



<b>SUBJECT: FHN Discounts &amp; Financial Assistance Programs</b>		<b>POLICY NUMBER</b>	
<b>FORMER SUBJECTS:</b> FHN Financial Assistance Programs – Free Care – Assisted Care	<b>DATE REVISED:</b> 3/29/17	<b>DATE EFFECTIVE</b> 1/1/2016	<b>PAGE 1 OF 15</b>
<b>SUBMITTED BY:</b> Jody Gabel, CBO Director	<b>INIT/DATE:</b>	<b>APPROVED BY:</b> Mike Clark, CFO & FHN Board	
<b>INITIAL POLICY DATE:</b> 1/1/2009	<b>DATE REVIEWED:</b>	<b>DATE OF MEETING:</b>	
<b>DEPT. OR COMMITTEE APPROVAL:</b> Assisted Care Executive Committee		<b>DISTRIBUTED TO:</b> All	

**POLICY STATEMENTS:**

FHN provides financial assistance for medically necessary health care provided by FHN to patients who meet the financial and documentation criteria defined in this policy. Each situation will be reviewed independently and in good faith with allowances made for extenuating circumstances.

FHN will apply good faith efforts to adequately communicate the availability of financial assistance to FHN Patients including:

- Signage and informational brochures conspicuously placed in the admission and registration areas of FHN facilities.
  - Signage will include the following notice: "Uninsured? Having trouble paying your hospital bill? You may be eligible for financial assistance. A copy of the FHN Financial Assistance Policy and Application may be obtained on the FHN website, [www.fhn.org](http://www.fhn.org). If you have questions or need assistance in submitting an Application, please call 815-599-7950 or 877-720-1555 or visit a Financial Counselor at the Hospital Cashier's Office in Admitting.
  - Signage will be posted in English and any language that is the primary language of at least 5% of the patients served by FHN.
  - Underneath this signage, FHN will display copies of the Plain Language Summary in quantities sufficient to meet visitor demand.
- Program information prominently posted on the FHN website, [www.fhn.org](http://www.fhn.org), including:
  - On the home page and main financial assistance page, this message will be conspicuously displayed: "Need help paying your bill? You may be eligible for financial assistance. Click here for more information." When readers click on the link, they will go to a Web page that explains how to download the Financial Assistance Policy, Plain Language Summary, and Application.
  - The Web page provides a telephone number that individuals can call and a room number that individuals can visit for more information about the Financial Assistance Policy and for assistance in completing an Application.
- Information included on or with each FHN patient billing statement about the availability of financial assistance, the telephone number of the Hospital office or department that can provide information about the Financial Assistance Policy, and the Web site where copies of the Policy, Application, and Plain Language Summary may be obtained.
- Periodic education to FHN staff and Providers including referring staff physicians that regularly interact with patients.
- During the first 120 days following the first post discharge bill to the Patient, FHN will communicate directly with the Patient as follows: 1) provide a written notice of the Financial Assistance Policy that includes a copy of the Plain Language Summary, a description of the Extraordinary Collection Actions the Hospital may initiate to obtain payment, and a deadline that is at least 30 days outside of the 120 Notification Period by which an Application must be submitted to avoid the initiation of such Actions; and 2) make reasonable efforts to orally notify the Patient about the Financial Assistance Policy and how to obtain assistance in applying.

FHN will make reasonable efforts to determine a patient's eligibility for financial assistance under this policy before engaging in any Extraordinary Collection Activity as defined by and in compliance with Section 501(r) of the Internal Revenue Service Code. [Fair Patient Billing Policy](#)

The Financial Assistance Programs are administered by the FHN Financial Resource Coordinators under the supervision of the Central Business Office Director and the FHN Financial Assistance Executive Committee.

**DEFINITIONS:**

**Amounts Generally Billed (AGB):** The amounts generally billed for Emergency Medical Care or other Medically Necessary Services to individuals who have insurance covering such care determined by multiplying the Gross Charges for all Emergency Medical Care and Medically Necessary Services by the AGB Percentage.

**AGB Percentage:** The percentage of Gross Charges the Hospital bills for Emergency Medical Care or other Medically Necessary Services the Hospital provides to an individual eligible for FHN Assisted Care including Medically Indigent Discounts. The AGB Percentage is calculated annually by dividing (i) the sum of the amount of all claims for Emergency Medical Care and Medically Necessary Service allowed by both Medicare Fee-for Service and Private Health Insurers as primary payers, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-payments, co-insurance, or deductibles, during the 12-month period ended on the preceding December 31 by (ii) the associated Gross Charges for those claims. (See Addendum A for most recent AGB Percentage.) If the amount allowed on a claim has not been finally determined as of the last day of the 12 month period ending 12/31, the amount of the allowed claim will be included in the subsequent 12 month period.

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

**Emergency Medical Care:** Hospital provided care for an emergency medical condition as defined by section 1867 of the Social Security Act (43 U.S.C 1395dd).

**Extraordinary Collection Actions:** Reporting adverse information to consumer credit bureaus and actions that require legal or judicial process including filing a collection suit and garnishing wages.

**Family Income:** The sum of a family's annual earnings and cash benefits from all sources before taxes, less payment for child support.

**Family Size:** The aggregate number of personal exemptions allowed under federal tax law on the most recently filed federal income tax return and on which the Patient or Guarantor is one of the persons for whom a personal exemption is allowed. Additionally a Partner, as herein defined, is also included.

**Federal Poverty Income Guidelines (FPIG):** The federal poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of 42 USC 9902(2). (See Appendix A for most recent FPIG.)

**FHN Financial Assistance Executive Committee:** FHN Committee comprised of: Patient Financial Resource Coordinator, Director of Central Business Officer (or designee), Vice President of Medical Affairs and Chief Financial Officer

**FHN Service Area Resident:** A Patient who lives in FHN's Service Area, as defined by FHN, and intends to continue living in FHN's Service Area indefinitely. A Patient who relocates to FHN's Service Area for the sole purpose of receiving health care benefits does not satisfy the FHN Service Area residency requirements of this policy. (See Addendum B for the most recent FHN defined Market Area.)

**Gross Charge:** The Hospital's full, established price for medical care that is consistently and uniformly charged to all patients before applying any contractual allowances, discounts or financial assistance.

**Guarantor:** A Patient's spouse or Partner or if the Patient is a minor, the Patient's parents or guardians.

**Hospital:** FHN Memorial Hospital

**Illinois Resident:** A Patient who lives in Illinois and intends to continue living in Illinois indefinitely. A Patient who relocates to Illinois for the sole purpose of receiving health care benefits does not satisfy the Illinois residency requirements of this policy.

**Illinois Uninsured Discount Factor:** One (1.0) minus the product of Hospital's Cost-to-Charge ratio multiplied by 1.35.

**Medically Necessary Services:** Any Hospital inpatient or outpatient service, including pharmaceuticals or supplies provided by the Hospital, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient seeking financial assistance.

**Medicare Fee-for-Service:** Health Insurance available under Medicare Part A and Part B of Title XVIII of the Social Security Act.

**Partner:** A person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act [750 ILCS 75] or similar state law.

**Patient:** Individuals receiving services from FHN or an individual who is the Guarantor of the payment for services received from FHN.

**Plain Language Summary:** A written document that describes the eligibility requirements and Financial Assistance Programs available, how to apply, and contact information to obtain more information and copies of the Financial Assistance Policy and Application.

**Primary Payers:** Health insurers (whether private or public payers such as Medicare) that pay first on a claim for medical care (usually after the deductible has been paid by the insured) up to the limits of the policy or program, regardless of other insurance coverage the insured may have.

**Private Health Insurers:** Any organization that offers insurance for medical care that is not a governmental unit. Note – for purposes of calculating AGB, claims paid by Medicare Advantage [Part C of Title XVII of the Social Security Act] are treated as claims paid by a private health insurer.

**Underinsured Patient:** An Illinois Resident who is a Patient and is covered under a health insurance policy or is a beneficiary under a private health insurance plan, health benefit or other health coverage program, accident liability insurance or other third party liability insurance with coverage limits, co-payments and/or coinsurance requirements that may result in out of pocket expenses that exceed the Patient's ability to pay, as determined by FHN

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

### **FHN PROMPT PAY DISCOUNT:**

FHN applies a courtesy Prompt Pay discount for most Hospital and Physician services when the Patient pays their balance in full within thirty days of the first statement date. Certain services are excluded and the applicable discount is noted on patient billing statements. The discount amount is subject to change at FHN's discretion. (See Addendum A for most recent Prompt Pay Discount.)

### **FHN UNINSURED DISCOUNT:**

FHN applies a courtesy discount to Uninsured Patients for most Hospital and Physician services. Certain services are excluded and the applicable discount is automatically applied to the Patient's billing statement. This discount is removed if insurance coverage is subsequently identified. This discount cannot be combined with other FHN discounts (with the exception of the FHN Prompt Payment Discount). (See Addendum A for most recent FHN Uninsured Discount.)

### **FHN FINANCIAL ASSISTANCE PROGRAMS:**

#### **Illinois Hospital Uninsured Patient Discounts**

FHN provides financial assistance to Uninsured Patients for Hospital services in accordance with the Illinois Hospital Uninsured Patient Discount Act. These discounts do not apply to physician and non-hospital services.

- Eligible Patients with Family Income for Family Size not more than 125% of the Federal Poverty Income Guidelines are provided a discount of 100% of Hospital Charges for all Emergency Medical Care or other Medically Necessary Services exceeding \$300 per inpatient admission or outpatient encounter.
- Eligible Patients with Family Income for Family Size more than 125% but not more than 300% of the Federal Poverty Income Guidelines are provided a discount of Hospital Charges for all Emergency Medical Care or other Medically Necessary Services exceeding \$300 per inpatient admission or outpatient encounter equal to the Illinois Uninsured Discount Factor.

#### **FHN Assisted Care Discounts**

FHN provides financial assistance to Uninsured Patients who are FHN Service Area Residents for Medically Necessary Services performed by FHN providers and not otherwise eligible for other third party insurance coverage. A list of the providers, other than FHN Memorial Hospital, delivering emergency or other medically necessary care in the hospital facility that identifies which providers are covered by the FHN Discounts & Financial Assistance Programs and which are not is available as Addendum C to this Policy, and may be obtained on the FHN website, [www.fhn.org](http://www.fhn.org) or by calling 815-599-7950 to request a mailed copy.

#### **FHN Hospital Services:**

- Eligible Patients with Family Income for Family Size not more than 200% of the Federal Poverty Income Guidelines are provided a discount of 100% of Hospital Charges for all Emergency Medical Care or other Medically Necessary Services exceeding \$300 per inpatient admission or outpatient encounter.
- Eligible Patients with Family Income for Family Size more than 200% but not more than 300% of the Federal Poverty Income Guidelines are provided a discount of Hospital Charges for all Emergency Medical Care or other Medically Necessary Services exceeding \$300 per inpatient admission or outpatient encounter equal to the Illinois Uninsured Discount Factor, subject to the AGB Percentage

- If a Patient qualifies for FHN Assisted Care Discounts for FHN Hospital Services after issuing payments on Hospital accounts, FHN shall refund any amount the Patient paid that exceeds the amount the Patient is determined to be responsible to pay as a Financial Assistance Policy-eligible person, unless the refund would be less than \$5.00. No Patient eligible for FHN Assisted Care Discounts for Hospital services will be charged more than the AGB for Emergency Medical Care or other Medically Necessary Services.

### **FHN Non-Hospital Services (including physician services provided at the Hospital):**

- Eligible Patients with Family Income for Family Size not more than 125% of the Federal Poverty Income Guidelines are provided a discount of 100% of Charges for all Emergency Medical Care or other Medically Necessary Services in excess of any Copayment required by this policy.
- Eligible Patients with Family Income for Family Size more than 125% but not more than 200% of the Federal Poverty Guidelines are provided a discount of 60% of Charges for all Emergency Medical Care or other Medically Necessary Services in excess of any Copayment required by this policy.
- Eligible Patients with Family Income for Family Size more than 200% but not more than 300% of the Federal Poverty Guidelines are provided a discount of 25% of Charges for all Emergency Medical Care or other Medically Necessary Services in excess of any Copayment required by this policy.
- When presenting for services, individuals approved for FHN Assisted Care Discounts will be asked to pay the copayment at the time of physician services. (See Addendum A for most recent Copayment requirements.)

### **Medically Indigent Discounts**

FHN may offer additional discounts for Uninsured and Underinsured Patients whose out-of-pocket expenses for Medically Necessary Services provided by FHN, after considering all other insurance coverage and financial assistance, exceed the Patient's ability to pay, as determined by FHN. Decisions will be made on a case-by-case basis as reviewed and determined by the FHN Financial Assistance Executive Committee.

### **Presumptive Eligibility**

Uninsured Hospital patients who have demonstrated homelessness; mental incapacitation with no one to act on their behalf; Medicaid eligibility but did not have Medicaid on the date of service (or the service was not covered by Medicaid), or are deceased with no estate, will be presumed eligible for financial assistance without further scrutiny of the Hospital. Hospital will use best efforts to apply the presumptive eligibility criteria as soon as possible after the Uninsured Patient's receipt of Hospital services and prior to the issuance of a final bill for services.

- Sources that may be used to determine Presumptive Eligibility:
  - ✓ OneSource, Medi or Department of Human Services
  - ✓ Medical Records
  - ✓ Judici Court Records, County Sheriff's Department, or state Department of Correction data
  - ✓ Police or Accident Reports
  - ✓ United States Bankruptcy Court Voice Case Information System

### **Patient Responsibilities**

Patients shall submit a complete, accurate and properly signed Application as required by this policy. FHN will accept Financial Assistance Applications for the first 240 days following the first post discharge bill to the Patient. FHN may extend this time period for Patients submitting incomplete Applications within the 240 day application period to provide reasonable additional time to submit the information or documents needed to complete the Application. Applications will be available at all FHN locations as well as-by telephone or on-line at [www.fhn.org](http://www.fhn.org). If requested, FHN staff will assist individuals in completing the Application. (See Addendum C for most recent Financial Assistance Application and Documentation Instructions.)

If requested, Patients must apply for coverage under public programs, such as Medicare, Medicaid, AllKids, the State Children's Health Program, or any other program where a reasonable expectation of eligibility may exist. Patients shall have 30 days to comply with this request. Generally, applicants who have elected to decline available health insurance will not be considered for FHN Assisted Care discounts.

Patients shall act reasonably and cooperate in good faith by providing all of the reasonably requested financial and other relevant information and documentation needed to determine the patient's eligibility for financial assistance within 30 days of a request for such information.

Patients who qualify for financial assistance must pay any applicable copayments or discounted balances when due or establish a reasonable payment plan as approved by FHN. [Fair Patient Billing Policy](#)

Patients shall communicate any material change in their financial situation that may affect their qualifications for financial assistance or their ability to abide by the provisions of an agreed upon reasonable payment plan.

Patients who knowingly provide false information as part of the Application process will not be eligible for financial assistance and any previous financial assistance granted may be reversed.

### **Approval Process and Procedures**

FHN will provide timely responses to Patients requesting financial assistance. Best efforts will be used to provide an approval or denial decision within 30 days of receiving a completed and signed Application.

Patients will be allowed 30 days to make any required correction to an Application and/or provide additional documentation requested under the Application. Applications that remain incomplete and/or requests for information that go unanswered for more than 30 days may be denied.

Approvals for the Illinois Hospital Uninsured Discounts and the FHN Assisted Care Discounts will generally be approved for 12-month periods, provided Patients continue to meet program eligibility guidelines. In addition to the Hospital, other providers deliver emergency or other medically necessary care in the Hospital. Eligibility for FHN Discounts and Financial Assistance Programs may apply to the bills of some of these other providers. A list of other providers delivering emergency or other medically necessary care in the Hospital that identifies which providers accept the FHN Discounts and Financial Assistance Programs, and which providers do not accept the FHN Discounts and Financial Assistance Programs, is maintained as a separate document showing the last date it was updated, and is available under the Patient Financial Assistance link at [www.fhn.org](http://www.fhn.org) and by mail by calling our Business Office at 815-599-7950 or 877-720-1555.

### **Fair Billing and Collection Policy**

Approval for FHN Assisted Care Discounts does not automatically remove individual responsibility for previous outstanding medical balances. These situations will be reviewed on a case-by-case basis. The actions FHN may take in the event of the nonpayment of a Hospital bill are described in the FHN Fair Billing and Collection Policy. A free copy of this Policy is available under the Patient Financial Assistance link at [www.fhn.org](http://www.fhn.org) and by mail by calling our Business Office at 815-599-7950 or 877-720-1555.

### **Income Considerations**

Financial Assistance Programs consider Family Income from all sources in the calculation of eligibility including: employment income, unearned income, and self-employment income (all defined below).

- **Employment Income** - Gross (before taxes) income earned and paid on a W-2 Form including overtime, commissions, bonuses and tips.
- **Unearned Income** - Gross cash receipts from sources other than employment including unemployment compensation, SSI, SSDI, payments from retirement income and pension funds, Veterans Pension, Veterans Disability, Private Disability, Workers' Compensation, child support, alimony, income from trust accounts or annuities, income from rental properties, interest income, monetary gains from selling assets, legal settlements, tax refunds, net gambling winnings and work/study income, and any other unearned income. Unearned income does not include: College grants and scholarships; and foster care payments; food stamps and Women, Infants and Children (WIC) vouchers and services; other need-based assistance provided by another not-for-profit organization; college loans; payments by credit life or credit disability insurance; loan proceeds; disaster relief assistance; IRAs, pensions and insurance policy funds that are not available without penalty.
- **Self-Employment Income** - Net profit of a self-employed applicant calculated by deducting the cost of doing business from the gross income. Self-employment income will be calculated by taking the higher of either three months of gross deposits, less expenses, or the total net business income from the most recent tax return. Self-employment expenses include but are not limited to: rent of business premises; wholesale cost of merchandise; utilities; taxes; labor and upkeep of necessary equipment.

### **Asset Considerations**

Assets are excluded from consideration for the Illinois Uninsured Patient Discount.

The following assets are considered for determining eligibility for other financial assistance under this policy including FHN Assisted Care Discounts, Medically Indigent Discounts and determining reasonable payment plans:

- Assets with values in excess of 300% of the Federal Poverty Income Guidelines, excluding the Uninsured Patient's:
  - primary residence,
  - personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure,
  - any amounts held in a pension or retirement plan, excluding distributions and payments that can be included in income.

**Repayment Considerations**

Patients eligible for the Illinois Hospital Uninsured Patient Discounts or the FHN Assisted Care Discounts are not expected to pay more than 25% of their income in a 12-month period. The 12 month period begins on the first date of eligible discounted medical services subsequent to June 14, 2012. To have this maximum amount applied to subsequent charges, the Uninsured Patient shall inform FHN in subsequent encounters that they have previously received eligible discounted medical services from FHN.

**FHN Assisted Care - Primary Care Services**

Uninsured Patients approved for FHN Assisted Care Discounts who reside in Freeport, Cedarville, Pearl City and Scioto Mills zip codes will receive Primary Care services at the FHN Community Clinic of Northwest Illinois. All other FHN Assisted Care participants may receive Primary Care services at the nearest FHN Primary Care office or at the FHN Community Clinic of Northwest Illinois.

**FHN Assisted Care – Medical Specialist Services**

All Uninsured Patients approved for FHN Assisted Care Discounts must establish with an FHN Primary Care provider and must have a prior approved referral from their FHN Primary Care provider before accessing FHN Medical Specialists. The Patient's FHN Primary Care provider should initiate all referrals using ARM. Medical Specialty services received without a proper referral may not be eligible for FHN Assisted Care Discounts.

**FHN Assisted Care - Medical Necessity Pre-certification**

FHN Assisted Care covers hospital services, diagnostic testing and rehabilitation services, deemed medically necessary under Title XVIII of the Federal Social Security Act. In order to properly evaluate medical necessity, FHN utilizes a pre-certification process through ARM that is managed by the Northern Illinois Health Plan Case Management Department. Participants need to be aware of the pre-certification requirement, discuss this with their health care provider and cooperate as needed in this process. Services received without the proper precertification may not be eligible for FHN Assisted Care Discounts.

The following procedures require precertification:

- 24-hr. prescheduled admissions
- Angiography
- Bronchoscopy
- Cardiac catheterization
- Cardiac Rehab
- Colonoscopy
- Endoscopy/EGD/ERCP
- Hysterectomy
- All pain control
- Sleep Studies
- CT scans
- MRI
- Outpatient Surgery
- Physical/Occupational Therapy
- Services where medical necessity may be questioned.

**FHN Assisted Care - Excluded Services**

The following services are not eligible for Assisted Care Discounts:

- Cosmetic Surgery
- Dental care, except emergency extractions
- Infertility Treatment
- Medications (including Birth Control)
- Any service or treatment not deemed as medically necessary under Title XVII of the Federal Social Security Act.

## Addendum A January 26, 2017

<b>FHN Courtesy Prompt Pay Discount</b>	<b>15%</b>
<b>FHN Courtesy Uninsured Discount</b>	<b>20%</b>
<b>FHN Assisted Care Patient Copayment for Non-Hospital Physician Services</b>	<b>\$15.00</b>
<b>Illinois Uninsured Discount Factor</b>	<b>68%</b>
<b>AGB Percentage</b>	<b>35%</b>

### SUMMARY OF SPECIFIC FINANCIAL DISCOUNTS

	For Income as Percent of Federal Poverty Guidelines Of:	The Discount Will Be:
<b>For Hospital Services:</b>		
<i>Illinois Uninsured Discounts</i>	<i>Not more than 125%</i>	100%
	<i>More than 125% up to 300%</i>	68%
	<i>More than 300%</i>	NA
<i>FHN Assisted Care Discounts</i>	<i>Not more than 200%</i>	100%
	<i>More than 200% up to 300%</i>	65%
	<i>More than 300%</i>	NA
<b>For Physician &amp; Non-Hospital Services:</b>		
<b>FHN Assisted Care Discounts</b>	<i>Not more than 125%</i>	100%
	<i>More than 125% up to 200%</i>	60%
	<i>More than 200% up to 300%</i>	25%
	<i>More than 300%</i>	NA

### FEDERAL POVERTY INCOME GUIDELINES (FPIG) EFFECTIVE 1/26/2017¶

Persons in Family/Household	@ 100%	@ 125%	@ 200%	@ 300%.*
<b>1</b>	\$12,060 →	\$15,075	\$24,120	\$36,180
<b>2</b>	\$16,240	\$20,300 →	\$32,480	\$48,720
<b>3</b>	\$20,420	\$25,525	\$40,840	\$61,260
<b>4</b>	\$24,600	\$30,750	\$49,200	\$73,800
<b>5</b>	\$28,780	\$35,975	\$57,560	\$86,340
<b>6</b>	\$32,960	\$41,200	\$65,920	\$98,880
<b>7</b>	\$37,140	\$46,425	\$74,280	\$111,420
<b>8</b>	\$41,320	\$51,650	\$82,640	\$123,960

\*For families/households with more than eight persons, add \$4,160 for each additional person.

**Addendum B  
January 1, 2016**

**FHN Assisted Care Service Area**

CITY	ZIP CODES
APPLE RIVER	61001
BAILEYVILLE	61007
CEDARVILLE*	61013*
CHADWICK	61014
DAKOTA	61018
DAVIS/LAKE SUMMERSET	61019
DURAND	61024
ELEROY	61027
ELIZABETH	61028
FORRESTON	61030
FREEPORT*	61032*
GERMAN VALLEY	61039
HANOVER	61041
KENT	61044
LANARK/LAKE CARROLL	61046
LEAF RIVER	61047
LENA	61048
MCCONNELL	61050
MILLEDGEVILLE	61051
MT. CARROLL	61053
MT. MORRIS	61054
NORA	61059
ORANGEVILLE	61060
PEARL CITY*	61062*
PECATONICA	61063
POLO	61064
RIDOTT	61067
ROCK CITY	61070
SAVANNA	61074
SCALES MOUND	61075
SCIOTO MILLS*	61076*
SEWARD	61077
SHANNON	61078
STOCKTON	61085
WARREN	61087
WINSLOW	61089
*Residents in these zip codes approved for FHN Assisted Care discounts must receive Primary Care services at the FHN Community Clinic in Freeport. (815-599-8414)	
Residents of Galena and East Dubuque may only apply for Assisted Care discounts for services provided by FHN Family Counseling Center.	





## Addendum C March 17, 2017

### Providers Not Covered by FAP

Providers, other than FHN Memorial Hospital, delivering emergency or other medically necessary care in the hospital facility that **are not covered** by the FHN Discounts & Financial Assistance Programs.

Last Name	First Name	Title	Department	Specialty	Facility
Afzal	Mohammed	MD	Medicine	Neurology	Rockford Neuroscience Center
Ahmad	Mashood	MD	Medicine	Nephrology	RNA of Rockford
Ahmed	Syed M.	MD	Medicine	Nephrology	RNA of Rockford
Altaweel	Michael	MD	Surgery	Ophthalmology	University Station Clinic
Anderson	Lori	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Bindl	Nicole	FNP-BC	Surgery	Nurse Practitioner	Beloit Memorial Hospital
Blint	Andy	MD	Surgery	Orthopedic Surgery	NITRO Orthopaedics
Boone	Kendall	MD	Surgery	Vascular Surgery	Affiliated Surgeons of Rockford, LLC
Bogarapu	Soujanya	MD	Pediatrics	Pediatric Cardiology	Children's Hospital of Illinois Medical Group
Brandis	Stanislav	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Briggs	Amanda	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Brodkey	Frank	MD	Medicine	Critical Care	e-Care of Wisconsin
Carroll	Kelly	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Claunch	Daniel	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Cole	Daniel	MD	Medicine	Critical Care	e-Care of Wisconsin
Cormier	Mark	MD	Surgery	Urology	Rockford Urology Associates
Croft	Donita	MD	Medicine	Critical Care	e-Care of Wisconsin
DeGould	Michael	DDS	Surgery	Oral Surgery	
Dickey	Ronald	DPM	Surgery	Podiatric Surgery	Northern Illinois Podiatry
Dobrowolska	Paula	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Dolan	Timothy	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Duttlinger	Norbert	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Ebbert	Jessica	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Ehlenbach	William	MD	Medicine	Critical Care	e-Care of Wisconsin
Enser	L. Dean	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Farag	Sammy	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Feder	Esther	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Fleet	Sara	MD	Medicine	Critical Care	e-Care of Wisconsin
Foran	Ronald	MD	Pediatrics	Pediatric Cardiology	Children's Hospital of Illinois Medical Group
Frazier	Jody	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Fumo	Michael	MD	Surgery	Urology	Rockford Urology Associates
Golestanian	Ellie	MD	Medicine	Critical Care	e-Care of Wisconsin
Green	Daniel R.	FNP-BC	Pain Management	Nurse Practitioner	Medical Pain Management Services
Hall	Ashley	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.

Huffman	Jason	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Jun	Andrew	MD	Surgery	Otolaryngology	Surgical Services of Illinois
Kikta	Michael	MD	Surgery	Vascular Surgery	Affiliated Surgeons of Rockford, LLC
Knepp	Marc	MD	Pediatrics	Pediatric Cardiology	Children's Hospital of Illinois Medical Group
Kory	Pierre	MD	Medicine	Critical Care	e-Care of Wisconsin
Kothawala	Azhar M.	MD	Anesthesia	Pain Management	Medical Pain Management Services
Laporta	Maria	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Lingenfelter	Mark	MD	Medicine	Critical Care	e-Care of Wisconsin
Loughead	Douglas	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Maki	Dennis	MD	Medicine	Critical Care	e-Care of Wisconsin
Marks	Peter	MD	Surgery	Cardiothoracic Surgery	Beloit Memorial Hospital
Maynard	John	MD	Medicine	Nephrology	RNA of Rockford
McGuire	Ronald	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
McLaughlin	Richard L.	NP	Pain Management	Nurse Practitioner	Medical Pain Management Services
McMahon	Joseph	MD	Medicine	Critical Care	e-Care of Wisconsin
Mijal	Sara	MD	Surgery	Vascular Surgery	Affiliated Surgeons of Rockford, LLC
Minore	Laura	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Minore	W. Stephen	MD	Anesthesia	Anesthesia	Medical Pain Management Services
Mitchell	Marsa	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Mititelu	Mihai	MD	Surgery	Ophthalmology	University Station-Ophthalmology
Mueller	Malynda	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Munger	Tanya	FNP-BC	Pain Management	Nurse Practitioner	Medical Pain Management Services
Murdakes	Charlene	MD	Medicine	Nephrology	RNA of Rockford
Narra	Leela	MD	Medicine	Cardiology	RHS Heart & Vascular Center
Nelson	Nicole	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Niemec	Joanna	MD	Medicine	Nephrology	RNA of Rockford
Park	Esmeralda	MD	Medicine	Teleneurology	Alexian Brothers Medical Group
Pavithran	Bindu	MD	Medicine	Nephrology	RNA of Rockford
Quinlan	Vincent	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Regan	Mark	MD	Medicine	Critical Care	e-Care of Wisconsin
Rickman	Jane	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Robertson	Michael	MD	Medicine	Nephrology	RNA of Rockford
Rockwell	Taylor	PhD	Behavioral Health	Psychology	New Directions
Runo	James	MD	Medicine	Critical Care	e-Care of Wisconsin
Rydberg	David	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Sanchez	Gerardo	RNFA	Surgery	RN First Assist	First Assistants of Northern Illinois, Inc.
Sandbo	Nathan	MD	Medicine	Critical Care	e-Care of Wisconsin
Sankaran	Krishna	MD	Medicine	Nephrology	RNA of Rockford
Schick	Larry	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Schmeling	Erin	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Schoonover	Yvonne	FNP-BC	Family Practice	Nephrology	RNA of Rockford
Schultz	Lori	FNP-BC	Family Practice	Nurse Practitioner	Surgical Services of Illinois
Schwegler	Samuel	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Sethi	Pradip	MD	Medicine	Tele-neurology	sole practitioner
Shiro	John	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.

Shula	Thomas	MD	Pediatrics	Pediatric Cardiology	Children's Hospital of Illinois Medical Group
Smith	Glenn	DC	Complementary Medicine	Acupuncture	AIH Complementary Medicine
Smith	Jeffrey	MD	Medicine	Cardiology	RHS Heart & Vascular Center
Smith	Joshua	MD	Medicine	Critical Care	e-Care of Wisconsin
Sonetti	David	MD	Medicine	Critical Care	e-Care of Wisconsin
Soriano	M. Marc	MD	Surgery	Neurological Surgery	
Starck	Kathleen	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Starck	Timothy	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Stein	Suzanne	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Stenstrom	Melissa	MD	Medicine	Dermatology	Surgical Services of Illinois
Stern	Jason C.	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Stim	James	MD	Medicine	Nephrology	RNA of Rockford
Sweeney	Charles	MD	Medicine	Nephrology	RNA of Rockford
Szerszow	Tomasz	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Szewczyk	John	MD	Anesthesia	Anesthesia	Rockford Anesthesiologists Assoc.
Taylor	Eric	MD	Surgery	Urology	Rockford Urology Associates
Thomas	Prasad	MD	Pediatrics	Pediatrics	
Tolliver	Roland	DPM	Surgery	Podiatric Surgery	Freeport Podiatry Services, LLC
Valadez	Richard	MD	Surgery	Urology	Rockford Urology Associates
			Radiology	Teleradiology	Virtual Radiologic
Waggoner	Scott	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Weiss	Howard	MD	Anesthesia	Anesthesia	Medical Pain Management Services
Wells	Jeffrey	MD	Medicine	Critical Care	e-Care of Wisconsin
Wills	Lowell	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.
Wisniewski	Carol	DPM	Surgery	Podiatric Surgery	Northern Illinois Podiatry
Yamat	Cherrilyn	CRNA	Anesthesia	Nurse Anesthetist	Rockford Anesthesiologists Assoc.



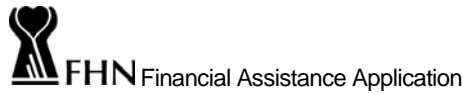
## Addendum C March 17, 2017

### Providers Covered by FAP

Providers, other than FHN Memorial Hospital, delivering emergency or other medically necessary care in the hospital facility that **are covered** by the FHN Discounts & Financial Assistance Programs.

Last Name	First Name	Title	Department	Specialty	Facility
Abdelrhman	Tamer R.	MD	Radiology	Radiation Oncology	Paramount Oncology
Awender	Erich	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Bach	Steven	DO	Radiology	Diagnostic Radiology	Camelot Radiology
Blecharz	Grzegorz	MD	Emergency Medicine	Emergency Medicine	Team Health
Caleel	George	DO	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Chang	Ira	MD	Medicine	Teleneurology	Eagle Hospital Physicians
Daly	James	MD	Psychiatry	Psychiatry	Family Counseling Center
Diehl	Aileen	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Garretto	Robert	DO	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Ge	Liang	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Ghani	Syed	MD	Medicine	Hospitalist	Eagle Hospital Physicians
Habib George	Mary	DO	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Haq	Syed	DO	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Harmston	Greg	MD	Family Practice	Family Practice	(independent)
Helvey	William	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Hulsey	David	DO	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Husain	Syed	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Ishaq	Mohammad Asim	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Kalinowska	Ewa	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Kara	Fadi	MD	Medicine	Hospitalist	(independent)
Karkatzounis	Iounnis	MD	Medicine	Hospitalist-Locum	Eagle Hospital Physicians
Koneru	Nagendra	MD	Radiology	Radiation Oncology	Paramount Oncology
Liu	Jennifer D.	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Marina	Shadi	MD	Medicine	Hospitalist-Locum	Eagle Hospital Physicians
McConnell	Michael F.	DO	Radiology	Diagnostic Radiology	Nirad - Camelot Radiology
McNeil	Candice	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Mensah	Victor	MD	Family Practice	Hospitalist	Eagle Hospital Physicians
Miller	Chad	MD	Medicine	Teleneurology	Eagle Hospital Physicians
Panagos	Alexander	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Pelling	Sophia	DO	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Pierce	Robert	MD	Radiology	Diagnostic Radiology	Camelot Radiology
Renda	Natalie	MD	Medicine	Teleneurology	Eagle Hospital Physicians
Rost	Eric	MD	Radiology	Radiation Oncology	Weatherby Locums

Saleh	Mohammad	MD	Medicine	Hospitalist	Eagle Hospital Physicians
Sanchez	Carlos	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
See	Carolina	MD	Medicine	Critical Care	e-Care of Wisconsin
Shah	Neil	DO	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Sharma	Dinesh	MD	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Sheth	Kevin	MD	Medicine	Teleneurology	Eagle Hospital Physicians
Tai	Jahangir	DO	Emergency Medicine	Emergency Medicine	MEA of TeamHealth
Tilwalli	Shilpa	MD	Medicine	Teleneurology	Eagle Hospital Physicians
Urban	Martin	MD	Radiology	Diagnostic Radiology	Camelot Radiology
Wagner	Alan	MD	Radiology	Diagnostic Radiology	Camelot Radiology
Wagner	Jeffrey	MD	Medicine	Teleneurology	Eagle Hospital Physicians
White	Scott	MD	Radiology	Diagnostic Radiology	Camelot Radiology



YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE OR AN EXTENDED PAYMENT PLAN: Completing this application will help FHN & FHN Memorial Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please complete this form within 240 days following the first billing statement. Submit it to FHN in person, by mail, by electronic mail, or by fax to:

**FHN Financial Assistance  
PO Box 268  
421 W. Exchange St, 3<sup>rd</sup> Floor  
Freeport, IL 61032**

**Fax 815-599-7907**

**Please call our Business Office at 815-599-7950 or 877-720-1555 if you have any questions**

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED HOSPITAL CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help FHN determine whether you qualify for any public programs.

Please complete this form and submit all required documentation listed below within 240 days following the first billing statement and submit to FHN.

- ***If applying for an Extended Payment Plan no documentation is required, please only complete sections 1, 6A & 6C of the application and submit to FHN within 14 business days.***

**Proof of Income Documents for IL Uninsured Hospital Discount only, provide at least one of the following:**

- Most recent Tax Return
- Most recent W-2's or 1099's
- Two (2) most recent payroll stubs
- Written income verification from an employer, if paid in cash
- One (1) other reasonable form of income verification acceptable to FHN

**Proof of Income for all other Financial Assistance programs, provide all of the following if applicable:**

- Most recent Fed Tax Return with all schedules, W-2's, 1099's, etc.
- Two (2) most recent payroll stubs
- Written income verification from an employer, if paid in cash
- Social Security benefits letter(s)
- Three most recent bank statement(s)
- Written documentation of any other source of income including but not limited to: Pension, Unemployment, Disability, Alimony, Child Support, VA benefits, Trust income, Severance Pay, etc.

**Proof of Residency:** Any one of the Proof of Income documents for the IL Uninsured Hospital Discount or at least one of the following:

- Valid Driver's License or State ID
- Recent residential utility bill
- Vehicle or Voter Registration Card
- Government mail addressed to Patient at an IL address
- Letter from Homeless Shelter or Transitional Home
- Lease Agreement or a statement from a Family Member at the same address with acceptable proof of residency

**Other Documentation, provide the following if applicable:**

- If recently divorced, a copy of divorce decree
- Declination or denial of insurance coverage

If a patient meets the presumptive eligibility criteria or is otherwise presumptively eligible by virtue of the patient's family income, the patient shall not be required to complete the portion of the application addressing the monthly expense information and estimated expense figures.

**Explanation of any missing documentation and extenuating circumstances:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FHN FINANCIAL ASSISTANCE APPLICATION

SECTION 1 - PATIENT (APPLICANT) INFORMATION								
Name		Date of Birth		Address - street, city, state, zip.				
SSN		Home Phone		Cell Phone		Email Address		
Employer Name		Employer Phone		Employer Address				
SECTION 2 - SPOUSE or PARTNER or GUARANTOR (Please indicate relationship to the patient here: _____)								
Name				Address - street, city, state, zip.				
Home Phone				Cell Phone				
Employer Name		Employer Phone		Employer Address				
SECTION 3 - HEALTH INSURANCE ELIGIBILITY:				SECTION 4 - HOSPITAL PRESUMPTIVE CRITERIA				
When FHN provided care was the patient:	Do you have Health Insurance?	Insurance Carrier:		Effective Date:		Is the patient homeless?		
An Illinois resident?	Do you have secondary Ins?	Insurance Carrier:		Effective Date:		Is the patient eligible for Medicaid?		
Involved in an accident?	Have you applied for insurance?	Insurance applied for:		Application Date:		Is the patient mentally incapacitated with no one to act on their behalf?		
The victim of an alleged crime?	Is another person responsible for the patient's medical care as part of a legal dissolution or separation agreement?						Is the patient deceased with no estate?	
SECTION 5 - FAMILY & HOUSEHOLD INFORMATION								
Number of people living in the home:		Number of legal dependents:		Age of legal dependents:				
SECTION 6 - IF YOU ARE UNINSURED AND ANSWERED YES TO ANY PART OF SECTION 4, THIS SECTION IS NOT REQUIRED.								
SECTION 6A - MONTHLY GROSS INCOME			SECTION 6B - ASSETS			SECTION 6C - MONTHLY EXPENSE		
	Patient/Applicant	Spouse/Partner/Guarantor		Description	Value	If you are uninsured and your monthly income is less than \$2,000 this section is not required.		
Wages:	\$	\$	Checking Acct(s):		\$	Housing:	\$	
Self Employment:	\$	\$	Saving Acct(s):		\$	Utilities:	\$	
Social Security:	\$	\$	CD(s):		\$	Food:	\$	
Pension or Retirement:	\$	\$	Investments:		\$	Transportation:	\$	
Disability:	\$	\$	Health Savings or Flex Spend Acct(s)		\$	Medical Expenses:	\$	
Unemployment:	\$	\$	Auto:		\$	Child Care:	\$	
Workers' Compensation:	\$	\$	Auto:		\$	Loans:	\$	
Temp Assistance:	\$	\$	Other vehicles:		\$	Loans:	\$	
Child Support:	\$	\$	Real Estate:		\$	Mortgage:	\$	
Alimony or Spousal Support:	\$	\$	Real Estate:		\$	Mortgage:	\$	
Other income:	\$	\$			\$	Other Expense:	\$	
<b>Total Monthly Income:</b>	<b>\$</b>	<b>\$</b>	<b>Total Asset Value:</b>		<b>\$</b>	<b>Total Monthly Expense:</b>	<b>\$</b>	

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this medical bill(s). I understand that the information provided may be verified by FHN and I authorize FHN to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the medical bill(s).

Print or Type Patient/Applicant Name \_\_\_\_\_

Print or Type Spouse/Partner/Guarantor \_\_\_\_\_

Signature of Patient/Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Spouse/Partner Guarantor \_\_\_\_\_

Date \_\_\_\_\_