Financial Assistance Program

I. PURPOSE

The policy describes the financial assistance provided to qualifying low income patients for emergency and medically necessary care services provided at Woman's Hospital and its associated clinics, including the LSU Clinic which is operated in partnership with LSU and the Louisiana Department of Health (LDH).

II. POLICY

Woman’s Hospital is a non-profit organization with a mission to improve the health of women and infants. It is a leader in women’s and family-centered care with the following values.

- Respect – Accepting and appreciating differences; Woman’s Hospital welcomes diversity and seeks to understand differences in cultures, opinions and perspectives.
- Innovation – Creating and embracing change to improve outcomes; Woman’s Hospital improves lives by accepting challenges, never giving up and relentlessly nurturing new ideas.
- Compassion – Showing kindness to and caring for one another; Woman’s Hospital is gentle and considerate through our actions and expressions.
- Excellence – Being the best at what we do; Woman’s Hospital strives to exceed the expectations of our co-workers, patients and guests.

Patients qualifying for financial assistance will receive free or discounted care for emergency and medically necessary services. This policy is intended to comply with federal and state laws. Woman’s Hospital will not discriminate on the basis of age, sex, race, creed, color, disability, sexual orientation, or national origin when making a determination for assistance. Financial assistance is available to patients who are residents of the service area, including residents who are not citizens of the United States of America but have established a residence in the service area.
III. DEFINITIONS

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

**Amount Generally Billed:** The amount generally billed (AGB) is a rate determined using a look-back method. The amount of the expected payment from a patient, or a patient’s guarantor, determined eligible for financial assistance, will not exceed the AGB rate. The AGB rate will be calculated based on allowed claims for patients covered by Medicare fee-for-service, Medicaid and all private insurers.

**Charity Care:** Assistance provided to patients of the LSU Clinic, or the patient’s guarantor; if the patient is uninsured, a resident of Louisiana, and eligible based on income criteria. Assistance will also be extended to charity care-eligible patients of the LSU Clinic for related OB/GYN services that are provided at Woman’s Hospital.

**Family Income:** An applicant’s family income includes the gross income for all adult members of the family living in the household and included on the most recent federal tax return. For patients under 18 years of age, family income includes that of the parents, and/or step-parents, or legal guardian. If the patient lives in one parent’s household, the family income for those living in that household will be considered.

The following sources of income will be considered in determining eligibility for assistance: earnings, unemployment compensation, workers’ compensation, Social Security payments, public assistance, veterans’ payments, survivor benefits, pension or retirement income, alimony, child support, interest, dividends, and any other source of miscellaneous income.

Family income is determined on a before tax basis.

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

**Financial Assistance:** Assistance provided to eligible patients, or guarantors, to relieve them of all or part of their financial obligation for emergency or medically necessary care provided by Woman’s Hospital.

**Free Care:** A 100% waiver of patient financial obligation for eligible medical services provided by Woman’s Hospital to uninsured and underinsured patients, or their guarantors, with annualized family incomes at or below 200% of the Federal Poverty Level.
**Guarantor:** An individual other than the patient who is responsible for payment of the patient’s bill.

**Gross charges:** Total charges at the full-established rate for the provision of patient care services prior to making allowances or deductions from revenue.

**LSU Clinic:** The LSU Clinic is operated by Woman’s Hospital in partnership with LSU and Louisiana Department of Health.

**Medical Indigency:** Applicants with annualized gross family income in excess of the Federal Poverty Level thresholds for free or partial care discounts may qualify for assistance when family medical expenses incurred during the previous six months are considered. The total out-of-pocket medical expenses from any healthcare provider incurred in the previous six months by members of the applicant’s family living in the household and included on the most recent federal tax return will be subtracted from the gross family income. This adjusted family income figure will then be used to determine eligibility for assistance.

**Medically Necessary:** Defined by the State Medicaid program in Louisiana as those health care services that are in accordance with generally accepted evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.

**Partially Discounted Care:** A discount of 60% will be granted on eligible medical services provided by Woman’s Hospital to uninsured and underinsured patients, or their guarantors, with annualized family income over 200% and equal to or less than 300% of the Federal Poverty Level to provide relief of the patient’s financial obligation for such services.

**Qualification Period:** Applicants determined eligible for financial assistance will be granted assistance for a period of six (6) months from the date of determining eligibility. Financial assistance will apply retroactively to charges for eligible services incurred within 240 days of the first post-discharge billing statement.

**Service Area:** The primary service area is Ascension, East Baton Rouge, Livingston, and West Baton Rouge parishes. The secondary service area includes all other parishes in the State of Louisiana. Only residents of the primary or secondary service area are eligible for charity care. Woman’s Hospital has the discretion to extend financial assistance to out-of-state applicants based on the particular facts and circumstances on a case by case basis.
**Underinsured Patient:** An individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by Woman’s Hospital.

**Uninsured Patient:** A patient with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and Tricare,) Worker’s Compensation, or other third party assistance to assist with meeting a patient’s payment obligations.

**IV. ELIGIBLE SERVICES**

Services eligible under this policy must be clinically appropriate and within generally accepted medical practice standards. They include the following services of healthcare providers employed by Woman’s Hospital and delivered in Woman’s Hospital facilities.

1. Emergency medical services provided in an emergency setting. Care provided in an emergency setting will continue until the patient’s condition has been stabilized prior to any determination of payment arrangements.

2. Medically necessary services, for example, inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms.

3. Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient.

4. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.

Services not eligible for financial support include the following:

1. Elective procedures and procedures that are not medically necessary.
2. Cosmetic surgery, fertility clinic procedures, and bariatric procedures not covered by insurance.
3. Services received in Woman’s Hospital facilities but from providers not employed by Woman’s Hospital. Such services may include those provided by: radiologists, anesthesiologists, neonatologists, pathologists, and other specialists. Patients are encouraged to contact these providers directly to inquire about assistance they may provide for their services.
4. Physician services delivered at the LSU Clinic are provided by physicians who are not employed by Woman’s Hospital. These physicians are not covered under this policy and patients are encouraged to contact these
physicians directly to inquire about assistance they may provide for their services.

For a list of providers or services covered under this policy, see attached Appendix I. Woman’s Hospital maintains a list of providers, which is available upon request and free of charge.

V. EMERGENCY MEDICAL SERVICES

Woman’s Hospital will care for emergency conditions, or a medical screening examination to determine whether an emergency medical condition exists, to those patients seeking such care, or for whom a representative has made a request if the patient is not able to do so, regardless of a patient’s financial status. Such treatment will not be delayed in order to screen for financial assistance, inquire into methods of payment, or insurance coverage or status. Collection actions that may discourage people from seeking emergency medical care are prohibited under the Woman’s Hospital policy.

VI. ELIGIBILITY AND ASSISTANCE

Assistance will be extended to uninsured and underinsured patients, or a patient’s guarantor, based on family income, residency, and medical obligations (see Appendix II). Patients, or patients’ guarantors, are expected to cooperate with the application process outlined in this policy to obtain financial assistance. The applicant will submit a fully completed financial assistance application with documentation prior to the rendering of services if possible.

Applicants that are potentially eligible for Medicaid but that do not apply for such benefits within Medicaid time limits may be denied financial assistance.

Financial assistance is typically not available for patient co-payments or balances after insurance when a patient fails to comply reasonably with insurance requirements, such as those associated with coordination of benefits.

Full Free Care: The full amount of Woman’s Hospital charges will be deemed covered under charity care for uninsured patients, or financial assistance for any uninsured or underinsured patient, or patient guarantor, whose annualized gross family income is equal to or less than 200% of the federal poverty level. This assistance will be granted to insured patients after all third party payment options available to the applicant have been exhausted.

Discounted Care: Woman’s Hospital provides a partial discount of 60% to any uninsured patient covered under charity care, or any uninsured or underinsured patient, or patient guarantor, with annualized gross family income greater than 200% but equal to or less than 300% of the federal poverty level. This assistance will be granted to insured patients after all third party payment options available to the applicant have been exhausted.
**Medical Indigency:** Woman’s Hospital may provide financial assistance to patients, or patient guarantors, after reducing annualized family income by the amount of the family medical expenses incurred during the six month period prior to the date of application. In such cases, total out-of-pocket medical expenses from any healthcare provider incurred in the previous six months by members of the applicant’s family living in the household and included on the most recent federal tax return will be subtracted from the gross family income. This adjusted annual family income figure will then be used to determine eligibility for assistance.

The amount of financial assistance to one individual shall not exceed $60,000.00 without the approval of the Chief Executive Officer.

**VII. AMOUNTS GENERALLY BILLED**

Woman’s Hospital has elected to use a look-back method for determining the amount generally billed (AGB). Under this method, Woman’s Hospital calculates the percentage discount annually on allowed claims for emergency and other medically necessary care provided to patients covered by Medicare fee-for-service, Medicaid and all private insurers. The AGB percentage will be updated annually. Patients determined eligible for financial assistance will not be expected to pay gross charges for eligible services while covered under this financial assistance policy. Questions concerning the calculation of the AGB should be directed to:

Woman’s Hospital
Attn: Patient Accounting
8850 Airline Highway
Baton Rouge, LA 70815
(225) 924-8106

**VIII. APPLYING FOR FINANCIAL ASSISTANCE**

Eligibility determinations for assistance will be based on the Woman’s Hospital policy and an assessment of the applicant’s financial need. Patients will be offered information on the financial assistance policy and the process for submitting an application. Applications may be submitted up to 240 days after the date of the first post-discharge statement.

Woman’s Hospital will make a reasonable effort to explain the benefits of Medicaid and other available coverage programs to patients, or a patient’s guarantor. Woman’s Hospital will assist patients, or patients’ guarantors, in applying for coverage programs that may pay for healthcare services. Patients, or their guarantors, identified as potentially eligible for Medicaid or other programs, are expected to cooperate and apply for such programs. Patients, or
their guarantors, choosing not to cooperate in applying for such programs may be denied financial assistance.

When an applicant submits an incomplete financial assistance application, a written notification will be sent to the applicant outlining the required information or documentation necessary to complete the application. The applicant will be informed that this information must be received within 30 days of the date the notification was postmarked. If the necessary information needed to complete the application is not submitted within the 30 day timeframe, the request for assistance may be denied.

Information on this financial assistance policy will be communicated to patients in easy-to-understand, culturally appropriate language, and in the primary language spoken by the lesser of 1,000 or 5% of the residents in communities comprising the Woman’s Hospital primary service area.

**Documentation:**
Eligibility for assistance is based on financial need of the applicant at the time of application. In general, documentation must be submitted with an application for assistance. If adequate documentation is not provided, Woman’s Hospital will contact the applicant seeking the requisite information.

The following income documentation will be used to determine annualized family income.

1.) Copies of the two most recent pay stubs (if pay stubs are not available, the adjusted gross income from the most recent federal income tax return may be substituted).

2.) If self-employed, a copy of the federal tax return from the most recent tax year including all schedules, W-2s, and 1099s.

3.) If unemployed: verification of any compensation received. For example: unemployment compensation, workers compensation, self-attestation of income or support being provided to applicant.

4.) Supporting documentation, as needed to verify other sources of income, such as benefit determinations, bank statements, or copies of the most recent federal tax return.

Those applying for medical indigency will be required to provide proof of outstanding medical obligations. Medical expenses from Woman’s Hospital and/or other healthcare providers incurred during the six months prior to the date of application will be taken into account in determining eligibility.
Documentation of medical expense:

Applicants are required to provide a patient statement or invoice as proof of patient responsibility.

Financial assistance inquiries, requests for help in completing an application, or completed applications are to be directed to the following office:

Woman’s Hospital  
Attn: Financial Assistance Counselor  
100 Woman’s Way  
Baton Rouge, LA 70817  
Telephone (225) 924-8354

IX. PRESUMPTIVE ELIGIBILITY

Charity Care: Woman’s Hospital will utilize a healthcare industry-recognized presumptive eligibility screening model that is based on public record databases to streamline the process of qualifying patients of LSU Clinic for charity care. This predictive model incorporates public record data to calculate a socio-economic and financial capability score that includes estimates for income and financial need.

The electronic technology is designed to assess each patient according to the criteria of this policy and is calibrated against historical approvals for Woman’s Hospital charity care provided to LSU Clinic patients under the traditional application process. The data returned from this electronic eligibility review will constitute adequate documentation for charity care under this policy.

When electronic screening is used as the basis for presumptive eligibility, a full free care discount will be granted for eligible services.

If a patient does not qualify under the presumptive eligibility screening process, the patient may apply for charity care by submitting an application through the typical process.

Financial Assistance: Woman’s Hospital realizes that certain patients may be non-responsive to the financial assistance application process. Under these circumstances other sources of information may be used to make an individual assessment of financial need. This information will allow for an informed decision on the financial need of these non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

Woman’s Hospital will utilize a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capability score that
includes estimates for income and financial need.

The electronic technology is designed to assess each patient according to the criteria of this policy and is calibrated against historical approvals for Woman’s Hospital financial assistance under the traditional application process.

Utilization of this electronic technology will occur prior to bad debt assignment. Bad debt assignment will only occur after all other eligibility and payment sources have been exhausted. This allows all patients to be screened for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

When electronic screening is used as the basis for presumptive eligibility, a full free care discount will be granted for eligible services for retrospective dates of service only. If a patient does not qualify under the presumptive eligibility screening process, the patient may apply for assistance by submitting an application through the typical financial assistance process.

Patient accounts granted presumptive eligibility will be classified as financial assistance. They will not be sent to collection, will not be subject to further collection actions, will not be sent a written notification of their electronic eligibility qualification, and will not be included in the hospital’s bad debt expense.

X. QUALIFICATION PERIOD

Determinations of eligibility for assistance are typically made within two weeks of receiving a completed application. Applicants will be sent a notification of their eligibility determination. When eligibility is approved, Woman’s Hospital will grant assistance for a period of six months. Financial assistance will also be applied to unpaid bills incurred for eligible services that are within 240 days of the first post-discharge statement. Assistance will not be denied based on failure to provide information or documentation that is not required in the policy or on the application.

An applicant that has been denied assistance may re-apply at any time there has been a change of income or status.

XI. NOTIFICATION OF FINANCIAL ASSISTANCE

Information on Woman’s Hospital financial assistance policy will be available to patients and the community. The policy, an application and a plain language summary of the policy will be available on Woman’s Hospital website. http://www.womans.org/patients-and-visitors/billing-and-insurance/
Information on financial assistance will be offered to patients upon admission to or discharge from Woman’s Hospital and its associated clinics, including the LSU Clinic. Patient billing statements will include a conspicuous notice describing the availability of, and how to obtain information on, financial assistance. Signs are posted in the admitting and emergency departments instructing individuals about how to obtain information on financial assistance.

Woman’s Hospital will also distribute financial assistance informational materials to agencies and non-profit organizations serving the low-income populations in the hospital’s service area.

XII. RELATED POLICIES
Information on the Woman’s Hospital Billing and Collection Policy may be obtained by contacting:

Woman’s Hospital  
Attn: Patient Accounting  
8850 Airline Highway  
Baton Rouge, LA 70815  
(225) 924-8106

XIII. POLICY APPROVAL
The Woman’s Hospital Board of Directors approved this policy. The financial assistance policy is subject to periodic review. Significant changes to the policy will be reviewed and approved by the Woman’s Hospital Board of Directors.

Approved: 9/26/2016
### Appendix I

**Physicians Covered by the Woman’s Hospital Financial Assistance Policy**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Virginia</td>
<td>Alfred</td>
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<tr>
<td>Jan</td>
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<td>Donald</td>
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<td>Albert</td>
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<td>Edison</td>
<td>Foret</td>
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<tr>
<td>Milton</td>
<td>Fort</td>
</tr>
<tr>
<td>Susan</td>
<td>Futayyeh***</td>
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<td>Alec</td>
<td>Hirsch</td>
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<td>Charlotte</td>
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<tr>
<td>Joseph</td>
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<td>Robert</td>
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<td>Schexnayder**</td>
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<td>Gerald</td>
<td>Stack</td>
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<tr>
<td>Marshall</td>
<td>St. Amant</td>
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<td>Duane</td>
<td>Superneau**</td>
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<tr>
<td>Edward</td>
<td>Veillon</td>
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**Physicians Not Covered by Woman’s Hospital Financial Assistance Policy**

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Eric</td>
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<td>Mathew</td>
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<td>Donna</td>
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<td>John</td>
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<td>Ghanim</td>
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<td>Brent</td>
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<td>Dwayne</td>
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<td>William</td>
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<td>Ronald</td>
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<td>Jada</td>
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<td>M</td>
<td>Asbahi</td>
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<tr>
<td>Charles</td>
<td>Aycock</td>
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<td>Waref</td>
<td>Azmeh</td>
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<tr>
<td>Jill</td>
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Nancy Davis
Paul Davis
Sarah Davis
Herschel Dean
John Dean
Robert Dean
Amber Denham
Jeffrey Deyo
Mary Dickerson
Ryan Dickerson
Mary Dobson
Lucius Doucet
Robert Drumm
Zarius Drummond
Leonid Dubrovsky
Heber Dunaway
Joseph Dupont
Michael Dupre'
Charles Eberly
Tonya Jo Eichelberger
Kathryn Elkins
Rodger Elofson
Andrew Elson
April Erwin
Dana Fakouri
Shaban Faruqui
Shaista Faruqui
Gregory Fautheree
Steven Feigley
Steven Felix
Gregory Ferrara
Aimee Ferrell
Gary Field
Robert Fields
Ronald Fields
Kelly Finan
Andriette Fitch
Michelle Flechas
T'lane Folse
Daniel Fontenot
James Ford
Sandra Franz
Andrew Freel
Michael Frierson
James Froelich
Jill Fruge
Christopher Funes
Susan Futayyeh***
Venkata Satish Gadi
Lisa Gamble
James Gardner
Lisa Gautreau
Dariusz Gawronski
Gregory Gelpi
Lois Gesn
Brad Giarrusso
Keith Gibson
Geoffrey Gillen
Paul Giorlando
Kaiyan Gonugunta
Stephen Gordon
Stewart Gordon
Amanda Gorena
Garland Green
Marcia Gremillion
Mandy Grier
Joseph Griffin
Robert Grissom
Jennifer Guidroz
David Guidry
Kathy Guidry
Samantha Gulino
Lauren Haddad
Michael Hailey
Michael Hanemann
Faith Hansbrough
Thomas Hansbrough
David Hanson
Andrew Hargroder
Nicole Harrell
Jennifer Harris
Renee Harris
Shana Hart
Anthony Harton
David Hastings
Mark Hausmann
Robert Hayden
Bolling Haygood
Cullen Hebert
Mitchell Hebert
Helen Hedgemon
Sharon Hedges
Boyd Helm
Francis Henderson
Gregory Henkelmann
Gregory Heroman
Laura Hetzler
David Hill
Cammie Hilliard
Jeannemarie Hinkle
Meredith Hitch
Rufus Hixon
Jennifer Hogan
Wendy Holden-Parker
Henry Hollier
Nicolle Hollier
Charlotte Hollman**
Christina Holmes
Thomas Horsman
Joseph Howell*
Brett Hutchinson
Jennifer Jastram-Belcher
M Jayasankaran
Jay JhunJhunwala
Sheldon Johnson
Allen Joseph
Narayanan Karayil-Thekkoot
Catherine Katzenmeyer
William Katzenmeyer
Richard Kearley
Stephanie Kelleher
Steven Kelley
Shaun Kemmerly
Ted Kemp
Azeem Khan
James Kidd
Benjamin Kidder
Kevin Kilpatrick
Andrew King
Maurice King
Diane Kirby
Angelle Klar
Kenneth Kleinpeter
Shawn Kleinpeter
Lloyd Klibert
Alicia Kober
Robert Koscick
William Kubricht
Ann Lafranca
James Lalonde
Lance LaMotte
Robert Landry
Scott Landry
Andrew Lauve
Charles Lawler
Lisa Le
Stuart LeBas
Karl LeBlanc
Lakisha Lee
Sharon Lee
Sandy Reed
Kent Rhodes
Vernon Rhynes
Jonathan Richards
Susan Richarme
Catherine Riche
Claire Roberts
Evens Rodney
Michael Roppolo
Kirk Rousset
James Ruiz
William Russell
Michele Salassi
Jones Samuel
Darryl Sanches
Erick Sanchez
Lauren Sanders
Mary Sanders
Patricia Scallan
Jon Schellack
Lalania Schexnayder*
Michael Schexnayder
Ayme Schmeeckle
Kellie Schmeeckle
Patricia Schneider
Scott Schuber
John Schwab
Glen Schwartzberg
Cheree Schwartzenburg
Edward Schwartzenburg
Ellis Schwartzenburg
George Schwartzenburg
Dominick Scimeca
Kelly Scrantz
Elizabeth Seiter
Kenyatta Shamlin
Amie Shannon
Joel Silverberg
James Sim
John Simmons
Rosalyn Slaughter
Edward Sledge
Bradford Smith
Henry Smith
Kenneth Smith
Anna Smither
Curtis Solar
Kay Solar
Scott Soleau
Mehdi Soltani
Allison Vitter
Cynthia Voelker
James Wade
Mark Waggenspack
Paul Waguespack
Charles Walker
David Walker
Paul Walker
Tracy Wallace
Douglas Walsh
Jingya Wang
Meredith Warner
Marvin Weaver
Brian Webb
Jonathan Weiler
Jonathan Welden
Ashli West
Kortney West
Jordan Whatley
Rebecca Whiddon
Laurie Whitaker
Sarah Wilks
Ashley Willett
Jacqueline Williams
John Williams
Karen Williams
Pamela Williams
Scott Williams
Thomas Wills
Elizabeth Winters
Rachel Wissner
Robert Witcher
Mark Wofford
Charles Wood
Danny Wood
James Wood
Gretchen Yandle
James Yegge
Lauren Zatarain
Terry Zellmer
Dawn Zitman

*Woman’s Hospital Financial Assistance Policy only applies to services provide in Dr. Howell’s Woman’s Hospital office location.*

**Woman’s Hospital Financial Assistance Policy applies only to services provided in the Woman’s Hospital Specialty Clinic.**

***Woman’s Hospital Financial Assistance Policy applies only to hospitalist services provided in the Woman’s Hospital Assessment Center.***
## APPENDIX II

<table>
<thead>
<tr>
<th>Type of Assistance</th>
<th>Annualized Family Income</th>
<th>Insurance Status</th>
<th>Level of Assistance</th>
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</thead>
<tbody>
<tr>
<td>Charity Care*</td>
<td>Up to 200% FPL</td>
<td>Uninsured</td>
<td>100% Discount</td>
</tr>
<tr>
<td></td>
<td>Over 200% FPL but equal to or less than 300% FPL</td>
<td>Uninsured</td>
<td>60% Discount</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>Up to 200% FPL</td>
<td>Uninsured or Underinsured</td>
<td>100% Discount</td>
</tr>
<tr>
<td></td>
<td>Over 200% FPL but equal to or less than 300% FPL</td>
<td>Uninsured or Underinsured</td>
<td>60% Discount</td>
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<tr>
<td>(Assistance for underinsured applies to patient obligation balances due after insurance adjudication is complete.)</td>
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<td></td>
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<tr>
<td>Medical Indigency</td>
<td>Adjusted Income up to 200% FPL</td>
<td>Uninsured or Underinsured</td>
<td>100% Discount</td>
</tr>
<tr>
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<td>Adjusted Income over 200% FPL but equal to or less than 300% FPL</td>
<td>Uninsured or Underinsured</td>
<td>60% Discount</td>
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<td>(Adjusted Income = Annual Family Income - Total Family Out-of-Pocket Medical Expenses incurred in six months prior to application date)</td>
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<tr>
<td>(Assistance for underinsured applies to patient obligation balances due after insurance adjudication is complete.)</td>
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*Charity Care is available to uninsured Louisiana residents who are patients of the LSU Clinic for clinic visits and related OB/GYN services provided at Woman’s Hospital.