

Policy Statement

It is our Ambulatory Surgery Center's (ASC's) policy to provide medically necessary care at no cost to qualified patients of our Surgery Centers, and to significantly discount medical care costs to others who cannot afford the full cost of care, including but not limited to, those ASC patients faced with financial hardship due to medical misfortune.

Our Surgery Center is committed to providing financial assistance to patients who have sought medically necessary care at our ASC's but have limited or no means to pay for that care. Our Financial Assistance Program (FAP) refers to what is commonly known as Charity Care. Our ASC follows the generally accepted accounting principles for the accounting of our charity care provided.

It is also the policy and practice of our ASC's to adhere to any and all applicable federal, state, and local laws and any contractual obligations which may be associated with the contents and subject matter contained in this document.

Providers Not Subject to this FAP

Certain services provided at our ASC's by a physician, physician assistant, nurse anesthetist or other professionals employed by Southern Pain and Spine Associates, or 3rd party medical staff/services, are not covered under this ASC FAP. Specifically, services provided by Southern Pain and Spine Associates and 3rd party contracted groups like Anesthesia groups, are not covered by this ASC FAP.

Services Eligible Under This FAP

Financial Assistance eligibility will be extended to Qualifying Patients who receive Medically Necessary Care. Other medical services rendered by and at our ASC's may be reviewed on a case-by-case basis after the appropriate approval process.

Community Benefit

The ASC Financial Assistance Program is intended to assist patients in paying for necessary healthcare services. Our ASC establishes Indigent, Charity, and Discount programs which meet State Health Planning Agency Requirements. Annually, each ASC completes the State Health Planning Survey, which reports individual ASC Indigent/Charity activity to the state. OCH requires that our ASC's complies with the following:

- Provide medically necessary care for no charge to persons with incomes at or below 125% of the FPG; and
- Provide medically necessary care for no charge or a sliding fee scale for persons with incomes between 126% and, at a minimum, 200% of FPG; and
- Provides that at no time will individuals eligible for Financial Assistance Policy, be personally responsible for paying more than the specified AGB.

To determine indigent or financial assistance (charity care) status, our ASC may use a full and complete FAP Application, review credit reports, other publicly available information to evaluate patient/guarantor income and assets, use an automated system or technology, executive administrative evaluation, or internally available information to determine eligibility. If a patient/guarantor does not apply for Financial Assistance under this FAP, or we are not otherwise informed of one's eligibility, normal collection activities will ensue which may include up to the use of ECAs.

Our ASC may, at its sole discretion, elect to utilize automation or technology to determine probable eligibility, prior to any account going to bad debt or during the application and/or notification periods as defined above. The level of automation logic currently in use at our ASC varies based on the specific configurations for each patient account and is subject to change. In general, the use of technology and proprietary information available allows for the determination of a modeled assessment to reasonably determine financial capability, financial need or payment ability and is evaluated through the use of a consistently applied algorithm that is proprietary in nature by the service provider. The output of the evaluation for these types of services is provided as a gradient measure such as an alpha, numeric or color score with a defined scale providing a low, medium, high and unable to determine assessment outcome. This evaluation is commonly referred to throughout the healthcare industry as Propensity to Pay (P2P) scoring. Our ASC's have determined that a low ability and low propensity to pay, represents probable evidence that the patient qualifies for Indigent Care. Our ASC may seek further information to qualify the patient, however, further qualification or proof is not required under the FAP.

Other special circumstances may qualify a patient for full Indigent or sliding scale discounts at the discretion of the ASC. Special circumstances may include but are not limited to:

- Patient deceased, with verification that there is no estate.
- Catastrophic medical event or incident.
- Verified homelessness.