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## NEBH Financial Assistance Policy

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**Applicable To** This policy applies to New England Baptist Hospital (“NEBH,” the “hospital” or the “Hospital”), with respect to the hospital it operates and any substantially related entity (as defined in the Department of Treasury section 501(r) regulations) and providers employed by or affiliated with NEBH (see Appendix Five (5) for the complete list of providers covered under this policy).

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**References** EMTALA: Collection of Financial Information  
Credit & Collections Policy  
Federal Poverty Guidelines, US Dept. of Health and Human Services  
IRS Notice 2015-46 and 29 CFR §§1.501(r)-(4)-(6)  
Appendix 1: Financial Assistance Application for Charity Care  
Appendix 2: Financial Assistance Application for Medical Hardship  
Appendix 3: Discount Chart Based on Income and Asset Thresholds  
Appendix 4: Amounts Generally Billed (AGB)  
Appendix 5: Providers and Departments—Covered and Uncovered  
Appendix 6: Public Access to Documents

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**Purpose** Our mission is to transform the lives of those we serve by promoting wellness, restoring function, lessening disability, alleviating pain, and advancing knowledge of musculoskeletal diseases and related disorders.

NEBH is dedicated to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Emergency Care, Urgent Care, or other Medically Necessary Care based on their individual financial situation. This Financial Assistance Policy is intended to be in compliance with applicable federal and state laws for our service area. Patients eligible for Financial Assistance will receive discounted care received from qualifying NEBH providers. Patients determined to be eligible for Financial Assistance from an affiliated hospital (including Addison Gilbert Hospital; Anna Jaques Hospital; BayRidge Hospital; Beth Israel Deaconess Medical Center; Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Needham; Beth Israel Deaconess Hospital – Plymouth; Beverly Hospital; Lahey Hospital & Medical Center, Burlington; Lahey Medical Center, Peabody; Mount Auburn Hospital; and Winchester Hospital) will not be required to reapply for Financial Assistance from NEBH during the Qualification Period.

Financial Assistance provided under this policy is done so with the expectation that patients will cooperate with the policy's application process and those of public benefit or coverage programs that may be available to cover the cost of care.

We will not discriminate based on the patient's age, gender, race, creed, religion, disability, sexual orientation, gender identity, national origin or immigration status when determining eligibility.

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## Definitions

The following definitions are applicable to all sections of this policy.

Classification of emergency and nonemergency services is based on the following general definitions, as well as the treating clinician's medical determination. The definitions of Emergency Care and Urgent Care provided below are further used by the Hospital for purposes of determining allowable emergency and urgent bad debt coverage under the hospital's Financial Assistance program, including the Health Safety Net.

**Amounts Generally Billed (AGB):** AGB is defined as the amounts generally billed for Emergency Care, Urgent Care, or other Medically Necessary Care to individuals who have insurance covering such care. NEBH uses the "Look-Back" method described in 29 CFR § 1.501(r)-5(b)(3) to determine its AGB percentage. The AGB percentage is calculated by dividing the sum of the amounts of all of NEBH's claims for Emergency Care, Urgent Care, and other Medically Necessary Care that have been allowed by private insurers and Medicare Fee-for-Service during the prior fiscal year (October 1 – September 30) (including coinsurance, copays and deductibles) by the sum of the associated Gross Charges for those claims. The AGB is then determined by multiplying the AGB percentage against the Gross Charges for care provided to the patient. NEBH uses only one single AGB percentage and does not calculate a different one for different types of care. The AGB percentage will be calculated annually by the 45<sup>th</sup> day following the close of the prior fiscal year, and implemented by the 120<sup>th</sup> day following the close of the fiscal year. Following a determination that an individual is eligible for Financial Assistance under this policy, such individual may not be charged more than the AGB for Emergency Care, Urgent Care, or other Medically Necessary Care.

For more information, see Appendix Four (4).

**Application Period:** The period in which applications will be accepted and processed for Financial Assistance. The application period begins on the date

that the first post-discharge billing statement is provided and ends on the 240<sup>th</sup> after that date.

**Assets:** Consists of:

- Savings accounts
- Checking accounts
- Health savings accounts (HSA)\*
- Health reimbursement arrangements (HRA)\*
- Flexible spending accounts (FSA)\*

\*If a patient/Guarantor has an HSA, HRA, FSA or similar fund designated for Family medical expenses, such individual is not eligible for assistance under this policy until such assets are exhausted.

**Charity Care:** Patients, or their Guarantors, with annualized Family Income at or below 400% of the FPL, who otherwise meet other eligibility criteria set forth in this policy, will receive a 100% waiver of patient responsible balance for eligible medical services provided by NEBH.

**Elective Service:** A hospital service that does not qualify as Emergency Care, Urgent Care, or other Medically Necessary Care (as defined below).

**Emergency Care:** Items or services provided for the purpose of evaluation, diagnosis, and/or treatment of an Emergency Medical Condition.

**Emergency Medical Condition:** As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term “Emergency Medical Condition” means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of medical care could be reasonably expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions:
  - a. There is inadequate time to effect a safe transfer to another hospital for delivery; and
  - b. That transfer may pose a threat to the health or safety of the woman or unborn child.

**Family:** as defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a

patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility for this policy.

**Family Income:** an applicant's Family Income is the combined gross income of all adult members of the Family living in the same household and included on the most recent federal tax return. For patients under 18 years of age, Family Income includes that of the parent, or parents, and/or step-parents, or caretaker relatives. Family Income is determined using the Census Bureau definition as follows when computing Federal Poverty Guidelines:

1. Includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational stipends, alimony and child support
2. Noncash benefits (such as food stamps and housing subsidies) do not count
3. Determined on a before tax (gross) basis
4. Excludes capital gains and losses

**Federal Poverty Level:** The Federal Poverty Level (FPL) uses the income thresholds that vary by Family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of the subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <https://aspe.hhs.gov/poverty-guidelines>.

**Financial Assistance:** Assistance, consisting of Charity Care and Medical Hardship, provided to eligible patients, who would otherwise experience financial hardship, to relieve them of a financial obligation for Emergency Care, Urgent Care, or other Medically Necessary Care provided by NEBH.

**Guarantor:** A person other than the patient who is responsible for the patient's bill.

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

**Homeless:** As defined by the Federal government, and published in the Federal Register by HUD: "An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately run shelter designed to provide

temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.”

**In-Network:** NEBH and its affiliates are contracted with the patient’s insurance company for reimbursement at negotiated rates.

**Medical Hardship:** Financial Assistance provided to eligible patients whose medical bills are greater than or equal to 25% of their Family Income.

**Medically Necessary Care:** Medically necessary items or services, such as inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury or illness. In addition to meeting clinical criteria, such items or services are typically defined as covered by Medicare Fee-for-Service, Private Health Insurers, or other third party insurance.

**Medicare Fee-for-Service:** Health insurance offered under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c-1395w-5).

**Out-of-Network:** NEBH and its affiliates are not contracted with the patient’s insurance company for reimbursement at negotiated rates, typically resulting in higher patient responsibility.

**Payment Plan:** A payment plan that is agreed to by either NEBH, or a third party vendor representing NEBH, and the patient/Guarantor for out of pocket fees. The Payment Plan will take into account the patient’s financial circumstances, the amount owed and any prior payments.

**Presumptive Eligibility:** Under certain circumstances, Uninsured Patients may be presumed or deemed eligible for Financial Assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

**Private Health Insurer:** Any organization that is not a government unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

**Qualification Period:** Applicants determined to be eligible for Financial Assistance will be granted assistance for a period of six months from the date of approval. Patients who qualify for Financial Assistance may attest that there

have been no changes to their financial situation at the end of the six (6) month qualification period to extend eligibility for another six (6) months.

**Uninsured Patient:** A patient with no third party coverage provided by a Private Health Insurer, an ERISA insurer, a Federal Healthcare Program (including without limitation Medicare Fee-for-Service, Medicaid, SCHIP, and CHAMPUS), workers' compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses.

**Underinsured Patients:** Any individual with private or government coverage for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by NEBH.

**Urgent Care:** Medically Necessary Care provided in an acute hospital after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably result in placing a patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part.

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**Eligibility for Financial Assistance from NEBH**

Services eligible for Financial Assistance must be clinically appropriate and within acceptable medical practice standards, and include:

1. In-Network and Out-of-Network facility charges for Emergency Care as defined above.
2. In-Network and Out-of-Network professional fees for Emergency Care as defined above, rendered by providers employed by NEBH and its affiliates, as listed in Appendix Five (5).
3. In-Network facility charges for Urgent Care, as defined above.
4. In-Network facility charges for Medically Necessary Care, as defined above.
5. In-Network professional fees for Urgent Care and Medically Necessary Care rendered by providers employed by NEBH and its affiliates, as listed in Appendix Five (5).

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**Services Not Eligible for Financial Assistance from NEBH**

Services not eligible for Financial Assistance include:

1. Professional fees and facility charges for Elective Services, as defined above.
2. Professional fees for care rendered by providers who do not follow the Financial Assistance Policy (e.g. private or non-NEBH medical or physician professionals, ambulance transport, etc.), as listed in Appendix Five (5). Patients are encouraged to contact these providers directly to see if they offer any financial assistance and to make

- payment arrangements. See Appendix Five (5) for a full listing of providers not covered under this policy.
3. Out-of-Network facility charges and professional fees for Urgent Care and Medically Necessary Care that is not Emergency Care, as defined above.

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**Available  
Assistance**

NEBH offers patients assistance with applying for public assistance programs and hospital Financial Assistance, as described in greater detail, below.

NEBH will make diligent efforts to collect the patient's insurance status and other information in order to verify coverage for the emergency, inpatient or outpatient health care services to be provided by the Hospital. All information will be obtained prior to the delivery of any items or services that does not constitute Emergency Care or Urgent Care. The Hospital will delay any attempt to obtain this information during the delivery of any EMTALA-level Emergency Care or Urgent Care, if the process to obtain this information will delay or interfere with either the medical screening examination or the services undertaken to stabilize an Emergency Medical Condition.

The hospital's reasonable due diligence efforts to investigate whether a third party insurance or other resource may be responsible for the cost of services provided by the hospital shall include, but not be limited to, determining from the patient if there is an applicable policy to cover the cost of the claims, including: (1) motor vehicle or home owner's liability policy, (2) general accident or personal injury protection policy, (3) workers' compensation programs, and (4) student insurance policies, among others. If the hospital is able to identify a liable third party or has received a payment from a third party or another resource (including from a private insurer or another public program), the hospital will report the payment to the applicable program and offset it, if applicable per the program's claims processing requirements, against any claim that may have been paid by the third party or other resource. For state public assistance programs that have actually paid for the cost of services, the hospital is not required to secure assignment on a patient's right to third party coverage of services. In these cases, the patient should be aware that the applicable state program may attempt to seek assignment on the costs of the services provided to the patient.

NEBH will check the Massachusetts Eligibility Verification System (EVS) to ensure that the patient is not a Low Income Patient and has not submitted an application for coverage for either MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical

Security Program, or Health Safety Net, prior to submitting claims to the Health Safety Net Office for bad debt coverage.

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**Public  
Assistance  
Programs**

For Uninsured Patients or Underinsured Patients, the hospital will work with such patients to assist them in applying for public assistance programs that may cover some or all of their unpaid hospital bills. In order to help Uninsured Patients and Underinsured Patients find available and appropriate options, the hospital will provide all individuals with a general notice of the availability of public assistance programs during the patient's initial in-person registration at a hospital location for a service, in all billing invoices that are sent to a patient or Guarantor, and when the provider is notified, or through its own due diligence becomes aware, of a change in the patient's eligibility status for public or private insurance coverage.

Hospital patients may be eligible for free or reduced cost of health care services through various state public assistance programs (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net). Such programs are intended to assist low-income patients taking into account each individual's ability to contribute to the cost of his or her care. For Uninsured Patients or Underinsured Patients, the hospital will, when requested, help them with applying for coverage through public assistance programs that may cover all or some of their unpaid hospital bills.

The Hospital is available to assist patients in enrolling into state health coverage programs. These include MassHealth, the premium assistance payment program operated by the state's Health Connector, and the Children's Medical Security Plan. For these programs, applicants can submit an application through an online website (which is centrally located on the state's Health Connector Website), a paper application, or over the phone with a customer service representative located at either MassHealth or the Connector. Individuals may also ask for assistance from hospital financial counselors (also called certified application counselors) with submitting the application either on the website or through a paper application.

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**Assistance  
through Health  
Safety Net**

Through its participation in the Massachusetts Health Safety Net, the Hospital also provides financial assistance to low-income Uninsured Patients and Underinsured Patients who are Massachusetts residents and who meet income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low income Uninsured Patients and Underinsured Patients through free or discounted care across acute

hospitals in Massachusetts. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for Uninsured Patients and Underinsured Patients with incomes under 300% of the Federal Poverty Level.

Low-income patients receiving services at the Hospital may be eligible for financial assistance through the Health Safety Net, including free or partially free care for Health Safety Net eligible services defined in 101 CMR 613.00.

*(a) Health Safety Net - Primary*

Uninsured Patients who are Massachusetts residents with verified MassHealth MAGI Household Income or Medical Hardship Family Income, as described in 101 CMR 613.04(1), between 0-300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.

The eligibility period and type of services for *Health Safety Net - Primary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net - Primary*.

*(b) Health Safety Net – Secondary*

Patients that are Massachusetts residents with primary health insurance and MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), between 0 and 300% of the FPL may be determined eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net - Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Secondary*.

*(c) Health Safety Net - Partial Deductibles*

Patients that qualify for *Health Safety Net – Primary* or *Health Safety Net – Secondary* with MassHealth MAGI Household Income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL may be subject to an annual deductible if all members of the Premium Billing Family Group (PBF) have an income that is above 150.1% of the FPL. This group is defined in 130 CMR 501.0001.

If any member of the PBFG has an FPL below 150.1% there is no deductible for any member of the PBFG. The annual deductible is equal to the greater of:

1. the lowest cost Premium Assistance Payment Program operated by the Health Connector premium, adjusted for the size of the PBFG proportionally to the MassHealth FPL income standards, as of the beginning of the calendar year; or
2. 40% of the difference between the lowest MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's PBFG and 200% of the FPL.

*(d) Health Safety Net - Medical Hardship*

A Massachusetts resident of any income may qualify for *Health Safety Net – Medical Hardship (Medical Hardship)* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's Countable Income defined in 101 CMR 613.

The applicant's required contribution is calculated as the specified percentage of Countable Income in 101 CMR 613.05(1)(b) based on the *Medical Hardship* Family's FPL multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible. Further requirements for *Medical Hardship* are specified 101 CMR 613.05.

A hospital may request a deposit from patients eligible for Medical Hardship. Deposits will be limited to 20% of the Medical Hardship contribution up to \$1,000. All remaining balances will be subject to the payment plan conditions established in 101 CMR 613.08(1)(g).

For Medical Hardship, the hospital will work with the patient to determine if a program like Medical Hardship would be appropriate and submit a Medical Hardship Application to the Health Safety Net. It is the patient's obligation to provide all necessary information as requested by the hospital in an appropriate timeframe to ensure that the hospital can submit a completed application.

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**Role of the  
Financial  
Assistance  
Counselor**

The hospital will help Uninsured Patients and Underinsured Patients apply for health coverage through a public assistance program (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, and the Children's Medical Security Program), and work

with individuals to enroll them as appropriate. The hospital will also help patients that wish to apply for financial assistance through the Health Safety Net.

The hospital will:

- a) provide information about the full range of programs, including MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net;
- b) help individuals complete a new application for coverage or submit a renewal for existing coverage;
- c) work with the individual to obtain all required documentation;
- d) submit applications or renewals (along with all required documentation);
- e) interact, when applicable and as allowed under the current system limitations, with the programs on the status of such applications and renewals;
- f) help to facilitate enrollment of applicants or beneficiaries in insurance programs; and
- g) offer and provide voter registration assistance.

The hospital will advise the patient of their obligation to provide the hospital and the applicable state agency 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 home, motor vehicle, and other 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 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. 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. 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 notify the patient during the application process of their responsibility to report to both the hospital and the state agency providing

coverage of healthcare services any third party that may be responsible for paying claims, including a home, auto, or other insurance liability policy. If the patient has submitted a third party claim or filed a lawsuit against a third party, the hospital will notify the patient of the requirement to notify the provider and the state program within 10 days of such actions. The patient will also be informed that they must repay the appropriate state agency the amount of the healthcare covered by the state program if there is a recovery on the claim, or assign rights to the state to allow it to recover its applicable amount.

When the individual contacts the hospital, the hospital will attempt to identify if an individual qualifies for a public assistance program or for Financial Assistance from the hospital. 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, Assets and allowable medical expenses.

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**Patient  
Obligations**

Prior to the delivery of any health care services (except for services that are provided to stabilize a patient determined to have an Emergency Medical Condition or needing Urgent Care), the patient is expected to provide timely and accurate information on their current insurance status, demographic information, changes to their Family Income or group policy coverage (if any), and, if known, information on deductibles, co-insurance and co-payments that are required by their applicable insurance or financial program. The detailed information for each item should include, but not be limited to:

- Full name, address, telephone number, date of birth, social security number (if available), current health insurance coverage options, citizenship and residency information, and the patient's applicable financial resources that may be used to pay their bill;
- If applicable, the full name of the patient's Guarantor, their address, telephone number, date of birth, social security number (if available), current health insurance coverage options, and their applicable financial resources that may be used to pay for the patient's bill; and
- Other resources that may be used to pay their bill, including other insurance programs, motor vehicle or homeowners insurance policies if the treatment was due to an accident, workers' compensation programs, student insurance policies, and any other Family Income such as an inheritances, gifts, or distributions from an available trust, among others.

The patient is responsible for keeping track of their unpaid hospital bill, including any existing co-payments, co-insurance, and deductibles, and contacting the hospital should they need assistance in paying their bill. The

patient is further required to inform either their current health insurer (if they have one) or the state agency that determined the patient's eligibility status in a public program of any changes in Family Income or insurance status. The hospital may also assist the patient with updating their eligibility in a public program when there are any changes in Family Income or insurance status provided that the patient informs the hospital of any such changes in the patient's eligibility status.

Patients are also required to notify the hospital and the applicable program in which they are receiving assistance (e.g., MassHealth, Connector, or Health Safety Net), of any information related to a change in Family Income, or if they are part of an insurance claim that may cover the cost of the services provided by the hospital. If there is a third party (such as, but not limited to, home or auto insurance) that is responsible to cover the cost of care due to an accident or other incident, the patient will work with the hospital or applicable program (including, but not limited to, MassHealth, Connector, or Health Safety Net) to assign the right to recover the paid or unpaid amount for such services.

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**Hospital  
Financial  
Assistance**

Financial Assistance will be extended to Uninsured Patients, Underinsured Patients and their respective Guarantors who meet specific criteria as defined below. These criteria will assure that this Financial Assistance Policy is applied consistently across NEBH. NEBH reserves the right to revise, modify or change this policy as necessary or appropriate. NEBH will help individuals apply for hospital Financial Assistance by completing an application (see Appendix 1 and Appendix 2).

Payment resources (insurance available through employment, Medicaid, Indigent Funds, Victims of Violent Crime, etc.) must be reviewed and evaluated before a patient is considered for Financial Assistance. If it appears that a patient may be eligible for other assistance, NEBH will refer the patient to the appropriate agency for assistance in completing the applications and forms or assist the patient with those applications. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for hospital Financial Assistance, including applying to public assistance programs and the Health Safety Net, as described above.

Financial Assistance applicants are responsible for applying to public programs and pursuing private health insurance coverage. Patients/Guarantors choosing not to cooperate in applying for programs identified by NEBH as possible sources of payment may be denied Financial Assistance. Applicants are expected to contribute to the cost of their care based on their ability to pay as outlined in this policy.

Patients/Guarantors that may qualify for Medicaid or other health insurance must apply for Medicaid coverage or show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace within the previous six (6) months of applying for NEBH Financial Assistance. Patients/Guarantors must cooperate with the application process outlined in this policy in order to qualify for Financial Assistance.

The criteria to be considered by NEBH when evaluating a patient's eligibility for hospital Financial Assistance include:

- Family Income
- Assets
- Medical obligations
- Exhaustion of all other available public and private assistance

NEBH's Financial Assistance program is available to all patients meeting the eligibility requirements set forth in this policy, regardless of geographic location or residency status. Financial Assistance will be granted to patients/Guarantors based on financial need and in compliance with state and federal law.

Financial Assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with the insurer's contractual agreement. Financial Assistance is generally not available for patient copayment or balances in the event the patient fails to comply with the insurance requirements.

Patients with a Health Savings Account (HSA), Health Reimbursement Account (HRA), or a Flexible Spending Account (FSA) will be expected to utilize account funds prior to being considered eligible for hospital Financial Assistance. NEBH reserves the right to reverse the discounts described in this policy in the event that it reasonably determines that such terms violate any legal or contractual obligation of NEBH.

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**Financial Assistance Discounts**

Based on an assessment of an applicant's Family Income, Assets and medical obligations, patients may receive one of the discounts listed below. All discounts noted are with respect to patient responsible balance. Out-of-Network co-payments, coinsurance and deductibles are not eligible for Financial Assistance. Likewise, insured patients who opt to not utilize available third party coverage ("voluntary self-pay") are not eligible for Financial Assistance for the amount owed on any account registered as voluntary self-pay. In no case, however, will a patient determined to be eligible for hospital Financial Assistance be charged more than the AGB.

**Charity Care:** NEBH will provide care at 100% discount under this policy for patients/Guarantors whose Family Income is at or below 400% of the current FPL, who otherwise meet other eligibility criteria set forth in this policy.

**Medical Hardship:** A 100% discount will be provided for eligible patients whose medical debt is greater than or equal to 25% of their Family Income, who otherwise meet other eligibility criteria set forth in this policy.

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**Financial Assistance Policy**

Information regarding NEBH's Financial Assistance Policy, Plain Language Summary and Financial Assistance Application are available, free of charge, on NEBH's website, posted in hospital and clinic locations and will be translated into any language that is the primary language spoken by the lesser of 1,000 people or 5% of the residents in the community served by NEBH.

In addition, NEBH references payment policies and Financial Assistance on all printed monthly patient statements and collection letters. Information on the Financial Assistance Policy is available, at any time, upon request.

1. Patients/Guarantors may apply for Financial Assistance at any time during the Application Period.
2. In order to be considered for Financial Assistance, patients/Guarantors are required to cooperate and supply financial, personal or other documentation relevant to making a determination of financial need. A Financial Assistance Application Form can be obtained in any of the following ways:
  - a. On the NEBH public website: <https://www.nebh.org/patient-rights-regulations/>
  - b. In person at Patient Access  
125 Parker Hill Ave  
Boston, MA 02120  
(617) 754-5974 or (617) 754-5979
  - c. Call the number above to request a copy to be mailed
  - d. Call the number above to request an electronic copy
3. Patients/Guarantors are required to provide an accounting of financial resources readily available to the patient/Guarantor.  
Family Income may be verified using any or all of the following:
  - a. Current Forms W-2 and/or Forms 1099
  - b. Current state or federal tax returns
  - c. Four (4) most recent payroll stubs
  - d. Four (4) most recent checking and/or savings statements
  - e. Health savings accounts

- f. Health reimbursement arrangements
  - g. Flexible spending accounts
4. Prior to evaluating eligibility for Financial Assistance, the patient/Guarantor must show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace, and must provide documentation of any existing third party coverage.
    - a. NEBH financial counselors will assist patient/Guarantors with applying for Medicaid and will subsequently assist those same individuals with applying for Financial Assistance.
    - b. If an individual applies for Financial Assistance during the Federal Health Insurance Marketplace open enrollment, such individual is required to seek coverage prior to NEBH's evaluation of any Financial Assistance Application.
  5. NEBH may *not* deny Financial Assistance under this policy based on an individual's failure to provide information or documentation that is *not* clearly described in this policy or the Financial Assistance Application.
  6. NEBH will determine final eligibility for Financial Assistance within thirty (30) business days upon receipt of a completed application.
  7. Documentation of the final eligibility determination will be made on all current (open balance) patient accounts retroactive to 6 months from the application. A determination letter will be sent to the patient/Guarantor.
  8. If a patient/Guarantor submits an incomplete application, a notification will be sent to the patient/Guarantor explaining what information is missing. The patient/Guarantor will have thirty (30) days to comply and provide the requested information. Failure to complete the application will result in the Financial Assistance being denied.
  9. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application will remain valid for the Qualification Period for all eligible medical services provided, and will include all outstanding receivables for the previous six (6) months including those at bad debt agencies. Patients who have been determined to be eligible for Financial Assistance by NEBH or an affiliated hospital within the Qualification Period will automatically be considered eligible for hospital Financial Assistance for the 6-month period from the date of that eligibility determination. It is the patient/Guarantors responsibility to notify NEBH of any financial change during the Qualification Period. Failure to do so may result in the loss of eligibility.
  10. Patients that are eligible for Financial Assistance will receive a refund for any payments made that exceed the amount the individual is personally responsible for paying.

**Reasons for Denial**

NEBH may deny a request for Financial Assistance for a variety of reasons including, but not limited to:

- Sufficient Family Income
  - Sufficient Asset level
  - Patient uncooperative or unresponsive to reasonable efforts to work with the patient/Guarantor
  - Incomplete Financial Assistance Application despite reasonable efforts to work with the patient/Guarantor
  - Pending insurance or liability claim
  - Withholding insurance payment and/or insurance settlement funds, including payments sent to the patient/Guarantor to cover services provided by NEBH, and personal injury and/or accident related claims
- 

**Presumptive Eligibility**

NEBH understands that not all patients are able to complete a Financial Assistance Application or comply with requests for documentation. There may be instances in which a patient/Guarantor's qualification for Financial Assistance is established without completing the application form. Other information may be used by NEBH to determine whether a patient/Guarantor's account is uncollectible and this information will be used to determine Presumptive Eligibility.

Presumptive Eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

- Patients/Guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy is discharged will be written off.
- Patients/Guarantors who are deceased with no estate in probate.
- Patients/Guarantors determined to be Homeless.
- Accounts returned by the collection agency as uncollectible due to any of the reasons above and no payment has been received.
- Patients/Guarantors who qualify for state Medicaid programs will be eligible for Financial Assistance for any cost sharing obligations associated with the program or non-covered services.

Patient accounts granted Presumptive Eligibility will be reclassified under the Financial Assistance Policy. They will not be sent to collection nor will they be subject to further collection actions.

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**Prompt Pay  
Discount**

Patients that do not qualify for public assistance or Financial Assistance will be provided a discount of 30% contingent upon prompt payment of their account balance on all care provided, including Emergency Care, Urgent Care, Medically Necessary Care, and Elective Services. Payment of the negotiated amount must be made in full within fifteen days of the patient's receipt of their first statement. This discount will not be offered for any service in which a separate self-pay fee schedule has been assigned. Additionally, In-Network and Out-of-Network co-payments, coinsurance and deductibles are not eligible for the prompt pay discount. For the avoidance of doubt, this discount also will not be offered to any patient paying for services in accordance with a Payment Plan.

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**Emergency  
Medical  
Services**

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patient is to be screened for Financial Assistance or payment information prior to the rendering of services in an emergency situation. NEBH may request that patient cost sharing payments (i.e. co-payments) be made at the time of service, provided such requests do not cause delay in the screening examination or necessary treatment to stabilize the patient in an emergency situation. NEBH will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they are eligible under this policy. NEBH will not engage in actions that discourage individuals from seeking Emergency Care.

---

**Credit and  
Collections**

The actions that may be taken by NEBH in the event of non-payment are described in a separate Credit and Collections Policy.

Members of the public may obtain a free copy by:

- a. Going to the NEBH public website: <https://www.nebh.org/patient-rights-regulations/>
  - b. Visiting Patient Access located at:  
125 Parker Hill Ave  
Boston, MA 02120  
(617) 754-5974 or (617) 754-5979
  - c. Calling the number above to request a copy to be mailed
  - d. Calling the number above to request an electronic copy
- 

**Regulatory  
Requirements**

NEBH will comply with all federal, state and local laws, rules and regulations, and reporting requirements that may apply to activities pursuant to this policy. This policy requires that NEBH track Financial Assistance provided to ensure

accurate reporting. Information on the Financial Assistance provided under this policy will be reported annually on the IRS form 990 Schedule H.

NEBH will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements.

# Appendix 1

## Charity Care Application Form

## Financial Assistance Application for Charity Care

**Please Print**

Today's Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street	Apt. Number
City	State
	Zip Code

Date of Hospital Services: \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Did the patient have health insurance or Medicaid\*\* at the time of hospital service?

Yes  No

If "Yes", attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

\*\*Prior to applying for financial assistance, you must have applied for Medicaid in the past 6 months and will need to show proof of denial.

*Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.*

**To apply for financial assistance complete the following:**

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				
3.				

4.				
----	--	--	--	--

In addition to the Financial Assistance Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current Forms W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

By my signature below, I certify that I have carefully read the Financial Assistance Policy and Application and that everything I have stated or any documentation I have attached is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly submit false information to obtain financial assistance.

Applicant's Signature: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_  
\_\_\_\_\_

Date Completed: \_\_\_\_\_

If your income is supplemented in any way or you reported \$0.00 income on this application, have the Support Statement below completed by the person(s) providing help to you and your family.

**Support Statement**

I have been identified by the patient/responsible party as providing financial support. Below is a list of services and support that I provide.

---

---

---

---

---

---

---

---

I hereby certify and verify that all of the information given is true and correct to the best of my knowledge. I understand that my signature will not make me financially responsible for the patient's medical expenses.

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, financial assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Staff Only.	
Application Received by:	
AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

## Appendix 2

### Medical Hardship Application

### Financial Assistance Application for Medical Hardship Please Print

Today's Date: \_\_\_\_\_

Social Security# \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Address:

\_\_\_\_\_ Street \_\_\_\_\_ Apt. Number \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Did the patient have health insurance or Medicaid at the time of hospital service(s)?

Yes  No

If "Yes", attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

*Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.*

**To apply for Medical Hardship assistance, complete the following:**

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				
3.				

4.				
----	--	--	--	--

In addition to the Medical Hardship Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts
- Copies of all medical bills

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

List all medical debt and provide copies of bills incurred in the previous twelve months:

Date of service	Place of Service	Amount owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief explanation of why paying these medical bills will be a hardship:

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---



---



---

By my signature below, I certify all of the information submitted in the application is true to the best of my knowledge, information and belief.

Applicant's Signature:

---

Relationship to  
 Patient: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Staff Only.	
Application Received by:	
AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

## Appendix 3

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### **Discount Chart Based on Income and Asset Thresholds**

**Prompt Pay Discount:** Patients that do not qualify for public assistance or Financial Assistance will be provided a discount of 30% contingent upon prompt payment of their account balance on all care provided, including Emergency Care, Urgent Care, Medically Necessary Care, and Elective Services. Payment of the negotiated amount must be made in full within fifteen days of the patient's receipt of their first statement. This discount will not be offered for any service in which a separate self-pay fee schedule has been assigned. Additionally, In-Network and Out-of-Network co-payments, coinsurance and deductibles are not eligible for the prompt pay discount. For the avoidance of doubt, this discount also will not be offered to any patient paying for services in accordance with a Payment Plan.

**Discounts for Financial Assistance and Medical Hardship are applied to a patient's responsible balance for eligible medical services as described in the policy.**

### **Financial Assistance Discount for Eligible Patients:**

#### **Charity Care**

<b>Income Level</b>	<b>Discount</b>
Less than or equal to 400% FPL	100%

#### **Medical Hardship**

Patients will be determined as eligible for Medical Hardship if the medical bills are greater than or equal to 25% of Family Income and will receive a 100% discount.

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## Appendix 4

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**Amounts  
Generally  
Billed (AGB)**

See the definition of Amounts Generally Billed in the policy, above, for a description of how the AGB is calculated using the “Look-Back” method.

NEBH’s current AGB percentage based on claims for fiscal year 2021 equals 57.18%.

The AGB is subject to change at any time due to the following reasons:

- Private Health Insurer and Medicare Fee-for-Service contract changes
- Settlements received by Private Health Insurer plans and Medicare Fee-for-Service

Updated 1/2022

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## Appendix 5

**Providers and Clinics— Covered and Uncovered**

**This Financial Assistance Policy covers all Hospital (Facility) charges at the following NEBH locations:**

- New England Baptist Hospital – Boston, 125 Parker Hill Ave, Boston, MA 02120
- New England Baptist Outpatient Care Center at Brookline – One Brookline Place, Brookline, MA 02445
- Physicians of New England Baptist Hospital at Cape Cod – 123 Waterhouse Road, Bourne, MA 02532
- New England Baptist Outpatient Care Center at Chestnut Hill – 830 Boylston St, Chestnut Hill, MA 02467
- New England Baptist Outpatient Care Center at Dedham – 40 Allied Drive, Dedham, MA 02026

**This Financial Assistance Policy also covers the charges from the individuals and entities listed in this section below for services provided within the Hospital facilities listed above:**

Provider Last Name	Provider First Name
Ansari	Essam
Ascione	Matthew
Bacalia	Ray
Bandazian	Lindsay
Barbosa	Juliano
Bellanti	Katherine
Beuttler	Taryn
Bloch	Matthew
Bowen	Stephen
Brown	Jennifer
Bruni	Stephan
Buchanan	Stephen
Busher	Ellen
Butler	Schaillee
Calantropo	Vanja (NP)
Camillo	Nathaniel (CRNA)

Campagna	Allyson (PA)
Campbell	Katharine (CRNA)
Chen	Guoli
Cheney	Brittany
Clancy	Corinne
Clancy	Megan
Collins	Nicole (CRNA)
Coombs	Matthew
Cruz-Gervis	Roberto
Damsgaard	Christopher
Dang	Michelle (PA)
Daniels	Alfred
Davis	Alexander
Diaz Collado	Pablo
Doherty	Michelle
Dubinchik	Irina
Dundon	Christine
Dwyer	Michelle
El-Khatib	Maher
Erlich	Jason
Finocchiaro	Philip
Frankel	Mark
Frisch	Skylar
Frost	Lauren (CRNA)
Gottlieb	Erica
Grall	Emer
Greer	Roman
Guyumdzhyan	Karapet
Hall	Alicia
Hartigan	Carol
Hassan	Mohammed
Haughton	Megan
Hayek	Jihad
Healy	Jennifer
Higgins	Sharon
Hollenbeck	Brian
Homsy	Farhat
Hon	Stephanie
Ionita	Mihaela

Jacklin	Florence
Kabbash	Lynda
Kapoor	Sonia
Kasimati	Ivi
Kazakin	Vladimir
Keating	Lauren
Kittredge	Elizabeth
Kucher	Emily (CRNA)
Kwan	Lily (CRNA)
LaFave	Danielle
Laho	Haki
Lazor	Marissa
Le	Kiet
Lehman	Danielle
Long	Carolyn (CRNA)
Ma	Jingli
Martinez	Eugenio
Martins	Juliana
Matejka	Jan
Matthews	Kheyla
McCowan	James
Medeiros	Joshua
Melamed	Yair
Miley	Gerald
Miller	Steven (CRNA)
Mills	Janet
Moceri	Lia
Montalto	Heather
Moses	Robert
Mounsey	Tara
Mustafa	Wissam
Musumeci	Ross
Natarelli	Nicole (PA)
Nyman	Michelle
O'Brien	Thomas
O'Leary	Nancy
O'Such	Joseph (CRNA)
Oconnor	Patricia (CRNA)
Oppenheim	Kathleen (CRNA)

Pastore	John
Patel	Samir
Pattavina	Meghan (CRNA)
Patterson	Monique
Peredna	Sarah
Peterson	Anna
Pieczk	Monica
Querfurth	Sheila
Ramsden	David
Ravino-Magner	Lorraine
Reddy	Indu
Reddy	Muralidharan
Reeder	Shahdokht
Robishaw	Therese
Rohne-Garlapati	Daniela
Sarna	Mukesh
Saund	Meghan
Schinis	Michael (CRNA)
Schneiderman	Rebecca
Scott	Nancy
Serrao	Richard
Smith	Eric
Soni	Anil
Spaho	Kristi
Spilkova	Zornitsa
Squires	Megan
Starnbach	Aileen
Steiner	Marcia
Sullivan	Kristin (PA)
Sun	Daniel
Talat	Arslan
Tamez Aguilar	Hector
Tang	Tony (CRNA)
Turner	Julianna
Wenger	Christopher
White	Jessica
Wollman	Lisa
Woo	Shihchung
Woodbury	Virginia

Yordanov	Svetla
Young	Michael
Zaidi	Sana
Zalkind	Dana
Zhang	Dezhen
Zodda	Lindsay

Updated 07/2022

**For the providers listed below, this Financial Assistance Policy only covers the Hospital Facility charge. It does not cover provider charges from the individuals and entities listed below. Patients are encouraged to contact these providers directly to see if they offer any assistance and to make payment arrangements.**

<b>Provider Last Name</b>	<b>First Name</b>
Abujaber	Samar
Ackland	Michael
Akhouri	Vimal (MD)
Almacari	Georges
Ambrus	Claudia
Ames	Andrew
Anastasi	Amanda
Ansevin	Carl
Arevalo Flynn	Nury
Arndt	Kenneth
Artinian	Mihran
Ascione	Melissa
Athienites	Nicolaos
Aung	Soe
Austin	Brett
Awolesi	Olaoluwakitan (MD)
Ayers	Michael
Babb	Richard
Baratz	Michael
<b>Barko</b>	<b>Holly A</b>
Basel	Allison (MD)
Basilico	Frederick
<b>Beck</b>	<b>Aaron W</b>
Belkin	Michael
<b>Benoit</b>	<b>Alina</b>

Blevins	Natalie
Bley	Louis
Block	Aaron
Bloom	Hilary
Blythe	Alicia Kathleen
Boakye	Lorraine
Bock	Matthew
Bogosian	Amy
Bono	James
Borrelli	Maria C (DO)
Boustany	Ashley
Braziel	Andrew
Breitenstein	Scott E
<b>Brenner</b>	<b>Jason E</b>
Brodie	Richard
Brook	Emily M
Brown	Amy
Bryan	Justin
Bueno	Raphael
Bunguri	Gentiana
Burdo	Danielle
Burgess	Stephanie
Burke	Thomas
Burns	Erin (MD)
Burns	Richard
Cain	Gregory
Caldwell	Ryan
Camer	Stephen
Camillo	Nathaniel
Campbell	Lorrie-Jeanne
Cao	Yi (MD)
Cardone	Elizabeth
Carkner	Eric
Casassa	Joseph
Cataldo	Thomas (MD)
Cauley	Ryan
<b>Chahine</b>	<b>Joseph Elias</b>
Chapman	Andrew
Charubhumi	Vanessa

Chin	Kimberly
Chong	Minwook
Chopra	Shreekant
Christman	Mitalee
Chung	Hyun Kee
Clancy	Corinne
Clancy	Megan
Cohen	Allyson
<b>Colella</b>	<b>Meredith I</b>
Comerford	Alice
Connors	Grayson
Coxson-Bunnell	Jessica
Cronin	Patrick
Crowell	Kristen
Cullen	Richard
Curtis	Alan
Dalton	Bedjamin (CRNA)
Davis	Michael
Davis	Robert
Dawicki	Erin
De Peralta	Edgar
DeAngelis	Joseph
DeConciliis	Gregory
Demartini	Steven
DeSouza	Naucika Marie (MD)
Dinh	Thanh (DPM)
Distasio	Jenna
Dolan	Martin
Dolgov	L. Douglas
Dolloff	Lauren
Dover	Jeffrey
Dow	Charles
Dowlatshahi	Arriyan
Drew	Jacob
Drews	Reed
Eccher	Matthew
Endo	Atsushi
Evans	Patrick
Fabrizio	Anne

Falardeau	John
Ferrari	Nicholas
Ferzoco	Stephen
Fitzgerald	Kimberly
Foley	Mary
Freed	Jason
Fukudome	Eugene
Furnas	Rachel
Gale	Bennett
Gallardo	Ashley (PA)
Gandhi	Sapan
Gardiner	Aaron
Ghobrial	Irene
Gill	Thomas
Gillum	Codey
Girard	Dennis
Giurini	John
Gomolin	David
<b>Govindan</b>	<b>Sapna</b>
Grannatt	Kathryn
Green	Jennifer
Griffin	Marilyn
Gualtieri	Anthony
Guillaume	Richard
Guss	Michael
Haering	James
Halprin	Elizabeth
Hardenbrook	Mitchell
Harper	Carl
Harrington	Ryan
Harris	Adam
<b>Hartwell</b>	<b>Rebecca J</b>
Hayden	Sarah
Healy	Ethan
Herman	Scott
Hernandez	Josephine (MD)
Hester	John
Higgins	Sharon
Hill	James

Hofmann	Kurt
Hogan	James (CRNA)
Howard	James
Huang	So-Min
Hussain	Mohamad
Hwang	Raymond
Ikonos	Amanda (MSN-NP)
Jacobs	Jamie
Jankun	Jeffrey
Jawa	Andrew
Johnson	Brian
Johnson	Kurt
Johnson	Lindsay
Kaminer	Michael
Kandula	Prasanthi
Kane	Kay
Kapasi	Sameer
Kapoor	Sonia
Karlson	James
Kavolus II	Joseph (MD)
Kearney	Michael
Keating	Lauren
Kendale	Samir (MD)
Kenney	Robert
<b>Keshav</b>	<b>Vinny</b>
Kiley	Elizabeth
Kim	David
Kim	Karen
Kim	Peter
Kimball	Hervey
Kirsch	Jacob
Kovacs	Stephen
Krish	Sonia
Kunze	Lisa
Kwon	Brian
Labadie	Jessica
Lacey	Alycia (NP)
Larrabee	Joan
Larsen	Kenneth

Lause	Gregory
Leckie	Steven
Lederman	Andrew
Lee	Bernard
<b>Lee</b>	<b>John J</b>
Lester	Brian
Like	Brian
Lin	Samuel
Linkiewicz	Christina
Lococo	Daniel
Lowney	Michael J
Lowney	Michael P
Ma	Haobo (MD)
Maddox	Owen
Madoff	Samuel
Magit	David
Mahapatra	Soumya
Mahoney	Kathleen
Manning	Jennifer
Manty	Jessica
<b>Marchetti</b>	<b>Michael E</b>
Marcotte	Nicolas
Marcoux	John
Markopoulos	Asimina
Martinelli	Sheri
Masia	Shawn
Matejka	Jan
Matheney	Travis
Matta	Enrique
Mattingly	David
Matzko	Michelle
McConville	Owen
McDonnell	Keegan
McGuire	Patsy (MD)
McKeon	Brian
McKersie	Alicia
Medeiros	Matthew
Menard	Matthew
Mentzer	Steven

Messariss	Evangelos
Micheli	Lyle
Miley	Gerald
Miller	Christopher
Miller	Leonard
Miller	Suzanne
Millis	Michael
Minos	Lampros
Mitchell	Karl
Mithoefer	Kai
Mitsis	Fotini
Mitzner	Lyle
Moceri	Lia
Modzelewski	Nicole
<b>Mohammed</b>	<b>Sanusi</b>
Moriarty	James
Morin	Lisa
Morris-Adams	Terryl
Morton	Laurel
Mullen	Mariah
Mulroy	John
Mulroy	Richard
Mulroy	William (MD)
Murphy	Stephen
Murtha	Timothy (MD)
Nahm	Frederick
Nairus	James
Nelson	Erik
Newman	Joel
Nguyen	Louis
Novak	Lisa
O'Donnell	Kevin
<b>O'Donnell</b>	<b>Kevin</b>
OConnell	Noreen
Ohaegbulam	Chima
Oliver	R. Scott
Oliwa	Neil (MD)
Olsen	Aaron
Osuch	Daniel

Ozaki	Charles
Pacheco	Thomas
Papavassiliou	Efstathios
Parazin	Stephen
Parminder	Amy (MD)
Patel	Hiren
Patell	Rushad
Patz	Robert
Peditto	Emma
Petrone	Brian
Petrous	Patricia
Pham	Dominique
Phelan	Jennifer
Phillips	James
Phillips	Tania
Piancastelli de Siqueria	Marcelo
Pilichowska-Roehling	Monika
Pinkhasova	Tereza Robertovna
Pittman	Jason
Pollard	Richard (MD)
Polshin	Victor (MD)
Prager	Alisa (MD)
Procopio	Anthony
Pugh	Emily
Pugliano	Vito
Qi	Michelle (MD)
Rakalin	Andrey
Ramachandran	Satya
Ramappa	Arun
Rand	Frank
Rand	Jason
Ress	Richard
<b>Riccardi</b>	<b>Mary Ellen</b>
Rice	Megan
Rice	William
Riemer	Kevin
Rightmire	Eric (MD)
Robinson	Michael
Robles	Liliana

Rockett	Sean
Rodehorst	Kristen
Rodriguez	Edward
Roessle	Susan
Rohrer	Thomas
Rosenberg	Jacob
Rosenblum	Barry
Ross	Glen
Rozental	Tamara
Rubenstein	Lindsay (MD)
Sabra	Amin
Salemis	James
Samaha	Kevin
Sambaziotis	Chris
Sang	Delia
Santopietro	Frank
Sarkar	Papri
Sarni	James
Sato	Sachiko
<b>Satpute</b>	<b>Ankita</b>
Schafer	Eric
Schena	Anthony
Schurko	Brian
See	Reiner
Seifollahi	Alexandra
Shad	Asfa
Shaefi	Shahzad
Shah	Agam
Shah	Sarav
Shah	Vivek
Sharda	Anish
Sheen	Volney
Siegal	Carolyn
Sikora	Brooke
Simon	Josef
<b>Singhal</b>	<b>Dhruv</b>
Slovenkai	Mark
Sobell	Jeffrey
Spitz	Damon

Stapleton	Erick
Steinberg	Lon
Stiles	Justin
Stippler	Martina
Stoker	Geoffrey (MD)
Sullivan	Matthew
<b>Sung</b>	<b>Jinsil K</b>
Talalayevsky	Gregory
Talmo	Carl
Tandon	Deepak
Terrono	Andrew
Thomas	Aaron
Thompson	Jeffrey
Tierney	John
Tighe	Kimberly
Tillotson	Elizabeth
Tobias	Adam
Torun	Nurhan (MD)
Travers	Robin
Tsai	Thomas
Tsay	Minghan
Turner	Eric
ValdezArroyo	Sherley
Van Flandern	Geoffrey
Vitale	Caitlin
Wakakuwa	Jason
Wang	Andrew
Ward	Daniel
Warner	Jon
Watson	Priscilla
Weitzel	Paul
Weller	Simcha
Wetzner	Steven
Whetstone	Leanne
White	Andrew
Whitehouse	Brianna
Winn	Julie
Wixted	John
Woodard	Eric

Wright	Stephen
Wuerz	Thomas
Wyers	Mark
Yim	Nury
You	Jae Young
Younghein	John
Yuyun	Matthew
Zilberfarb	Jeffrey
Zimmer	Scott
Zwicker	Jeffrey (MD)

Updated 07/2022

## Appendix 6

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### Public Access to Documents

Information on the NEBH Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and the NEBH Credit and Collection Policy will be made available to patients and the community served by NEBH through a variety of sources, free of charge:

1. Patients and Guarantors may request copies of all documents pertaining to Financial Assistance and Credit and Collections, and may request assistance in completing both the Financial Assistance and Medical Hardship Applications, via phone, mail or in person at:

NEBH

Patient Access: Certified Application Counselors

125 Parker Hill Ave

Boston, MA 02120

617 754 5974

617 754 5979

2. Patients and Guarantors may download copies of all documents pertaining to Financial Assistance and Credit and Collection Policy via the NEBH public website: <https://www.nebh.org/patient-rights-regulations/>

The Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and Credit and Collection Policy will be translated into any language that is the primary language spoken by the lessor of 1,000 people or 5% of the residents in the community served by NEBH.

NEBH has posted notices (signs) of availability of Financial Assistance as outlined in this policy in the following locations:

1. General admissions, patient access, waiting/registration areas, or equivalent;
2. Waiting/registration areas or equivalent of off-site hospital-licensed facilities; and
3. Patient financial counselor areas.

Posted signs are clearly visible (8.5" x 11") and legible to patients visiting these areas. The signs read:

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### FINANCIAL ASSISTANCE NOTICE

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NEBH offers a variety of financial assistance programs to patients who qualify. To find out if you're eligible for assistance with your hospital bills, please visit our Certified Application Counselors in the Patient Access Department or call 617-754-5974 or 617-754-5979 for information about the various programs and their availability.

**Policy History**

<b>Date</b>	<b>Action</b>
November 2016	Policy approved by the Board of Directors
September 2019	Revised Policy approved by the Board of Directors
June 2020	Provider List Updated
August 2020	Revised Policy approved by BILH EVP/CFO and NEBH Board Treasurer as Authorized Body of the Board