient: An Illinois Resident who is a patient of a hospital or physician and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability circumstance.

Underinsured Patient: An Illinois Resident who is a patient of a hospital or physician and whose financial responsibilities under a policy of health insurance exceed the payment obligations the patient would have as an Uninsured Patient.

POLICY/PROCEDURE:

I. ELIGIBLE SERVICES

Services and goods eligible under this Financial Assistance Policy include the following:

1. Emergency medical services provided in an emergency room setting;
2. Non-elective services provided in response to life- or limb-threatening circumstances in a non-emergency room setting;
3. Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient; and
4. Other medically necessary services.
5. Services provided in SHS facilities covered under this policy, by providers in the Sinai Medical Group and Schwab Faculty Associates, Inc.

Physician charges through The Mount Sinai Community Foundation d/b/a Sinai Medical Group and Schwab Faculty Associates will be discounted to defined Sinai FAP copayment or deposit amounts (see **Exhibit B: Sinai FAP Co-payment Schedule – Physician/Clinician**).

Services provided by independent private physician at SHS Affiliate hospitals are not covered under this Financial Assistance Policy. Patients are encouraged to contact the physicians directly to inquire about potential assistance and negotiate payment arrangements directly with them.

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For a list of physician/clinicians providing services at SHS Affiliates that are covered, or not covered, under this policy, see (Attachment 1)

Services not eligible under the policy include the following.

The following services are not eligible services and do not qualify for financial assistance: non-medical services such as social and vocational services; elective cosmetic surgery (plastic surgery needed to correct disfigurement caused by injury, illness, or congenital defect or deformity, however, is an eligible service). On behalf of its Affiliates, SHS maintains a list of services that do not meet the definition of Medically Necessary (See attachment 2).

Financial assistance does not cover co-payments for insured patients or any balance due after insurance if the patient has not received required referrals or insurance authorizations. Financial assistance is offered to insured patients providing this does not violate the insurance contract. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account will be expected to utilize account funds prior to being granted financial assistance.

II. ELIGIBILITY & TYPES OF FINANCIAL ASSISTANCE

Sinai Health System ensures that its Affiliates provide financial assistance to patients, regardless of ability to satisfy their financial obligation, in compliance with federal, state and local laws and regulations. In particular, Sinai Health System's policy is intended to comply with the Illinois Hospital Uninsured Patient Discount Act, the Illinois Fair Patient Billing Act, the federal Patient Protection and Affordable Care Act, and all other applicable laws relating to financial assistance, billing, and collection for healthcare services. To be considered for financial assistance, the patient must be an Illinois resident and the patient, or the patient's guarantor, must cooperate providing the information and documentation necessary to apply for other existing financial resources that may be available to pay for the patient's care.

All accounts are to be evaluated for eligibility for reimbursement sources (*i.e.*, Medicare, Medicaid, Illinois funded Medical Assistance No Grant Programs (MANG) and commercial or third party insurances or programs, such as Crime Victim Assistance) prior to granting financial assistance under this policy. All inpatient accounts and outpatient recurring accounts (*i.e.*, chemotherapy, radiation therapy, physical therapy, and renal dialysis) registered without any insurance are evaluated for Illinois funded Medical Assistance No Grant Programs (MANG) by the MANG Processing Division staff.

Financial assistance shall be extended to patients in accordance with SHS' mission and values ensuring a demonstrative benefit to the community. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for financial assistance. On behalf of its Affiliates, SHS will pursue any State of Illinois Department of Healthcare and Family Services funding from programs such as Medicaid, All Kids, and other programs such as the Crime Victims Assistance Program, or federal Social Security coverage for patients who may qualify for these benefits. The patient's cooperation in accessing applicable and identifiable funding sources is required. The granting of financial assistance shall be based on financial need but shall not take into account gender, race, color, national or ethnic origin, employment status, immigration status, age, disability, sexual orientation, or religious affiliation.

If a patient is eligible for assistance from the Crime Victim program, the patient will not receive discounts until after Crime Victim Assistance has been awarded. If Crime Victim Assistance is awarded to a patient, the SHS Affiliate(s) will write off 100% of the remaining account balances after receiving payment from the program.

Free Care: For eligible hospital services, Free Care will be provided to patients who:

1. Are uninsured and/or underinsured with annual family incomes not in excess of 300% of the Federal Poverty Level; and

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2. Have exhausted all other payment options, including private coverage, federal, state, and local medical assistance programs, and other forms of assistance provided by third-parties.

Sinai FAP Co-payment for Physician/Clinician Services: Patients eligible for Free Care will have the cost of eligible Sinai services waived, with the exception of a fixed co-payment for physician and other clinician services (see **Exhibit B: Sinai FAP Co-payment – Physician/Clinician**).

Discounted Care: For eligible hospital services, the cost of care will be discounted to either the uninsured discount or AGB, whichever provides the greatest level of discount for patients who:

1. Are uninsured with annual family incomes equal to or greater than 300% of the Federal Poverty Level; and
2. Have exhausted all other payment options and other forms of assistance provided by third-parties.

(See **Exhibit A: Sinai Financial Assistance Policy Free and Discounted Care Schedule - Hospital**)

Sinai FAP Co-payment for Physician/Clinician Services: Patients eligible for Discounted Care will have the cost of eligible Sinai services reduced. In addition, they will also be responsible for a fixed co-payment for physician and other clinician services (see **Exhibit B: Sinai FAP Co-payment Schedule – Physician/Clinician**).

Payment Plans: A reasonable payment plan will be established between a Sinai Affiliate and the patient for any balance remaining after discounted care or a medical hardship discount have been granted. The payment plan will take into account the patient's available income and assets, the amount owed, and any prior payments.

Maximum Collectible Amount:

For uninsured patients, the maximum collectible amount shall not exceed 25% of the annual family income beginning on the first date the patient receives healthcare services determined to be eligible for financial assistance SHS.

Patients may inform a SHS Affiliate that they have received healthcare services from any SHS Affiliate within the past 12 months, and may therefore be eligible for assistance for subsequent services. Financial counselors will then print out the payment history for healthcare services to be reviewed and may ask the patient for proof of income, assets, and residency (if not available in the Automated FAP Application).

EMERGENCY MEDICAL POLICY:

In accordance with EMTALA regulations, no patients will be screened for financial assistance or payment information prior to the rendering of services in emergency situations. There will be no delay in examination or treatment in order to inquire about methods of payment or insurance coverage, or a patient's citizenship or legal status. Actions that discourage people from seeking emergency medical care, such as permitting debt collection activities or demanding upfront payments from patients that could interfere with providing emergency medical treatment are prohibited under this policy.

Mount Sinai Hospital Medical Center of Chicago and Holy Cross Hospital will provide individuals requesting emergency care, or those for whom a representative has made a request if the patient is unable, a medical screening examination to determine whether an emergency medical condition exists.

Mount Sinai Hospital Medical Center of Chicago and Holy Cross Hospital will treat an individual with an emergency medical condition until the condition is resolved or stabilized and the patient is able to provide self-care following discharge, or if unable, can receive the necessary continuing care. Appropriate inpatient care will be provided for all patients regardless of their ability to pay. No patient will be discharged with an emergency medical condition prior to stabilization if the patient's insurance is canceled or payment is otherwise discontinued during an admission.

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If Mount Sinai Hospital Medical Center of Chicago or Holy Cross Hospital does not have the capability to treat the emergency medical condition, it will make an appropriate transfer of the patient to another hospital with sufficient capability.

If either Mount Sinai Hospital Medical Center of Chicago or Holy Cross Hospital has formal, written Emergency Department Transfer Agreement with another hospital, any uninsured patient transferred there from the other hospital will be eligible for discounts as if they reside in Mount Sinai Hospital Medical Center of Chicago's or Holy Cross Hospital's Core Service Area.

Amounts Billed to Patients Eligible for Financial Assistance: Sinai Health System will use a look-back method for determining the amount generally billed (AGB). Using this method a percentage discount is calculated annually on allowed claims for emergency and other medically necessary care provided to patients covered under Medicare fee-for-service. Payments from Medicare and patient responsibilities are included in this calculation. Patients determined to be eligible for financial assistance will not be billed and expected to pay gross charges for any eligible service while covered under the SHS Financial Assistance Policy.

The AGB percentage will be calculated for each hospital and updated annually. To obtain the AGB calculations, or for questions concerning the amount generally billed, contact the Vice President of the Sinai Health System Revenue Cycle by calling 773-542-2000.

Any Uninsured Patient, regardless of place of residency, will be offered a discount to the lower of (1) 90% of the Medicare reimbursement rate for the service, or (2) 30% of charges. If the Medicare reimbursement rate is zero, the discount will be set at 70% of charges (patient responsibility = 30% of charges). Patients of Designated Providers may be eligible for different benefits consistent with the applicable Affiliation Agreement. This will be reviewed annually as defined for Uninsured Discount.

No patient determined eligible for financial assistance will be expected to pay gross charges for eligible services under this financial assistance policy. A discount will be applied to gross charges and provided to qualified patient accounts based on the calculation for amount generally billed or the uninsured discount, whichever provides the greatest discount.

III. APPLYING FOR FINANCIAL ASSISTANCE

Financial assistance eligibility determinations will be made based on the hospital's policy and after an assessment of financial need. Patients have a responsibility to cooperate in applying for financial assistance by providing residency information and documentation on family size and income. Assets will be considered when making a determination on whether a patient is eligible, under the Illinois Hospital Uninsured Patient Discount Act, for a payment plan that limits the maximum collectible amount to 25% of an uninsured patient's gross family income during a 12-month period

On behalf of its Affiliates, SHS will first make reasonable efforts to explain the benefits of Medicaid and other assistance programs to all uninsured hospital patients. Those patients identified as potentially eligible will be expected to cooperate in applying for such programs and provided applications and other resources. Uninsured and underinsured patients will be informed of the hospital's Financial Assistance Policy and how to get assistance in completing and submitting an application.

A. Application and Documentation

Applicants must complete the SHS Financial Assistance Application form (See Attachment A - Application Form) and shall be required to cooperate and provide accurate and truthful information.

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Applicants must provide the following documents when applying for financial assistance:

Income Verification – Applicants are required to provide any one of the following:

- IRS tax returns for the most recent calendar year;
- W-2 and 1099 forms for the most recent calendar year;
- Last two current paystubs or any official documents from an employer if paid in cash;
- One other reasonable form of income verification deemed acceptable by Sinai, such as pension documentation, employer's written verification (if paid in cash), social security benefits or child support checks; and/or
- A room and board letter.

Identification – Applicants are required to provide identification to protect the hospital and patient from potential identity theft and to comply with the Health Insurance Portability and Accountability Act (HIPAA) and Red Flag legislation. The following forms of ID are required:

- 1) Government-issued photo identification; and
- 2) Birth certificates for all dependent children. Alternative sources may be utilized, when available, to validate the number of dependent children.

Proof of Illinois Residency – requires proof of Illinois residency so the hospital can determine applicants' eligibility for public assistance. Applicants are required to provide any one of the following sources for this information:

- 1) A valid state-issued identification card;
- 2) Illinois Voter registration card;
- 3) A recent residential utility bill;
- 4) A lease agreement;
- 5) A vehicle registration card;
- 6) Mail addressed to the uninsured patient at an Illinois address from a governmental or other credible source;
- 7) A statement from a family member of the uninsured patient who resides at the same address and presents verification of residency.

Alternative sources may be utilized, when available, to validate residency.

No applicant will be denied assistance based on failure to provide information or documentation not described in this policy or on the SHS financial assistance application.

B. Presumptive Eligibility

Exceptions may be made to the application requirements described in this policy for certain applicants for financial assistance. SHS Affiliate patients shall be deemed presumptively eligible for the highest discount levels of financial assistance if they meet or demonstrate one of the following conditions:

- 1) Homelessness;
- 2) Deceased with no estate;
- 3) Mental incapacitation with no one to act on the patient's behalf;
- 4) Medicaid eligibility, but not on date of service or for non-covered service;
- 5) Recent personal bankruptcy;
- 6) Incarceration in a penal institution and services are not covered by the Department of Corrections.
- 7) Recipient of, or enrollment in, any of the following:
 - Women, Infants and Children Nutrition Program (WIC);
 - Supplemental Nutrition Assistance Program (SNAP);
 - Illinois Free Lunch and Breakfast Program;
 - Low Income Home Energy Assistance Program (LIHEAP);

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- Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
 - Receipt of grant assistance for medical services.
 - Affiliation with a religious order and vow of poverty;
- 8) Enrollment in the following assistance programs for low-income individuals:
- Temporary Assistance for Needy Families (TANF);
 - IHDA's Rental Housing Support Program;
 - State of Illinois for General Assistance, DHS Services Only;
 - IDPA

SHS recognizes that some patients may not cooperate with or respond to its financial aid application process and, therefore, it may utilize other sources of information to make an assessment of a patient's financial need. This information will enable the hospital to make an informed decision regarding the financial need of such patients utilizing the best estimates available in the absence of information provided directly by the patient.

For the purpose of helping financially needy patients, including patients who do not cooperate with or respond to its financial aid application process, on behalf of its Affiliates, SHS may utilize a third-party to electronically review patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets, and liquidity. The model's rule set is designed to assess each patient based on the same standards and is calibrated against historical approvals for SHS Financial Assistance Program under the traditional application process. When applied systematically, it estimates the applicant's financial need based on the best data available in the absence of information provided directly by the patient.

After efforts to confirm coverage availability have been concluded, the predictive model provides an electronic and systematic method to grant electronic eligibility to financially needy patients. When predictive modeling is the basis for electronic charity eligibility, the highest discount levels will be granted for eligible services for retrospective dates of service only. The data returned from this electronic screen will constitute adequate documentation of financial need under the SHS policy.

Presumptive eligibility granted using electronic screening assistance will be given for any remaining balance due for eligible services for the specific account in the file. If a patient does not qualify under the electronic enrollment process, the patient may still apply for assistance by submitting an application through the standard financial assistance application process or based on the presumptive eligibility categories identified above. Patient refunds for payments made on the specific account prior to electronic screening will be granted only if the patient completes an application and is found eligible for assistance and a refund.

Patient accounts granted electronic charity eligibility will be reclassified under the financial assistance policy. These accounts will be reclassified under the financial assistance policy; they will not be sent to collection, will not be subject to further collection actions, and will not be included in the hospital's bad debt expense.

C. Process

This policy requires that patients, or their guarantors, apply for financial assistance within 240 days of the first, post-discharge billing statement. Due to the vulnerable patient population served by SHS Affiliate hospitals, the hospitals provide discounts to all uninsured patients who are Illinois residents, regardless of whether the patient applies for assistance.

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The SHS Financial Assistance Application must be completed and documentation provided in order for a request to be considered unless approved according to the presumptive eligibility criteria stated above. If applications for financial assistance are incomplete, the patient, or patient's guarantor, will be asked to provide missing information/documentation before an applicant's eligibility is determined.

Financial Assistance Applications are to be submitted to one of the following offices:

Mount Sinai Hospital Medical Center of Chicago-Attention C1200
California at 15th Street
Chicago IL 60608

Holy Cross Hospital -Financial Counselors Dep.
2701 west 68th street,
Chicago IL 60629

This information will be used in making a determination regarding financial assistance. The patient will be notified of the eligibility decision in writing within 10 days of SHS receiving a complete application. If a patient is deemed eligible, the patient will be granted financial assistance for a period of one year. An SHS Financial Assistance Program Identification Card will be given to each applicant following approval and will state the patient's name, address, eligibility period, Federal Poverty Income Guidelines, and authorized signatures. Financial assistance will also be provided for all open, eligible accounts incurred for services received by the patient. If financial assistance is still required after the one-year period, the patient must complete a new application for financial assistance in its entirety.

If a patient is deemed not eligible for any of the financial assistance offered by a SHS Affiliate, the patient may re-apply at any time there has been a change of income or other considered factor. If a determination has been made that the patient, or patient's guarantor, has the ability to pay a portion of a bill, such a determination does not prevent a reassessment of the patient, or patient guarantor's, ability to pay at a later date. Financial assistance may also be re-evaluated if there is a change in family income or size.

IV. APPEALS AND DISPUTE RESOLUTION

An applicant denied financial assistance may appeal the determination in writing by providing information on the reason for the appeal and any information deemed relevant to the determination. The written appeal letter must be received within 30 days of the date of financial assistance eligibility determination.

File any appeal or dispute with the following offices:

Mount Sinai Hospital Medical Center of Chicago
Attention Financial Counselor Office C1200
California at 15th Street
Chicago IL 60608

Holy Cross Hospital -Financial Counselors Department
2701 west 68th street,
Chicago IL 60629

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V. NOTIFICATION OF FINANCIAL ASSISTANCE

On behalf of its Affiliates, Sinai Health System will post notices – in English and Spanish – of its Financial Assistance Policy at hospital inpatient and outpatient admission areas and in the emergency departments. The Financial Assistance Policy, application and a plain language summary of the policy will be available on the SHS website. Steps will be taken to ensure that financial assistance information and applications are readily accessible to patients at said locations. Sinai Health System will also notify patients of financial assistance by including a conspicuous notice on patient billing statements.

Notification and other information regarding financial assistance will be provided in English and Spanish, and in any other language that is the primary language of at least 5% of the patients served by SHS Affiliates annually.

Information on this financial assistance policy will also be made available to patients and the community served by SHS.

VI. COLLECTION POLICY

Sinai Health System's collection procedures comply with federal, state and local laws governing healthcare billing and collections. No information obtained through the assistance application process will be used for the purpose of pursuing collection actions. Unless a financial assistance determination has been made, no extraordinary collection actions will be initiated against any patient within 120 days of first post-discharge billing statement and without making a reasonable effort to determine whether that patient is eligible for hospital financial assistance.

No actions will be pursued prior to a patient being made aware of financial assistance and having the opportunity to apply for it or establishing a reasonable payment plan. Sinai Health System will refrain from any collection actions against any patient that has informed Sinai that an application has been submitted for health care coverage under Medicaid, All Kids or other publicly-sponsored health care programs.

Information on financial assistance is included on patient invoices informing them of any outstanding balances. Typically, prior to sending an account to debt collection, four written monthly statements will be sent and patients will be contacted orally to inform them of ways to resolve balances, including available financial assistance or reasonable payment options.

Sinai Health System may pursue collection actions against patients found ineligible for financial assistance, patients who received discounted care or but are no longer cooperating in good faith to pay the remaining balance, or patients who have established reasonable payment plans but are not in accordance with the payment plan.

The hospital has elected to use the following collection actions when pursuing payment for these patients:
Credit Bureau Reporting

No collection agency, law firm, or individual may initiate legal action for non-payment of a hospital bill against a patient without the approval of an authorized hospital employee.

If within 240 days from the first post-discharge statement a patient applies for financial assistance, the application will be accepted and promptly processed. If an application has been submitted, all collection actions will cease until a determination has been made. If a patient application is missing documentation, the patient will be notified of the information needed to complete the application by providing the missing signature or documentation.

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Prior to initiating any extraordinary collection actions, a written notice will be sent to the patient at least 30 days in advance describing the action that will be taken unless the balance is resolved or an application is submitted. The notice will include a plain language summary of the Sinai Health System financial assistance policy, as well as an explanation of how to apply for assistance.

If a patient applies for financial assistance and is approved for free care, no further action will be taken on the account. If a patient is approved for discount care, steps will be taken to work with the patient to resolve the remaining balance. If the patient is denied financial assistance and has not submitted an appeal of that decision, collection actions will be pursued.

Applicants approved for financial assistance will be refunded any payments made in excess of the amount determined owed by the patient under this policy for the accounts on which they have been granted assistance. Refunds apply to excess payments of \$5 or more.

VII. RECORD KEEPING

Sinai Health System will comply with all federal and state reporting requirements related to the laws, rules and regulations that apply to procedures in this policy. Information on the financial assistance provided under this policy will be reported annually on the IRS Form 990 Schedule H.

VIII. POLICY APPROVAL

Sinai Health System's Financial Assistance Policy is subject to periodic review and may be revised at any time as business needs require. Any changes to the policy must be approved by Sinai Health System Board of Directors or governance body, including senior management.

I. EXHIBITS

- Exhibit A: **Sinai Financial Assistance Policy Free and Discounted Care Schedule - Hospital**
- Exhibit B: **Sinai FAP Co-payment Schedule – Physician/Clinician**
- Exhibit C: **Core Service Area – Sinai Health System**

Attachment #1 **List Of Physician/Clinicians Covered, Or Not Covered, Under This Policy**

Attachment #2 **List Of Services Not Meeting The Definition Of Medically Necessary**



Chief Financial Officer



Date

ATTACHMENT 1

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Agrawal	Vishwanath	M.D.	(312)839-4762	(630)404-5502	60612
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Ahmed	Khalid	M.D.	(773)652-1190	(708)945-1998	60629
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Bush	Aneta	M.D.	() -	() -	60527
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Ginde	Jayant	M.D.	() -	(708)204-2960	60429
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Khurana	Raj	M.D.	() -	(630)399-1224	60638
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Kumar	Surender	M.D.	() -	(773)405-5892	60657
Labanauskas	Ignas	M.D.	() -	(630)272-2905	60629
Lal	Surender	M.D.	() -	(847)989-7990	60652
Lalmalani	Gopal	M.D.	() -	(630)240-2551	60148
Liang	James	M.D.	(708)605-6982	(312)320-0214	60453
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Mahafzah	Mahmoud	M.D.	(708)947-0578	(708)439-2374	60453
Malcom	Ryan	M.D.	(312)249-0073	(847)452-8142	60647
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Mehta	Neil	M.D.	() -	() -	60487
Mekhaiel	Essam	M.D.	(708)612-8381	(708)399-9278	60453
Mendez-Huerta	Ezequiel	M.D.	(773)692-0162	(773)456-1812	60632
Mizuno	Eric	M.D.	() -	(312)859-4518	60622
Moeed	Syed	M.D.	(708)605-1518	(773)203-5948	60805
Mohan	Jagan	M.D.	() -	(847)848-2275	60629
Mukherjee	Ashish	M.D.	(773)713-8352	(847)951-8675	60632
Natarajan	Balakrishnan	M.D.	(708)324-0200	(773)727-4833	60610
Nayak	Hemal	M.D.	() -	(847)833-3180	60637
Nduka	Ngozi	M.D.	(312)740-4712	(847)877-2617	60612
Omari	Mohammad	M.D.	7084220636	() -	60453
Pacana	Tommy	M.D.	() -	(773)230-2486	60181
Palla	Jyothsna	M.D.	(708)206-4887	(630)670-2032	60805
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Patel	Jayantibhai	M.D.	(708)324-0236	(708)466-5097	60402
Patel	Mukesh	M.D.	(708)605-1516	(312)339-2848	60638
Petrak	Russell	M.D.	(888)220-6432	() -	60527
Phillips	Martin	M.D.	() -	() -	60901-2901
Popli	Gopal	M.D.	(773)652-1187	(773)627-6651	60181
Prakasam	Sundar	M.D.	() -	(630)605-4527	60629

Raghavan	Vinitha	M.D.	(312)654-2700	(312)965-4472	60661
Randin	Francisco	M.D.	() -	(312)374-3014	60638
Rao	Subba	M.D.	(708)643-8816	(708)560-4195	60429
Rasamimari	Phornphat	M.D.	() -	(219)218-8185	60612
Rastogi	Alok	M.D.	(312)750-0312	(630)337-0751	60612
Razzaque	Mohammad	M.D.	(708)605-1682	(708)790-3268	60805
Rodriguez	Sergio	M.D.	() -	() -	60632
Rosenstein	Gregorio	M.D.	(708)324-6515	(773)580-5093	60629
Rubin	Gary	M.D.	(312)997-1049	(773)608-3245	60638
Rupani	Prem	M.D.	(773)246-0010	(773)294-3439	60636
Sadok	Smain	M.D.	() -	(312)731-2184	60629
Savage	Hugh	M.D.	(708)947-0617	(708)785-5437	60415
Saxena	Madhulika	M.D.	(708)605-1732	(708)373-0702	60459
Schiappa	James	M.D.	(773)884-4444	(630)484-6036	60652
Setia	Suman	M.D.	(708)324-1755	(708)724-0890	60805
Shafi	Neelofer	M.D.	() -	() -	60612
Shahzad	Muhammad	M.D.	() -	() -	60181
Sharma	Rekha	M.D.	() -	(630)632-2235	60429
Shirazi	Syed	M.D.	() -	(708)341-9393	60487
Shirazi	Haider	M.D.	() -	(630)995-0360	60487
Shreenivas	B.	M.D.	(773)246-0624	(773)758-7028	60638
Shukla	Manish	M.D.	() -	() -	60623
Sidhwa	Kamo	M.D.	(888)220-6432	() -	60527
Sidrys	Linus	M.D.	() -	(708)805-6291	60415
Simpson	Kareen	M.D.	() -	(773)415-0413	60661
Singa	Madhaviah	M.D.	() -	(312)833-5770	60629
Sobrero	Maria	M.D.	(312)654-2700	(773)802-0457	60661
Spier	Addie	M.D.	() -	(310)879-7119	60445
Sunbuli	Moutaz	M.D.	(708)324-1840	(630)632-3537	60453
Testai	Fernando	M.D.	() -	() -	60612
Tilwalli	Dhruvar	M.D.	(708)605-1225	(773)612-5080	60181
Tobia	Nader	M.D.	(708)324-1865	(708)640-6470	60805
Tummala	Sivaramaprasad	M.D.	(773)246-0591	(773)793-8172	60459
Wang	Josephine	M.D.	(708)425-1320	(630)776-3574	60459
Yu	Brian	M.D.	(888)220-6432	(312)320-1810	60445-1824
Zakieh	Nasser	M.D.	(708)947-0112	(708)935-7022	60453
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Shah	Malathi	M.D., J.D.	(312)370-5822	(312)437-7866	60523
Valdez	Juan	MD	() -	(630)915-7345	60453
Trotter	Anna	N.P.	() -	(615)578-1147	60622
Bauknecht	Nicole	P.A.-C	() -	(312)504-6502	60629
Heetland	Tracy	P.A.-C	() -	() -	60181
Messmer	Tania	P.A.-C	() -	(309)339-7585	60181
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Markun	Donna	P.A.-C.	() -	(815)370-2703	60629
Wilkin	Matthew	P.A.-C.	(888)220-6432	() -	60527

Medicine	Nurse Practitioner
Medicine	Infectious Disease
Medicine	Infectious Disease
Family Practice	Pediatrics
Medicine	Internal Medicine
Family Practice	Family Practice
Medicine	Internal Medicine
Medicine	Internal Medicine
Family Practice	Family Practice
Family Practice	Neonatology
Medicine	Rheumatology
Family Practice	Neonatology
Medicine	Internal Medicine
Family Practice	Family Practice
Medicine	Nephrology
Medicine	Nephrology
Family Practice	Neonatology
Medicine	Nephrology
Obstetrics & Gynecology	Obstetrics/Gynecology
Medicine	Endocrinology
Medicine	Internal Medicine
Medicine	Infectious Disease
Medicine	Cardiology
Medicine	Internal Medicine
Medicine	Internal Medicine
Medicine	Internal Medicine
Medicine	Internal Medicine
Medicine	Cardiology
Medicine	Nephrology
Medicine	Geriatric Medicine
Family Practice	Pediatrics
Medicine	Pulmonary Medicine
Medicine	Internal Medicine
Obstetrics & Gynecology	Obstetrics/Gynecology
Medicine	Infectious Disease
Medicine	Internal Medicine
Medicine	Infectious Disease
Family Practice	Pediatrics
Medicine	Internal Medicine
Medicine	Nephrology
Surgery	Colon/Rectal Surgery
Medicine	Cardiology
Family Practice	Neonatology
Medicine	Internal Medicine
Radiology	Radiation Oncology
Medicine	Infectious Disease
Surgery	Urology
Radiology	Radiation Oncology
Medicine	Internal Medicine
Ophthalmology	Ophthalmology
Ophthalmology	Ophthalmology
Medicine	Nephrology
Medicine	Internal Medicine

Medicine	Infectious Disease
Medicine	Infectious Disease
Ophthalmology	Ophthalmology
Medicine	Nephrology
Medicine	Nephrology
Family Practice	Neonatology
Medicine	Internal Medicine
Medicine	Nephrology
Obstetrics & Gynecology	Obstetrics/Gynecology
Family Practice	Neonatology
Medicine	Hospice/Palliative Care
Medicine	Dermatology
Family Practice	Neonatology
Medicine	Nephrology
Medicine	Infectious Disease
Medicine	Internal Medicine
Family Practice	Neonatology
Medicine	Internal Medicine
Medicine	Internal Medicine
Medicine	Internal Medicine
Psychiatry	Psychiatry
Medicine	Infectious Disease
Family Practice	Pediatrics
Medicine	Interventional Cardiology
Medicine	Cardiology
Surgery	Orthopedics
Medicine	Internal Medicine
Medicine	Cardiology
Ophthalmology	Retina
Family Practice	Family Practice
Medicine	Hematology/Oncology
Surgery	General Surgery
Surgery	General Surgery
Medicine	Pulmonary Medicine
Medicine	Endocrinology
Radiology	Radiation Oncology
Medicine	Critical Care Medicine
Family Practice	Family Practice
Medicine	Internal Medicine
Medicine	Internal Medicine
Medicine	Neurology
Medicine	Cardiology
Medicine	Hospice/Palliative Care
Medicine	Cardiology
Family Practice	Neonatology
Medicine	Critical Care Medicine
Medicine	Gastroenterology
Medicine	Geriatric Medicine
Medicine	Internal Medicine
Medicine	Internal Medicine
Obstetrics & Gynecology	Obstetrics/Gynecology
Medicine	Infectious Disease
Medicine	Infectious Disease
Medicine	Gastroenterology
Medicine	Internal Medicine

Primary Service Area

60608
60609
60620
60621
60623
60624
60629
60632
60636

Secondary Service Area

60612
60628
60637
60638
60651
60652
60644
60639
60804
60402

**Exhibit B
Discount Care Schedule - Physician**

	% of Federal Poverty Limit Within Core Service Area?	Expected Payment		
		Yes	No	> 300%
	Insurance Mnemonic	CHARI.CS	CHARI.NCS	Either
ER	Total Physician Payment Due	\$30	\$30	UNINSURED \$60
BASIC DIAGNOSTIC TESTING	Total Physician Payment Due	\$30	\$30	\$70
HIGH-TECH DIAGNOSTIC TESTING	Total Physician Payment Due	\$75	\$75	\$250
PRIMARY CARE - Clinic Visits (Including Chiropractic and Behavioral Health)	Total Physician Payment Due	\$10	\$10	\$25
SPECIALTY CARE Specialist Visits	Total Physician Payment Due	\$20	\$20	\$50
Complex-Diagnostic / Surgery / Interventional / Procedures	Total Physician Payment Due	\$150	\$150	\$500
INPATIENT	Total Physician Payment Due	\$500	\$500	\$1000

**Exhibit A B Combined
Discount Care Schedule- Hospital and Physician**

		Expected Payment	
		<300%	>300%
		Yes	No
		CHAR.I.CS	CHAR.I.NCS
		Either	UNINSURED
	% of Federal Poverty Limit		
	Within Core Service Area?		
	Insurance Mnemonic		
ER	Total Hospital Payment Due	\$0	\$0
	Total Physician Payment Due	\$30	\$30
			30% Billed \$60
BASIC DIAGNOSTIC TESTING	Total Hospital Payment Due	\$0	\$0
	Total Physician Payment Due	\$30	\$30
			30% Billed \$70
HIGH-TECH DIAGNOSTIC TESTING	Total Hospital Payment Due	\$0	\$0
	Total Physician Payment Due	\$75	\$75
			30% Billed \$250
Clinic Visits (Including Chiropractic and Behavioral Health)	Total Hospital Payment Due	\$0	\$0
	Total Physician Payment Due	\$10	\$10
			30% Billed \$25
SPECIALTY CARE Specialist Visits	Total Hospital Payment Due	\$0	\$0
	Total Physician Payment Due	\$20	\$20
			30% Billed \$50
Schwab Out-patient Therapy (PT, OT, Speech)	Total Hospital Payment Due	\$35	\$35
			\$35
Complex-Diagnostic / Surgery / Interventional / Procedures	Total Hospital Payment Due	\$0	\$0
	Total Physician Payment Due	\$150	\$150
			30% Billed \$500
INPATIENT	Total Hospital Payment Due	\$0	\$0
	Total Physician Payment Due	\$500	\$500
			30% Billed \$1000