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NEBH Financial Assistance Policy

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).

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

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.

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 45th day following the close of the prior fiscal year, and implemented by the 120th 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 240th 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 Discount: Discount applied to uninsured patients (see definition below) for medically necessary services. Exclusions to this discount apply and are contained within this policy.

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. This would include services that are not covered due to network limitations, exhausted insurance benefits, or other non-covered services.

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.

**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).

**Services Not
Eligible for**

Services not eligible for Financial Assistance include:

**Financial
Assistance from
NEBH**

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.

**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.

**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.

**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 (PBFG) 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.

**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.

**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.

**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.

**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.

**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.

**Uninsured
Discount
Amount and
Exclusions**

Patients/Guarantors who do not have health insurance and do not qualify for Masshealth or Financial Assistance, will have a 40% discount applied to the hospital and physician services as listed in Appendix 5 of the Financial Assistance Policy.

This discount is not available for the following services:

- Cosmetic Services
- Self-Pay Elect services (services in which there is already a dedicated self-pay fee schedule)
- Infertility Services
- Motor Vehicle Claims
- Gastric Bypass Services absent of a payers determination of medically necessity
- Items such as lens, hearing aids, implants and any other specialty purchased products
- Patient Convenience Items such as overnight stays which are not medically necessary

The Uninsured Discount will be applied at time of billing and is included in any estimate.

**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:

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

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

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

Income Level	Discount
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.

Appendix 4

**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 2024 equals 43.91%.

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 01/2025

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	MD
Ascione	Matthew	CRNA
Bellanti	Katherine	CRNA
Bloch	Matthew	MD
Busher	Ellen	PA
Cheney	Brittany	PA
Coombs	Matthew	NP
Cruz-Gervis	Roberto	MD
Damsgaard	Christopher	MD
Davis	Alexander	MD
Diaz Collado	Pablo	MD
Doherty	Michelle	NP
Dubinchik	Irina	MD
Dwyer	Michelle	NP
Frankel	Mark	MD
Frost	Lauren	CRNA
Grall	Emer	NP
Hartigan	Carol	MD
Haughton	Megan	NP

Provider Last Name	Provider First Name	
Hayek	Jihad	MD
Healy	Jennifer	NP
Hollenbeck	Brian	MD
Homsy	Farhat	MD
Hon	Stephanie	MD
Ionita	Mihaela	MD
Kabbash	Lynda	MD
Kasimati	Ivi	MD
Kazakin	Vladimir	MD
Kittredge	Elizabeth	CRNA
LaFave	Danielle	NP
Laho	Haki	MD
Le	Kiet	PA
Lehman	Danielle	PA
Martinez	Eugenio	MD
Martins	Juliana	PA
Mills	Janet	NP
Montalto	Heather	NP
Moses	Robert	MD
Mounsey	Tara	NP
O'Leary	Nancy	NP
Oppenheim	Kathleen	CRNA
Pastore	John	MD
Patel	Samir	MD
Peredna	Sarah	PA
Pieczyk	Monica	MD
Querfurth	Sheila	NP
Reddy	Indu Sarvana	MD
Reddy	Muralidharan	MD
Robishaw	Therese	NP, MSN
Schinis	Michael	CRNA
Schneiderman	Rebecca	PA, BA
Serrao	Richard	MD
Smith	Eric	MD
Spaho	Kristi	MD
Spilkova	Zornitsa	NP
Sullivan	Kristin	PA
Sun	Daniel	MD
Wollman	Lisa	MD
Woodbury	Virginia	NP
Yordanov	Svetla	MD
Zaidi	Sana	MD
Zodda	Lindsay	NP

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.

Provider Last Name	Provider First Name	
Abujaber	Samer	MD
Acash	Ghazwan	MD
Ackland	Michael	MD
Agarwal-Harding	Kiran	MD
Ahmed	Tarig	MD
Ahuja	Brian	MD
Aidun	Savarah	PA
Akhouri	Vimal	MD
Allison	Charles	MD
Almacari	Georges	MD
Al-Taweel	Ramy	CRNA
Ambrus	Claudia	CRNA
Ansevin	Carl	MD
Appleton	Paul	MD
Arndt	Kenneth	MD
Aronoff	Michael	MD
Artinian	Mihran Artin	MD
Ascione	Melissa	NP
Ashraf	Asad	MD
Aste	Michelle	NP
Attolino	Matthew	PA
Aung	Soe	MD
Ayers	Michael	MD
Azocar	Ruben	MD, MHCM
Bangash	Muhammad	MD
Baratz	Michael	MD
Barbeau	Deborah	MD, PhD, MSPH
Barko	Holly	MD
Basilico	Frederick	MD
Bastakoti	Subash	MD
Beden	Alyson	CRNA
Bellissimo	Darin	CRNA, DNP
Benson	Caroline	CRNA
Berg	Sheri	MD
Bergquist	Olivia	CRNA
Bindon	Joshua	MD
Bley	Louis	MD
Bloom	Hilary	CRNA

Provider Last Name	Provider First Name	
Bock	Matthew	DPM
Bogosian	Amy	CRNA
Bonaddio	Vincenzo	MD
Bonner	Mackenzie	PA
Bono	James	MD
Boustany	Ashley	MD
Bowman	Kathryn	MD
Bowman	Kim	MD
Brazier	Andrew	MD
Brown	Jennifer	CRNA
Brown	Amy	MD
Bruni	Stephan	NP
Bryan	Justin	PA
Bueno	Raphael	MD
Bukow	Hayley	PA, BS
Bunguri	Gentiana	MD
Burdo	Danielle	PA, MA, PT
Burke	Thomas	MD
Burns	Richard	CRNA
Butler	Schaillee	PA
Cain	Gregory	CRNA
Calkins	Tyler	MD
Camillo	Nathaniel	CRNA
Campagna	Allyson	PA
Carkner	Eric	MD
Casassa	Joseph	CRNA
Castro	Andrea	CRNA, DNAP
Celestin	Arthur	MD, MPH
Celestin	Frederic	MD
Chaikof	Elliot	MD, PhD
Chan	Samantha	PA
Chapman	Andrew	MD
Chin	Kimberly	NP
Chong	Minwook	CRNA
Christman	Mitalee	MD
Chung	Hyun Kee	MD
Clancy	Megan	CRNA
Clancy	Corinne	NP, MSN, BS
Clegg	Stephanie	MD
Cohen	Allyson	DPM
Colella	Meredith	MD
Connors	Grayson	DO
Consoletti	Brisa	NP, MSN

Provider Last Name	Provider First Name	
Cronin	Patrick	MD
Cuellar	Jennifer	CRNA
Curtis	Alan	MD
Dalton	Benjamin	CRNA
Dang	Nathaniel	NP
D'Ascanio	Chelsea	CRNA, DNP
Davis	Michael	PA
Davis	Robert	MD
Dawicki	Erin	PA
De Lima	Stheffany	LMHC, BS
De Meo	Karen	NP
De Peralta	Edgar	MD
DeAngelis	Joseph	MD
Dinh	Thanh	DPM
Doherty	Sean	MD
Dolan	Martin	MD
Dolloff	Lauren	PA
Donohue	Patrick	CRNA
Dover	Jeffrey	MD
Dow	Charles	MD
Dowlatshahi	Arriyan	MD
Drew	Jacob	MD
Dromgoole	Erin	CRNA
Eccher	Matthew	MD
Emerson	Madilyn	CRNA
Erdman	Jonathan	MD
Evangelista	Kathleen	CRNA
Evans	Patrick	PA
Falardeau	John	MD
Ferzoco	Stephen	MD
Finno	Mark	MD
Fitzgerald	Kimberly	PA
Flatto	Russell	MD
Florence	Sarah	PA
Foley	Mary	CRNA
Furnas	Rachel	PA
Galamaga	Robert	DO
Gale	Bennett	PA
Gallardo	Ashley	PA
Gandhi	Sapan	MD
Gao	Matthew	DO
Gardiner	Aaron	MD
Garfinkel	Jonathan	MD
Gerow	Daniel	DO
Ghobrial	Irene	PA

Provider Last Name	Provider First Name	
Gill	Thomas	MD
Gillen	Brianna	PA
Gillum	Codey	PA
Giurini	John	DPM
Gomolin	David	MD
Govindan	Sapna	MD
Grannatt	Kathryn	MD
Grasso	Amanda	PA
Green	Jennifer	MD
Griffin	Marilyn	MD
Guillaume	Richard	CRNA
Gupta	Vandana	MD
Halprin	Elizabeth	MD
Hamdan	Allen	MD
Hamdan	Shadi	MD
Haney	Amelia	CRNA
Hanna	Philip	MD
Haque	Asim	MD, PhD
Harper	Carl	MD
Harrington	Ryan	MD
Harris	Adam	MD
Healy	Ethan	MD
Herman	Scott	PA
Hernandez	Josephine	MD
Hester	John	DPM
Higgins	Sharon	NP
Hofmann	Kurt	MD
Hofmeister	Angelika	PA
Hogan	James	CRNA
Horigan	Anne	CRNA
Howard	James	CRNA
Huang	So-Min	CRNA
Hughes	Kevin	MD
Hwang	Raymond	MD
Ibrahim	Ishaq	MD
Ivanov	Svetlana	CRNA
Jacobs	Jamie	PA
Jawa	Andrew	MD
Johnson	Brian	NP
Johnson	Lindsay	DPM
Jones	Tamara	CRNA
Kafina	Martin	MD
Kaminer	Michael	MD
Kane	Kay	MD
Kapoor	Sonia	MD

Provider Last Name	Provider First Name	
Karinja	Sarah	MD
Karlson	James	MD
Kaufman	Michael	MD
Kaufmann	Kayla	PA
Keating	Lauren	PA
Kelleher	Alexis	NP
Kelly	Sean	PA
Kendale	Samir	MD
Kenney	Robert	PA
Kenniston	Julia	MD
Khan	Rashad	MD
Kico	Fioralda	NP
Kim	Young-Jo	MD
Kim	Karen	MD
Kim	David	MD
Kim	Peter	MD
Kimball	Hervey	MD
King	Kimberly	PA
Kirk	Kylene	PA
Kirsch	Jacob	MD
Kleinsorge	Kimberly	CRNA
Kocher	Mininder	MD
Kovacs	Stephen	MD
Krukonis	Christopher	PA
Kwon	Brian	MD
Labadie	Jessica	MD
Larrabee	Joan	MD
Larsen	Kenneth	DMin, PhD
Lazor	Marissa	MD
LeBlanc	Matthew	CRNA, RN
Leckie	Steven	MD
Lederman	Andrew	MD
Lee	Christie	PA
Lee	Larry	MD
Lee	Andy	MD
Lee	Sung	MD
Lehtonen	Eva	MD
Leinweber	Kathleen	MD, MA
LeRoy	Taryn	MD
Lester	Brian	MD
Levy	Nadav	MD
Li	Mengnai	MD, PhD
Liang	Patric	MD
Lilley	Tessa	PA
Linkiewicz	Christina	PA

Provider Last Name	Provider First Name	
Lococo	Daniel	NP
Lopez	Erica	NP
Lowney	Michael	DO
Lowney	Michael	DO
Lubrano	Michael	MD
Luz	Jennifer	MD
Ma	Haobo	MD, MSc, MPH
Macropoulos	John	PA
Maddox	Owen	MD
Madoff	Samuel	MD
Magit	David	MD
Maguire	Michael	CRNA
Makadia	Satya	MD
Malek	Junaid	MD
Mallur	Pavan	MD
Manning	Elena	DPM
Manty	Jessica	PA
Marcaccio	Christina	MD
Marcotte	Nicolas	MD
Marcoux	John	DPM
Margulian	Anna	MD
Martinelli	Sheri	PA
Mascarenhas	Daniel	MD
Masia	Shawn	MD
Matejka	Jan	MD
Matheney	Travis	MD
Matheos	Steven	MD
Matthews	Kheyila	CRNA
Mattimore	John	MD
Mattingly	David	MD
May	Alison	NP
Mayberry	Taylor	CRNA
Mazzaferro	Letitia	CRNA
McCafferty	Nicole	PA
McConville	Owen	MD
McDonnell	Keegan	CRNA
McGinnis	Elizabeth	CRNA
McKean	Alexis	PA
McKeon	Brian	MD
McKersie	Alicia	PA
Melton	David	MD, PhD
Merrell	Jennifer	MD
Miley	Gerald	MD
Miller	Katherine	NP

Provider Last Name	Provider First Name	
Miller	Leonard	MD
Miller	Suzanne	MD
Millhollin	Lauren	PA
Millis	Michael	MD
Minos	Lampros	PA
Mithoefer	Kai	MD
Mitsis	Fotini	CRNA
Mitzner	Lyle	MD
Modzelewski	Nicole	PA
Mohammed	Sanusi	NP
Mooradian	Sarah	CRNA, DNAP
Moore	Omar	MD
Moriarty	James	PA
Morin	Lisa	PA
Morris-Adams	Terryl	PA
Morrison	Timothy	CRNA
Morton	Laurel	MD
Mougarbel	Randa	NP
Mulroy	William	MD
Mulroy	Richard	MD
Murphy	Stephen	MD
Nahm	Frederick	MD
Nairus	James	MD
Nazemian	Ryan	MD, PhD
Neals	Ryan	PA
Nellore	Malleeswari	MD
Newman	Joel	MD
Nichol	Daniel	CRNA
Novak	Lisa	CRNA
Nwachuku	Emmanuel	MD
Obrien Donohue	Erin	CRNA
O'Connell	Noreen	CRNA
Oconnor	Patricia	CRNA
O'Connor	Emily	CRNA
Ohaegbulam	Chima	MD
O'Hara	Breelin	PA
Oliver	R. Scott	MD
Omojola	Melanie	CRNA
Osuch	Daniel	MD
Oswald	Natalie	PA
Owens	Casey	CRNA
Pacheco	Thomas	PA
Papavassiliou	Efstathios	MD
Parazin	Stephen	MD

Provider Last Name	Provider First Name	
Parisi	Laura	CRNA
Park	Diana	CRNA
Parminder	Amy	MD
Patel	Hiren	DO
Patel	Shivam	MD
Patz	Robert	MD
Pedlow	Frank	MD
Petrone	Brian	PA
Phelan	Jennifer	CRNA
Phillips	James	MD
Phillips	Tania	MD
Pilichowska-Roehling	Monika	MD, PhD
Pittman	Jason	MD, PhD
Pollard	Richard	MD
Polshin	Victor	MD
Porter	Cory	CRNA
Pugh	Emily	DPM
Pugliano	Vito	MD
Raduan	Fernando	MD
Rajanala	Susruthi	MD
Rakalin	Andrey	MD
Ramappa	Arun	MD
Ramirez	Christina	PA
Ramsden	David	MD
Rand	Jason	PA
Rand	Frank	MD
Rasla	John	DO
Reiley	Luz	MD
Ress	Richard	MD
Rice	Sarah	PA
Riemer	Kevin	DPM
Rightmire	Eric	MD
Robbins	Samantha	CRNA
Robles	Liliana	MD
Rockett	Sean	MD
Rodriguez	Edward	MD
Roessle	Susan	CRNA
Rohne-Garlapati	Daniela	DO
Rohrer	Thomas	MD
Rosenberg	Jacob	MD
Rosenthal	Jonathan	MD
Ross	Glen	MD
Roy	Adam	MD
Rozental	Tamara	MD
Rupp	Jennifer	CRNA

Provider Last Name	Provider First Name	
Russo	Thomas	MD
Sabra	Amin	MD
Samaha	Kevin	PA
Sambaziotis	Chris	MD
Sang	Delia	MD
Sarni	James	MD
Sauro	James	PA, PT
Schena	Anthony	MD
Schermerhorn	Marc	MD
Schott	Trevor	MD
Schurko	Brian	MD
Seifollahi	Alexandra	NP
Sen-Gupta	Indranil	MD
Servais	Andrew	MD
Sganga	Michael	DPM
Shad	Asfa	DO
Shah	Maitriyi	MD
Shah	Vivek	MD
Shah	Agam	MD
Shah	Sarav	MD
Shahal	Talya	MD
Sheen	Volney	MD
Shneker	Bassel	MD
Shoji	Monica	MD
Siegal	Carolyn	DPM
Sikora	Brooke	MD
Simoes	Andrea	CRNA, DNP
Simon	Josef	MD
Skoff	Hillel	MD
Slovenkai	Mark	MD
Smartt	Anne	MD
Smith	Steven	MD
Smith	Jodi	MD
Sobell	Jeffrey	MD
Spitz	Damon	MD
Stangenberg	Lars	MD, PhD
Stanwood	Walter	MD
Steinberg	Lon	MD
Stella	Vincent	PA
Steuer	Alexa	MD, MPH
Stiles	Justin	MD
Stocksdale	Elizabeth	CRNA
Stoker	Geoffrey	MD
Stout	Molly	MD
Stults	William	MD

Provider Last Name	Provider First Name	
Sullivan	Jennifer	CRNA
Sung	Jinsil	MD
Sutherland	Aggie	NP
Swan	Brendan	PA
Swanson	Jeffrey	MD
Sylvia	Wendi	CRNA
Talmo	Carl	MD
Tamez Aguilar	Hector	MD
Tanner	Adriana	MD
Tase	Krist	MD
Thomas	Aaron	MD
Tierney	John	DO
Tighe	Kimberly	PA
Travers	Robin	MD
Tremmel	Joseph	PA
Tsai	Thomas	MD
Tsay	Minghan	MD
Turner	Julianna	PA
Tyson	Samantha	CRNA
Urbanek	Caroline	PA
Uthayashankar	Arun	MD
Valdez Arroyo	Sherley	MD
Van Flandern	Geoffrey	MD
Velasquez	Adrian	MD
Vieira	Brittany	MD
Vitale	Caitlin	CRNA
Votta	Jennie	NP, DNP
Walsh	Tomas	MD
Wang	Andrew	MD
Ward	Daniel	MD
Wardeh	Anas	MD
Warner	Jon J.	MD
Weiss	Matthew	MD
Weitzel	Paul	MD
Wetzner	Steven	MD
Whetstone	Leanne	PA
White	Andrew	MD
White	Peter	DO
Winchell	Emily	PA
Winn	Julie	PA
Wixted	John	MD
Wolfe	Alexandra	PA
Woodard	Eric	MD
Wright	Stephen	PA
Wuerz	Thomas	MD

Provider Last Name	Provider First Name	
Wyers	Mark	MD
Yee	Nancy	NP
Yuyun	Matthew	MD, MPhil, PhD
Zabitski	Joseph	MD
Zannikos	Symeon	MD
Zavarin	Michael	MD
Zephrani	Alon	PA
Zilberfarb	Jeffrey	MD
Zucco	Liana	MD

Updated 07/2025

Appendix 6

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:

FINANCIAL ASSISTANCE NOTICE

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

Date	Action
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
April 2024	Revised Policy approved by BILH EVP/CFO and NEBH Board Treasurer as Authorized Body of the Board
