



People You Know.
Extraordinary Care.

POLICY:	FINANCIAL ASSISTANCE POLICY		
OWNER:	DIRECTOR OF REVENUE CYCLE		
EFFECTIVE DATE: 4/1/2022			ORIGINAL EFFECTIVE DATE: 4/92
REGULATORY REFERENCE: FEDERAL REGULATION 501 R, APPLICABLE TO 501 C3 HOSPITALS, SENATE BILL 1840			HAM

I. Purpose:

Morris Hospital & Healthcare Centers (MHHC) is a not-for-profit, tax-exempt entity with a charitable mission of providing emergency and medically necessary health care services to residents of the City of Morris and the Hospital’s defined primary and secondary service area, regardless of their financial status and ability to pay. The purpose of this policy, Provision of Financial Assistance, is to ensure that processes and procedures exist for identifying and assisting patients whose care may be provided without charge or at a discount commensurate with their financial resources and ability to pay.

II. Overview:

In furtherance of its charitable mission, MHHC will provide both (i) emergency treatment to any person requiring such care; and (ii) medically necessary health care services to patients who are permanent residents of the State of Illinois (and others on a case-by-case basis) who meet the conditions and criteria set forth in this policy; in each case, without regard to the patients’ ability to pay for such care at all facilities (**Exhibit 7**).

It is the policy of MHHC to provide financial assistance (either free care or at discounted rates) to persons or families where: (i) there is limited or no health insurance available; (ii) the patient fails to qualify for governmental assistance (for example, Medicare or Medicaid); (iii) the patient cooperates with MHHC in providing the requested information demonstrating financial need, or other facts and circumstances readily demonstrate financial need; and (iv) MHHC makes an administrative determination that financial assistance is appropriate based on the patient’s ability to pay (as established by family income or based on criteria demonstrating presumptive eligibility) and the size of the patient’s medical bills.

MHHC will regularly review this policy to ensure that at all times it: (i) reflects the mission of MHHC; (ii) explains the decision processes of who may be eligible for financial assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to patients who are uninsured or otherwise eligible.

III. Nondiscrimination:

- A.** MHHC will render health care services, inpatient and outpatient, to all Illinois residents who are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistance pursuant to this policy.
- B.** MHHC will not engage in any actions that discourage individuals from seeking emergency medical care, such as demanding that emergency department patients pay

before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

IV. Definitions:

- A. **Assets:** Any item of economic value owned by an individual, especially one that could be converted to cash. Examples are cash, securities, accounts receivable, inventory, equipment, a house (other than primary residence), a car, and other property. For these purposes, assets do not include a primary residence or other property exempt from judgment under Illinois law, or any amounts held in pension or retirement plans (although distributions and payments from such plans may be included as family income for purposes of this policy).
- B. **Bad Debt Expense:** Uncollectible accounts receivable (where reasonable attempts to collect have been made), excluding contractual adjustments, arising from the failure to pay by patients: (i) whose health care has not been classified as financial assistance care; or (ii) who have qualified for financial assistance in the form of discounted care but have failed to pay the remaining balances due after application of discounts pursuant to this policy.
- C. **Family:** The patient, his or her spouse, and his or her legal dependents according to Internal Revenue Service rules.
- D. **Family Income:** The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. Family income includes gross wages, salaries, dividends, interest, Social Security benefits, workers' compensation, veterans' benefits, training stipends, military allotments, regular support from family members not living in the household (other than child support), government pensions, private pensions, insurance, annuity payments, income from rents, royalties, estates, trusts, and other forms of income.
- E. **Financial Assistance:** Either full or partial reduction in charges to patients for emergency or medically necessary care, in the case of patients who are financially eligible, presumptively eligible, or medically indigent, as those terms are defined in this policy. Financial assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, deductibles, or both.
- F. **Financially Eligible:** A patient whose family income is at or below 600% of the Federal Poverty Guidelines, as set forth in **Exhibit 1** hereto, as demonstrated based on factual information provided by the patient on the Financial Assistance Application.
- G. **Medically Indigent:** A patient whose medical or hospital bills after payment by a third-party payer exceed 20% of the patient's annual family income, and who is financially unable to pay the remaining bill. A patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system.

- H. Indigent Patient:** A patient of MHHC who does not comply with one or more of the patient responsibilities set forth below to apply for financial assistance but who MHCC determines through other reliable means to be in need of financial assistance.
- I. Uninsured Patient:** A patient of MHCC 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 part liability insurance. A discount of 67.64% off of gross charges, is provided to all uninsured patients without requiring evidence of inability to pay. This discount is provided in accordance with the Illinois Uninsured Act and is calculated annually. 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.
- J. Medically Necessary:** Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Medicare and determined by an active member of Morris Hospital's active medical staff to be medically necessary. Medically necessary services do not include: (i) non-medical services such as social and vocational services; or (ii) elective cosmetic surgeries (for these purposes, plastic surgery procedures designed to correct disfigurement caused by injury, illness, or congenital defect or deformity are not considered "elective").
- K. Presumptively Eligible:** A patient who has not submitted a completed Financial Assistance Application, but who nonetheless is subject to one or more of the following criteria:
- Homeless
 - Deceased with no estate
 - Mentally incapacitated with no one to act on his or her behalf
 - Medicaid eligible, but not on the date of service or for non-covered services
 - Enrolled in the following programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Guidelines:
 - Women, Infants and Children Nutrition Program (WIC)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Illinois Free Lunch and Breakfast Program
 - Low Income Home Energy Assistance Program (LIHEAP)
 - 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
 - Receipt of grant assistance for medical services
 - Personal bankruptcy within the last 12 months
 - Incarceration in a penal institution
 - Affiliation with a religious order and vow of poverty
 - Enrollment in the following programs for low-income individuals:
 - Temporary Assistance for Needy Families (TANF)
 - IHDA's Rental Housing Support Program

MHHC trained Financial Service Representatives will routinely review the foregoing criteria with patients, before asking patients to complete the Financial Assistance Application. MHHC may also utilize other systems to determine presumptive eligibility, such as the Avadyne FAsTAG System. Patients who meet any of the

foregoing criteria for presumptive eligibility will be deemed to be eligible for a 100% discount, and will not be asked or required to submit a Financial Assistance Application.

V. Eligibility for Financial Assistance:

- A.** There are three ways a patient may be deemed to have financial need to be eligible for financial assistance. (i) be 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 ("Medically Indigent"); (iii) if MHHC learns of certain patient circumstances that by their nature indicate the patient is indigent ("Presumptive Eligibility") including but not limited to passive eligibility (no active participation) using 3rd party technology data reporting to determine eligibility .
- B.** A determination of qualification for financial assistance will cover services provided by MHHC on an inpatient or outpatient basis. For these purposes, the policy also covers the rendering of professional services by physicians and other providers employed directly by MHHC, as listed on **Exhibit 3**. A determination of qualification for financial assistance will also cover professional services rendered by the other physicians and providers set forth on **Exhibit 4**, all of whom participate in the provision of emergency and/or medically necessary care at MHHC and have agreed to be covered by this policy. Any other physicians or providers of care at Morris Hospital are not subject to this policy listed in Exhibit 5 and, accordingly, each patient will be responsible for satisfaction or resolution of any bills issued by such physicians or providers for their professional services.
- C.** Where possible, prior to the admission or rendering of service, a Financial Service Representative will conduct an interview with the patient, the guarantor, and/or his other legal representative. If an interview is not possible prior to the admission or rendering of service, the interview should be conducted upon admission or as soon as possible thereafter. In the case of an emergency admission, the evaluation of payment alternatives may not take place until the required medical care has been provided.
- D.** At the time of the initial patient interview, the Financial Service Representative will gather routine demographic information and information regarding all existing third-party coverage. In cases where a patient has limited or no third-party coverage, the Financial Service Representative will determine if the patient qualifies for medical assistance from other existing financial resources such as Medicare, Medicaid, KidCare, FamilyCare, Will-Grundy Medical Clinic, or other state and federal programs. The Financial Service Representative will be available to assist the patient with enrolling in any of the foregoing governmental payment programs that may be available. If the patient refuses to apply for or provide information necessary to the application process, he or she will be ineligible for financial assistance pursuant to this policy. If the application(s) to the above-mentioned medical financial assistance resource(s) is/(are) denied, not adequate, or was/(were) previously denied, consideration for financial assistance will then be given.
- E.** In cases where third-party coverage (including private insurance or payment by governmental program) is nonexistent or likely to be inadequate, the Financial Service Representative will inform the patient of the availability of Financial Assistance. Patients seeking financial assistance will be asked to complete the Financial Assistance

Application attached as **Exhibit 2** to this policy. Copies of the application form are available from any Financial Service Representative and at <http://www.morrishospital.org/financialassistanceapplication>. Applications may be completed directly by the patient, by the patient's guarantor and/or other legal representative, or by a Financial Service Representative based on information derived from any of the foregoing through an interview either in person or by telephone, or reliable information provided in writing. If assistance is needed with gathering necessary information or materials requested as part of the Financial Assistance qualifying process, patients are encouraged to contact one of the Hospital's trained Financial Service Representatives at (815)942-2932. Financial Service Representatives may also assist patients with assessing their financial situations, gathering information requested by the Hospital, and assisting with similar tasks.

- F. Patients completing the Financial Assistance Application must return the signed form to through any of the following measures:
- Hand-deliver the form to a Patient Service Representative; to the Patient Accounting Office at Morris Hospital, 150 W. High St., Morris, IL (First Floor); or to the Patient Registration Desk at any of the Healthcare Centers
 - Mail to Morris Hospital & Healthcare Centers, Attn: Patient Financial Assistance Office, 150 W. High St., Morris, IL 60450
 - E-mail the form to financialassistance@morrishospital.org
 - Fax: 815-941-2476 or 815-705-1738

Financial Assistance Applications will be considered if received at any time during the 240-day period following the first post-discharge billing statement issued by MHHC to the patient for such care.

- G. Eligibility for financial assistance is conditioned upon the patient's provision of complete and accurate information on the Financial Assistance Application set forth as **Exhibit 2**, and the patient's timely cooperation throughout the financial assistance application process. In connection with determining a patient's eligibility for financial assistance, MHHC will not request information other than as described on **Exhibit 2**, although patients may voluntarily provide additional information that they believe to be pertinent to eligibility. If MHHC contacts the patient to request missing information, the patient will have a period of 30 days to respond. Failure to respond within that 30-day period will result in the Application being suspended from further processing; the patient may re-activate the Application by providing the requested information at any time during the 240-day period following the first post-discharge statement issued by MHHC to the patient for such care. If a patient provides information that is inaccurate or misleading, he or she may be deemed ineligible for financial assistance and, accordingly, may be expected to pay his or her bill in full.
- H. Once a completed Financial Assistance Application is received, the Financial Service Representative will review the application and calculate the appropriate discount to be applied using Exhibit 1 (Financial Assistance Guidelines). Patients who are determined to be presumptively eligible will be processed for financial assistance without need for completion of the Financial Assistance Application or other additional information from the patient.
- I. Patients who are uninsured and who do not qualify for financial assistance may contact the Hospital to discuss payment options, including the availability of a payment plan.

Financial Service Representatives will inform such patients of any other discounts that may be available under other Hospital policies (including the [MHHC Billing and Collections Practices Policy](#)).

VI. Determination and Notification Regarding Financial Assistance:

- A.** In the case of patients who are determined to be financially eligible for financial assistance, patients with family income of at or below 200% of the current Federal Poverty Guidelines will receive for a 100% reduction in the patient portion of billed charges (*i.e.*, full write-off), as set forth on **Exhibit 1**. Patients with family income of between 201% and 600% of the current Federal Poverty Guidelines will receive a sliding-scale discount on the patient portion of the billed charges, as indicated on **Exhibit 1**. In the case of patients who are determined to be medically indigent, the appropriate discount will be determined by the Director of Revenue Cycle and the Chief Financial Officer after review on a case-by-case basis. Patients who are determined to be presumptively eligible for financial assistance will receive a 100% reduction in charges (full write-off). MHHC will refund to the individual any amount he or she has paid for care that exceeds the amount due after applying the discount, unless such excess amount is less than \$5.
- B.** The applicable discount percentage from **Exhibit 1** will be applied to the gross charges otherwise billable to the patient. Such discounts have been established in a manner intended to comply with both: (i) Illinois law, which limits amounts that may be billed to the patient to 135% of the Hospital's costs, and (ii) applicable Federal law, which prohibits the Hospital from billing a patient eligible for financial assistance more than the amounts generally billed ("AGB") by the Hospital to patients with third-party coverage, calculated in this case using the look-back method set forth in applicable Treasury Regulations, considering amounts allowed by Medicare and commercial payors during a prior 12-month measurement period. The discount percentages set forth on **Exhibit 1** may be adjusted periodically (and at least annually) to ensure that such percentages comply with the foregoing standards under Illinois and Federal law; any such adjustments will be effectuated through the attachment of an updated **Exhibit 1** to this Policy, which will be signed and dated by the Chief Financial Officer. The Hospital will begin applying the adjusted discount percentages not later than 120 days after the end of the 12-month measurement period with respect to which the Hospital's adjusted AGB has been calculated.
- C.** The provision of financial assistance (*i.e.*, the amount of the discount or write-off) of above \$2,500 and less than \$15,000 will require approval from the Billing Manager. Above \$15,000 and less than \$50,000 will require approval from the Director of Revenue Cycle. The provision of financial assistance of greater than \$50,000 will require the approval of the Chief Financial Officer.
- D.** Within 60 days after submission of a completed Financial Assistance Application, MHHC will determine whether the patient qualifies for financial assistance based on financial eligibility or medical indigence and will notify the patient in writing of such determination and the amount of the discount to be provided. No patient may qualify for both the Income Based Discount and Medical Indigency Discount. Rather, MHCC will provide to the qualifying patient the better of the two discounts applied to the patient's emergency and other medically necessary care. Unless otherwise determined by the Chief Financial Officer, the Hospital need not notify patients determined to qualify for financial assistance based on presumptive eligibility. In the event that the

Hospital determines a patient *not* to qualify for financial assistance, the Hospital will notify the patient in writing of such determination, including the basis for the denial, and will inform the patient of an opportunity to request reconsideration. Any such request must be submitted to the Hospital in writing within 30 days of the Hospital's notification letter, and may set forth the patient's position regarding the denial and any extenuating circumstances not fully documented in the original Financial Assistance Application. Each request for reconsideration will be evaluated by the Director of Revenue Cycle and the Chief Financial Officer, with a written response provided to the patient within 30 days of the request.

- E. Except as provided below, all determinations of qualification for financial assistance will continue in effect for 12 months from the first date of services subject to the determination. Accordingly, if a patient has qualified for financial assistance within the last 12 months and the patient's financial circumstances, family size, and insurance coverage have not changed, the patient will be deemed to have qualified for financial assistance with respect to additional emergency or medically necessary care, without having to submit a new Financial Assistance Application. However, if a patient has qualified for financial assistance but then experiences a material change in his or her financial circumstances and/or insurance status that may impact his or her continued qualification for financial assistance, the patient will be expected to communicate that change to MHHC within 30 days or, in any event, prior to obtaining further healthcare services. Alternatively, MHHC may request an update of the information provided on the Financial Assistance Application and, based on such updated information, may re-evaluate the patient's continued qualification.

VII. Impact on Billing and Collection Process:

- A. Patients qualifying for discounted, but not free, care will be notified in writing regarding any remaining balance due. The patient will be asked to schedule an appointment with a Financial Service Representative to arrange payment terms. Any such remaining balances will be treated in accordance with Patient Accounts policies regarding self-pay balances. Payment terms will be established on the basis of disposable family income. If notified by a patient that such patient has qualified for financial assistance within the past year, MHHC will not seek to collect more than 25% of a patient's family income during a 12-month period, unless the patient has substantial assets *other than* his or her primary residence or retirement assets. If the patient has been sent to a collection agency, then MHHC 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.
- B. In the event that a patient qualifies for financial assistance but fails to timely pay the remaining balance due (including, if applicable, per the terms of the agreed-upon payment plan), MHHC may take any of the actions set forth in the MHHC Billing and Collection Policy, a copy of which is available at <http://www.morrishospital.org/patients-visitors/billing-insurance/>. Consistent with the Billing and Collection Policy, MHHC will not undertake any extraordinary collection actions (as defined in that Policy) without first making reasonable efforts to determine a patient's eligibility for financial assistance pursuant to this policy.

VIII. Publication:

- A. It is the policy of MHHC that the existence and terms of this policy be made widely available to residents of the Hospital's primary and secondary service areas, consistent with the specific provisions of both Illinois and Federal law. In furtherance of the foregoing, the Hospital will utilize and widely distribute the plain-language summary attached as **Exhibit 5** to this Policy. Copies of such plain-language summary (i) will be included in patient registration materials and inpatient handbooks, (ii) will be offered to each patient as part of the intake or discharge process, and (iii) will be posted on the Hospital's website, along with this Policy and the Financial Assistance Application, in a prominent and easily accessible location. The plain-language summary will be available in English and any other language that is the primary language of the lesser of (i) 1,000 individuals, or (ii) 5% of the population within the Hospital's primary and secondary service areas.
- B. MHHC will conspicuously post, in the admission and registration areas of the Hospital as well as the Emergency Department, signage providing information regarding the availability of financial assistance and describing the application process. Such signage will include the following statement: *You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, contact the Patient Accounting Office at (815)942-2932.* Such signs will be in both English and any other language that is the primary language of at least 5% of the patients served by the Hospital annually. Such signage will be posted in the Healthcare Centers and other areas throughout the Hospital offering meaningful visibility.
- C. MHHC will cause each billing statement sent to a patient to include a conspicuous statement regarding the availability of financial assistance, including (i) a phone number for information about this policy and the application process, and (ii) a website address where this policy, the Financial Assistance Application, and the plain-language summary are available. As provided in the Billing and Collection Policy, if the Hospital intends to undertake any extraordinary collection action (as defined in the Billing and Collection Policy), the Hospital will ensure that at least one billing statement includes a copy of the plain-language summary of this policy, as set forth on **Exhibit 6**, with such copy provided at least 30 days prior to undertaking the anticipated extraordinary collection action.

IX. Budgeting, Recordkeeping, and Reporting:

- A. The Chief Financial Officer will ensure that reasonable financial assistance, including both free care and discounted charges, is included in the annual operating budget of MHHC. The budgeted amount will not act as a stopping point in providing financial assistance, but will serve as a projection to aid in planning for the allocation of resources.
- B. MHHC will cause completed Financial Assistance Applications (along with required supporting information) to be maintained in Patient Accounting Office records. Such records will also reflect information as to whether such applications were approved or denied, along with the handling of any requests for reconsideration.
- C. Financial assistance provided by MHHC pursuant to this Policy will be calculated and reported annually as required under applicable Illinois and Federal law. Except as

EXHIBIT 1

Financial Assistance Guidelines

Family or household Size	100% of 2021 FPG	200% of 2021 FPG	300% of 2021 FPG	400% of 2021 FPG	600% of 2021 FPG
	<i>Free Care</i>	<i>Free Care</i>	<i>75% Discount</i>	<i>75% Discount</i>	<i>75% * Discount</i>
1	\$13,590	\$27,180	\$40,770	\$54,360	\$81,540
2	\$18,310	\$36,620	\$54,930	\$73,240	\$109,860
3	\$23,030	\$46,060	\$69,090	\$92,120	\$138,180
4	\$27,750	\$55,500	\$83,250	\$111,000	\$166,500
5	\$32,470	\$64,940	\$97,410	\$129,880	\$194,820
6	\$37,190	\$74,380	\$111,570	\$148,760	\$223,140
7	\$41,910	\$83,820	\$125,730	\$167,640	\$251,460
8*	\$46,630	\$93,260	\$139,890	\$186,520	\$279,780

* Add \$4,720 for each additional person above 8 household occupants

** The foregoing discount percentage has been established in a manner intended to comply with both (i) Illinois law, which limits amounts that may be billed to the patient to 135% of the Hospital's costs, and (ii) applicable Federal law, which provides that the Hospital may not bill a patient eligible for financial assistance more than the amounts generally billed ("AGB") by the Hospital to patients who have insurance covering such care. The Hospital has calculated its AGB using the look-back method set forth in applicable Treasury Regulations, considering amounts paid by Medicare and commercial payors. Such calculation resulted in the following:

AGB% = (SUM of Claims Allowed Amount)/(Sum of Gross Charge for those claims)
The Allowed Amount is the total charges less contractual adjustments. The calculation includes Medicare fee for service and commercial payers. It excludes: Medicaid, Medicaid Pending, workers compensation, and self-pay payment rates.

For the initial period, the AGB percentage is 34.0%

MHHC will recalculate its AGB periodically (and at least annually) and, based thereon, will adjust the discount percentages set forth above. Any such adjustments will be effectuated through a revision to this **Exhibit 1**, which will be signed and dated by the Chief Financial Officer.

Signed: _____
Print Name: _____
Date: _____

EXHIBIT 2

Financial Assistance Application

EXHIBIT 3

Physicians and Other Providers Employed/Contracted by Morris Hospital & Healthcare Centers

Allergy & Immunology	Amin, Hetal S., MD
Cardiac Electrophysiology	Ringwala, Sukit
Cardiovascular Disease	Ahmed, Syed M., MD
Cardiovascular Disease	Gordon, Mary N., DO
Cardiovascular Disease	Reese, Sterling S., MD
Cardiovascular Disease	Saeed, Athar M., MD
Endocrinology	Chalisa, Nuzhat A., MD
Family Medicine	Aranas, Melchor Paulo A., MD
Family Medicine	Ciechna, Scott P., MD
Family Medicine	Connolly, Mary C., MD
Family Medicine	Jones, Jennifer L., MD
Family Medicine	Kao, Colin, DO
Family Medicine	Lawton, Bradley R., MD
Family Medicine	Passerman, Mark A., DO
Family Medicine	Pendergast, Jaynee E., DO
Family Medicine	Saleem, Raja K., MD
Family Medicine	Syed, Hassnain S., MD
Family Medicine	Thomas, Jennifer L., MD
Immediate Care/ Occupational Medicine	Albinson, Charlotte, MD
Immediate Care/ Occupational Medicine	Bialas, Margaret B., MD
Immediate Care/ Occupational Medicine	Cella, Jenna M., DO
Immediate Care/ Occupational Medicine	Ilieva, Katia, MD
Immediate Care/ Occupational Medicine	Moorthie, Mydhili, MD
Immediate Care/ Occupational Medicine	Panelli, Patricia, MD
Immediate Care/ Occupational Medicine	Wrona, Robert W., DO
Infectious Disease	Bolden, John R., MD
Internal Medicine	Analytis, Spyro D., MD
Internal Medicine	Anubrolu, Lakshmi M., MD
Internal Medicine	Comfort, Charles D., MD
Internal Medicine	Habib, Ishtiaq A., MD
Internal Medicine	Khan, Aftab A., MD
Internal Medicine	Patel, Nijal V., MD
Internal Medicine	Peplos, Olga M., MD
Internal Medicine	Roumeliotis, Peter C., MD
Internal Medicine	Saed, Mohammed G., MD
Internal Medicine	Schiazza, Sarah, DO
Internal Medicine	Sharma, Navneesh, MD
Internal Medicine	Tiwari, Kanchan, MD
Internal Medicine / Pediatrics	Howd, Dana J., MD
Internal Medicine / Pediatrics	Moy, Lawton K., MD
Neurology	Analytis, Peter D., MD
Neurology	Garg, Rakesh, MD
Neurology	Mezo, Isaac R., MD
Nurse Practitioner	Greggain, Jennifer, NP
Nurse Practitioner	Henline, Stefanie, NP

Nurse Practitioner	Jaegle, Constance L., NP
Nurse Practitioner	Miller, Christopher W., NP
Nurse Practitioner	Seplak, Nina, NP
Nurse Practitioner	Staker, Amy, NP
Nurse Practitioner	Stuedemann, Taelor, NP
Nurse Practitioner	Ulivi, Kathleen A., NP
Nurse Practitioner	Blough, Ashley G., NP
Nurse Practitioner	Bojak, Sarah A., NP
Nurse Practitioner	Bunton, Barbara A., NP
Nurse Practitioner	Cacello, Elizabeth A., NP
Nurse Practitioner	Dearth, Alyssa, NP
Nurse Practitioner	Frye, Jennifer, NP
Nurse Practitioner	Healy, Laura M., NP
Nurse Practitioner	Johnson, Stacey R., NP
Nurse Practitioner	Kostner, Angela, NP
Nurse Practitioner	Pierard, Carolyn D., NP
Nurse Practitioner	Piper, Anna M., NP
Nurse Practitioner	Spoon, Austin
Nurse Practitioner	Todd, Angela, NP
Nurse Practitioner	Verchimak, Linda S., NP
Nurse Practitioner	Zuelke, Diane M., NP
Obstetrics & Gynecology	Chen, Andrea L., MD
Obstetrics & Gynecology	Fitzgibbon, Mary, MD
Obstetrics & Gynecology	Muraskas, Erik K., MD
Obstetrics & Gynecology	Ochoa, Victoria A., DO
Obstetrics & Gynecology	Setrini-Best, Leticia R., MD
Obstetrics & Gynecology	Toussaint, Douglas, DO
Orthopaedic Surgery	Ali, Mir H., MD
Orthopaedic Surgery	Meyer, Raymond J., MD
Orthopaedic Surgery	Rezin, Keith M., MD
Orthopaedic Surgery	Treacy, Stephen H., MD
Orthopaedic Surgery	Williams, Robert C., MD
Pathology	Kagalwalla, Yasmeen A., MD
Pathology	Lugo, Hector A., MD
Pathology	Aijaz, Farrukh, MD
Pediatrics	Anjum, Darakhshan, MD
Pediatrics	Best, Ian P., MD
Pediatrics	Hill, Melissa, MD
Pediatrics	Rahman, Faiz U., MD
Physician Assistant	Davis, Sherri M., PA
Physician Assistant	Jakubonis, Lukas, PA
Physician Assistant	Kelly, Courtney A., PA
Podiatric Surgery	Pearson, Kyle T., DPM
Radiation Oncology	Cheng, Suzan, MD
Radiation Oncology	Kabre, Neelima D., MD
Radiation Oncology	Kiel, Krystyna, MD
Rheumatology	Raval, Deena G., DO
Rheumatology	Said, Belal H., MD
Rheumatology	Hedayati, Hadi, MD

EXHIBIT 4

Other Physicians and Providers with privileges at Morris Hospital Covered by this Policy

Anesthesiology	Jansen, Elizabeth A., DO
Anesthesiology	Podraza, Adamina G., MD
Anesthesiology	Rogozinski, Thaddeus C., MD
Anesthesiology	Sanders, Timothy J., DO
Anesthesiology	Tanbonliong, Benedict O., MD
Anesthesiology	Yousif, Daniel J., MD
Anesthesiology	Adanin, Simon, DO
Anesthesiology	Joshi, Divyang, MD
Anesthesiology	Mann, David, MD
Anesthesiology	Marinello, Michael, MD
Anesthesiology	Marquardt, Steven, MD
Anesthesiology	Mitchell, Daniel, MD
Certified Reg Nurse Anesthetist	Bryant, Karen K., CRNA
Certified Reg Nurse Anesthetist	Budhwani, Laila A., CRNA
Certified Reg Nurse Anesthetist	Diab, Gloria L., CRNA
Certified Reg Nurse Anesthetist	Kelly, Amanda K., CRNA
Certified Reg Nurse Anesthetist	Mitchell, Kraig, CRNA
Certified Reg Nurse Anesthetist	Ryan, Jeffrey J., CRNA
Certified Reg Nurse Anesthetist	Wiechen, Kelsey A., CRNA
Emergency Medicine	Atchison, Sean C., DO
Emergency Medicine	Fosses Vuong, Michaelia, DO
Emergency Medicine	Gibson, Mark T., MD
Emergency Medicine	Gilles, Maxime A., MD
Emergency Medicine	Kryza, Michael E., MD
Emergency Medicine	Pandurangadu, Ananda V., MD
Emergency Medicine	Peksa-Sink, Renee L., DO
Emergency Medicine	Teague, David A., MD
Emergency Medicine	Thompson, John A., MD
Emergency Medicine	Williamson, John E. Jr., DO
Emergency Medicine	Wojdyla, Mark J., MD
Nurse Practitioner	Carney, Joseph, NP
Nurse Practitioner	Lopez, Kelly P., NP
Nurse Practitioner	Pertile, Joy A., NP
Nurse Practitioner	Rivara, Stacy, NP
Pediatric Cardiology	Saroli, Tania L., MD
Pediatric Cardiology	Muangmingsuk, Sunthorn, MD
Pediatric Cardiology	Siddiqui, Saad, MD
Physician Assistant	Bruno, Matthew J., PA
Physician Assistant	Keener, Brenda R., PA
Physician Assistant	Olson-Geier, Kate-Lynn M., PA
Radiology	Frag, Mitchell, MD
Radiology	Isa, Furqaan, MD
Radiology	Jachec, Michael T., MD
Radiology	Patel, Biren M., MD
Radiology	Symanski, Richard R., DO

Surgical First Assistant	Riman, Amit, CST
Teleneurology	Lakshminarayan, Gowri, MD
Teleneurology	Schaublin, Greg A., MD
Teleneurology	Mora, Michelle M., DO
Teleneurology	Shen, Jason Y., MD
Telepsychiatry	Alter, Mark D., MD
Telepsychiatry	Barclay, James C., MD
Telepsychiatry	Binius, Tracy L., MD
Telepsychiatry	Brahmbhatt, Hetal K.
Telepsychiatry	Evans, Jamie, MD
Telepsychiatry	Ikelheimer, Douglas M., MD
Telepsychiatry	Kiluvia, Moddy, MD
Telepsychiatry	Lampen, Rhonda R., MD
Telepsychiatry	Niedzwiecki, Matthew J., MD
Telepsychiatry	Norrell, Nelly P., MD
Telepsychiatry	Odunsi, Oluwatobiloba T., MD
Telepsychiatry	Pinchuck, Curt P., MD
Telepsychiatry	Richards, Christopher F., MD
Telepsychiatry	Smith, Elton J., MD
Telepsychiatry	Stridiron, Marissa L., MD
Telepsychiatry	Vadakara, Tom P., MD
Telepsychiatry	Williams, Alton C., MD
Telepsychiatry	Euler, Dillon C., MD
Teleradiology	Benedetti, Nancy, MD
Teleradiology	Benedetti, Nancy, MD
Teleradiology	Agrawal, Gautam A., MD
Teleradiology	Brus-Ramer, Marcel, MD
Teleradiology	Chang, Wilson M., MD
Teleradiology	Cheung, Lawrence N., MD
Teleradiology	DeNucci, Christopher C., MD
Teleradiology	Desai, Naman S., MD
Teleradiology	Fong, Nepenthe I., MD
Teleradiology	Giannini, Marchelle J., MD
Teleradiology	Gosselin, Marc V., MD
Teleradiology	Hsu, Raymond M., MD
Teleradiology	Hura, Stefan A., MD
Teleradiology	Johnson, Gregory L., MD
Teleradiology	Kaleel, Mohammed R., MD
Teleradiology	Kalthia, Rupesh H., MD
Teleradiology	Kelley, Russell P., MD
Teleradiology	Kim, Brian J., MD
Teleradiology	Laguna, Benjamin A., MD
Teleradiology	Lobert, Philip F., MD
Teleradiology	McWilliams, Sebastian R., MBBS
Teleradiology	Moreno, Yvonne C., MD
Teleradiology	Morgan, Gerard E., MD
Teleradiology	Mulkerin, Jennifer L., MD
Teleradiology	Oshmyansky, Alexander R., MD
Teleradiology	Pham, Tu T., MD

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Powell, Anthony F., MD
Somvanshi, Rahul A., MD
Thompson, Zachary M., MD
Tsai, Salina D., MD
Tye, Grace A., MD
Wang, Susan Y., MD

EXHIBIT 5

Other Physicians and Providers Providing Care at Morris Hospital Not Covered by this Policy

Cardiovascular Disease	Abdul-Karim, Ahmad, MD
Cardiovascular Disease	Al Muradi, Hazem, MD
Cardiovascular Disease	Alhawasli, Hazem, MD
Cardiovascular Disease	de la Hera, Aristides, MD
Cardiovascular Disease	DeGirolami, Daniele P., MD
Cardiovascular Disease	Dongas, John F., MD
Cardiovascular Disease	Elgar, Robert D., DO
Cardiovascular Disease	Hamoui, Omar, MD
Cardiovascular Disease	Jain, Parag, MD
Cardiovascular Disease	Kawji, Mazen, MD
Cardiovascular Disease	Kolyvas, Chris, MD
Cardiovascular Disease	Lertsburapa, Kirkeith, MD
Cardiovascular Disease	Marks, Daniel, MD
Cardiovascular Disease	Martini, Muawia, MD
Cardiovascular Disease	Ramadurai, Govind, MD
Cardiovascular Disease	Sankari, Abdulhamid, MD
Cardiovascular Disease	Shroff, Sunil C., MD
Cardiovascular Disease	Sumida, Colin W., MD
Cardiovascular Disease	Yi, Jong Y., MD
Dermatology	Jenkins, Cary A., MD
Endocrinology	Zuberi, Meiraj F., MD
Family Medicine	Demask, John A., DO
Family Medicine	Jurak, Daniel M., DO
Gastroenterology	Rotnicki, Richard M., DO
General Surgery	Katilius, Marius J., MD
General Surgery	Kokoszka, Joseph S., MD
General Surgery	Oswalt, Kristopher M., MD
General Surgery	Smyk, Roman M., MD
General Surgery	Wojcik, Robert S., MD
General Surgery	Wu, Jonathan C., MD
Gynecology	Kijek, Mark A., MD
Hematology/Oncology	Burhani, Nafisa D., MD
Hematology/Oncology	Abboud, Worood, MD

Hematology/Oncology	Gustafson, Ellen J., MD
Hematology/Oncology	Lakhani, Ali R., MD
Hematology/Oncology	Modi, Sanjiv S., MD
Hematology/Oncology	Suh, Jason J., MD
Hematology/Oncology	Kumar, Arvind, MD
Hematology/Oncology	Sivarajan, Kulumani M., MD
Internal Medicine	Kucinski, Laura J., DO
Internal Medicine	Lee, Choongkoon J., MD
Internal Medicine	Pedraza, Gustavo A., MD
Internal Medicine	Shahbain, Abdul-Hamid M., MD
Internal Medicine / Pediatrics	Vermillion, David G., MD
Nephrology	Ahmed, Naila I., MD
Nephrology	Barakat, Mohamad, MD
Nephrology	Gurfinchel, Aaron, MD
Nephrology	Kravets, Z. Teresa, MD
Nephrology	McFadden, David L., MD
Nephrology	Nagarkatte, Preeti R., MD
Nephrology	Sharma, Ankur, MD
Nurse Practitioner	Bennett, Ivona, NP
Nurse Practitioner	De Fuss, Carrie, NP
Nurse Practitioner	DeWaele-Guzman, Lucinda K., NP
Nurse Practitioner	Dubik, Jayci N., NP
Nurse Practitioner	Durham, Trisha, NP
Nurse Practitioner	Hawkins, Dawn, NP
Nurse Practitioner	Kammin, Evelyn, NP
Nurse Practitioner	Shaw, Connor, NP
Nurse Practitioner	Shaw, Suman, NP
Nurse Practitioner	Terronez, Ann F., NP
Ophthalmology	Lelis, Eligijus P., MD
Ophthalmology	Rassouli, Majid, DO
Optometry	Marino, Angelo, OD
Optometry	Ortiz, Timothy P., OD
Orthopaedic Surgery	Burt, David M., MD
Orthopaedic Surgery	Kuo, Rebecca C., MD
Otolaryngology	Bartindale, Matthew, MD
Otolaryngology	Chung, Sung J., MD
Otolaryngology	DiVenere, Scott W., MD
Otolaryngology	Mehta, Rajeev H., MD
Otolaryngology	Patel, Ankit M., MD
Otolaryngology	Will, Neena, MD
Pain Management	Estilo, Maria P., MD
Pain Management	Khan, Farooq A., MD
Pain Management	Rehman, Atiq, MD
Pain Management	Yano, Shingo M., MD
Pediatrics	Johnson, Richard C., MD
Physical Medicine & Rehab	Hung, Ming L., MD
Physician Assistant	Aguilar, Jeffrey M., PA
Plastic Surgery	Burt, Tripti A., MD
Podiatric Surgery	Bishop, Paul S., DPM

Podiatric Surgery	Fox, Howard C., DPM
Podiatric Surgery	MacNab, Robert K., DPM
Podiatric Surgery	Rappette, Thomas F., DPM
Podiatric Surgery	Alamgir, Shayan, DPM
Pulmonary Disease	Agha, Ahmad K., MD
Urology	Andros, Gregory J., MD
Urology	Burns, Thomas E. Jr., MD
Urology	Cho, Luke S., MD
Urology	Lewis, Gregory A., MD
Urology	Manecke, Ryan G., MD
Urology	Marks, Constance A., MD
Urology	Nguyen, Thai T., MD
Urology	Sawhney, Sandeep, MD
Urology	Tek, Peter, DO
Vascular Surgery	Reishus, Scott A., DO

Exhibit 6

Plain-Language Summary of Financial Assistance Policy

Morris Hospital & Healthcare Centers will provide emergency and medically necessary healthcare services for free or at discounted rates to patients who are uninsured or have limited insurance available. Generally speaking, patients eligible for discounted charges must have family incomes under 600% of the Federal Poverty Guidelines, while patients eligible for free care must have family incomes under 200% of the Federal Poverty Guidelines. Financial assistance may also be available in other limited circumstances, depending on the size of the patient’s medical bills and whether the patient meets certain other criteria for eligibility.

Patients seeking financial assistance may apply by completing a Financial Assistance Application. Copies of the Financial Assistance Application, as well as Morris Hospital & Healthcare Centers’ Financial Assistance Policy and Billing and Collection Policy, are available at <http://www.morrishospital.org/financialassistanceapplication>. Patients may also request free copies of the Financial Assistance Application and the foregoing policies by mail, by calling (815)942-2932, or may obtain free copies in person at the Morris Hospital Patient Accounting Office, 150 W. High St., Morris, IL (First Floor). The Financial Assistance Application and the

foregoing policies (as well as this plain-language summary) are available in both English and Spanish.

Completed Financial Assistance Applications should be submitted to Morris Hospital & Healthcare Centers, Attn: Patient Accounting Office, 150 W. High St., Morris, IL 60450. Applications may be delivered in person to the Patient Accounting Office (First Floor of Hospital) or to the Patient Registration Desk at any of the Healthcare Centers. Applications also may be sent by U.S. mail to the address indicated above, or e-mailed to financialassistance@morrishospital.org.

Persons seeking more information or needing assistance in completing the Financial Assistance Application may contact one of Morris Hospital & Healthcare Centers' trained Financial Service Representatives in the Patient Accounting Office at (815)9423-2932.

A patient qualifying for financial assistance under Morris Hospital & Healthcare Centers' Financial Assistance Policy with respect to emergency or medically necessary care will not be charged more than the amounts generally billed by Morris Hospital & Healthcare Centers for the same services to individuals who have insurance covering such care.

Exhibit 7

Location Name	Address	City	State
Braidwood Healthcare Center of Morris Hospital - Primary	389 E. Main St.	Braidwood	IL
Channahon Healthcare Center of Morris Hospital - Primary	25259 Reed St.	Channahon	IL
Channahon Healthcare Center of Morris Hospital - Rheumatology	25259 Reed St.	Channahon	IL
Channahon Healthcare Center of Morris Hospital - Neurology	25259 Reed St.	Channahon	IL
Channahon Healthcare Center of Morris Hospital - Endocrinology	25259 Reed St.	Channahon	IL
Morris Hospital Ridge Road Campus - Immediate Care/Occ Med	27240 W. Saxony Drive	Channahon	IL
Morris Hospital Ridge Road Campus - Primary	27240 W. Saxony Dr., #201	Channahon	IL
Morris Hospital Ridge Road Campus - Allergy	27240 W. Saxony Dr., #203	Channahon	IL
Morris Hospital Diamond - Coal City Campus - Convenient Care	1450 East Division St	Diamond	IL
Morris Hospital Diamond - Coal City Campus - Primary	1450 East Division St	Diamond	IL
Dwight Healthcare Center of Morris Hospital - Primary	101 S. Prairie Ave.	Dwight	IL
Gardner Healthcare Center of Morris Hospital - Primary	409 N Route 53	Gardner	IL
Marseilles Healthcare Center of Morris Hospital - Peds	580 Sycamore St	Marseilles	IL
Mazon Healthcare Center of Morris Hospital - Primary	522 Depot St.	Mazon	IL
Minooka Healthcare Center of Morris Hospital - Primary	603 W Mondamin St	Minooka	IL
Morris Healthcare Center of Morris Hospital - Rheum/Endro	1345 N Edwards St., Suite 1	Morris	IL
Morris Healthcare Center of Morris Hospital - Primary	1345 N Edwards St., Suite 2	Morris	IL
Morris Healthcare Center of Morris Hospital - Primary	1345 N Edwards St., Suite 3	Morris	IL
Morris Healthcare Center of Morris Hospital - Infectiuos Disease	425 E US Rt. 6 - Suite A	Morris	IL
Morris Healthcare Center of Morris Hospital - Primary	425 E US Rt. 6 - Suite B	Morris	IL
Morris Healthcare Center of Morris Hospital - Primary	1300 W. Dresden Drive	Morris	IL
Morris Healthcare Center of Morris Hospital - Primary	1499 Lakewood Dr. Suite C	Morris	IL
Morris Healthcare Center of Morris Hospital - Primary	948 W US Rt. 6	Morris	IL
Morris Hospital Obstetrics & Gynecology Specialists - Morris	237 W. Waverly St.	Morris	IL
Morris Hospital Obstetrics & Gynecology Specialists - Ottawa	1300 Starfire Dr.	Ottawa	IL
Morris Hospital Obstetrics & Gynecology Specialists - Ridge Road	27240 W. Saxony Dr., Suite 202	Channahon	IL
Morris Hospital Obstetrics & Gynecology Specialists - Diamond	1450 East Division St	Diamond	IL
Morris Hospital Cardiovascular Specialists - Morris	151 W. High St. (Lower Level)	Morris	IL
Morris Hospital Cardiovascular Specialists - Dwight	101 S. Prairie Ave.	Dwight	IL
Morris Hospital Cardiovascular Specialists - Ottawa	1300 Starfire Dr.	Ottawa	IL
Morris Hospital Cardiovascular Specialists - Ridge Road	27240 W. Saxony Dr., #203	Channahon	IL
Morris Hospital Pediatrics - Ottawa	1306 Gemini Circle Suite 1	Ottawa	IL
Morris Hospital Pediatrics - Diamond - Coal City	1450 East Division St	Diamond	IL
Morris Hospital Pediatrics - Marseilles	580 Sycamore St	Marseilles	IL
Morris Hospital Pediatricians - Morris	151 W. High St, First Floor	Morris	IL
Morris Hospital Sleep Center - Sleep Medicine	1499 Lakewood Dr. Unit I	Morris	IL
Morris Hospital Neurology Specialists	1802 North Division St. #703	Morris	IL
Newark Healthcare Center of Morris Hospital - Primary	5 N. Johnson St.	Newark	IL
Morris Hospital Ottawa Campus - Primary	1306 Gemini Circle, Suite 1	Ottawa	IL
Morris Hospital Yorkville Campus - Convenient Care/Occ Med	105 Saravanos Rd.	Yorkville	IL
Morris Hospital Yorkville Campus - Primary	105 Saravanos Rd.	Yorkville	IL
Diagnostic & Rehabilitative Center of Morris Hospital IMC/OccMed	100 Gore Rd.	Morris	IL
Diagnostic & Rehabilitative Center of Morris Hospital -Rehab	100 Gore Rd.	Morris	IL
Radiation Therapy Center of Morris Hospital	1600 West US Rt. 6	Morris	IL
Seneca Healthcare Center of Morris Hospital - Primary	271 N. Main St	Seneca	IL
Morris Hospital (Main Campus)	150 W High St	Morris	IL
Morris Hospital Orthopedics - Diamond - Coal City	1450 East Division St	Diamond	IL
Morris Hospital Orthopedics & Rehab - Joliet	1310 & 1312 Houbolt Road	Joliet	IL

Morris Hospital Orthopedics & Rehab - Ottawa	1306 Gemini Circle Suite 1 & 2	Ottawa	IL
Morris Hospital Orthopedics & Rehab - Morris	1051 West US Rt 6 -Ste. 100 & 400	Morris	IL