



Financial Assistance and Charity Care Policy

LAKELAND COMMUNITY HOSPITAL, INC.

Article I. Scope, Parties, and Purpose

Section 1.01 Scope. This Financial Assistance and Charity Care Policy (“Policy”) applies to Lakeland Community Hospital, Inc., a member of Curae Health System, and all entities substantially controlled by Lakeland Community Hospital, Inc. (collectively, Lakeland Community Hospital”).

Section 1.02 Responsible Parties. All employees of Lakeland Community Hospital whose responsibilities include any aspect of calculating charges for services received by patients, billing patients, or collecting amounts billed to patients are expected to be familiar and comply with the basic procedures and requirements designated herein.

Section 1.03 Purpose. Under the Patient Protection and Affordable Care Act and Internal Revenue Code Section 501(r), non-profit hospitals must establish a written financial assistance policy, adopted by the governing board of the hospital and implemented by the hospital leadership and personnel. This Policy applies to patients who may need Charity Care (as defined below) or Financial Assistance (as defined below) and makes clear that Lakeland Community Hospital provides, without discrimination, necessary medical care regardless of the patient’s ability to pay for the services.

Section 1.04 Available Benefits. Charity Care and Financial Assistance are available to patients who qualify under this Policy. Underinsured and uninsured patients who do not meet charity guidelines may qualify for Financial Aid (as defined below). This Policy addresses only the most common situations that may arise, and it is not intended to be all-inclusive.

Section 1.05 Policy Outline. This Policy shall clarify Lakeland Community Hospital’s available assistance by providing the following information:

- (a) Includes eligibility criteria for Financial Aid;
- (b) Describes the basis for calculating discount amounts to patients eligible for Financial Aid under this Policy;
- (c) Describes the method by which patients may apply for Financial Aid;
- (d) Describes how Lakeland Community Hospital will widely publicize this Policy within the

community served by Lakeland Community Hospital; and

- (e) Limits the amounts that Lakeland Community Hospital will charge for emergency and other medically necessary care provided to individuals eligible for Financial Aid to the amount generally billed for medically necessary care.

Article II. Definitions.

Section 2.01 Board. The Board of Directors of Lakeland Community Hospital.

Section 2.02 Charity Care. Free care for people who are uninsured for the services they need; cannot receive governmental or other insurance coverage; and have family income at such standard that they would qualify under the Financial Ability standard below.

Section 2.03 Emergency Medical Condition. A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances, or symptoms of substance abuse such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health, or the health of an unborn child, in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs. With respect to a pregnant woman who is having contractions, an "Emergency Medical Condition" means that there is inadequate time to effect a safe transfer to another hospital before delivery; or that transfer may pose a threat to the health or safety of the woman or the unborn child. (Or as otherwise defined under the federal Emergency Medical Treatment and Active Labor Act, 42 U.S.C. §1395dd (EMTALA).)

Section 2.04 Extraordinary Collection Actions. Selling an individual's debt to another party (except as provided in 26 C.F.R. § 1.501(r)-6(b)(2)); reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus; deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care; and actions that require a legal or judicial process, including but not limited to, placing a lien on an individual's property (except as provided in 26 C.F.R. § 1.501(r)-6(b)(3)), foreclosing on an individual's real property, attaching or seizing an individual's bank account or any other personal property, commencing a civil action against an individual, causing an individual's arrest, causing an individual to be subject to a writ of body attachment, and garnishing an individual's wages.

Section 2.05 Family Income. The sum of all earnings, interest and dividend income, rents, royalties, estate and trust income, pension or retirement income, disability pensions and annuities, survivor pensions and annuities, Social Security, unemployment compensation, workers' compensation, veterans' payments, public assistance, Supplemental Security Income, federal earned income credit, educational assistance, Supplemental Nutrition Assistance Program (SNAP), public housing and rent subsidies, alimony, child support, assistance from outside the household, and other miscellaneous sources; determined on a before-tax basis; excludes capital gains or losses; and includes the income of all family members (Non-relatives, such as housemates, do not count).

Section 2.06 Financial Aid. Charity Care and Financial Assistance, collectively, available to patients of Lakeland Community Hospital.

Section 2.07 Financial Assistance. Care at a discounted rate for people who are uninsured or Underinsured for the services they need, cannot receive governmental or other insurance coverage, and have family income at such standard that they would qualify under the Financial Ability standard below.

Article III. Eligibility Criteria.

After an assessment of Medical Necessity and Financial Ability, Lakeland Community Hospital may provide Financial Aid to patients who qualify under this Policy. Lakeland Community Hospital will follow standard procedures in determining eligibility for Financial Aid as follows:

Section 3.01 Medical Necessity.

- (a) Any patient seeking care for Emergency Medical Conditions at Lakeland Community Hospital facility shall be treated without discrimination and without regard to a patient's ability to pay for care. Lakeland Community Hospital shall operate in accordance with all federal and state requirements for the provision of urgent or emergency health care services, including screening, treatment, and transfer requirements under EMTALA.
- (b) In addition to services provided pursuant to EMTALA, Lakeland Community Hospital will extend Financial Aid to eligible individuals for all other non-elective medically necessary services.
- (c) Financial Aid will not be awarded for certain services or patient responsibilities, which are not emergency or medically necessary, including but not limited to cosmetic procedures that are not medically necessary; Ventricular Assist Devices (VADs), transplants, and other elective procedures.

Section 3.02 Financial Ability.

- (a) To be eligible for Charity Care, the patient's Family Income, adjusted retrospectively and prospectively for the six months from the determination, must be less than or equal to 200% of the current Federal Poverty Guidelines.
- (b) To be eligible for Financial Assistance, the patient's Family Income, adjusted retrospectively and prospectively for the six months from the determination, must be greater than or equal to 201% but not more than 300% of the Federal Poverty Guidelines.
- (c) Patients eligible for Medicaid or other federal or state indigent care programs may be presumptively eligible for Charity Care or Financial Assistance for emergency or medically necessary services.

Section 3.03 Rates.

- (a) If the patient's Family Income is between 0%-200% of the Federal Poverty Guidelines, 100% discount (Charity Care).
- (b) If the patient's Family Income is between 201%-250% of the Federal Poverty Guidelines, 60% discount (Financial Assistance).
- (c) If the patient's Family Income is between 251%-300% of the Federal Poverty Guidelines, 40% discount (Financial Assistance).

Section 3.04 Amounts Generally Billed. Lakeland Community Hospital determines the amount generally billed ("AGB") by multiplying the gross charges for any emergency or other medically necessary care it provides to a Financial Aid-eligible individual by an AGB percentage relative to Lakeland Community Hospital. Lakeland Community Hospital calculates the AGB percentage based on all claims allowed by Medicare and private health insurers over a specified 12-month period, divided by the associated gross charges for those claims. In all situations, once a patient is determined to be Financial Aid-eligible, that individual will not be charged more for emergency or other medically necessary care. Lakeland Community Hospital may adjust the AGB as needed as determined by Lakeland Community Hospital administration. See Exhibit A, attached hereto.

Article IV. Determination and Screening Process

Section 4.01 Financial Aid Application. All patients seeking Financial Aid are required to complete the Lakeland Community Hospital Financial Aid Application. Patients will be instructed to complete the forms and return them by mail or in person to a Financial Aid Specialist at the address specified in the Application. Patients must cooperate with Lakeland Community Hospital to provide information and documentation necessary to apply for Financial Aid and to establish a reasonable payment plan. A patient's failure to complete a Financial Aid Application will not prohibit him or her from receiving Financial Aid, if he or she provides the required information to a Financial Aid Specialist orally. As Family Income and other relevant factors (as further identified below) change, an applicant is required to supplement, amend, update, or revise his or her Application to reflect his or her current Financial Ability. Failure to do so will render the applicant ineligible for Financial Aid.

Section 4.02 Factors in Assessing Financial Need. The granting of Financial Aid shall be based on an individualized determination of Financial Ability and Medical Necessity. Factors that may be considered include, but are not limited to, Family Income, household size, short-term layoffs, debts, prior eligibility for Financial Aid, other federal and state indigent care program benefits, and other available means of payment. By completing a Financial Aid Application or providing a Financial Aid Specialist the required information, the patient is authorizing Lakeland Community Hospital to perform a credit check on the applicant.

Section 4.03 Prior Eligibility. In the event that Lakeland Community Hospital deems an applicant eligible for Financial Aid and the applicant is then readmitted to Lakeland

Community Hospital or other Curae facility for emergency or medically necessary services within one hundred twenty (120) days of being discharged from the previous admission, such applicant will be deemed presumptively eligible for Financial Aid for the qualifying services he or she receives during the latter admission. In any event, the applicant has the responsibility of supplementing, amending, updating, or revising his or her Application as stated in Section 4.01 above.

Section 4.04 Application Assistance. Uninsured or Underinsured patients will be asked to complete a Lakeland Community Hospital Financial Aid Application upon admission or discharge. Financial Aid counseling communication will be clear, concise, and considerate of the patient and family members. Patients may be required to provide additional information, including information about their assets and monthly expenses in order for Lakeland Community Hospital to consider all of the factors in assessing the patient's Financial Ability. Patients may obtain a copy of this Policy, a plain language summary of this Policy, and a Financial Aid Application in the Business Office of Lakeland Community Hospital, located at the address as stated on the Financial Aid Application.

Section 4.05 Grant or Denial of Assistance. Determination of eligibility for Financial Aid will be communicated to the responsible party within thirty (30) days of receipt of all required documentation. The granting of Financial Aid shall be based on an individualized determination of Financial Ability and Medical Necessity.

Article V. Relationship to Billing and Collection Policy.

Lakeland Community Hospital maintains a separate policy outlining its billing and debt collection procedures. In accordance with its Billing and Collection Policy, Lakeland Community Hospital will not engage in, nor will it authorize its collection agencies to engage in, Extraordinary Collection Actions without verifying that patients have been given the opportunity to apply for Financial Aid. Copies of the Billing and Collection Policy may be made available, upon request, by contacting the Business Office of Lakeland Community Hospital, located at the address as stated on the Financial Aid Application

Article VI. Record Keeping

Section 6.01 Maintenance of Records. A record, paper or electronic, will be maintained reflecting authorization of Financial Aid, along with copies of the Lakeland Community Hospital Financial Aid Application and other documentation provided upon request.

Section 6.02 Retention of Records. Summary information regarding Lakeland Community Hospital Financial Aid Applications processed and Financial Aid provided will be maintained for a period of seven (7) years. Summary information includes the number of patients who applied for Financial Aid, how many patients received Financial Aid, the amount of Financial Aid provided to each patient, and the total bill for each patient.

Section 6.03 Reporting. The cost of Financial Aid will be reported annually in Lakeland Community Hospital's Community Benefit Report. Financial Aid will be reported as the cost of care provided, not charges, using the most recently available operating costs and the

associated cost to charge ratio.

Article VII. Additional Information.

Section 7.01 Providers Covered Under this Policy. Attached hereto as Exhibit B is a list of providers delivering emergency or medically necessary care at Lakeland Community Hospital that are not covered by this Policy. Please note that charges for services provided by these providers are not subject to this Policy and will not be eligible for Financial Aid.

Section 7.02 Communication of Assistance Available. Notification about Financial Aid available from Lakeland Community Hospital shall be disseminated to the community by various means, which may include, but are not limited to, publishing this Policy, the Financial Aid Application, and a plain language summary of this Policy on Lakeland Community Hospital's websites; making paper copies of this Policy, the Financial Aid Application, and a plain language summary of this Policy, available, without charge and upon request by mail and in public locations at Lakeland Community Hospital; making patients aware of this Policy by providing a plain language summary of this Policy at admission or discharge, including a notice on the billing statements that Financial Aid may be available; and making brochures available at all patient registration areas through a conspicuous display in a manner reasonably calculated to reach community members most likely to need Financial Aid.

Section 7.03 Regulatory Requirements. In implementing this Policy, Lakeland Community Hospital will comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

Approved by the unanimous Written Consent of the Board of Directors as of the 23rd day of September, 2015.

Sarah N. Moore, Secretary

Exhibit A

AGB Calculation

AGB% = 22%

AGB%=(all claims allowed by Medicare and private insurers)/gross charges

Exhibit B

Providers Not Covered Under the Curae Financial Assistance and Charity Care Policy

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| Agnew, Shawanda N., MD | Emergency Medicine |
| Alexander, Russell D., DO | Emergency Medicine |
| Anakwenze, David U., MD | Psychiatry |
| Anderson, Bonnie, MD | Teleradiology |
| Ashikyan, Oganess, MD | Teleradiology |
| Ashley, David H., MD | Emergency Medicine |
| Baker, Monnette S., MD | Pathology |
| Batchelor, Andrea M., MD | Internal Medicine/Pediatrics |
| Billano, Omar R., MD | Emergency Medicine |
| Bloss, Michael F., MD | Teleradiology |
| Bonetti, Renee W., MD | Teleradiology |
| Bulczak, Darius P., MD | Teleradiology |
| Burleson, Nikki, CRNP | |
| Caldemeyer, Karen S., MD | Teleradiology |
| Cannon, Derek S., MD | Emergency Medicine |
| Cavazos, Cristina M., MD | Teleradiology |
| Chenyi, Jeffrey, MD | Family Medicine Emergency Medicine |
| Christian, Thomas S., MD | Family Medicine |
| Clarke, Delphia M., MD | Teleradiology |
| Cobb, Michael L., MD | Teleradiology |
| Cooney, Michael J., MD | Teleradiology |
| Delavallade, Dawn N., MD | Teleradiology |
| DeWitt, Blake A., MD | Emergency Medicine |
| Dyar, Deborah K., CRNP | |
| Elsayed, Tamer, MD | Emergency Medicine |
| Fox, Stephen G., MD | Teleradiology |
| Husain, Muhammad Z., MD | Psychiatry |
| Hwangpo, Inkil, DO | Emergency Medicine |
| Kansal, Raman, MD | Teleradiology |
| Kenyherz, Gregory E., MD | Teleradiology |
| Lee, Hank S., MD | General Surgery |

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|----------------------------|--------------------|
| Lockette, Jason P., MD | Emergency Medicine |
| Lombardi, Vincent, MD | Teleradiology |
| Long, Jeffrey W., DO | Family Medicine |
| Longmire, David R., MD | Neurology |
| McCaleb, Holly S., MD | Family Medicine |
| McDonnell, Kevin, MD | Teleradiology |
| McRae, Gina A., MD | Teleradiology |
| Melitz, Celine, MD | Teleradiology |
| Moon, David M., MD | Teleradiology |
| Moore, Karen L., CRNP | |
| Morais, Joshua D., MD | Teleradiology |
| Otto, Tara M., MD | Teleradiology |
| Parada-Orrego, Sandra, MD | Teleradiology |
| Parker, Marcus W., MD | Teleradiology |
| Paul, Marc, MD | Teleradiology |
| Ragland, Vanessa A., DO | Family Medicine |
| Randall, Mark L., MD | General Surgery |
| Reddy, Venkatapuram R., MD | Internal Medicine |
| Riehl, Mila, MD | Emergency Medicine |
| Rulnick, Adam D., MD | Teleradiology |
| Sanders, Stephen G., MD | Radiology |
| Schreiber, John P., MD | Teleradiology |
| Scott, Warren H., MD | Psychiatry |
| Seay, Wallace, MD | Emergency Medicine |
| Sheppard, John D., MD | Emergency Medicine |
| Sleeth, David T., MD | Emergency Medicine |
| Sokol, Joshua R., MD | Teleradiology |
| St. John, David S., MD | Teleradiology |
| Stanford, Michael J., MD | Emergency Medicine |
| Stansfield, Alan V., MD | Emergency Medicine |
| Tran, Ann A., MD | Teleradiology |
| Vreeland, Thomas, MD | Teleradiology |
| Wong, William J., MD | Teleradiology |
| Zarlingo, Monte F., MD | Teleradiology |