Woman's Hospital Foundation Baton Rouge, Louisiana Administrative Policy Manual

APPROVAL:

Administrative Policy No: 118 Effective Date: 10/98

Teri G. Fontenot President and CEO Review/Revision Dates: 5/99, 9/04, 06/06, 2/09, 9/11, 10/16

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 ELIGIBLITY

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

Virginio	Alfred
Jan	Benaet
Donald	Blue
Jeffrey	Broaux
Dennis	DeSimono
Albert	Dikot
Temmy	Dopuy
Edison	Forel
Millon	Fort
Susan	Futayyehtti
Alec	Hesch
Charlotte	Hollman**
Joseph	Howell*
Michaol	Loggio
Robert	Moore
Mar K	Newman
Joseph	Ortenberg**
Martha	Paterson
Michael	Puyau
Lalama -	Schexnayder**
Gerald	Stack
Morshall	St. Amant
Duane	Superneau
E dward	Veillon

Doctory Covered by the Woman's Hospital Financial Assistance Policy

Doctors Not Covered by Woman's Hospital Financial Assistance Policy

MathewAbromsDoonaAdamsJasonAdamsRamonAizportiaRamonAizportiaSatyaprasadAlapatiJohnAlbertyOhanimAlportiaBrentAllainDwayneAndersonWilliamAndersonRonaldAndrowaTimothyAndrosAngeloAnnaloroJadaArenstrongMAsbahiCharlesAycookWarefAzmohJiljBader	Enc	Abraham
Jason Adams Ramon Aizportia Satyaprasod Alepati John Alberty Chanim Aljomah Brent Allain Dwayne Anderson William Anderson Ronald Androws Timothy Andrus Angelo Annaforo Jada Arenstrong M Asbahi Charles Aycock Warel Azmoh	Mathew	Abrams
RamonAizportiaSatyaprasadAlapatiJohnAlbertyJohnAlbertyOhanimAljomahBrentAllainOwayneAndersonWilliamAndersonRonaldAndrowsTimotbyAndrusAngeloAnnaloroJadaArenstrongMAsbahiCharlesAycookWarefAzmoh	Doona	Adams
Satyaprasad Alapab John Alberty Ghanim Aljomah Brent Allain Dwayne Anderson William Anderson Ronald Androwa Timothy Andrus Angelo Annaforo Jada Arenstrong M Asbahi Charles Aycook Waref Azmoh	Jason	Adams
John Alberty Ghanim Aljomah Brent Allain Dwayne Anderson William Anderson Ronald Androws Timothy Andrus Angolo Annaforo Jada Arenstrong M Asbahi Charles Aycook Warel Azmoh	Ramon	Aizportia
Chanim Aljomah Brent Allain Dwayne Anderson William Anderson Ronald Androws Timothy Andrus Angelo Annaforo Jada Arenstrong M Asbahi Charles Aycook Warel Azmoh	Satyaprasod	Alepati
BrentAllainOwayneAndersonWilliamAndersonRonaldAndrowsTimothyAndrosAngoloAnnaloroJadaArmstrongMAsbahiCharlesAycookWarelAzmoh	John	Alberty
OwayneAndersonWilliamAndersonRonaldAndrowaTimothyAndrosAngoloAnnaloroJadaArmstrongMAsbahiCharlesAycookWarelAzmoh	Chanim	Aljamah
William Anderson Ronald Androws Timothy Andrus Angolo Annaforo Jada Armstrong M Asbahi Charles Aycock Waref Azmoh	Brent	Allain
Ronald Androwa Timothy Andrus Angolo Annaforo Jada Aranstrong M Asbahi Charles Aycock Warel Azmoh	Owayne	Anderson
Timothy Andrus Angolo Annaloro Jada Armstrong M Asbahi Charles Aycook Warel Azmoh	William	Anderson
Angelo Annaforo Jada Armstrong M Asbahi Charles Aycook Warel Azmoh	Ronald	Androws
Jada Armstrong M Asbahi Charles Aycock Waref Azmoh	Timothy	Andrus
M Asbahi Charles Ayoook Warel Azmoh	Angolo	Annaforo
Charles Aycook Warel Azmoh	Jada	Armstrong
Waref Azmoh	M	Asbahi
	Charles	Aydock
Jill Bader	Waref	Azmob
	941	Bader

Dobra Bachr James Bagot Susan Bankston Louis Barheld Phillip Barksdale. Dawn Barrient Mahesh. Beswoody. Batoman Dowitt. Donnie Hate: Robert не Limothy Bella Bellanger. Drake Charles Borggreen Rajat Bhushon Bryan Bionvenu Andrew Black Reau Black Gordon Glanchard. Meagan Blanchard Kennoth Blue Emmoloigh. Rock Robyn Rectored JoNell Holton Michael Botton Ronald Bombot Britam Bonodona Everote Bonnee Ryen Boone 1 estio Bostick Peter Unstick Onthenne Deston Boodreaux Allyson Ke∥y. Boodreaux Boudroaux Laura Boudreaux Rebecca Bourgeois Johe Bowie **Charles** Bowie Mindy Cynthia: Boyer Brantiny John Braud Choryl Stephon Breaud Damin Breaux ыллы Breaux Breaux Jack Chorbe Bridgos Jason Bodges Theresa Brignae Thad. Broossard Randoll Brown

Michael Bruce Michael. Brumand Trook Brumund Rence Bruno Buchert Lizabettu David. Burgin Burglass Harry Kolly. **Busentenet** Sarah Ruzhardt LOD Byrd. Richard Byrd. Mindy. Calandro. Cerald Calegan Kevini Callerame Connizzaro Chustina Ryon Carri Andros. Carnon-Vargas Kathenne Castle Deborah Cavalier. Cave Stephanie Laliba Chalasanu Jonathon Chapman. Kristin Chapman Nicolo Chauvin Ryan Chauvin Liffanny. Chevater Thravat Choojitarom Christophor Christonson Mory. Christian Rataol Cilloniz-Guerrero Harold Glausen Vernon Coffman Horace Collinsworth Michael: Conners Susan Conway Janet. Cook Lon Gnok Thomas Cook Raynold Ceronal Luke Consten Ashley Cowart. Cox Gary Crapanzano Michnok James Croven Culotta Briad Cecilia Cuntz: Lin. Dang. Daniel Charlos. Ŀ **D**nutenve Shelley Davies

Nancy	Davis
Paul	Davis
tstarkah	Davis
Herschel	Dean
John	Dean
Robert	Doan
Amber	Denham
Joffrey	Deyo
Mary	Dickerson
Ryan	Dickerson
Mary	Dobson
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Robod	Drumm
Zacius	Drummand
Leonid	Dubrovsky
Heber	Dunaway
Joseph	Dupont
Michael	Dupro'
Charles	Eberly
Tonya Jo	Enchelberger
Kathryn	Elikons
Rodger	t-lofsan
Andrew	Clson
April	Crowns
Dano	Fakoon
Shaban	Forugue
Shaisto	Farugui
Gregory	Fautheree
Sievon	Feigley
Steven	Felix
Gregory	Fenaro
Annee	Ferroll
Obry	Field
Robort	Fields
Ronald	Trelds
Kelly	Finan
Anduette	Entoty
Michelle	Flechas
Thanke	Folse
Daniel	Fontenet
James	Ford
Sandra	Franz
Andrew	Creel
Michael	Enerson
Jorrites	L colich
[ادل	Euge
Christopher	Hunes
Susan	Futayyettiiri
Venkata Satish	Gadi
Uisa	Camble

Jomes Liso Donusz. Gregory Lois. Grad Keith Geoffrey. Pool. Kalyan Stophon Stewart Amanda Gartand Marcia Mandy Joseph Robert Jennifer David Kothy Sementhal Louren Michael Michaet. Faith Thomas. David Andrew Nicole Jennier Renee Shana Anthony David Mark Robort Bolling Cullen Mitchell. Helen. Sharon Boyd. Frances. Gregary Gregory Laura Dovid Cammie Jeannemarie

Cardner Coutionu Cawronski Gelpi Gesn Gianusso Gibson Gillon. Ciorlando Conugunta Gordon Gordon Gorena Green Gremillion. Grior Griffin Grittsom Guidroz Guid/y Guidty Culmo. Haddad Hadey. Hanemann Hansbrough Dansbrough Hanson Horgroder Harrell Harris Harris Hart Harton Hastings Bausmann. Hayden Haygood Hebert Hubert Hedgemon Hodges Heim Henderson. **Henkelmann** Horoman Hotzler Hill Hilbard Hink)e

Meredith 10ch Rufus **Hixon** Jennier hlogan. Wendy Holdon-Parker Honry Hollier Nicolle Hollier Holiman²⁷ Charlotte Christina Holmes Thomas Horsman Joseph Howell* Brett Hujohinson Johnston Jastram-Heicher M Jayasankaran JhunJhunwala Jay Sheldon Johnson. Allen Joseph Korayil-Thekkoott Narayonani Catherine. Katzenmeyer William Karenmoyor Richard Kearley. Stephanie Kelleher. Steven Kelley. Shaum Kennody Ted Komp. A200m Khan. James Kidd. Kidder Benjamn Kevin. Kilpatrick Andrew King Maurice. Κιού Kirby Dame. Klar Angello. Konneth Rtempeter Shawn Kleinpeter Lloyd Khoert Alicia Kober Koscick Robert William Kubrich) Latranca Ann James Lalonde LaMotte Lance. Landry Robert Scott Londry Andrew Laovo Chorles. Lawler. t isa 1.0 LeBas Stuart Karl LeBlanc Lakisha 1.00 Sharon 1.00

I may Ronald Runee Lydva Pameto Amy. John Cecil John Ashley Christopher Chantal John. F mily f-mothy Ryan. Jonathan Edward. Sandhya Damel John Jamel June Shelley Lynn Wilham Christopher Thoron .tohn Elizabeth James Jamai Roctor **Donald** Kendra Laura Louis Charles Horace Mexinda James. Andrew Ferney Trmothy. Christian William James duluis. Walter Lynn

Lemelle.

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Lowis Lobrano

Lopeo

Lovall

Lucas

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Mageo

Maher Majoria

Matone Manbie

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Marsh

Martin

Martin Martin

Mason

Massengala.

McCanloss.

McCormick McConaid

McDonough

McNed.

Molton.

Mona

Meyo Michael

Millor

Minisky

Mitchell.

Mitchell Mitchell

Moore

Moran Moral

Morgan

Morris Muttiris

Mullins

Murphy

Montelaro Montz

Marshall

Luglallah.

Lovretich

l eo

William Mumil Andrew Nelson Joseph Nesheiwat Nakia Newsome. Nhung Nguyon Norman Misty Amberly. Nunoz Scott Nyboer Enc. Oberlander Andrea Opmond Ogden Beverly Ogden. Lauren Ekwinosi Okoroh Androw Olindo Jano. Olson Otson Jon. O'Neal Jeremy Ortenborg** Joseph Oubro. Benton Pam LaKedio O'Not Joy" Paronton. Cordel Parns Amit. Patel Carol Patin Hemy Patrick Margarot Pottorson. Amando Pearson Charles. Pearson Brancon Pentloux Permiciaro Michael Geoffrey Peters Peut Lin iann Fred Potty Cherron. Philippo Pirzadah. Mohammod Kyle: Pontif Porta Wesley Mark Posner Chad Prather Prestigiacomo John Susan Payau Michael Ouinn Ramadoss Haswar Stewart. Ramey. Rao Maheswar Muth Rao Rauch Tracy. Keren Ray Danan Roddick Roddy. Neelima

Sandy. Kent Vennon Jonathan. Susan Catherine Clare Evens Michael. Kirk James William Michele Jones Danyi Enck Lauren Mary Patricio Jon Lalama Michael Ayme. Kolho Potrova Scote John Glen Cheree. Edward Ellis Coorgo Dominick. Kelly. Clizabeth Kenyatta Arme Joet James .lohn Rosalya Edward Bradford Henry Konneth Anna Curtis Kay Scott Mohdu.

Reed

Rhodes.

Rhynes

Richards

Richarme.

Riche.

Roberts.

Rodney

Roppolo

Roussot

Russell

Salassi

Samuel Sanches

Sanchez Sundurs

Sundors

Scallan.

Schellack.

Schexnayder¹¹

Schexnayder

Schweeckle

Schmedickle.

Schwartzberg.

Schwortzenburg.

Schwartzenburg

Schwartzonburg

Schwartzenburg.

Schnolder.

Schuber

Schwab

Scimeral Sciantz

Shornlin

Shannon

Salvesburg

Staughter Stedge

Smith Smith

Smith

Solar

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Similar

Seiter

Sim Simmons

Ruiz.

Thomas: Mrugesh Steven Steven Stephen: Denrick Catherino. Brandon Matthew Rochard James J Kimborly Jonathan John Karim Duane Venkat Sylvia: Boon. John. Amanda Gerard Armanda Jonathan Robert Yolunda Taylor Errin Blaine David Joseph Tenie Veronica Charles Yanelba. Victor. Arthor Patrice J Andrea Adapta Junn Hantha Charmanse James. Roberta Dawn. Stephen Bend

Soltau Soni Soble Speciale. Speeg. Spell Spillor St. Amant 1517317 Stanger Stenhouse Stophens Stewart Stone Storment Sunzo Flores Superneau** Surakanti Sutton Swirsky Labor 1/illiot 1assin Tatsas Taylor Taylor Taylor Thounissen I bioault Thomas Thomas Thomas Thomas Thomas. Thompson Tonbio Tran Tribou Tyson Upp. Usher Uzodi. Vargas. Vellanki Venters Vermaulen. Vican Vick. Vick. Vincent

Allison	Viltor
Cynthia	Voelker
Janses	Wade
Mark	Waggonspack
Paul	Waguespack
Chados	Wolkor
David	Walker
Paul	Walker
Tracy	Wallace
Douglas	Walsh
Jingya	Wong
Merodith	Warnen
Marvin	Weaver
Brian	Wobb
Jonathan	Weiter
Jonathan	Welden
Ashli	West
Korthey	West
Jordon	Whatloy
Robocca	Whiddon
Laurie	Whitaker
Samh	Wilks
Ashley	Wilett
Jacqueline	Wiltams
John	Williams
Karen	Williams
Pamela	Williams
Scott	Williams
thomas	Wills
Elizabeth	Whaters
Rachel	Wesner
Robert	Witcher
Mork	Wollord
Charlos	Wood
Danny	Wood
James	Wood
Gretchen	Yandle
James	Yegge
Lauren	Zatoram
Feny	Zellmer
Down	Zdman

*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 Spicialty Clinic.

***Woman's Hospital Moancial Assistance Policy applies only to hospitalist services provided in the Woman's Hospital Assessment Center.

APPENDIX II

Type of Assistance	Annualized Family Income	Insurance Status	Level of Assistance
Charity Care*	Up to 200% FPL	Uninsured	100% Discount
chancy care	Over 200% FPL but equal to or less than 300% FPL	Uninsured	60% Discount
Financial Assistance	Up to 200% FPL	Uninsured or Underinsured	100% Discount
	Over 200% FPL but equal to or less than 300% FPL	Uninsured or Underinsured (Assistance for underinsured applies to patient obligation balances due after insurance adjudication is complete.)	60% Discount
Medical Indigency	Adjusted Income up to 200% FPL Adjusted Income over 200% FPL but equal to or less than 300%	Uninsured or Underinsured	100% Discount
	FPL (Adjusted Income = Annual Family Income - Total Family Out-of- Pocket Medical Expenses incurred in six months prior to application date)	Uninsured or Underinsured (Assistance for underinsured applies to patient obligation balances due after insurance adjudication is complete.)	60% Discount

*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.