

Tulane

Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 1 of 11

This policy establishes a framework pursuant to which Tulane Health System (THS) will identify patients that may qualify for financial assistance with respect to emergency and medically necessary care.

In order to ensure that all patients are adequately informed about this policy, THS has undertaken the following:

- Information about the Financial Assistance Policy, a plain language summary of the policy, and the Financial Assistance Application and instructions for completion are available on the THS website in English, Spanish, and Vietnamese at: <http://tulanehealthcare.com/patients-and-visitors/pay-your-bill.dot>.
- The Financial Assistance Application is available at the facilities and by mail.
- A patient brochure, entitled "A Guide to Your Hospital Bill" is provided to patients. This brochure explains the billing process and also provides information on the Financial Assistance Policy.
- THS will provide a descriptive notice of the uncompensated care policy to any individual inquiring about the provision of uncompensated services (Exhibit 1).
- Notices highlighting the provision of uncompensated care will be posted prominently in the admission area, business office, and the emergency room (Exhibit 2).

CHARITY CARE ELIGIBILITY SYSTEM

Application. In order to qualify for charity care, THS requires the completion of the THS Financial Assistance Application (Exhibit 3).

Tulane Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 2 of 11

The Financial Assistance Application, the Financial Assistance Policy, and a plain language summary of the financial assistance policy are available upon written request to the following address (please specify English, Spanish, or Vietnamese). If you need assistance you may contact patient account services at the address below or by calling the telephone number listed below:

Tulane Health System & Tulane Lakeside Hospital

Attn: Patient Account Services

1415 Tulane Ave.
New Orleans, LA, 70112

Tulane Hospital	(504) 988-5856
Tulane Lakeside	(504) 780-6555

Tulane Lakeview Regional Medical Center

Attn: Patient Account Svcs.

95 Judge Tanner Blvd
Covington, La. 70433

Tulane Lakeview	(985) 867-4437
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Tulane Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	<ul style="list-style-type: none"> ✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 3 of 11

The Application allows for the collection of information in accordance with state law and the income and documentation requirements set forth below. In the case of repeat hospital visits, THS will attempt to re-verify with the patient or responsible party the Application and income information for each subsequent encounter; however, a new Application and new supporting documentation must be obtained after twelve months have passed.

Calculation of Immediate Family Members Patients requesting financial assistance must verify the number of family members in their household.

Adults. In calculating the number of family members in an adult patient's household, include the patient, the patient's spouse and any dependents.

Minors. In calculating the number of family members in a minor patient's household, include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father.

Income Calculation. Patients must provide their household's yearly income.

Adults. For adults, the term "Yearly Income" for purposes of classification as Financially Indigent or Medically Indigent in accordance with the Policy means the sum of the total yearly gross income of the patient and the patient's spouse.

Minors. If the patient is a minor, the term "Yearly Income" means total yearly gross income from the patient, the patient's mother and the patient's father

Tulane

Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 4 of 11

Income Verification. Patients or the responsible party must verify the income reported on the Financial Assistance Application in accordance with the Documentation Requirements set forth below.

Documentation Requirements. The income reported on the Financial Assistance Application may be verified through any of the following mechanisms:

Income Indicators. By the provision of third party financial documentation, which may include but is not limited to, IRS Form W-2, Wage and Tax Statement; Pay Check Remittance; Individual Tax Returns; telephone verification by employer; bank statements; Social Security payment remittances, unemployment insurance payment notices, or Unemployment Compensation Determination Letters. Additionally, the Company considers the economic demographics of the zip code in which the patient resides.

Participation in a Public Benefit Program. By the provision of documentation showing current participation in a public benefit program such as Medicaid; County Indigent Health Program; AFDC; Food Stamps; WIC; Children's Health Insurance Program; or other similar indigency related programs. Proof of participation in any of the above programs is required with the completed Financial Assistance Application.

Verification Procedure. In determining a patient's total income, THS may consider other financial assets and liabilities of the patient as well as the patient's family income and the patient's family's ability to pay. If a determination is made that a patient has the ability to pay the remainder of the bill, such determination does not preclude a reassessment of the patient's ability to pay upon presentation of additional documentation.

Classification Pending Income Verification. THS may consider a request for financial assistance at any time before, during or after the dates of service. During the verification process, while THS is collecting the information necessary to determine

Tulane

Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	<ul style="list-style-type: none"> ✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 5 of 11

a patient's income, the patient may be treated as a private pay patient in accordance with THS policies.

Inconsistent or Incomplete Information. This policy in no way limits THS's ability to conduct additional due diligence concerning a patient's ability to pay if information provided by the patient during the application process appears to be inconsistent or incomplete. For example, THS may choose to inquire why little or no assets were reported if a patient's income is high.

Information Falsification. Falsification of information may result in denial of the Financial Assistance Application. If, after a patient is granted financial assistance, THS finds material provision(s) of the Financial Assistance Application to be untrue, charity care status may be revoked and the financial assistance may be withdrawn.

Classification as Financially Indigent. Financially Indigent means an uninsured or underinsured person who is accepted for care with no obligation or with a discounted obligation to pay for the services rendered based on the Charity Care Eligibility System.

Classification. Patients may only be granted classification as Financially Indigent if their Yearly Income is less than or equal to 200% of the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services ("Federal Poverty Guidelines"). The updated Federal Poverty Guidelines should be applied beginning the first day of the month following their release.

Classification as Medically Indigent Medically Indigent means a patient whose medical or hospital bills, after payment by third-party payers, exceeds a specified percentage of the person's Yearly Income, and who is unable to pay the remaining bill.

Initial Assessment. To be considered for classification as a Medically Indigent patient, the amount owed by the patient after payment by all third-party payers must exceed ten percent (10%) of the patient's Yearly Income and the patient must be unable to pay the remaining bill. If the patient does not meet this initial assessment criteria, the patient may not be classified as Medically Indigent.

Tulane Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	<ul style="list-style-type: none"> ✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System’s Board of Directors	PAGE: 6 of 11

Acceptance. THS may accept a patient who meets the Initial Assessment criteria for Medically Indigent and meets the criteria set forth below:

Yearly Income Between 200% and 500% of the Federal Poverty Guidelines. The patient’s income must be greater than 200% but less than or equal to 500% of the Federal Poverty Guidelines. In these instances, THS will determine the amount of financial charity assistance granted to these patients based upon the patient’s Yearly Income as compared to the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services (“Federal Poverty Guidelines”). The range of discount will vary from 40-90%. The uninsured discount will be applied to the remaining balance due after the charity discount is applied.

Approval Procedures. THS will work with all uninsured patients to determine eligibility for Medicaid or charity assistance, as outlined in the “Uninsured Patient Information Document” attached as Exhibit 1. Patients will be notified by mail of eligibility for financial assistance once the application has been reviewed and processed. In reviewing an application for approval, Shared Service Center (SSC) Management will make the determination of eligibility, including a determination that reasonable efforts were undertaken to determine eligibility. Such manager may also make further inquiry into available information such as assets, etc. to determine a patient’s ability to pay or make further inquiry regarding qualifying the patient for governmental or other funding.

In the event that a patient does not qualify for charity assistance, or the patient is responsible for a portion of the balance after charity assistance has been applied, the uninsured discount will be applied to the account. The amount due will not exceed amounts generally billed to patients with insurance as determined by using the look back method described in the Internal Revenue Service Regulations. Patients may request information on this calculation by submitting a request to the following:

<p>Tulane Health System & Tulane Lakeside Hospital</p> <p>Attn: Patient Account Services 1415 Tulane Ave. New Orleans, LA, 70112</p>	<p>Tulane Lakeview Regional Medical Center</p> <p>Attn: Patient Account Services 95 Judge Tanner Blvd Covington, La. 70433</p>
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Tulane Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 7 of 11

Please take notice that if you do not submit a financial assistance application within 120 days from the date of the billing statement then the hospital facility (or other authorized party) may take certain actions against you in order to obtain payment of the bill including, but not limited to, reporting adverse information about the debt you owe to the hospital facility to credit reporting agencies or credit bureaus, and/or filing a civil lawsuit in order to obtain a judgment against you for the amount that you owe to the hospital facility.

RESERVATION OF RIGHTS

THS reserves the right to limit or deny financial assistance at its sole discretion.

NON-COVERED SERVICES

THS reserves the right to designate certain services, which are not subject to this Financial Assistance Policy.

Any providers that deliver emergency or other medically necessary care in a THS facility are not covered under this THS Financial Assistance Policy. The list of these providers includes:

- Tulane University Medical Group
- Parish Anesthesia
- Independence Physician Services, LLC
- Independence Emergency Group, LLC
- Schumacher Group
- Parish Anesthesia of Covington
- Pontchartrain Diagnostic Imaging
- Plantation
- Delta Pathology, LLC

Tulane

Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012	✓ Tulane Medical Center
REVISION EFFECTIVE DATE: June 2016, June 2017	✓ Tulane Lakeside Hospital
	✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 8 of 11

EXHIBIT 1
SUMMARY OF THE UNCOMPENSATED CARE POLICY

A limited amount of medically necessary hospital services are available free of charge to individuals who cannot afford such services. These uncompensated services will be available to eligible individuals receiving hospital services at Tulane University Hospital & Clinic. Services for which individuals may apply for free care are those customary hospital services provided at Tulane University Hospital & Clinic, excluding physician fees.

To be eligible for free care or care at reduced charges, the individual's total family gross annual income must not be greater than 200% of the Federal Poverty Income Guideline, which will be updated annually as the information becomes available (see below).

FEDERAL POVERTY INCOME GUIDELINES USED TO ESTABLISH ELIGIBILITY FOR PROVISION OF UNCOMPENSATED CARE

Family Size	100% of FPIV	200% of FPIV
1	\$12,060	\$24,120
2	\$16,240	\$32,480
3	\$20,420	\$40,840
4	\$24,600	\$49,200
5	\$28,780	\$57,560
6	\$32,960	\$65,920
7	\$37,140	\$74,280
8	\$41,320	\$82,640

If the patient or individual responsible for the patient, has total family gross annual income of less than or equal to 100% of the Federal Poverty Income Guideline, hospital services may be provided to the patient free of charge.

If the patient, or individual responsible for the patient, has total family gross annual income of greater than 100% and less than or equal to 200% of the Federal Poverty Income Guideline, hospital services may be provided to the patient free of charge with the exception of a \$100 deductible which the patient is responsible to pay.

If you think you may be eligible for uncompensated services, please contact the Admitting Department to discuss your situation with a counselor and to complete a short eligibility application.

Appropriate identification must be submitted with your application. The Hospital may require proof of information regarding family income. The Hospital will make a written determination of your eligibility generally within two workdays (Monday through Friday, excluding holidays).

If you have any questions regarding this policy, please call the Director of Admissions.

Tulane

Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 9 of 11

EXHIBIT 2
NOTICE OF UNCOMPENSATED SERVICES

It is the policy of THS to provide a limited amount of healthcare services, free of charge, to financially disadvantaged patients. Patients are eligible for these free services based on family income.

If you would like to apply for free services under this policy, please contact the Admitting Department to receive additional information.

Tulane Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 10 of 11

EXHIBIT 3 Tulane Health System Financial Assistance Application

 Patient Name Patient Account Number

 Telephone Number Social Security Number Birth Date (Month/Day/Year)

- Employed
 Unemployed

 Employer (Name, Address, and Telephone Number)

 Spouse Name Social Security Number Birth Date (Month/Day/Year)

 Patient's Father (If patient is a minor) Social Security Number Birth Date (Month/Day/Year)

 Patient's Mother (If patient is a minor) Social Security Number Birth Date (Month/Day/Year)

A. Wages: Please provide the wages for each of the following persons in your household.

Circle One Patient \$ _____ Hr/Wk/Month/Year	Circle One Patient's Father \$ _____ Hr/Wk/Month/Year (if patient is a minor)
Circle One Spouse \$ _____ Hr/Wk/Month/Year	Circle One Patient's Mother \$ _____ Hr/Wk/Month/Year (if patient is a minor)

B. Other Resources: Please provide the total amount of other resources available to you, including savings accounts, checking accounts, stocks, bonds, etc. \$ _____

Please provide the amount of yearly income you receive from these other resources, including interest income, dividends, rental income, etc. \$ _____

C. Family Members: Please provide the number of persons in the patient's household. _____

D. Income Verification: Please provide any of the following types of documentation to verify your income.

- IRS Form W-2
- Paycheck Remittance
- Tax Return
- Bank Statements
- Employer Verification
- Proof of Participation in Governmental Assistance programs such as food stamps, CDIC, Medicaid, or AFDC
- Social Security or Unemployment Compensation Determination Letters
- Other. Please Describe

If you are unable to provide one of the sources of income documentation listed above, please explain why this information is not available: _____

I understand Tulane Health System (THS) may verify the financial information contained in this Financial Assistance Application ("Application") in connection with THS' evaluation of this Application, and by my signature hereby authorize my employer to certify the information provided in this Application. I also authorize THS to request reports from credit reporting agencies and the Social Security Administration. I certify that this information is true to the best of my knowledge and I am aware that falsification of information on this Application may result in denial of financial assistance.

I understand that any financial assistance is based on my inability to pay and that if any new source of income becomes available THS may reverse its grant of financial assistance in whole or in part.

 Signature of Patient or Responsible Party Date _____

 THS Employee Signature if any part of Financial Assistance Application Completed by a THS Employee Date _____

Tulane

Health System

TITLE: Financial Assistance Policy	
EFFECTIVE DATE: January 2012 REVISION EFFECTIVE DATE: June 2016, June 2017	<ul style="list-style-type: none"> ✓ Tulane Medical Center ✓ Tulane Lakeside Hospital ✓ Tulane Lakeview Regional Medical
Approved by: Tulane Health System's Board of Directors	PAGE: 11 of 11

EXHIBIT 3

Tulane Health System Financial Assistance Application

Instructions:

As part of its commitment to serve the community and in fulfilling one of the charitable purposes of Tulane Health System, Tulane Health System elects to provide financial assistance to individuals who satisfy certain income requirements.

To determine if a person may qualify for financial assistance, we need to obtain certain financial information as outlined within this application. Your cooperation will allow us to give all due consideration to your request for financial assistance.

Please complete the Financial Assistance Application and return the completed form to the Registration Representative; or the completed form may be mailed to the following address:

Patient Account Services
1415 Tulane Ave.
New Orleans, LA, 70112

Section A: Wages

In Section A of the Financial Assistance Application, please indicate the Dollar Amount each listed person receives as compensation and whether the amount represents hourly, weekly, monthly, or yearly compensation.

Section B: Other Resources

In the first blank in Section B of the Financial Assistance Application, please indicate the Dollar Amount you have invested in checking accounts, savings accounts, stocks, etc. In the second blank please indicate the Dollar Amount of income you receive yearly from such investments. For example, in the first blank one might put that they have \$5,000 in a savings account and in the second blank they might put that they earn \$250 interest yearly on that account.

Section C: Family Members

Section C of the Financial Assistance Application requests information on the number of persons in the patient's household. This number should include the patient, the patient's spouse and the patient's dependents. If the patient is a minor, please include the patient, the patient's mother and/or father and/or legal guardian and any Resident Dependents of the patient's mother and/or father, and/or Legal Guardian.

Section D: Income Verification

In order to consider your request for financial assistance, verification of the wages reported in Section A of the Financial Assistance Application is required. Please provide a copy of an IRS Form W-2, Wages and Tax Statement; pay check remittance; tax return; bank statement or other appropriate indicator of income or proof of participation in a public benefit program such as Social Security, Unemployment Compensation, Medicaid, County Indigent Health Program, AFDC, Unemployment Insurance, Food Stamps, WIC, Children's Health Insurance Program, or other similar indigency related programs.

You may also verify your wages by having your employer provide written verification or by having your employer speak with a THC representative.

If you are unable to provide one of the sources of income documentation listed above, please provide a written explanation in Section D of the Financial Assistance Application.

Physician Services

The physicians providing services are not employees of Tulane Health System. You will receive separate bills from your private physician and other physicians whose services you required. For questions regarding these bills, or to make payment arrangements for physician services, please contact the individual physician's office.