Financial Assistance Policy (FAP)

Introduction

New England Baptist Hospital is committed to providing you with high-quality care and services. As part of this commitment, New England Baptist Hospital works with individuals with limited incomes and resources to find coverage for their care. Our financial assistance program helps low-income, uninsured, and underinsured individuals determine if they are eligible for public assistance or through other sources, including New England Baptist Hospital’s financial assistance.

The hospital does not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability in its application of policies, concerning the acquisition and verification of financial information, preadmission or pretreatment deposits, payment plans, deferred or rejected admissions, determination that an individual qualifies for Low Income Patient status as determined by the Massachusetts MassHealth/Connector eligibility system, or attestation of information to determine Low Income patient status.

The hospital will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical conditions, or interfering with the screening for and providing of emergency medical care by first discussing the hospital financial assistance program or eligibility for public assistance programs.

Financial assistance is available from the hospital for uninsured and underinsured individuals who cannot get public assistance and cannot afford to pay for their medical care. The premise of the program is that all individuals are expected to contribute to their care, based on their ability to pay. Assistance is given based on the individual’s household income, assets, family size, expenses, and medical needs. We understand that each individual has a unique financial situation and encourage you to contact our certified application counselors (CAC) for more information at (617) 754-5974, between 8:00am and 4:00pm, Monday through Friday.

Each request for assistance is handled confidentially and requires the cooperation of the applicant. More information on applying for this program can also be found on our website at:  www.nebh.org/policies

This policy was developed to ensure compliance with the Massachusetts Health Safety Net Eligible Services Regulation (101 CMR 613.000) and generally meets the IRS regulations (Internal Revenue Code Section 501(r)) which are effective for hospitals starting in the hospital’s taxable year beginning after December 29th of 2015.

Delivery of healthcare services as it applies to Financial Assistance

New England Baptist Hospital will provide, without exception, care for emergency medical conditions to all individuals seeking such care, regardless of your ability to pay for or to qualify for financial assistance in accordance with the requirements of the federal Emergency Medical Treatment and Labor Act (EMTALA). Financial assistance is available for
an individual who is seeking emergent, urgent, or medically necessary care. The hospital financial assistance program may not apply to certain elective procedures or services that are covered by a third party (such as a private insurance or a public assistance program).

It is important to note that classification of individuals’ medical conditions is for clinical management purposes only, and such classifications are intended for addressing the order in which physicians should see individuals based on their presenting clinical symptoms. These classifications do not impact the order in which an individual is provided financial assistance. For those individuals that are uninsured or underinsured, the hospital will work with individuals to assist with finding a financial assistance program that may cover some or all of their unpaid hospital bill(s). For those individuals with private insurance, the hospital must work through the individual and the insurer to determine what may be covered under the individual’s insurance policy. As the hospital is often not able to get this information from the insurer in a timely manner, it is the individual’s obligation to know what services will be covered prior to seeking elective or scheduled services. For purposes of this policy, the following services are differentiated in the following manner:

- **Emergency Level Services** includes medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e) (1) (B) of the Social Security Act, 42 U.S.C. § 1295dd(e)(1)(B). A medical screening examination and any subsequent treatment for an existing emergency medical conditions or any other such service rendered to the extent required pursuant to the federal EMTALA (42 USC 1395(dd) qualifies as an Emergency Level Service.

- **Medically Necessary Services** is a service that is reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity. Medically Necessary Services include inpatient and outpatient services as authorized under Title XIX of the Social Security Act.

- **Elective or scheduled services** are provided to individuals who either (1) arrive to the hospital seeking non-emergent or non-urgent level care or (2) seek additional care following stabilization of an emergency medical condition. Elective or scheduled services are either primary care services or medical procedures scheduled in advance by the individual or by the health care provider (hospital, physician office, other).

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**Documenting Eligibility for Enrollment in Massachusetts Public Assistance Programs**

**A. General Principles**

Financial assistance is intended to assist low-income individuals who do not otherwise have the ability to pay for their health care services. Such assistance takes into account each individual’s ability to contribute to the cost of his or her care. For those individuals that are uninsured or underinsured, the hospital will, when
requested, help them with applying for available financial assistance programs that may cover all or some of their unpaid hospital bills. The Hospital provides this assistance for both residents and non-residents of Massachusetts; however, there may not be coverage through a Massachusetts public assistance program for an out-of-state resident. In order for the hospital to assist uninsured and underinsured individuals find the most appropriate coverage options as well as determine if the individual is financially eligible for any discounts in payments, individuals must actively work with hospitals to verify their documented family income, other insurance coverage, and any other information that could be used in determining eligibility. Identification requirements include: proof of residency in Massachusetts, driver’s license, W-2, recent utility bill with the current address.

B. Enrollment in a Public Assistance Program
Hospitals have no role in specifically determining the eligibility for enrollment within a public assistance program. In Massachusetts, individuals apply for coverage in MassHealth, the premium assistance payment program offered through the Health Connector (including ConnectorCare), Health Safety Net, the Children’s Medical Security Program, or Medical Hardship must do so through a single uniform application that is submitted through the state’s new enrollment system called the Health Insurance Exchange (HIX). Through this process, the individual can submit an application through an online website (which is centrally located on the state’s Health Connector Website), a paper application, over the phone with a customer service representative located at either MassHealth or the Connector.

In order to apply for coverage, the following process occurs:

1. An individual is requested to develop an online account for use by the state to conduct an identity verification of the individual. Once this is completed, the individual is then able to submit a completed application through the hCentive system on the Connector Website. If the individual does not want to go through the online identity verification system, they can submit a paper application. Other verification may still be needed, including proof of income, residency, and citizenship. Identification requirements include: proof of residency in Massachusetts, driver’s license, W-2, and a recent utility bill with the current address.

Individuals may also ask for assistance from the hospital’s certified application counselor (CAC) with submitting the application either on the website or through a paper application. The NEBH application may be found on the hospital portal which includes a one-stop application for all the financial assistance programs. This will be used to populate the on-line web-based application on the HIX.

2. Once the application is received, the state will verify the eligibility by comparing the individuals financial and other demographic information to a federal data site as well as conducting an income review using a modified adjusted gross income review. If necessary, the individual will also submit additional verification as requested by the system. Once this occurs, the individual is deemed:
   a. Eligible for MassHealth coverage, upon which the individual is notified by mail from MassHealth, which includes eligibility information including start date and other pertinent information; or
   b. If the individual is eligible for a qualified health plan through the Health Connector Program, they are notified of their eligibility and directed to take additional steps. This includes: (1) choosing a plan, (2) paying their monthly premium, (3) enrolling and receiving their proof of coverage.
More information regarding the MassHealth and Connector program benefits and application process can be found at www.mass.gov/masshealth and www.mahealthconnector.org

Assisting Individuals seeking coverage through a Massachusetts public assistance program

A) General Principles:
For those individuals who are uninsured or underinsured, the hospital will work with them to assist with applying for available financial assistance programs that may cover some or all of their unpaid hospital bills. In order to help uninsured and underinsured individuals find available and appropriate financial assistance programs, the hospital will provide all individuals with a general notice of the availability of programs in both the bills that are sent to individuals as well as in general notices that are posted throughout the hospital. The goal of these notices is to assist individuals in applying for coverage within a public assistance program, including MassHealth, premium assistance payment program offered through the Health Connector (including ConnectorCare), Health Safety Net, the Children’s Medical Security Program, and Medical Hardship.

B) Role of Hospital Certified Application Counselor
The hospital provides individuals with information about financial assistance programs that are available through the Commonwealth of Massachusetts. By contracting with the Executive Office of Health and Human Services (MassHealth) and the Commonwealth Health Insurance Connector Authority (Connector) the hospital has been deemed a Certified Application Counselor Organization. Through this authority, the hospital works with its staff, contractors and volunteers to be trained in the eligibility and benefit rules and regulations and be certified as a Certified Application Counselor (CAC) to assist individual with enrollment in MassHealth, premium assistance payment program offered by the Health Connector (including ConnectorCare), Health Safety Net, the Children’s Medical Security Program, and Medical Hardship.

As a Certified Application Counselor (CAC), the hospital staff will inform the individual of the functions and responsibility of a CAC, seek that the individual sign a Certified Application Counselor Designation Form, and assist the individual find applicable public assistance by:
- providing information about the full range of programs, including MassHealth, premium assistance payment program offered by the Health Connector (including ConnectorCare), Health Safety Net, the Children’s Medical Security Program, and Medical Hardship;
- helping individuals complete an application or renewal;
- working with the individual to provide required documentation;
- submitting applications and renewals to the specific programs;
- interacting, when applicable and as allowed under the current system limitations, with the Programs on the status of such applications and renewals;
- helping to facilitate enrollment of applicants or beneficiaries in Insurance Programs; and
- offering and providing voter registration assistance.

It is the individual’s obligation to provide the hospital with accurate and timely information regarding their full name, address, telephone number, date of birth, social security number (if available), current insurance coverage options (including motor vehicle liability
insurance) that can cover the cost of the care received, any other applicable financial
resources, and citizenship and residency information. This information will be submitted to
the state as part of the application for public program assistance to determine coverage for
the services provided to the individual.

If there is no specific coverage for the services provided, the hospital will work with the
patient to determine if a different state program option, such as Medical Hardship, would be
available following the Health Safety Net regulations. Such efforts also include working with
individuals, when requested by the individual, to determine if a bill for services should be
sent to the individual to assist with meeting the One-time Deductible.

If the individual or guarantor is unable to provide the necessary information, the hospital
may (at the individual's request) make reasonable efforts to obtain any additional
information from other sources. This will occur when the individual is scheduling their
services, during pre-registration, while the individual is admitted in the hospital, upon
discharge, or for a reasonable time following discharge from the hospital. Information that
the hospital obtains will be maintained in accordance with applicable federal and state
privacy and security laws.

The hospital will also conduct reasonable efforts to investigate whether a third party
resource may be responsible for the services provided by the hospital, including but not
limited to: (1) a motor vehicle or home owner's liability policy, (2) general accident or
personal injury protection policies, (3) worker's compensation programs, (4) student
insurance policies, among others. In accordance with applicable state regulations or the
insurance contract, for any claim where the hospital's reasonable efforts resulted in a
payment from such sources listed above, the hospital works with each individual to notify
them of their responsibility to report the payment and offset it against any claim made to
MassHealth, the Health Safety Net, or other applicable programs.

C) Notification Practices:
The hospital will post a notice (signs) of availability of financial assistance as outlined in this
financial assistance policy in the following locations:
   a) Service Delivery Areas (e.g., Inpatient, Emergency, and Outpatient, areas);
   b) Certified Application Counselor offices;
   c) Admission/registration areas; and/or
   d) Financial offices that is open to individuals.

Posted signs will be clearly visible and legible to individuals visiting these areas. The
hospital will also include a notice about the availability of financial assistance in all patient
billing statements including contact information at the hospital to assist.

When the individual contacts the hospital, the hospital CACs will attempt to identify if an
individual qualifies for a public assistance program or through the hospital financial
assistance program. An individual who is enrolled in a public assistance program may
qualify for certain benefits. Individuals may also qualify for additional assistance based on
the hospital's financial assistance program based on the individual's documented income
and allowable medical expenses.
D) Financial Assistance Programs through the Health Safety Net and Hospital

Generally, patients are eligible for financial assistance using a sliding scale based on their household income level and residence in the Commonwealth of Massachusetts.

a) Patients with family income of 150% of the federal poverty level or less may be eligible for a discount of 100% through the Health Safety Net Fund. Complete the HIX application to apply for the HSN.

b) Patients with Family income of 151%-300% of the Federal Poverty Guideline (FPG) may be eligible for a partial discount and may not be charged more than AGB for emergency or other medically necessary care. Complete the HIX application to apply for the HSN.

c) Patients with Family income over 300% of the Federal Poverty Guideline (FPG) who are uninsured and who do not qualify for state assistance programs may be eligible for a discount through New England Baptist Hospital and may not be charged more than AGB for emergency or other medically necessary care. Complete the NEBH application for financial assistance.

d) Patients who are residents of Massachusetts of any income may qualify for Medical Hardship through the Health Safety Net if allowable medical expenses have so depleted their countable income that they are unable to pay for health services. Patients who qualify for Medical Hardship may not be charged more than AGB for emergency or other medically necessary care. To qualify for Medical Hardship, the applicant’s allowable medical expenses must exceed a specified percentage of the applicant’s “countable income” defined as follows:

Applicant’s required contribution is: percentage of “countable income” multiplied by the actual “countable income” less bills not eligible for HSN payment for which the applicant is responsible. Complete the HIX application for financial assistance.

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage of Countable Income</th>
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<tbody>
<tr>
<td>0-205% FPL</td>
<td>10%</td>
</tr>
<tr>
<td>205.1%-305% FPL</td>
<td>15%</td>
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<tr>
<td>305.1%-405% FPL</td>
<td>20%</td>
</tr>
<tr>
<td>405.1%-605% FPL</td>
<td>30%</td>
</tr>
<tr>
<td>&gt;605.1% FPL</td>
<td>40%</td>
</tr>
</tbody>
</table>

e) New England Baptist Hospital has certified application counselors (CAC) who are available to assist you with completing any application. Please call a Financial Counselor for assistance at 617-754-5974, or by email at: FinancialCounselor@nebh.org and make an appointment to meet with them.
At New England Baptist Hospital, the AGB is determined through the “Look-back method” which is calculated as follows:

1. The AGB is calculated by reviewing all past claims that have been paid in full to the hospital facility for medically necessary care by Medicare fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period. This amount can include coinsurance, copayments and deductibles.

\[ \text{AGB\%} = \frac{\text{Sum of Claims} \times \text{Allowed Amount \$}}{\text{Sum of Gross Charges \$ for those claims}} \]

*Allowed amount = Total charges less Contractual Adjustments and defined in NEBH Policy which is the maximum billed to patient.

NEBH presently has an Inpatient = 72\% AGB and Outpatient = 60\% AGB.

2. The list of health care providers that are covered or not covered by NEBH’s financial assistance policy may be found at: www.nebh.org/policies or obtained from our financial assistance office in Patient Access at New England Baptist Hospital, 125 Parker Hill Avenue, Boston, MA 02120

C) Collection Activities
The hospital has a collection policy for reimbursement of bills outstanding. The hospital makes every effort to collect amounts due from patients for medical care, including, but not limited to, any extraordinary collection actions (ECA) described in §1.501(r)-6(b) that the NEBH may take in the event of nonpayment which are described in a separate Credit & Collection policy.

For full details of policy, please reference the Credit & Collection Policy of New England Baptist Hospital on the hospital website: www.nebh.org/policies or contact a financial counselor at 617-754-5974 or by email at: FinancialCounselor@nebh.org to receive a free paper copy.

For further information on this Financial Assistance Policy and assistance with the financial assistance application process you may also contact us at the above phone number or visit our financial assistance office in Patient Access at New England Baptist Hospital, 125 Parker Hill Avenue, Boston, MA 02120.
Family Income Levels vs Federal Poverty Guideline:

<table>
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<tr>
<th>FAMILY SIZE</th>
<th>PERCENT OF POVERTY GUIDELINE (ANNUAL HOUSEHOLD INCOME)</th>
<th>100%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>350%</th>
<th>400%</th>
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<td>73,800</td>
<td>86,100</td>
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<td>115,360</td>
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<td>82,640</td>
<td>103,300</td>
<td>123,960</td>
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<th>PERCENT OF POVERTY GUIDELINE (MONTHLY HOUSEHOLD INCOME)</th>
<th>100%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
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<td>10,330</td>
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Notice of Non-discrimination and Availability of Language Services

New England Baptist Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NEBH provides free language services to people whose primary language is not English, such as: Qualified interpreters, qualified sign language interpreters and Information written in other languages. If you would like interpreter services, contact Patient Access at 617-754-5214.
AVAILABILITY OF FREE CARE AND PUBLIC ASSISTANCE

“Financial assistance may be available through this institution. Please contact a hospital financial counselor at 617-754-5974 from Monday through Friday between 8am to 4pm. By comparing your family size and family income to the federal poverty guidelines, our counselors may be able to enroll you and other family members in a free or low-cost health insurance coverage option.

It is your responsibility to contact New England Baptist Hospital to obtain information or to work with our counselors in completing the application for these coverage options.”

Παρεχόμενη Δωρεάν Ιατρική Περίθαλψη και Κρατική Παροχή.

Возможности получения бесплатного лечения или государственной помощи.

DISPONIBILIDAD DE CUIDADO LIBRE Y ASISTENCIA PUBLICA
Παρεχόμενη Δωρεάν Ιατρική Περίθαλψη και Κρατική Παροχή.

"Οικονομική Παροχή μπορεί να σας χορηγηθεί μεσού του οργανισμού μας. Παρακαλούμε επικοινωνήσετε με εναν από τους οικονομικούς συμβουλους στο τηλέφωνο 617–754–5974 Δευτέρα εως Παρασκευή από της 8:00π.μ. εως 4:00μ.μ. Συγκρίνωντας τα μέλη της οικογενειας σας και του οικογενειακού εισοδηματος σας με τον κρατικό ορο πτωχεύσης, οι οικονομικοι συμβουλοι μας μπορούν να σας ενταξούν εσας και αλλα μελοι της οικογενειας σας σε δωρεαν η χαμηλου κοστους ασφαλισης.

Είναι ευθυνη σας να απευθυνθείτε με το New England Baptist Hospital για περισσοτερες πληροφοριες η να ερθετε σε επικοινωνια με τους οικονομικοι συμβουλοι για να συμπληρωσετε την αιτηση για της παραπανω διαθεσιμες παραχες."
Возможности получения бесплатного лечения или государственной помощи.

Для получения финансовой помощи вам необходимо обратиться к госпитальному консультанту по финансовым вопросам по телефону (617) 754-5974 с понедельника по пятницу, с 8 утра до 4 часов дня.

Наш специалисты помогут вам зарегистрировать вас и членов вашей семьи на получение бесплатного или льготного (с более дешевой страховкой) лечения путем сопоставления ваших доходов и размера вашей семьи с государственными квотами уровня бедности.

Помните, что вы сами должны позаботиться о своевременном обращении к нашим специалистам для получения необходимой информации и заполнения надлежащих форм с целью возможного получения финансовой помощи.
DISPONIBILIDAD DE CUIDADO
Libre Y Asistencia Publica

Asistencia financiera esta disponible a través de esta institución. Por favor de ponerse en contacto con uno de nuestros representantes de consejería financieras al 617-754-5974 de lunes a viernes entre el horario de 8 am a 4pm. Comparando su tamaño de familia e ingreso de familia a las pautas de pobreza federales nuestros consejeros pueden ser capaz de matricular a usted y otros miembros de familia en una opción de cobertura de seguro medicó libre o económica.

Es su responsabilidad como paciente ponerse en contacto con New England Baptist Hospital para obtener la información o trabajar con uno de nuestros consejeros en completar la aplicación para estas opciones de cobertura.
Example of Patient Billing Statement after services are provided:

**Important Message**

Thank you for choosing New England Baptist Hospital as your healthcare provider.

The current balance is your responsibility. Credit cards are accepted for your convenience. Thank you for your prompt attention.

If the account cannot be paid in full, please refer to the back of this statement for payment options and financial assistance programs available.

**For Your Information**

Please be aware that each time you receive services from the hospital a separate account is created. It is possible to have several accounts open at the same time.

**Notice of Availability of Financial Assistance for Hospital Charges:** If you are unable to pay, you may be eligible for financial assistance and qualify for public assistance programs, payment plans or medical hardship. Please contact a financial counselor at (617) 754-5974 or Patient Financial Services Office at (877) 435-4010.

**Contact Us**

Billing questions?
Phone: (877) 435-4010
8:00 am to 8:00 pm Monday through Thursday and 8:00 am to 6:00 pm on Friday
nebpassupport@neb.org
Credit cards (Visa, Mastercard, Discover and American Express) and ATM/Debit cards with credit card logo may be used to pay your outstanding balance over the internet. Please go to www.neb.org/billpay. The secure website will process your payments online 24 hours a day, 7 days a week.

Please Note: Your physician will bill separately for their professional services.

**Account Summary**

Patient Name: XXXX XXXXXX
Account Number: XXXXXX
Bill Date: December 2, 2014
Service Dates: 04/24/2014
Total Charges: $437.02
Payments: $129.90
Adjustments: $285.15
Current Balance: $21.97
Amount Now Due: $21.97

**Insurance Information**

Insurance 1: HARVARD PILGRIM HEALTH CARE
Insurance 2: MEDICARE A

If there are updates to your insurance, please fill out the insurance change form on the back or call (877) 435-4010.

To pay by credit card:
Pay online via the web at www.neb.org/billpay or call (877) 435-4010

Complete the reverse side of this form only if your address or insurance information has changed.

NEW ENGLAND BAPTIST HOSPITAL
125 PARKER HILL AVE
BOSTON, MA 02120 2865
**For Your Information**

**Payment Policy**
In order for our facility to have the financial resources to serve the community healthcare needs, payment in full is expected within 30 days of the statement date.

**Credit Card Payment Options**
For your convenience, we accept VISA, MasterCard, American Express, and Discover. You may pay online via the web at www.nebh.org/billpay or call (877) 435-4010.

**Notice of Availability of Financial Assistance for Hospital Charges**
If you are unable to pay, you may be eligible for financial assistance and qualify for public assistance programs, payment plans or medical hardship. Please contact a financial counselor at (617) 754-5974 or Patient Financial Services Office at (877) 435-4010.

**Please Note**
This statement represents only the hospital bill. Charges for the pathologist, radiologist, anesthesiologist, physicians, oncologists, surgeons, cardiologist, consultants and/or durable medical equipment ordered by your physician will be billed separately.

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology</td>
<td>800-927-0002</td>
</tr>
<tr>
<td>Pathology</td>
<td>781-360-3321</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>781-407-7771</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>888-290-0393</td>
</tr>
</tbody>
</table>

**Amount You Owe**
$21.97

**CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION**
If you have new health insurance or a new address, please enter the information below.

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>NEW ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>NEW PHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT</td>
<td>ID/CASE #</td>
<td>GROUP #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFFECTIVE DATE</td>
<td>&quot;SUBSCRIBER&quot; DOB</td>
<td>HMO/PPO/OTHER</td>
<td>INSURANCE PHONE #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)</td>
<td>INSURANCE PHONE #</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSURANCE COMPANY NAME</td>
<td>INSURANCE ADDRESS</td>
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<td></td>
</tr>
<tr>
<td>EMPLOYER</td>
<td>EMPLOYER ADDRESS</td>
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</tr>
</tbody>
</table>