

Ingalls Memorial Hospital			
Hospital Manual	Section	Finance	Policy
Reviewed By:	Michael Lawrence, Chief Financial Officer Carl Pellettieri, Interim AVP Revenue Cycle		01/30/2018
Revised By:	Michael Lawrence, Chief Financial Officer		01/30/2018
Approved By:	IMH Board of Directors		06/22/2017
Title	Patient Financial Assistance, Discounts, and Collections Policy		Pages 29

PURPOSE:

Ingalls Memorial Hospital ("IMH") is a not-for-profit, tax-exempt hospital with a charitable mission of providing care to patients, including those who are economically disadvantaged. Consistent with this commitment, IMH has developed this Financial Assistance Policy (the "Policy") to identify and assist those patients who do not have the means to pay for emergency and medically necessary care provided by IMH.

POLICY:

An IMH patient will be eligible for financial assistance pursuant to this Policy for emergency treatment and for emergency and other medically necessary care if the patient: (1)(i) has limited or no health insurance; and (ii) applies for but is deemed ineligible for governmental assistance (for example, Medicare or Medicaid); (iii) meets his or her responsibilities set forth in this Policy, including cooperating with IMH in providing the requested information; and (iv) demonstrates "financial need"; or (2) IMH, in accordance with this Policy, makes an administrative determination that financial assistance is appropriate.

This Policy applies to emergency and other medically necessary care provided by certain members of the medical staff and those providers employed by Primary Healthcare Associates, S.C. to in-patients and outpatients at IMH at Ingalls Memorial Hospital, Ingalls Family Care Center Flossmoor, Ingalls Same Day Surgery, Ingalls Family Care Center Tinley Park, Ingalls Family Care Center Calumet City, out-patient services at Ingalls Quick Care Center Crestwood, Ingalls Center for Occupational Rehabilitation Services, Ingalls Home Care, and Ingalls Rehabilitation Unit.

A patient may seek a written estimate of the costs of health care services, which, upon patient request, will include the estimated amount that the patient's insurance will cover, leaving an estimated Patient Balance Due. Because this is an estimate, IMH cannot guarantee that the actual Patient Balance Due will be the same as the estimate, and IMH will properly notify patients of the nature of the estimate.

DEFINITIONS:

"Family Income" means the sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. Examples of Family Income include salaries, legal judgments, unemployment compensation, and investment income.

"Health Care Services" means any emergency or other medically necessary inpatient or outpatient hospital care provided at IMH and affiliates for a particular encounter/admission, including

pharmaceuticals or supplies provided by IMH to a patient during that encounter/admission.

"Indigent Patient" means a patient of IMH who does not comply with one or more of the Patient Responsibilities set forth below but who IMH determines through other reliable means to be in need of financial assistance.

"Medically Necessary" means any inpatient or outpatient hospital service, including physician charges, pharmaceuticals or supplies provided by IMH to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient seeking financial assistance. For example, a "medically necessary" service does not include any of the following:

- (i) Non-medical services such as social and vocational services.
- (ii) Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

"Patient Balance Due" means the amount that a patient owes IMH after all payers have met their payment obligations. For patients with insurance, the Patient Balance Due is the result after the application of the insurer's negotiated discount and the insurer's payments. This includes government payers. For patients with other payment arrangements, the Patient Balance Due is the result after payment has been made. "Plain Language Summary" means a written document that will notify an individual that IMH offers financial assistance under this Policy that complies with Internal Revenue Service regulations.

"Underinsured Patient" means a patient of IMH who is covered under a policy of health insurance (including a government payer such as Medicare or Medicaid) but (a) the amount or type of benefit coverage does not cover the charges for the care provided, or (b) the insurer does not have a contract with IMH, or (c) the insurance policy limits have been exceeded.

"Uninsured Patient" means a patient of IMH who is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including but not limited to high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability insurance. A discount of 70% of gross charges, is provided to all uninsured patients without requiring evidence of inability to pay. This discount is designed to ensure that patients are charged at a rate generally comparable to that applied to insured patients. If a patient is subsequently approved for financial assistance, the automatic discount will be reversed so that the full amount can be recognized as a charity allowance.

PROCEDURE:

I. Charity Care/Financial Assistance

1. Communicating with Patients and Widely Distributing Information.
 - A. IMH staff and personnel shall refer patients seeking financial assistance to a financial counselor so that a determination of financial assistance eligibility may be made.
 - B. IMH will make this Policy, the Financial Assistance Application, and the Plain Language Summary widely available by conspicuously posting them on the ingalls.com web site in a format that will allow individuals to access, download, view and print a hard copy of the documents (i) without requiring special computer hardware or software, (ii) without charge, and (iii) without the need to create an account or provide any information. IMH will provide individuals who ask how to

access a copy of this Policy, the financial assistance application, and the Plain Language Summary online with the direct Web site address, or URL, of the Web page where the documents are posted. In addition, IMH will make paper copies of this Policy, Financial Assistance Application, and Plain Language Summary available upon request and without charge, both by mail and in public locations listed on Attachment Two; will notify and inform members of the community served by IMH about this Policy in a manner reasonably calculated to reach those members who are most likely to require financial assistance from IMH. In addition to providing this Policy, IMH will notify and inform individuals who receive care from IMH about this Policy by (1) offering a paper copy of the Plain Language Summary to patients as part of the intake or discharge process; (2) including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this Policy including the telephone number of IMH Patient Financial Services Department, which can provide information about this Policy and the financial assistance application process, as well as the direct Web site address (or URL) where copies of this Policy, the financial assistance application, and the Plain Language Summary may be obtained; and (3) setting up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this Policy in public locations in the IMH emergency rooms, the Family Care Center and Urgent Aid registration areas.

- C. This Policy, the financial assistance application, and the Plain Language Summary will be available in Spanish, which has been determined by IMH to comply with the federal law that governs the publication of this information. IMH may also make available translation services necessary to complete the financial assistance application.
 - D. The contact information and location to obtain a financial assistance application and the Plain Language Summary are identified on Attachment Two.
2. Eligibility Criteria and IMH Review and Notification.
- A. There are three ways a patient may be deemed to have financial need eligible for financial assistance: (i) by a determination that the patient's Family Income is below certain federal poverty guidelines ("Income Based Discount"); (ii) by a determination that the patient's emergency or other medically necessary care expenses exceed a certain percentage of the patient's annual Family Income ("Medical Indigency Discount"); or (iii) if IMH learns of certain patient circumstances that by their nature indicate the patient is indigent ("Presumptive Eligibility"). The financial assistance eligibility criteria, which are attached to this Policy, are reviewed by the Finance Department each year.

Special Circumstances: IMH understands that special circumstances may exist in a patient's life that create financial hardship or other financial challenges for a patient to pay for the portion of emergency or other medically necessary care remaining after the application of the 70% Income Based Discount or a Medical Indigency Discount. IMH's application form includes a request for information about the patient's assets, liabilities, and expenses. IMH will consider these assets, liabilities, and expenses, and will identify whether special circumstances exist that would justify the provision of a higher discount to a patient than the patient is otherwise entitled to receive.

- B. To be considered for the Income Based Discount or the Medical Indigency Discount, a patient must complete and submit an application form together with the documentation listed on the form. IMH will use the information it receives from the patient for the Income Based Discount and the Medical Indigency Discount to promptly and reasonably determine if the patient qualifies for the discount. IMH will use the information it receives from other sources listed in Section 9 to promptly and reasonably determine if the patient qualifies for the Presumptive Eligibility Discount. IMH will respond to the patient's application in writing within 30 days of the date the patient submits a completed application. If the patient (or other individual responsible for paying the patient's bills (the "Patient Guarantor")) has paid more than the balance due after IMH's application of the Income Based Discount and the Medical Indigency Discount, IMH will refund the individual for the amount paid that exceeds the amount due after application of the discount unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin).
- C. If IMH determines an individual is entitled to financial assistance, the following will apply:
- (1) If the patient is determined to be eligible for the 70% Income Based Discount, then IMH will provide the individual with a response letter and billing statement that states the amount the individual owes for the care, how that amount was determined, and that either states or describes how the individual can get information regarding the AGB (defined below) for the care.
 - (2) IMH will refund to the individual any amount he or she has paid for the care that exceeds the amount due after applying the discount, unless such excess amount is less than \$5.
 - (3) If the patient has been sent to a collection agency, then IMH will notify the collection agency of the discount, require the collection agency to lower the Patient Balance Due, and if no Patient Balance Due remains, will remove the patient from the collection agency.

3. Basis for Calculating Amounts Charged to Patients.

The basis for all IMH charges to patients and insurers is its charge master rates ("Gross Charges"). Charges are further limited by the limitation on charges rules to the extent required by Section 12 of this Policy.

- If a patient has no insurance or other source of coverage, then the patient's Gross Charges is the "Patient Balance Due," which is subject to the discount to which the financial assistance eligible patient qualifies.
- If a patient has insurance or another source of coverage, then the Gross Charges are submitted to any payers identified by the patient. Payers include private payers (e.g., health insurance companies, workers' compensation insurers, liability insurers), government payers (e.g., Medicare, Medicaid), and any other third party who is legally obligated to pay for the patient's Health Care Services. The discounts below apply to the amount that remains after all payers have paid and

any negotiated third party discounts are applied (this amount is referred to as the "Patient Balance Due"). For example, assume a patient has private insurance that includes a 40% co-pay. The patient received medically necessary care resulting in Gross Charges of \$100,000. The insurer has a negotiated rate with IMH that reduces the Gross Charges to \$60,000, and then pays its 60%, which is \$36,000. This leaves a Patient Balance Due of \$24,000 for the patient. This balance could have resulted from a deductible, coinsurance, or co-pay. In this example, assume the patient receives a 70% Income Based Discount. The patient is responsible for 25% of the Patient Balance Due, or \$6,000, potentially further reduced by the limitations on charges described in Section 12 of this Policy.

4. Income Based Discount.

- A. For each patient who applies for financial assistance and who has Family Income of not more than 600% of the federal poverty income guidelines, IMH will provide an Income Based Discount off of that patient's Patient Balance Due for all emergency and other medically necessary care in any one inpatient admission or outpatient encounter. For patients whose Family Income is 200% of the federal poverty income guidelines or less, the discount will be 100% of the total Patient Balance Due for all emergency and other medically necessary care; for patients whose Family Income is 201% to 600%, this discount will be 70% of the total Patient Balance Due for all emergency and other medical necessary care. The Income Based Discounts, which are attached to this Policy as Attachment One, are reviewed by the Finance Department each year.
- B. Once approved for Financial Assistance, the Income Based Discount will be applied (a) to all of the patient's prior outstanding Patient Balance Due amounts for emergency and other medically necessary care regardless of when charges were incurred (even before the patient submitted the application), and (b) to all Patient Balance Due amounts for emergency and other medically necessary services provided for one year from the date the financial assistance is approved ("Future Bills").

However, if the patient updates his or her information and based upon the revised information the patient no longer qualifies for this Income Based Discount, then the patient's eligibility for the discount will end and the Future Bills will not be discounted.

A patient who receives the Income Based Discount may re-apply at any time to extend the discount longer than one year. A patient who receives a 70% discount may re-apply or submit additional information at any time to seek a higher discount.

5. Medical Indigency Discount.

A patient is not required to pay more than 20% of his/her Family Income for all emergency and other medically necessary care provided by IMH in a 12-month period. The Medical Indigency Discount applies to any patient whose Patient Balance Due for emergency and other medically necessary services exceeds 20% of his/her Adjusted Gross Income in the year that the patient received care.

A patient who notifies IMH that this Patient Balance Due exceeds 20% of his/her Adjusted Gross Income must complete the financial assistance application. If the application demonstrates that the total outstanding Patient Balance Due for all emergency and other medically necessary care exceeds 20% of the patient's Adjusted Gross Income, then the amount that exceeds the 20% will be discounted to zero. The Medical Indigency Discount applies for all emergency and other medically necessary services starting with the first episode of services for which the patient seeks the discount. The discount continues for one year after the start date. For IMH to determine the 12 month maximum amount that can be collected from a patient deemed eligible under this Section 5, the patient must inform IMH in subsequent inpatient admissions or outpatient encounters that the patient has previously been determined to be entitled to the Medical Indigency Discount. See Attachment One for an example of the Medical Indigency Discount.

6. Applicability of Different Discounts.

- A. No patient may qualify for both the Income Based Discount and the Medical Indigency Discount. Rather, IMH will provide to the qualifying patient the better of the two discounts applied to the patient's emergency and other medically necessary care.
- B. If a patient qualifies for any other assistance approved by the Finance Department and the patient qualifies for the Income Based Discount or Medical Indigency Discount, the patient will receive the better of the two discount amounts, and the discount will be considered financial assistance under this Policy.

7. Patient Responsibilities and IMH Review of the Application.

- A. Patients have an obligation to complete and submit to IMH Patient Financial Services the Financial Assistance Application and the documentation listed on the application so that IMH can make a determination of a patient's eligibility for financial assistance. If a patient claims he/she has no means to pay but fails to provide complete and accurate information reasonably requested by IMH, then unless IMH makes a Presumptive Eligibility determination, there will be no financial assistance extended and normal billing and collection efforts will be pursued.
- B. Any patient seeking assistance under this Policy must first apply for coverage under public programs, such as Medicare, Medicaid, AllKids, the State Children's Health Insurance Program, or any other program, if IMH has a reasonable basis to believe that the Uninsured Patient may be eligible for such program.
- C. While IMH encourages patients to apply for financial assistance as early as possible, a patient may request consideration at any time after he/she has accrued an outstanding balance; IMH will evaluate a patient's eligibility under this Policy up to and including consideration during the collections phase. In the event a patient does not initially qualify for any financial assistance, the patient may re-apply by showing of change in circumstances or providing additional documentation.
- D. A patient requesting financial assistance under this Policy must complete the financial assistance application, and drop off or mail the completed application and the following documentation and information to the Patient Financial Services Department at the address provided on the application:

- (1) Provide documentation of Family Income. Acceptable Family Income documentation will include any one or more of the following:
 - a copy of the most recent tax return;
 - a copy of the most recent W-2 forms and 1099 forms;
 - copies of the 2 most recent pay stubs; or
 - written income verification from an employer if paid in cash.

If a patient is not able to provide any of the documents listed here, IMH will work with the patient to determine if there is an acceptable other means of documenting Family Income.

- (2) Certify the existence of assets owned by the patient and provide documentation of the value of such assets. If no third party verification exists, then the patient shall certify as to the estimated value of the asset.

- E. If a patient submits an incomplete application, IMH will explain to the patient the items missing and how to complete the application, and will provide the patient 30 days to complete the application.
 - F. IMH may not deny financial assistance under this Policy based on the applicant's failure to provide information or documentation that is not listed in this Policy or the financial assistance application. IMH will refrain from basing its determination that an individual is not entitled to financial assistance on (a) information that it reasonably believes is unreliable or incorrect, or (b) a waiver signed by the individual (e.g., a statement that the individual does not wish to apply for financial assistance or receive information is IMH is required to provide under this Policy). IMH will not use duress or coercive practices to obtain information from an individual, including delaying or denying emergency medical care until the individual provides information requested to determine whether he/she is eligible for financial assistance.
 - G. If a patient's financial circumstances change significantly while receiving assistance under this Policy, the patient is required to notify IMH of such change in circumstances.
8. Uncooperative Patients.
- A. IMH's obligations toward an individual patient under this Policy shall cease if that patient unreasonably fails or refuses to provide IMH with this information or documentation, provides IMH with false information or documentation, or fails to apply for coverage under public programs when requested hereunder within 30 days of IMH's request to so apply.
 - B. IMH may follow the Presumptive Eligibility process in Section 9 for a patient who does not comply with one or more of the patient responsibilities.
9. Presumptive Eligibility for Financial Assistance.

If a patient does not complete a financial assistance application nor provide all documents required, the patient may be eligible for a Presumptive Eligibility Discount of 100% of the total Patient Balance Due. IMH has developed and implemented presumptive eligibility criteria by which a patient's financial need is determined based upon information other than the financial assistance application (an "Indigent Patient"). The information listed below will be obtained by IMH through sources other than a patient's submission of a completed financial assistance application, including, for example, information in the medical record, patient registration record, or the billing account record, and third party screening services.

- A. If IMH learns any one or more of the following about the patient, then the Indigent Patient will receive a 100% discount of the total Patient Balance Due that exists as of the time of the determination. The Presumptive Eligibility Discount will apply to all emergency and other medically necessary care provided for one year from the date of the determination. IMH will use the contact information it has for the patient to send a notification of the Presumptive Eligibility Discount.
- 1) Homelessness;
 - 2) Deceased with no estate;
 - 3) Mental incapacitation with no one to act on patient's behalf;
 - 4) Medicaid eligibility, but not on date of service or for non-covered service;
 - 5) Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
 - A) Women, Infants and Children Nutrition Program (WIC);
 - B) Supplemental Nutrition Assistance Program (SNAP);
 - C) Illinois Free Lunch and Breakfast Program;
 - D) Low Income Home Energy Assistance Program (LIHEAP);
 - E) Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
 - F) Receipt of grant assistance for medical services.

10. List of Providers Covered and Not Covered by This Policy.

This Policy applies to emergency and other medically necessary care provided to IMH in-patients and outpatients at IMH, Ingalls Family Care Center Flossmoor, Ingalls Family Care Center Tinley Park, Ingalls Family Care Center Calumet City, Ingalls Care Center Crestwood, Ingalls Home Care, Ingalls Rehabilitation Unit, and Ingalls Same Day Surgery Center, Ltd. Exhibit #1 of this policy lists all providers delivering emergency and other medically necessary care whose services are covered as part of this policy. Exhibit #2 lists those providers whose services are not covered as part of this policy. None of the providers listed on the attached exhibits are employees or agents of the Hospital but are

independent medical practitioners who have been permitted to use Ingalls for the care of treatment of their patients. Your physicians will bill you separately for their services. You have the right to choose your physician and the right to change physicians at any time.

This Policy does not apply to services that fall outside the definition of emergency and other medically necessary care or to services provided to non-patients, such as the Ingalls pharmacy or third party lab clients.

Exhibits #1 and #2 containing the lists of covered and non-covered providers are available as separate documents online at www.ingalls.org. Free copies of these exhibits are also available upon request in the emergency department and registration areas and by mail or by calling 708-915-6000.

11. Amounts Generally Billed and Limitation on Charges.

Patients eligible for financial assistance under this Policy will not be charged more than the Amount Generally Billed, or "AGB." AGB is intended to represent the average amount generally paid by health insurers for services provided by IMH. To determine AGB, IMH calculates a percentage that is applied to the Gross Charges for a patient's care. An explanation of the calculation of the Amount Generally Billed is on Attachment One, which will be updated annually. No patient who is eligible for financial assistance under this Policy will be billed or required to pay more than the Amount Generally Billed. Under all circumstances IMH will charge patients who are eligible for financial assistance less than the Gross Charges for the care.

IMH only issues to patients who are eligible for financial assistance bills with charges that are more than AGB for emergency or other medically necessary care (or gross charges for any medical care covered under this Policy) under the following circumstances:

- (1) The charge in excess of AGB was not made or requested as a pre-condition of providing medically necessary care to an individual who was entitled to financial assistance; and
- (2) As of the time of the charge, the individual has not submitted a complete financial assistance application to obtain financial assistance for the care or has not otherwise been determined to be eligible for financial assistance for the care. If the individual subsequently submits a complete financial assistance application and is determined to be eligible for financial assistance for the care, IMH will refund any amount the Patient Guarantor has paid for the care that exceeds the Patient Balance Due after the application of the discount unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin).

The limitation of the amount billed to AGB (where applicable) is separate from the discounts applied under this Policy. Discounts are applied to the Patient Balance Due, and a patient who is eligible for financial assistance will be billed for emergency and other medically necessary services at the lesser of the AGB or the discounted Patient Balance Due under this Policy.

12. Billing Statements.

Once it is determined that a patient is eligible for financial assistance, IMH will issue a new

bill that reflects the application of the discount and the new balance due, if any.

II. Collection Practices

1. Extraordinary Collection Activities.

IMH does not engage in extraordinary collection activities (“ECAs”). To the extent IMH sends a patient to a collection agency, it does so in a manner that does not constitute an ECA.

2. Use of Collection Agencies.

IMH will bill and, if necessary, pursue collection activities against the patient. The practices below will apply to the patient.

- A. IMH will issue four bills to the patient, at least 30 days apart. Once 35 days have passed after the fourth bill (for a total of at least 125 days), IMH may submit a patient’s outstanding bill(s) to a collection agency that IMH has under contract unless the patient has established a payment plan. Patients who are current on IMH approved payment plans will not be sent to a collection agency. All collection agencies will be required to follow this Policy.
- B. If a patient is receiving financial assistance for one account, the patient may seek financial assistance for other accounts not already subject to this Policy. If a patient’s discounted Patient Balance Due is placed with a collection agency as permitted by this Policy, IMH will coordinate with the agency to inform it of the discount.
- C. While the financial assistance application is pending review, IMH will not send the patient’s Patient Balance Due to a collection agency.

III. Governance Procedures

1. Financial Assistance Review.

The Chief Financial Officer or his/her designee(s) will review the financial assistance program on a regular basis, but at least annually.

IV. Alternative Discount

IMH offers the following discount to patients who have not applied for financial assistance or have not been determined to be eligible for the Presumptive Eligibility Discount. This discount does not constitute Financial Assistance/ Charity Care under this Policy.

Any patient who pays for his or her medical services without the use of insurance (called “Self Pay”) will receive a 20% discount on all charges incurred. This is not a substitute for financial assistance; the intent is to offer a discount to patients who would not qualify for financial assistance and who do not have insurance or chose not to use insurance.

An (a) Underinsured Patient who has received care that was not covered by the patient’s insurance or (b) Uninsured Patient will receive a 20% discount if the patient cannot demonstrate he/she qualifies for financial assistance, unless an exception below applies. This 20% discount will be posted at point of billing. This discount does not apply to special "package priced" services

(e.g. cosmetic packages). If an Uninsured Patient requests and is approved for public aid, the 20% uninsured discount will not apply and will be reversed. If the Uninsured Patient or Underinsured Patient requests and is approved for a financial assistance discount under Section I of this Policy, this discount described in Section IV of this Policy will not apply and the financial assistance discount in Section I will apply.

For more information, please contact Patient Financial Services.

In addition, IMH sponsors free health care programs for members of its community as well as the global community, and may determine that the charges for those individuals will be foregone. The community may be based on geography (e.g., the South Side community), class of individuals (high school students in underserved school districts), medical condition (the retinopathy program), public health needs (H1N1 vaccinations), or any other category established by IMH leadership. These services do not constitute Financial Assistance/ Charity Care under this Policy.

INTERPRETATION, IMPLEMENTATION, AND REVISION: The Finance Department with the advice of the Office of Legal Affairs shall be responsible for the interpretation of this Policy. The Finance Department shall be responsible for the implementation of this Policy. The CCHD Board of Director's Government and Community Affairs Subcommittee has the authority to revise this Policy.

CROSS REFERENCE:

Policy A04-05 Emergency Care of Ill or Injured Persons
Policy PC 08 Emergency Medical Screening
Policy A02-12 Patient Access Management Policy

REFERENCES:

26 U.S.C. Section 501(r) and implementing regulations found at 26 C.F.R. Section 1.501(r)
The Fair Patient Billing Act, 210 ILCS 88 et. seq. and implementing regulations at 77 Ill. Admin, Code Section 4500 et. seq.
Hospital Uninsured Patient Discount Act, 210 ILCS Section 89 et. seq.

Kurt E. Johnson, President

**Attachment One
Physician Services**

Physician services are provided at IMH by the IMH medical staff, which is comprised of hospital-based physicians, contracted physicians, independent physicians and employed physicians at Ingalls Physician Group.

**Income Based Discount Eligibility Criteria and Discount
Updated with the 2017 HHS Limits**

Beginning 1-13-2018, the patient is eligible for the following discount if he/she submits a complete financial assistance application.

	Family Unit Size	1	2	3	4	5	6	7	8 or more
	Poverty Guidelines	\$12,140	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380
First	If a	\$24,280	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480	\$76,120	\$84,760

Discount: 0 to 200% of poverty guideline s or less If a patient's Family Income is this amount or less	patient's Family Income is this amount or less, the patient will receive a discount of 100% of his/her Patient Balance Due								
Second Discount: Over 200% and under 600% of poverty guideline s	If a patient's Family Income is this amount or less, the patient will receive a discount of 70% of his/her Patient Balance Due	Between \$24,280 and \$72,840	Between \$32,920 and \$98,760	Between \$41,560 and \$124,680	Between \$50,200 and \$150,600	Between \$58,840 and \$176,520	Between \$67,480 and \$202,440	Between \$76,120 and \$228,360	Between \$84,760 and \$254,280

*For families/households with more than 8 persons, add \$4,320 for each additional person.

*Please note: The above information on the 2018 HHS Poverty Guidelines refers to the 48 contiguous states and the District of Columbia. Alaska and Hawaii have separate calculations.

Medical Indigency Discount Examples

The Medical Indigency Discount explained in this Policy applies to patients whose Patient Balance Due amounts exceed 20% of their Family Income in the year that the patient received the care.

Example: A patient starts a course of treatment on July 15, 2015. Over the year, the patient's Gross Charges total \$250,000. The patient's insurer has a negotiated agreement with IMH; under the agreement, IMH reduces the \$250,000 to \$150,000. The patient's insurer pays 60% of the reduced amount of \$150,000, leaving a Patient Balance Due of 40% of \$150,000, or \$60,000. The patient applies for financial assistance on October 29, 2015.

The patient received bills showing the following Patient Balance Due:

Bill dated September 1, 2015 reflecting care provided in July of 2015 with a Patient Balance Due of \$10,000,

Bill dated October 1, 2015 reflecting care provided in August of 2015 with a Patient Balance Due of \$30,000, and

Bill dated November 1, 2015 reflecting care provided in September of 2015 with a Patient Balance Due of \$20,000.

The patient's adjusted gross income is \$75,000. Twenty percent (20%) of the adjusted gross income of \$75,000 is \$15,000. The patient's financial assistance application is reviewed and the patient is determined to be eligible for the Medical Indigency Discount on November 13, 2015. The Medical Indigency Discount twelve month period starts on July 15, 2015 (the first date of service) and applies through July 14, 2016; all Patient Due Balances over \$15,000 for this patient for services provided through July 14, 2016 will be discounted to zero. In this example, the patient will be responsible for the September 1, 2015 Patient Balance Due and \$5,000 of the October 1, 2015 Patient Balance Due (for a total of \$15,000). The remaining \$25,000 of the October 1, 2015 Patient Balance Due and the \$20,000 November 1, 2015 Patient Balance Due will be reduced to zero.

Amounts Generally Billed

The Amounts Generally Billed is calculated using one year of information (initially calculated with Fiscal Year End 9/30/2016, but will change to 6/30 years end effective 7/1/2017) of each year, and the AGB calculated will go into effect on March 1 that same year (initial year only, for subsequent years as noted above, the AGB will go into effect 10/15). The Look Back Method is used to determine AGB. Amounts Generally Billed is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.

$AGB \% = (\text{Sum of Claims Allowed Amount}) / (\text{Sum of Gross Charges for those claims})$

The Allowed Amount is the total charges less contractual adjustments. Denial adjustments are excluded from the calculation as denials do not impact allowed amount.

- Includes Medicare fee for service and Commercial payers
- Excludes Payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, motor vehicle and liability, and worker's compensation.

For the initial period, the AGB percentage is 69%.

Attachment Two

Contact Information to Obtain the IMH Financial Assistance Policy, a Financial Assistance Application, the Plain Language Summary, and Available Translations and to Apply for Financial Assistance

There are 4 Ways to Get the IMH Financial Assistance Policy, a Financial Assistance Application, the Plain Language Summary, and Spanish Translations:

1. Patients can go to the Website: www.ingalls.org

At the Website click on the Patients and Visitors tab and then click on the words "Request Financial Assistance" at the bottom right side.

Or go to: <http://www.ingalls.org/financial-assistance#>.

2. Patients can go to
 - Ingalls Memorial Hospital, Emergency Room and Admitting office, One Ingalls Drive, Harvey, IL 60426
 - Ingalls Family Care Center Flossmoor, 19550 Governors Highway, Flossmoor, IL 60422
 - Ingalls Family Care Center Tinley Park, 6701 West 159th Street, Tinley Park, IL 60477
 - Ingalls Family Care Center Calumet City, 1600 Torrence Avenue, Calumet City, IL 60409
 - Ingalls Care Center Crestwood, 4742 Cal Sag Road, Crestwood, IL 60445
 - Ingalls Home Care, One Ingalls Drive, Harvey, IL 60426
 - Ingalls Primary Healthcare Associates, S.C., 71 W. 156th Street, Suite 107, Harvey, IL 60426
3. Patients can call and ask for an application and it will be mailed at no charge. For information regarding our Financial Assistance Program and Financial Assistance Application Form, please contact a Financial Counselor located near the Main Lobby in our main facility at One Ingalls Drive, Harvey, IL 60426 or call **708-915-6000**.
4. Patients can also write to one of these places and an application will be mailed at no charge:
 - The Ingalls Memorial Hospital
P.O. Box 27685, Chicago, IL 60673
 - Primary Healthcare Associates, S.C.
71 West 156th Street, Suite 500, Harvey, IL 60426

To apply for financial assistance, complete the application and mail it to:

or drop it off at:

The Ingalls Memorial Hospital
Patient Financial Services Department
One Ingalls Drive, Harvey, Illinois 60426

Also, for more information or help with the application process, patients can call Patient Financial Services at 708-915-6000 or can send a letter to:

The Ingalls Memorial Hospital
Patient Financial Services Department
P.O. Box 27685, Chicago, Illinois 60673

For the IMH Financial Assistance Policy, a Financial Assistance Application, and the Plain Language Summary in Spanish or other certain languages call (708)915-6000.

Para la Póliza de Asistencia Financiera de Ingalls , una Aplicación para Asistencia Financiera, y el Resumen en Pleno Lenguaje (en español) o en otros ciertos idiomas, llame al (708)915-6000.

Exhibits #1 and #2 containing the lists of covered and non-covered providers are available as separate documents online at www.ingalls.org. Free paper copies of these exhibits are also available upon request in the emergency department and registration areas and by mail or by calling 708-915-6000.

Exhibit #1

The Financial Assistance Policy covers emergency and other medically necessary care provided to IMH inpatients and outpatients at IMH, Ingalls Family Care Center Flossmoor, Ingalls Family Care Center Tinley Park, Ingalls Family Care Center Calumet City,, Ingalls Care Center Crestwood, Ingalls Home Care, Ingalls Rehabilitation Unit, and Ingalls Same Day Surgery Center, Ltd. by the following providers:

Provider	Department
Emergency Medicine	
Rene Henrijude Adrian, M.D.	Emergency Medicine
Elewechi Aka, MSN, APRN, FNP-C	Emergency Medicine
Amy Allegretti, M.D., MPH, FACEP	Emergency Medicine
Afshan Ahmed, D.O.	Emergency Medicine
Raza R. Akbar, M.D.	Emergency Medicine
Leyna Anderson, FNP	Emergency Medicine
Dawn M. Anthony, APN-C	Emergency Medicine
Muhammad S Awan, M.D.	Emergency Medicine
Christian P Badillo, M.D.	Emergency Medicine
Daniel Bakston, M.D., M.P.H.	Emergency Medicine
Scott A. Bonnono, M.D.	Emergency Medicine
Kia S. Boxley-Gillespie, M.D.	Emergency Medicine
Patrice Burch, D.O.	Emergency Medicine
Patricia Burge, APN, FNP-BC	Emergency Medicine
Stephanie Caja, PA-C	Emergency Medicine
Madhumita Chatterjee, M.D.	Emergency Medicine
Hannah Choi, M.D.	Emergency Medicine
Rashonda Collins, PA-C	Emergency Medicine
Christy Davis, APN, FNP, NP-C	Emergency Medicine
Jennifer Deneen, PA-C	Emergency Medicine

LaToya Duncan, APRN	Emergency Medicine
Thierry Dubois, M.D.	Emergency Medicine
Maxim Dzeba, M.D.	Emergency Medicine
Tegan Elliott, FNP-C	Emergency Medicine
Marcus E Emebo, M.D.	Emergency Medicine
April Fitts-Cowley, RN, MSN, FNP-C	Emergency Medicine
Martin Fedko, M.D.	Emergency Medicine
Larry L. Foster, PA -C	Emergency Medicine
Deenadayal Gaddam, M.D.	Emergency Medicine
Susan T. Gomez, PA-C	Emergency Medicine
Katherine Granberry, M.D.	Emergency Medicine
Vanessa Guerra-Cambray, FNPC	Emergency Medicine
Bernard Heilicser, D.O.	Emergency Medicine
Kristin V. Hofer, PA-C	Emergency Medicine
Lanesia Hoskins, MSN,APRN,FNP-C	Emergency Medicine
Jenetria Howard, FNP	Emergency Medicine
Provider	Department
Bradley Hulten, M.D.	Emergency Medicine
Atul Joshi, D.O.	Emergency Medicine
Walid F Kandah, D.O.	Emergency Medicine
Dara Karlov, MSN, APRN, FNP	Emergency Medicine
Ashley Kehoe, PA-C	Emergency Medicine
Mohemad R. Khaleel, M.D.	Emergency Medicine
Jason Kole, D.O.	Emergency Medicine
Akbar Khalid, D.O.	Emergency Medicine

Syed Zahid Aziz Khalid, D.O.	Emergency Medicine
Reda Kubilius, FNP	Emergency Medicine
Michele Knappe, APN	Emergency Medicine
James Kowalczyk, D.O.	Emergency Medicine
Daniel Kowalzyk, DO, FACOEP, FACEP	Emergency Medicine
Rashid Fuad Kysia, M.D.	Emergency Medicine
Adam Donovan Lee, D.O.	Emergency Medicine
Tibessa Lawrence-Ellis, FNP	Emergency Medicine
Madonna P. Lekas, PA-C	Emergency Medicine
Carmalita Lewis-Buchanan, FNP-BC	Emergency Medicine
Steven M. Lubera, D.O.	Emergency Medicine
Sathyakiran Madoori, M.D.	Emergency Medicine
Mahfuzul Majumdar, M.D.	Emergency Medicine
Patricia G. Mankowski, MSN, APN, FNP-BC	Emergency Medicine
Katrina Mattingly, M.D.	Emergency Medicine
Monica McKinley, MS, PA-C	Emergency Medicine
Candice Elaine Meck, D.O.	Emergency Medicine
Denise J Morales, APN, FNP	Emergency Medicine
Christen A. Morrow, M.D.	Emergency Medicine
John Mulligan, M.D.	Emergency Medicine
Saif Nazir, M.D.	Emergency Medicine
Jennifer Norris-Rosas, FNP	Emergency Medicine
Stephen Sang-Jin Park, M.D.	Emergency Medicine
Jasmin Patel, PA-C	Emergency Medicine
Nisha Patel, PA-C	Emergency

	Medicine
	Emergency
Renee L. Peksa-Sink, D.O.	Medicine
	Emergency
Caitlyn L. Pulice, AGNP	Medicine
	Emergency
Carley Putnam, PA-C	Medicine
	Emergency
Jamie Rademacher, NP-C	Medicine
	Emergency
Amandeep Randhawa, M.D.	Medicine
	Emergency
Arkady Rasin, M.D.	Medicine
	Emergency
Fred Richardson, Jr., MD	Medicine
	Emergency
Aseem Saklecha, M.D.	Medicine
	Emergency
Ronald Sam, D.O.	Medicine
	Emergency
Kelly Ann Salazar, NP	Medicine
Provider	Department
	Emergency
Guneesh Saluja, M.D.	Medicine
	Emergency
Matthew Schneider, PA-C	Medicine
	Emergency
Jennifer Schnell, NP	Medicine
	Emergency
Thomas Singel, D.O.	Medicine
	Emergency
Aakar M. Shah, D.O.	Medicine
	Emergency
Ankita Shah, PA-C	Medicine
	Emergency
Angela M. Snyder, MSN, FNP-BC	Medicine
	Emergency
Manoj Sreedharan, M.D.	Medicine
	Emergency
Mark D Stossel, M.D.	Medicine
	Emergency
Lindsay Syring, PA-C	Medicine
	Emergency
Janet Thompson, FNP	Medicine
	Emergency
Jeanette Varquez, FNP	Medicine
	Emergency
Victoria Venturella, APN, MSN, FNP-BC	Medicine
Mark D Weissman, M.D.	Emergency

	Medicine
	Emergency
Joanna Westerfield, PA-C	Medicine
	Emergency
Renita White, PA-C	Medicine
	Emergency
Julie A. Zimmer, APN	Medicine

Primary Healthcare Associates, P.C.

Imad Ahmado, M.D.	Medicine
Cyrus Akrami, M.D.	Medicine
Jennifer Babiarez, PA-C	Medicine
Kavitha Bathala, M.D.	Medicine
Abed E. Dehnee, M.D.	Medicine
Kevin J. Fagan, M.D.	Medicine
Margaret A Geisler, MPA, PA-C	Medicine
James Habib, M.D.	Medicine
Rewa M. Hasanat, M.D.	Medicine
Francis L. Hobson, M.D.	Surgery
Vivek Kaistha, M.D.	Medicine
Mary Kanashiro, M.D.	Medicine
Mark Kozloff, M.D.	Medicine
Kimberly Kruczek, D.O.	Medicine
Srinivasu Kusuma, M.D.	Surgery
Donna Martinek, APN-C	Medicine
George Miz, M.D.	Surgery
Peter H Neale, D.O.	Medicine
Phillip T. Nigro, M.D.	Surgery
Akbar Rahmani, M.D., F.A. C. E.	Medicine
Kaveh B. Rahmani, D.O.	Medicine
Solmaz Rahmani, D.O.	Medicine
Howard W. Robinson, M.D.	Medicine
Natan Scher, M.D.	Surgery
Dilip T. Shah, M.D.	Medicine

Provider	Department
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Mohammed Shamshuddin, M.D.	Medicine
Danielle Sterrenberg, M.D.	Medicine
Joseph G Thometz, M.D.	Surgery
James A. Wallace, M.D.	Medicine
Engin Y. Yilmaz, M.D.	Medicine

InPatient Consultants of Illinois, P.C.

Almaz Abdyrakov, M.D.	Medicine
Usman Ahmad, D.O.	Medicine
Danish Ahmed, M.D.	Medicine
Mohammed R Ahmed, M.D.	Medicine

Mohammed S. Hammad, M.D.	Medicine
Mohammed S. Hussain, M.D.	Medicine
SM Zia UL Wahab Jamalvi, M.D., FACP	Medicine
Ashok K. Khilwani, M.D.	Medicine
Siddharth Munsif, M.D.	Medicine
Sukhchain Singh, M.D.	Medicine
Timothy Jon Stevens, M.D.	Medicine
Sujith Sundararaj, M.D.	Medicine
Sreekanth Uppuluri, M.D.	Medicine
Gabriel Vargas, M.D.	Medicine
Nausheen Zufishan, M.D.	Medicine

Exhibit #2

The Financial Assistance Policy does **NOT** cover emergency and other medically necessary care provided to IMH inpatients and outpatients at IMH, Ingalls Family Care Center Flossmoor, Ingalls Family Care Center Tinley Park, Ingalls Family Care Center Calumet City,, Ingalls Care Center Crestwood, Ingalls Home Care, Ingalls Rehabilitation Unit, and Ingalls Same Day Surgery Center, Ltd. by the following providers:

Provider	Department
Tahir Abbasi, M.D.	Medicine
Olufemi O. Aboyeji, M.D.	Medicine
Afzal Ahmad, M.D.	Surgery
Ijaz Ahmad, M.D.	Medicine
Saud Ahmed, M.D.	Radiology
Vasia A Ahmed, M.D.	Medicine
Julius Ajide, CRNA	Anesthesiology
Shyamal Asher, M.D.	Anesthesiology
Francis A. Q. Almeda, M.D.	Medicine
Bharti Amin, M.D.	Pediatrics
Pramod Anand, M.D.	Medicine
John Andreoni, M.D.	Medicine
Dominic A. Andriacchi, DPM	Surgery
Nicholas Angelopoulos, DO	Anesthesiology
Ram Aribindi, M.D.	Surgery
Bridgette C. Arnett, M.D., Ph.D.	Medicine
Rahul Arya, M.D.	Radiology
Khaja Asadullah, M.D.	Medicine
Elizabeth Atchison, M.D.	Surgery
Ukamaka C. Atueyi, M.D.	Radiology
Soe Aung, M.D.	Medicine
Abdol Azaran, M.D., FASN	Medicine
Jose Gregorio Balboa, RSA	Surgery
Stephanie J. Bakosh, APN	Psychiatry
Husam Balkhy, M.D.	Surgery
Roy J. Bardwell, Jr., D.O.	Family Practice
Jaime Baylock, M.D.	Medicine
Bart D. Beaver, DPM	Surgery
Charles A. Beck, M.D.	Medicine
Joseph C. Beck, M.D.	Psychiatry
Karyn Loverde Benak, CRNA	Anesthesiology
Justin Berry, PA	Pathology
Nader M Beshay, M.D.	Medicine
Lester Beste, D.D.S.	Surgery
Harish Bhatia, M.D.	Medicine
Robin Biggs, P.A.	Pathology

Provider	Department
Katelyn M Black, P.A.	Pathology
Phyllis N. Bonaminio, M.D.	Medicine
Yelena Boumendjel, D.P.M.	Surgery
Bryce Braaksma, D.O.	Surgery
Eden D. Brandon, M.D.	Medicine
Lisa Brandt, CRNA	Anesthesiology
Dale S. Brink, DPM	Surgery
Cary S Brown, M.D.	Anesthesiology
Andrew D Bruggeman, M.D.	Anesthesiology
Dwayne B. Buchanan, M.D.	Family Practice
Michael A. Buck, D.P.M.	Surgery
Deborah F. Bump, APN-C	Psychiatry
William C. Campbell, D.O.	Family Practice
Godofredo Carandang, M.D.	Medicine
Angel Castaner, M.D.	Medicine
Lokesh Chandra, M.D.	Medicine
Megan Chandran, D.O.	Radiology
David Chang, M.D.	Surgery
Randolph Y. Chang, M.D.	Anesthesiology
George E. Charuk, D.O.	Medicine
Vivek Chaturvedi, M.D.	Surgery
Grant Chavin, M.D.	Surgery
Lavanya R Chekuri, M.D.	Radiology
C. Matthew Chelich, D.O.	Family Practice
Raj Rocky Chinnappan, M.D.	Radiology
Cody C. Cholewa, APN	Surgery
Felipe Chua, Jr., SA-C	Obstetrics and Gynecology
Nirav P. Chudgar, M.D.	Medicine
Joseph M Civantos, M.D.	Surgery
Kenneth N. Cline, M.D.	Medicine
G. Cloud, SA	Surgery
Jack Cohen, M.D.	Surgery
Cory Conniff, M.D.	Medicine
Thomas J. Conti, M.D.	Surgery
Denice D. Cook, M.D.	Pediatrics
William Crevier, M.D.	Medicine
Jairo B. Cruz, M.D.	Medicine
Jill Cryder, FNP-BC	Medicine
Michael Czurylo, DPM	Surgery
Ritesh Darji, M.D.	Radiology
Ankur Dave, D.O.	Medicine
Serge deBustros, M.D.	Surgery
Megan A. DeFrates, M.D.	Pediatrics

Provider	Department
Vikas Desai, M.D.	Surgery
Ravi M. Deshmukh, M.D.	Surgery
Kiran Dhillon, M.D.	Medicine
Shelly Taylor Dixon, M.D.	Pediatrics
Samer A. Dola, M.D.	Pathology
Ripple R. Doshi, M.D.	Medicine
Ivan Eck, D.O.	Surgery
David James Engel, CCP	Surgery
Cagatay H. Ersahin, M.D., Ph.D.	Pathology
William B. Evans, M.D.	Medicine
Nanette Fabi, M.D.	Medicine
Rosanna Falco, CCP	Surgery
Salvatore A Fanto, M.D.	Surgery
Etoi Farley, CSA, LSA	Surgery
Lili Farrokh-Siar, M.D.	Surgery
Evans Fiakpui, M.D.	Obstetrics and Gynecology
Margaret Fitzpatrick, CRNA	Anesthesiology
Richard R. Fitzsimons, M.D.	Medicine
Michael J. Flais, M.D.	Medicine
Michael E Flisak, M.D.	Radiology
Timothy Flood, M.D.	Surgery
Elbio M Flores, M.D.	Pathology
Goldwyn B. Foggie, M.D.	Obstetrics and Gynecology
Eric Fouliard, D.O.	Anesthesiology
Anna M. Freemyer-Brown, D.O.	Surgery-Orthopedic 2014
Adrienne Fregia, M.D.	Medicine
Harivadan K Gandhi, M.D.	Pediatrics
Shibban K. Ganju, M.D.	Medicine
Rebecca Garza, M.D.	Surgery
Maysoun Ghannam, PA(ASCP)CM	Pathology
Forough S Ghavami-Shirehjini, D.O.	Medicine
Samit Ghia, M.D.	Anesthesiology
Perry M. Gilbert, M.D.	Radiology
John Gnezda, PA-C	Surgery
Cynthia A. Goldman, M.D.	Medicine
Justin M Goldsmith, DPM	Surgery
Ram Gopi, M.D.	Medicine
Ganapathi Gottumukkala, M.D.	Family Practice
John F Grady, DPM	Surgery
Lisa J Green, D.O.	Family Practice
Martin Greenwald, M.D.	Psychiatry
Allison A Griffiths, M.D.	Radiology
Robert T. Grossett, M.D.	Radiology

Provider	Department
Raj Gopal Gupta, M.D.	Medicine
Wajed H Haddad, M.D.	Pediatrics
M. Mufaddal Hamadeh, M.D.	Medicine
Agnes N Harmon, ACNS-BC-CNN	Medicine
Andrew Harrison, D.O.	Radiology
Sohail J. Hasan, M.D., Ph.D.	Surgery
Marsie Hass, M.D.	Obstetrics and Gynecology
Wanda V. Hatter-Stewart, M.D.	Medicine
Ernest Hayes, M.D.	Obstetrics and Gynecology
Cetin Hekimoglu, M.D.	Medicine
Gregory A. Henkle, M.D.	Radiology
Minh C. Hoang, M.D.	Radiology
Lester M. Hockenberry, M.D.	Medicine
Jamie M. Horn, M.D.	Obstetrics and Gynecology
Matthew L. Horowitz, M.D.	Medicine
John T. B. Houston, M.D.	Surgery
Ming Hung, M.D.	Medicine
James R. Hunter, Jr., M.D.	Pediatrics
Beck A. Hur, M.D.	Radiology
Jerry Itkonen, M.D.	Medicine
Bohdan Iwanetz, M.D.	Surgery
Daniel R. Jacobson, M.D.	Surgery
Dinesh K Jain, M.D.	Medicine
Sekondi James, RSA	Surgery
Sharon M. James, M.D.	Obstetrics and Gynecology
Valluvan Jeevanandam, M.D.	Surgery
Brian K. Johnson, A.P.N.	Surgery
Byron W. Johnson, M.D.	Radiology
Carl W. Johnson, II, M.D.	Surgery
Pierre Michael Johnson, M.D.	Obstetrics and Gynecology
Yvette Michelle Johnson, APN, MSN	Psychiatry
Dorothy Jones, M.D.	Medicine
Sebastian Joseph, M.D.	Medicine
Edward G. Joy, M.D.	Surgery
Joseph E. Judge, M.D.	Radiology
Rahul N. Julka, M.D.	Medicine
Robert C. Kaiser, M.D.	Medicine
Deepa Kamath, D.O., MPH	Medicine
Richard Kampanatkosol, D.O.	Pediatrics
Ronald Kampanatkosol, D.O.	Pediatrics
Umesh Kapur, M.D.	Pathology
Soula Karnezis, CRNA	Anesthesiology
Arthur Katz, M.D.	Surgery

Provider	Department
Tanjeev Kaur, M.D.	Medicine
Kevin L. Keele, M.D.	Radiology
Wajid A. Khan, M.D	Psychiatry
Wasim Q Khawaja, M.D.	Family Practice
Hassan A. Kieso, M.D.	Medicine
Chong H. Kim, M.D.	Radiology
Eugene P. Kim, M.D.	Medicine
Hee Han Kim, M.D.	Medicine
Howard Kim, M.D.	Medicine
Kiarra King, M.D.	Obstetrics and Gynecology
Alexander W. Kmicikewycz, M.D.	Medicine
Daniel S Koscielski, M.D.	Radiology
Mitchell Krawczyk, M.D.	Obstetrics and Gynecology
Timothy J. Krygsheld, DPM	Surgery
Ajit Kumar, M.D.	Anesthesiology
Vasantha Kumaraiah, M.D.	Medicine
John I. Kung, M.D.	Surgery
Ilesh A Kurani, M.D.	Medicine
Neal J. Labana, M.D.	Surgery
Ishaq Lachin, M.D.	Psychiatry
Angela Lai, M.D.	Pediatrics
Shana M. Landau, M.D.	Radiology
Ryan Leahy, D.O.	Radiology
Grace H Lee, M.D.	Radiology
Cynthia Lerner, M.D.	Pediatrics
Samuel Levin, M.D.	Pediatrics
Seth G. Levrant, M.D.	Obstetrics and Gynecology
Andy C. Lin, M.D.	Medicine
Laura E. Linde, DPM	Surgery
Loretta Gail Logan, MSN, ANP-BC	Medicine
Keith A. Lopatka, M.D.	Medicine
David M Lubeck, M.D.	Surgery
Martin Luken III, M.D.	Surgery
Mathew W. MacCumber, M.D.	Surgery
Aamir Mahmood, DPM	Surgery
Sarah K. Mahowald, D.P.M.	Surgery
Neil Malhotra, M.D.	Anesthesiology
Nitin Malhotra, M.D.	Anesthesiology
Asad Malik, M.D.	Anesthesiology
Balaji P Malur, M.D.	Anesthesiology
Michael S. Marinko, M.D.	Medicine
Robert S. Markus, M.D.	Surgery
Anisha Martin, M.D.	Radiology

Provider	Department
Galen Maze-Rothstein, M.D.	Medicine
Julie McGarel, RN	Surgery
Morgan McGrath, CCP	Surgery
Timothy D. McManus, Psy.D.	Psychiatry
Rama Medavaram, M.D.	Family Practice
Bhagvanji M Meghpara, D.O.	Surgery
Shane Mehta, D.O.	Surgery
Ramit Mendi, M.D.	Radiology
Courtland Menke, CCP	Surgery
Shreevidya V. Menon, D.O.	Pediatrics
Pauline T Merrill, M.D.	Surgery
Juliana Messer, ANP-BC	Radiology
Meghan Parker Meyer, CCP	Surgery
Carol Meyers, M.D.	Radiology
Lillian M. Mlynarski, CRNA	Anesthesiology
Kumar Moolayil, M.D.	Psychiatry
Carol J Moore, D.P.M.	Surgery
Jeffrey N. Moore, M.D.	Medicine
Sunthorn Muangmingsuk, M.D.	Pediatrics
Brie Ann A Muller, M.D.	Pediatrics
Sameh Nabelsi, M.D.	Medicine
Darshan Nagesh, D.P.M	Surgery
Sandhya Nagubadi, M.D.	Medicine
Veena Nayak, M.D.	Medicine
Paul G. Ngumi, M.D.	Obstetrics and Gynecology
Daniel B Nicholas, Psy.D.	Psychiatry
Yunus T. Nomanbhoy, M.D.	Medicine
Reem Nubani, MS, MD	Pediatrics
Kevin J O'Connor, DPM	Surgery
Alex O'Donnell, CCP	Surgery
Jacob Ochoa, O.T., OAP-C	Surgery
Jason W. Oehler, PA-C	Radiology
Rita N. Oganwu, M.D.	Medicine
Mojisola M. Ogunbuyide, CRNA	Anesthesiology
Caroline Olaleye, M.D.	Pediatrics
David Onsager, M.D.	Surgery
Brian Andrew Opensky, DPM	Surgery, General
Wojciech Ornowski, M.D.	Medicine
David H Orth, M.D.	Surgery
Takeyoshi Ota, M.D.	Surgery
Kirk H Packo, M.D.	Surgery
Krunal Pardiwala, M.D.	Surgery
Jose M. Paredes, M.D.	Medicine

Provider	Department
Dilip C Parikh, M.D.	Medicine
Jimmy Parikh, M.D.	Pediatrics
Prabhakar J. Parikh, M.D.	Medicine
Sonal Y. Parikh, M.D.	Medicine
Bruce Parisi, M.D.	Family Practice
Lala Park, M.D.	Psychiatry
Samuel Park, M.D.	Surgery
Bari A. Parks-Ballard, M.D.	Obstetrics and Gynecology
Amit Patel, M.D.	Family Practice
Chirag Patel, D.O.	Medicine
Nipa V. Patel, M.D.	Anesthesiology
Rajesh V Patel, M.D.	Surgery
Rinku Patel, D.O., F.A.A.P.	Pediatrics
Vipul M. Patel, D.P.M.	Surgery
Vivek N. Patel, D.P.M.	Surgery
Benjamin Peng, MD	Anesthesiology
Lisa Peng, M.D.	Family Practice
Gary R. Peplinski, M.D.	Surgery
Mohammed O. Peracha, M.D.	Surgery
Francina Peralta-Machado, M.D.	Medicine
Cressa Perish, M.D.	Medicine
Molly Phillips, D.O.	Pediatrics
Medhat K Philobos, M.D.	Pediatrics
Ryan Michael Piech, CCP	Surgery
Allen M Piolet, M.D.	Surgery
Rachel Piepenbrink, CSFA	Surgery, General
Rangsithienchai Pisit, M.D.	Pediatrics
John S Pollack, M.D.	Surgery
Terry Presley, D.O.	Surgery
Amani Qasem, M.D.	Pediatrics
Richard A Quinones, M.D.	Surgery
Joseph Rabi, M.D.	Medicine
Karam Radwan, M.D.	Psychiatry
Evaldas Radzevicius, M.D.	Psychiatry
Sharon Rasmussen, RN	Surgery
Zac B. Ravage, M.D.	Surgery
Paul Razor, RSA, CSA	Surgery
Patrick Reavey, M.D.,M.S.	Surgery
Syam Reddy, M.D.	Radiology
Lima Redhead, M.D.	Obstetrics and Gynecology
Kourous A. Rezaei, M.D.	Surgery
Arlene J. Richardson, M.D.	Radiology
Larry Ridings, M.D.	Medicine

Provider	Department
Anthony Rinella, M.D.	Surgery
Mark Roberts, M.D.	Pathology
Carl A. Robinson, M.D.	Medicine
Leonard R. Robinson, M.D.	Medicine
Cristobal Robledo, RSA	Surgery
Michael S. Romberg, M.D.	Surgery
Mark Roome, M.D.	Pediatrics
Kristin Rosseau, M.D.	Psychiatry
Willie Rucker, D.D.S.	Surgery
Kathleen A. Ruggero, D.O.	Medicine
Samuel Russell, M.D.	Psychiatry
Kathy Rysiewicz, CCP	Surgery
Vibha Sabharwal, M.D.	Surgery
Reza Salabat, M.D.	Surgery, General
Yusuf Salah, M.D.	Psychiatry
Patrick J Sanchez, DPM	Surgery
Shankar C Sanwalani, M.D.	Radiology
Judith Savage, M.D.	Pediatrics
Chaden Sbai, M.D.	Medicine
Andrea Seat, DPM	Surgery
Venkat Seshadri, M.D.	Surgery
Arpit Shah, D.O.	Medicine
Biren P. Shah, M.D.	Obstetrics and Gynecology
Robert E Share, M.D.	Radiology
Bansi D. Sharma, M.D.	Medicine
Kailash C. Sharma, M.D.	Medicine
Rekha Sharma, M.D.	Medicine
Jason Shen, M.D.	Medicine
Holly Shiao, M.D.	Psychiatry
Saad A. Siddiqui, M.D.	Pediatrics
Krzysztof Siemionow, M.D.	Surgery
Krystal Simos, CCP	Surgery
Dainius Skripkauskas, SA-C	Surgery
Christine Smith, RN	Surgery
David Smith, M.D.	Surgery
Diane Smith, APN-C, DNP	Radiology
Rudyard Smith, M.D.	Medicine
Steven Smith, M.D.	Medicine
Enric P Solans, M.D.	Pathology
Arnold Solis, RN, CNOR	Surgery
Marie Solola, PA-C	Surgery
Tae Song, M.D.	Surgery
Sriram Sonty, M.D.	Surgery

Provider	Department
Olalekan O. Sowade, M.D.	Medicine
Devangi M. Sreekanth, M.D.	Medicine
Natalie Stanger, RNFA	Surgery
Kenneth J. Starr, RSA , SCFA	Surgery
Brian Steiner, M.D.	Pediatrics
John Stepney, PA-C	Surgery
Donna Stockton, M.D.	Medicine
Jessica Stoeberl, PA-C	Surgery
Cheryl A. Stone, SA-C	Surgery
Madhupa Sud, M.D.	Pediatrics
P. Sandy Sundram, M.D.	Medicine
Yogesh Sutrave, RSA	Surgery
Nesreen Suwan, M.D.	Medicine
Nasir A. Syed, M.D.	Psychiatry
Muhammad Tabriz, M.D.	Medicine
Emma Tanase, M.D.	Anesthesiology
Nikki B. Tang, PA-C	Medicine
Shahida Tanveer, M.D.	Pediatrics
Kunal Teli, M.D.	Medicine
Agop Tepeli, M.D.	Medicine
Lourdes Tricia R. Terrado, M.D.	Medicine
Joseph S. Thomas, M.D.	Obstetrics and Gynecology
James A Thompson, M.D.	Medicine
Anjali Thukral, M.D.	Obstetrics and Gynecology
Benjamin H. Ticho, M.D.	Surgery
Anna Tien, DPM	Surgery
Loris Tisocco, M.D.	Medicine
Robert J Tomchuck, D.O.	Radiology
Edgar Torres, M.D.	Pediatrics
Bsher A. Touleimat, M.D.	Medicine
Mark Trabado, CRNA	Anesthesiology
Angelo G. Tsakopoulos, M.D.	Family Practice
Evgeny Tsimerinov, M.D.	Medicine
Alice Tudor, CRNA	Anesthesiology
Robert S. Tumacder, M.D.	Anesthesiology
Ryan Unger, M.D.	Medicine
V.S Rao Uppuluri, M.D.	Surgery
Bhupinder Valia, M.D.	Medicine
Sridhar Vallabhaneni, M.D.	Medicine
Daniel J. Vandenberg, M.D.	Medicine
Lance T. Wallace, M.D.	Medicine
Patrick E Walsh, Psy.D.	Psychiatry
Romuald Warakomski, D.O.	Medicine

Provider	Department
Cheriece Ward, M.D.	Psychiatry
Michael Ward, M.D.	Family Practice
Samir Y. Wassef, M.D.	Pediatrics
Adam Weaver, PA-C	Surgery
Kent C Webb, M.D.	Radiology
Daniel T Weber, M.D.	Surgery
Michael P. Weisberg, M.D.	Surgery
Jason Welsch, PA-C	Surgery
Wendell A. Wheeler, M.D.	Pediatrics
Jacqueline D. White, M.D.	Obstetrics and Gynecology
Karen N. Whitehorn, M.D.	Medicine
Michael A Wilczynski, D.O.	Radiology
Katrina Marie Winters, RSA	Surgery
Brian C. Wittmayer, DPM	Surgery
Timothy Wombacher, PA-C	Surgery
Lisa K Wright, M.D.	Pediatrics
Patrick Wright, D.O.	Radiology
Greg Wynne, D.O.	Surgery
Sulochana Yalavarthi, M.D.	Radiology
Jeffrey Yeh, M.D.	Anesthesiology
Daniel Yohanna, M.D.	Psychiatry
Daniel A Yohay, M.D.	Medicine
Ilene W. Yohay, M.D.	Medicine
Kisha N. Young, CRNA	Anesthesiology
Arshad Yousuf, M.D., FACS	Surgery
Emil J Zager, DPM	Surgery
Shahla F. Zaidi, M.D.	Family Practice
Steven Zak, M.D.	Medicine
Asad U. Zaman, M.D.	Medicine
Marvin Zelkowitz, M.D.	Medicine
Gerhard Ziemer, M.D.	Surgery