

# BLANCHARD VALLEY REGIONAL HEALTH CENTER ADMINISTRATIVE POLICY

SUBJECT: Financial Assistance Policy

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HEADING: Patient Policies

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PERTAINS TO: All Departments

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PREPARED BY: Patient Financial Services

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## PURPOSE

The purpose of this policy is to comply with Internal Revenue Code Section 501(r) by outlining the eligibility criteria for financial assistance for uninsured patients as well as the method to apply for financial assistance and to provide a policy for emergency medical care.

## FINANCIAL ASSISTANCE POLICY

As part of its mission of caring for a lifetime, Blanchard Valley Regional Health Center (BVRHC), developed this Financial Assistance Policy (FAP) to outline the eligibility options for uninsured patients who require emergency or medically-necessary services at Blanchard Valley Hospital or Bluffton Hospital. Qualified patients will receive free or discounted care in accordance with the eligibility criteria and determination processes outlined in this document.

## EMERGENCY MEDICAL CARE POLICY

Blanchard Valley Hospital and Bluffton Hospital provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance under this policy. Blanchard Valley Hospital and Bluffton Hospital will provide emergency medical care in compliance with the Emergency Medical Treatment and Labor Act (EMTALA). Blanchard Valley Hospital and Bluffton Hospital will not require payment from individuals before they receive treatment for emergency medical conditions or pursue debt collection activities that might interfere with providing emergency medical care.

## GENERAL INFORMATION – FINANCIAL ASSISTANCE POLICY

The guidelines for Medicaid medical necessity will be followed to define medically necessary services as outlined in Ohio Administrative Code 5160-1-01. Medical necessity for individuals covered by early and periodic screening, diagnosis, and treatment (EPSDT) is defined as procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability. In addition, services not covered by EPSDT in which the person can be expected to suffer prolonged, increased or new morbidity; impairment of function, dysfunction of a body organ or part; or significant pain and discomfort will be considered medically necessary for the purposes of this policy.

Conditions of medical necessity are met if all of the following apply:

1. Meets generally accepted standards of medical practice;
2. Clinically appropriate in its type, frequency, extent, duration, and delivery setting;
3. Appropriate to the adverse health condition for which it is provided and expected to produce the desired outcome;
4. Is the lowest cost alternative that effectively addresses and treats the medical problem;
5. Provides unique, essential, and appropriate information if it is used for diagnostic purposes; and

6. Not provided primarily for the economic benefit of the provider nor for the convenience of the provider or anyone else other than the recipient.

The fact that a physician, dentist or other licensed practitioner renders, prescribes, orders, certifies, recommends, approves, or submits a claim for a procedure, item, or service does not, in and of itself, make the procedure, item, or service medically necessary and does not automatically render it inclusive in this FAP.

Blanchard Valley Hospital and Bluffton Hospital have signage and display brochures that provide basic information about the Hospital Care Assurance Program (HCAP) and BVRHC's financial assistance program in public locations as required by Ohio law.

Financial assistance screening and services are provided in the following areas of both Blanchard Valley Hospital and Bluffton Hospital:

1. Outpatient registration
2. Pre-registration
3. Inpatient registration
4. Patient rooms
5. Emergency room
6. Cashier's office
7. Patient financial services

Effort will be made to determine a patient's eligibility for financial assistance prior to, or at the time of service. Patients may request financial assistance at any time prior to or during the scheduling process, pre-registration, registration, testing, hospital stay, or throughout the course of the billing and collections cycle. Inquires can be made directly to any of the staff members involved in the above processes, by contacting the financial assistance staff at 419-423-5310, or by completing an application for financial assistance. Efforts will be made to qualify patients for other state or federal programs prior to a financial assistance determination. Assistance is offered, free of charge, to complete assistance applications for the following programs:

1. Ohio Medicaid
2. Hospital Care Assurance Program
3. Blanchard Valley Hospital and Bluffton Hospital financial assistance

The financial assistance plain language summary, financial assistance policy, and financial assistance application can be obtained, free of charge, in any of the above locations or can be downloaded from the Blanchard Valley Health System website at [www.bvhealthsystem.org](http://www.bvhealthsystem.org). Documents are available in both English and Spanish.

HCAP applications will be accepted for a period of 3 years from the date of the initial bill per the State of Ohio HCAP requirements.

BVRHC financial assistance applications will be accepted for a period of one year after the date of the initial bill.

#### Amounts Charged to Patients

BVRHC will not charge uninsured patients approved for financial assistance under this policy, for emergency or other medically necessary care, more than the amounts generally billed (AGB) to individuals who have insurance. Gross charges will be provided on the billing statement and used as the starting point for allowances, discounts, and deductions.

BVRHC uses the look-back method to determine its AGB. The hospitals will determine AGB annually by dividing the sum of the amount of all claims for emergency and other medically necessary care that have been provided by private health insurers and Medicare fee-for-service insurers during a prior 12 month period by the sum of the associated gross charges for those claims.

The current AGB percentage was calculated to be 60%. Both Blanchard Valley and Bluffton Hospital have elected to reduce the AGB for the purposes of determining amounts that will be charged to FAP eligible patients under this policy to 50%.

See Attachment A for an explanation of how BVRHC's AGB percentage is calculated.

### Eligibility Criteria

1. The BVRHC financial assistance program is designed to address needs for financial assistance to uninsured patients for all eligible services regardless of race, creed, sex, or age.
2. Services not eligible for financial assistance:
  - a. Cosmetic services and other elective procedures and services that are not medically necessary.
  - b. Services not provided and billed by Blanchard Valley Hospital or Bluffton Hospital (e.g. independent physician services – see Attachment B for a complete list of providers)
3. Eligibility for financial assistance for the uninsured will be based on the patient's household income and the number of members in the household in accordance with the federal poverty guidelines. Write off percentages for uninsured patients include:
  - a. 50% AGB discount will be applied to all uninsured patient accounts
  - b. Uninsured individuals who apply for financial assistance by completing an assistance application and providing supporting documentation may receive a charity discount of 50, 75, or 100% based on federal poverty guidelines.
    - i. 50% discount for those between 201-250% of the poverty guidelines
    - ii. 75% discount for those between 151-200% of the poverty guidelines
    - iii. 100% discount for those between 0-150% of the poverty guidelines
4. Presumptive assistance will be provided to those uninsured patients who are not able to provide complete financial information. Examples include:
  1. Patients who are pending Medicaid approval
  2. Homeless patients
  3. Deceased patients with no known estate
  4. Patients who have filed bankruptcy

### Documentation for Establishing Income

Information provided by the patient and/or family for HCAP assistance will follow the State of Ohio HCAP requirements.

Information required to complete a BVRHC application for financial assistance includes a completed financial assistance application which states income for a minimum period of 3 months immediately prior to the date of service, the number of dependents in the household, and supporting documentation.

Income examples include salary and self-employment income; unearned income including alimony, retirement benefits, dividends, interest and income from any other source. Supporting documents related to the above income may include: pay stubs for a minimum of the immediate 3 months prior to date of service, W2, payroll history printout, copy of checks, bank statement showing direct deposits, tax return, a written statement of income and expenses for self-employed individuals, unemployment payments, child support (only if child is the patient), pension, alimony, annuity statements, etc.

In the event that the patient has not had any form of income for the 3 month period prior to the service date, the patient is required to provide a written statement indicating the last income received and how they are supporting their living expenses.

#### Determination Process

1. Determination for financial assistance will be made after all efforts to qualify the patient for government financial assistance or other programs have been exhausted.
2. Financial assistance determinations will be made in a timely fashion and will not attempt collection efforts while such determination efforts are being made.
3. Once a determination has been made, the patient/applicant will be notified in writing of the decision.
4. Once qualification for financial support has been determined, reviews for continued eligibility for subsequent services will continue for a reasonable time period.
  - a. HCAP inpatient applications are valid for 45 days from discharge in the event the patient is readmitted for the same underlying condition. Otherwise, a separate HCAP application is required for each inpatient admission.
  - b. HCAP outpatient applications are valid for 90 days from the admission/service date.
  - c. BVRHC financial assistance applications are valid for a period of 90 days from the admission/service date and apply to both inpatient and outpatient services.
5. Financial assistance will not be denied based solely on an incomplete application.
  - a. BVRHC will contact the patient via the United States Postal Service to notify them of additional documentation requirements as well as the actions that will be taken in the event the patient fails to respond.
  - b. In the event the patient fails to provide the additional documentation requested, the application for financial assistance will be denied.
6. If the patient completes the financial assistance application between 120 days and 1 year from their first statement, BVRHC and/or their representatives will suspend any excessive collection action that may have been taken.
  - a. In the event the patient qualifies for financial assistance, any excessive collection action that occurred will be reversed.
  - b. In the event the patient does not qualify, the suspended collection activity will resume.

#### Billing and Collection Practices

BVRHC has established billing and collection practices for patient payment obligations that are fair, consistent, and compliant with state and federal regulations and makes reasonable efforts to ensure that patients are billed for their services accurately and timely.

BVRHC will make the FAP plain language summary available as part of the intake or discharge process. Additionally, BVRHC will include on each patient statement, a written notice of the availability of financial assistance, the phone number where the patient can contact staff for further information, and a direct link to the website where the application, plain language summary, and FAP can be downloaded in English or Spanish.

BVRHC will not engage in extraordinary collection actions (ECA) against an individual to collect payment for care unless it has made reasonable efforts to determine if the individual is eligible for assistance under this policy, or each has provided the notices summarized in this policy.

BVHRC may pursue some of these ECA's as summarized in this policy. An ECA includes the following:

1. Selling an individual's debt to another party unless the other party has entered into an agreement prohibiting it from engaging in any ECA, limiting the amount of interest it can charge and

providing that the debt can be returned to the Hospital if the individual is determined to be FAP-eligible.

2. Reporting adverse information about an individual to credit agencies or credit bureaus.
3. Deferring, denying or requiring payment before providing medically necessary care because an individual has not paid one or more bills from previously provided care covered under this policy.
4. Actions that require legal process, including, but not limited to, placing a lien on an individual's property, foreclosing on an individual's property, attaching or seizing an individual's bank account, or any other personal property, commencing a civil action against an individual, causing an individual to be subject to arrest or body attachment and garnishing an individual's wages.

Filing a lien on certain judgments, settlements, or compromises owed to an individual as a result of personal injuries for which the Hospitals provided care is not an ECA, nor is filing a claim in a bankruptcy proceeding.

BVRHC will not initiate any ECA against an individual whose FAP eligibility has not been determined before 120 days after the first post-discharge billing statement is issued.

1. BVRHC have elected to accept and process a FAP application from individuals for one year after the first post-discharge billing statement.
2. If BVRHC receives a FAP application during the application period any ECA's that have been started will be suspended until the application is processed and a determination on the individual's FAP eligibility made. If an individual is determined to be FAP eligible, BVRHC will seek to reverse any ECA and refund any overpaid amount.
3. Written notice will be provided at least 30 days prior to initiating extraordinary collection actions which will include information related to the FAP, identifying the extraordinary collection action that will be initiated, and provide a plain language summary of the FAP.

BVRHC will work with all patients to establish suitable payment arrangement if payment in full cannot be made upon the first bill being delivered to the patient. Short term, interest free payment plans, with defined payment timeframes on the outstanding account balance are available to all patients. BVRHC also offers a loan program for patients who qualify.

BVRHC has written policies and procedures outlining when and under whose authority a patient debt is advanced for external collection activities that are consistent with this FAP. The following collection activities may be pursued by BVRHC and/or by a collection agent or attorney on its behalf:

1. Communicate with patients (call, written communication, fax, text, email, etc.) and their representatives in compliance with the Fair Debt Collections Act and Health Insurance Portability and Accountability Act (HIPAA).
2. Solicit payment of the estimated patient obligation portion at the time of service in compliance with EMTALA regulations and state laws.
3. Provide a low-interest loan program for payments of outstanding debts for patients who have the ability to pay but cannot meet the short-term payment requirements.
4. Report outstanding debts to Credit Bureaus only after all aspects of this procedure have been applied and after reasonable collection efforts have been made in conformance with the BVRHC FAP.
5. Pursue legal action for individuals who have the means to pay but do not pay or are unwilling to pay. Legal action also may be pursued for the portion of the unpaid amount after application of the BVRHC FAP.

BVRHC approved arrangements with collection agencies meet the following criteria:

1. The agreement with the collection agency is in writing and includes a code of conduct.
2. The agreement defines the standards and scope of practices to be used by outside collection agents acting on behalf of BVRHC, all of which must be in compliance with this procedure.

3. No legal action may be undertaken by the collection agency without prior written permission from BVRHC.
4. All decisions as to the manner in which the claim is to be handled, whether suit is to be brought, whether the claim is to be compromised or settled, whether the claim is to be returned to BVRHC, and any other matters related to resolution of the claim shall be made by BVRHC.
5. BVRHC reserves the right to discontinue collection actions at any time with respect to any specific account.

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President

## Attachment A

BVRHC's gross charges for private insurers was \$150 million, and gross charges for Medicare fee-for-service insurers was \$200 million. The total gross charges for both private insurers and Medicare fee-for-service insurers was \$350 million.

BVRHC's expected reimbursements (i.e. includes both the portion that is to be reimbursed by the insurer and the portion that the patient is personally responsible to pay) from private insurers was \$140 million and from Medicare fee-for-service insurers was \$70 million. The total expected reimbursements from both private insurers and Medicare fee-for-service insurers was \$210 million.

Based on the above data, BVRHC calculated that its AGB percentage is 60% of gross charges (\$210 million / \$350 million).

<b>Amounts Generally Billed (AGB)</b>			
<i>(Example Of AGB Calculation)</i>			
<b>Approach:</b> Look-Back Method			
<b>Claims Period:</b> October 1, 20x0 To September 30, 20x1			
<u>Payor Categories:</u>	<u>Gross Charges:</u>		
Private Insurers	150,000,000		
Medicare Fee-For-Service	200,000,000		
	350,000,000	(b)	
<u>Payor Categories:</u>	<u>Expected Reimbursements:</u>		
Private Insurers	140,000,000		
Medicare Fee-For-Service	70,000,000		
	210,000,000	(a)	
Total Expected Reimbursements	210,000,000	(a)	
Total Gross Charges	350,000,000	(b)	
<b>AGB Percentage [(a) / (b)]</b>		<b>60.0%</b>	(c)

**Attachment B****The following providers provide services which are billed by BVHS (as of 4/15/21)**

Abate	George	DO
Abdulmunem	Yasir	MD
Ackley	Kimberly	APRN-CNP
Aderman	Jessica	DO
Ahmed	Nadia	MD
Ahmed	Sameer	MD
Akyeampong	Abigail	APRN-CNP
Alammar	J	MD
Alexander	Megan	APRN-CNP
Allen	Abigail	PA-C
Alt-Coan	Amy	MD
Amonette	Melissa	MD
Anderson	Mary	PA-C
Anees	Syed	MD
Arnette	Greg	MD
	Syed	
Ashraf	Muhammad	MD
Auxier	Heather	APRN-CNP
Babich	Jay	MD
Badia-Ranker	Jennifer	APRN-CNS
Bailey	James	MD
Bakies	Patricia	APRN-CNP
Barden	Kyle	MD
Bates	Kimberly	APRN-CNP
Beckman	Barry	PsyD
Bell	Sheila	APRN-CNP
Bish	Beth	APRN-CNP
Boes	Lisa	APRN-CNP
Boggs	Thomas	DO
Bollenbacher	Jodi	PA-C
Breece	Danielle	PA-C
Brown	Mary	APRN-CNP
Brubaker	Tracy	APRN-CNP
Bundy	Brad	DO
Caldwell	Tyler	APRN-CRNA
Campbell	Jennifer	PA-C
Chary	Ajit	MD
Chen	Ailing	MD
Clark	Jeremy	APRN-CNP
Cleemput	Amy	APRN-CNP
Clouse	Travis	APRN-CNP
Cole	Brian	MD
Collins	Angelo	MD
Comer	Deborah	APRN-CRNA
Crawford	Brook	APRN-CNP
Crow	Jessica	DO
Dagani	Jacob	MD
Dagani	Laura	APRN-CNP
Dailey	Andrea	APRN-CNP
Davidson	James	MD
Dawley	Daniel	MD
Deeter	Mary	APRN-CRNA
Deitering	Ashley	PA-C
Delos Santos	Edgar	MD



Denike	Michael	DO
DeVaul	Tonya	APRN-CNP
Didier	Dorothy	APRN-CRNA
Doede	Rebecca	DO
Ebel	Joshua	MD
Ebersole	Carol	APRN-CNP
Ebright	Andrew	APRN-CRNA
Eiden	Jeffrey	MD
Eiden	Leah	MD
Ekeh	Ifeoma	MD
Elhady	Hatem	MD
Estrada	Rachel	APRN-CRNA
Evans	Christine	APRN-CNP
Fadul	Rafid	MD
Fox	Melissa	APRN-CNP
Frederick	Marla	DO
Freund	Brin	MD
Frey	Paige	APRN-CNP
Fultz	Katie	PA-C
Gallagher	Andrea	APRN-CNP
Gayhart	Yvonne	PA-C
Geckle	Kimberly	APRN-CNP
Gerad	Henry	MD
Gerken	Ross	APRN-CNP
Giedraitis	Andrius	MD
Gilbert	Andre	MD
Gilson	Alisha	APRN-CRNA
Grace	Susan	MD
Grace	Thomas	MD
Grappy	Devin	APRN-CNP
Grider	Brittany	MD
Hajar	Nasser	MD
Hauenstein	Desiree	PA-C
Hazra	Sandra	MD
Hermiller	Erica	APRN-CNP
Heth	Becky	DO
Heth	Bradley	DO
Hogan	William	MD
Hohman	Jennifer	MD
Hollis	Robert	MD
Holt	Angela	MD
Howe	Sarah	APRN-CNP
Huffman	Cheryl	MD
Ickes	Elizabeth	PA-C
Inbody	Chelsea	APRN-CNP
Jacobus	Christian	MD
Jacoby	Jennifer	APRN-CRNA
Janani	Jigna	MD
Jones	Brian	APRN-CNP
Jones	Teresa	APRN-CNP
Jordan	Miguel	MD
Kaczynski	Debora	MD
Kahle	Kara	APRN-CNP
Kalia-Reynolds	Maitri	DO
Karikari	Felix	APRN-CRNA
Kaufman	Kristine	APRN-CNP

Kaul	Tejal	MD
Kayser	Timothy	APRN-CRNA
Kelley	Cala	APRN-CNP
Kerscher	Duane	DO
Kindl	Thomas	MD
King	Erika	PA-C
King	Robyn	APRN-CNP
Kinley	Alyson	APRN-CNP
Klaus	Julie	APRN-CNP
Kloepfer	Sarah	APRN-CNP
Kromer	Alyssa	PA-C
Kuhlman	Benjamin	APRN-CNP
Lafyatis	Jessica	DO
Lee	Cora	APRN-CNP
Legge	James	APRN-CNP
Leopold	Katelyn	MD
Li	Guang	MD
Lieb	April	PA-C
Likki	Santosh	MD
Link	Rebecca	APRN-CNP
Liu	Nicole	APRN-CRNA
Logan	Caitlin	PA-C
	Yuhann	
Lopez	Kenneth	MD
Maas	Abigail	APRN-CNP
Manuel	Michael	MD
Marcum	Aubrey	PA-C
Martin	Kristin	APRN-CNP
Mascaro	Jeremy	PA-C
Matto	Shevan	MD
McBeath	Evan	MD
McBride	Malary	APRN-CNP
McBride	Matthew	APRN-CRNA
McGinniss	Vincent	DO
McGrain	Crystal	APRN-CNP
Miller	Bridget	PA-C
Miller	Keith	APRN-CRNA
Miller	Taylor	PA-C
Moallem	Mohannad	MD
		APRN-
Moore	Melissa	CNM,CNP
Morehart	Chelsi	APRN-CNP
Morris	Loreen	APRN-CNP
Myers	Marilyn	APRN-CNP
Myers	Sheri	APRN-CRNA
Naeem	Nauman	MD
Nagy	Regina	MD
Needler	Katie	APRN-CNP
Nielsen	Erik	MD
Niemeyer	Alison	DPM
Nienberg	Samantha	APRN-CNP
Nye	Julie	APRN-CNP
Oehler	Laura	APRN-CNP
Ogden	John	MD
Osborne	Carmela	MD
Otto	Michael	PA-C

Padgett	James	APRN-CRNA
Palassis	Andrew	APRN-CRNA
Palte-Knapke	Mary	MD
Parenteau	Gary	MD
Patel	Ishwer	DO
Patterson	Amber	MD
Patti	Jatinder	MD
Pawlaczyk	Matthew	APRN-CRNA
Pena Chavez	Samantha	MD
Perkins	Kimberlee	DO
Pieper	Ceceilia	PA-C
Polder	Richard	MD
Pottkotter	Nicholas	APRN-CNP
Puckett	Robert	DO
Puckett	Troy	DO
Rager	Terrence	MD
Ratnasamy	Nathaniel	MD
Reed	Pamela	MD
Reinhart	Christopher	APRN-CRNA
Reinhart	Laura	APRN-CNP
Richards	JoAnne	APRN-CRNA
Rimmer	Clara	MD
Rode	Kathryn	PA-C
Rodriguez	Morgan	APRN-CNP
Rodriguez	Stephanie	APRN-CNP
Roessner	Brian	APRN-CRNA
Rossi	Peter	MD
Saad	Monzer	DO
Sak	Daniel	DO
Saltzman	Alicia	APRN-CNP
Salyer	Jay	APRN-CNP
Sapienza-Crawford	Anne	APRN-CNP
Scarborough	Emilie	APRN-CNP
Schulte	Jessica	PA-C
Schutz	Robert	MD
Scott	Leslie	DO
Scott	Thomas	DO
Seggerson	Amber	APRN-CNP
Selhorst	Kathleen	APRN-CNP
Selvidio	Laura	APRN-CNM
Senokozlieff	Molly	MD
Sheikh	Zain	MD
Sherer	Melissa	APRN-CNP
Sims	Whitney	PA-C
Slack	Maria	MD
Southern	Kristen	APRN-CRNA
Spieker	Susan	APRN-CRNA
Steckel	James	PA-C
Stefanik	Hannah	PA-C
Steiner	Christian	MD
Strigle	Thomas	MD
Strohm	Jessica	APRN-CNP
Stull	Jennifer	MD
Stump	Michael	MD
Thomas	Derek	MD

Thomas-Schultz	Lorie	DO
Trobaugh	Kristin	DO
Tropf	Thomas	MD
Tyson	Ashley	APRN-CNP
Van Atta	Kelley	APRN-CNP
Vance	Debra	APRN-CNP
Vermillion	Nathan	APRN-CNP
Wade-Tucker	Brittany	APRN-CNP
Warmbrod	Audrey	APRN-CNP
Wartgow	Jason	APRN-CNP
Weckesser	Stephanie	MD
Weihrauch	Sarah	PA-C
Weinberg	Julie	MD
Weiner	Mark	DO
Westcott	Allison	MD
Witherell	Shelmith	APRN-CNP
Wykes	Amelia	PA-C
Yoder	Douglas	MD
Yoder	Karla	PA-C
Youssef	Ahmad	DO
Zaciewski	Sara	APRN-CNP
Zaciewski	Thomas	MD
Zaka	Awais	MD
Zelinka	Carl	DO

**The following providers provide services which are billed by BVHS (as of 4/15/21)**

Abate	Lisa	DO
Abraham	Vinu	MD
Adam	George	MD
Adams	Richard	DO
Afreen	Ehad	MD
Agarwal	Kirti	MD
Agrawal	Chiranji	MD
Agrawal	Prem	MD
Ahdoot	Haleh	MD
Ahmed	Shamima	MD
Ajala	Musa	MD
Akers	Matthew	MD
Akin	Scott	MD
Alfonso	Mark	MD
Alhajeri	Abdulnasser	MD
Al-Jaber	Ahmad	MD
Allen	Benjamin	PA-C
Amspaugh	Kyle	DDS
Anane-Sefah	Jason	MD
Atwell	David	MD
Augustini	Ralph	MD
Bahn	Bret	MD
Baldwin	Brent	MD
Barrows	Michael	MD
Bash	Harry	MD
Beck	Robert	MD
Beekman	Jerome	MD
Benseler	Jeffrey	DO

Bertok	Diandra	APRN-CNP
Bhatla	Sumit	MD
Bostick	Eric	MD
Bouts	Bruce	MD
Boyd	Sara	DO
Bramwell	Nigel	MD
Bremyer	John	DPM
Breslin	Molly	APRN-CRNA
Brisson	Louis	MD
Brooks	Michael	MD
Brown	David	MD
Browning	Eric	MD
Brumley	Thomas	MD
Budke	Heidi	MD
Burgess	Richard	MD PhD
Buse	Thomas	MD
Cahill	Susan	APRN-CRNA
Cairns	Michael	MD
Caldwell	Mark	APRN-CRNA
Callicott	Rod	MD
Callovini	Craig	DO
Carlier	James	PA-C
Cassidy	Steven	MD
Chaky	David	MD
Cheney	Daren	MD
Chong	Wincha	MD
Church	Thomas	MD
Cios	Karol	DO
Cohen	Adam	DO
Cole	Sharon	MD
Conner	Jennifer	MD
Cook	Courtney	MD
Copeland	Steven	MD
Cosiano	Frank	MD
Covelli	James	MD
Criblez	Lance	MD
Cripe	Linda	MD
Cua	Clifford	MD
Culler	Paul	MD
Dajczak	Stanislaw	MD
DaSilva	Lindsay	MD
Dave	Pranav	MD
Davis	Edwin	MD
Deerhake	Richard	MD
Deeter	Kellie	CRNA
DeMeester	James	MD
Deppen	Denise	CRNA
Derrow	Solomon	MD
Diglio	Alexis	PA-C
Diller	Cheri	MD
Dolen	Eric	MD
Douglas	Barbara	APRN-CRNA
Durham	Samuel	MD
Edgerton	Michael	DO
Edwards	Landon	MD
Elbert	Daniel	DPM

El-Khider	Faris	MD
Estrada	Carlos	APRN-CRNA
Ewing	Nicole	APRN-CNP
Ferguson	Courtney	APRN-CNP
Fox	Mark	MD
Franklin	Andrea	DO
Freshwater	Stephen	MD
Fults-Ganey	Kristen	MD
Fumich	Frank	MD
Gaduputi	Vinaya	MD
Gahbauer	Reinhard	MD
Gamboa	Pablo	MD
Gelbart	Michael	MD
Gerken	Andrew	MD
Gerschütz	Gregory	MD
Gill	Annette	APRN-CRNA
Glasser	Scott	MD
Glatz	Dennis	MD
Gomaa	Islam	MD
Goodman	Angie	DPM
Gregory	Bradley	DMD
Grosl	John	MD
Gudz	Stefan	PA-C
Hajjar	Monica	PA-C
Hale	Matthew	DO
Haman	Steven	MD
Hammuda	Yusef	PA-C
Hanna	Breanna	PA-C
Hanneken	Mark	APRN-CRNA
Hansen	Sterling	MD
Harmon	Jenna	MD
Hatahet	Mohamad	MD
Hatch	Shandon	MD
Havens	Philip	MD
Havey	James	MD
Hawley	Aimee	MD
He	Kevin	MD
Heacock	Robert	MD
Heck	Bruce	MD
Heintzeman	Douglas	MD
Heitmeyer	Courtney	APRN-CNP
Hendershot, Jr.	Jack G.	MD
Hendricks-Jones	Melinda	PA-C
Hensley	Nathan	DPM
Hernon	Brendan	APRN-CRNA
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Konstan	Robert	MD
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Kovalchin	John	MD
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Krieger	Andrew	MD
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Warren	Matthew	DO
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West	David	MD
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Woodruff	David	MD
Wray	Misty	MD
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