I. PURPOSE

The Adventist Midwest Health Financial Assistance Policy describes the Financial Assistance practices of Adventist Midwest Health. Adventist Midwest Health (“AMH”) includes five hospitals in Adventist Health System’s Midwest Region: Adventist Bolingbrook Hospital, Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, and Adventist La Grange Memorial Hospital, as well as Adventist Health Partners, a physician practice.

AMH is committed to excellence in providing high quality health care while serving the diverse needs of those living within our service area. AMH is dedicated to the view that emergency and other non-elective medically necessary care should be accessible to all, regardless of age, gender, geographic location, cultural background, physical mobility, or ability to pay. AMH is committed to providing health care services and acknowledges that in some cases an individual will not be financially able to pay for the services received. This policy is intended to comply with Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder and shall be interpreted and applied in accordance with such regulations. This policy has been adopted by the governing body of each AMH hospital facility in accordance with the regulations under Section 501(r).

AMH provides emergency and other non-elective medically necessary care to individual patients without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. In the event that third-party coverage is not available, an allocation is made each year for funds to be available for financial assistance. Wherever possible, a determination of eligibility for financial assistance will be initiated prior to, or at the time of admission, by the financial counselor. This policy identifies those circumstances when AMH or a related joint venture may provide care without charge or at a discount based on the financial need of the individual.

Please see the Addendum to this policy for a listing of all providers, other than the AMH hospital facility, that deliver emergency or other medically necessary care at each AMH hospital facility, and specifies which providers are covered by this Financial Assistance Policy and which are not. The listing of providers contained in the Addendum to the policy can be accessed on-line at the AMH hospital facility’s website. A paper copy can be obtained free of charge from the AMH hospital facility’s Patient Financial Services Department.

The provider listing is updated quarterly to add new or missing information, correct erroneous information, and delete obsolete information. The date of the most recent update is included on the provider listing.
An AMH hospital facility may list names of individual doctors, practice groups, or any other entities that provide emergency or medically necessary care in the AMH hospital facility by the name used either to contract or to bill patients for care provided.

The financial assistance policy provides guidelines for financial assistance to self-pay individual patients receiving emergency and other non-elective medically necessary services based on financial need (full write-off and discounted care). This financial assistance policy also provides guidelines for amounts that may be charged to self-pay patients who receive medically necessary services that are not considered emergent or non-elective. Financial assistance discounts based upon financial need will not be provided for elective procedures, except as may be determined in the sole discretion of the AMH hospital facility on a case-by-case basis.

The financial assistance policy also provides guidelines for discounts provided to uninsured patients who receive Medically Necessary Services, as required by The Hospital Uninsured Patient Discount Act [201 ILCS 89/1].

II. DEFINITION

A. Family Income: Family income means the sum of a family’s earnings and cash benefits from all sources before taxes, less payments made for child support.

B. Medically Necessary Services: Medically Necessary: Medically Necessary means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Medically necessary services include non-elective services, as in this policy. A medically necessary service does not include any of the following:

- Non-medical services such as social and vocational services;
- Elective cosmetic surgery, but no plastic surgery, designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

C. Non-elective services: Non-elective services are defined as a medical condition that without immediate attention:

- Places the health of the individual in serious jeopardy
- Causes serious impairment to bodily functions or serious dysfunction to a bodily organ.

Patients types assumed to be covered by this definition include:
D. **Uninsured Patient:** An Uninsured Patient is a resident of Illinois who is a patient of a hospital and 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 high deductible health insurance plans, workers’ compensation, accident liability insurance, or other third party liability.

### III. POLICY

A. All or a portion of emergency and non-elective medically necessary care may be considered for financial assistance if a self-pay patient presents with any of the following conditions:

1. No third-party coverage is available.

2. Patient is already eligible for assistance (e.g. Medicaid), but the particular services are not covered.

3. Medicare or Medicaid benefits have been exhausted and the patient has no further ability to pay.

4. Patient is determined to qualify for a catastrophic care discount. In the case of a catastrophic care discount, the patient’s liability is capped at an amount not greater than 25% of annual family income.

5. Patient meets local state charity requirements.

B. Financial Assistance Policies are transparent and available to the individuals served at any point in the care continuum in languages that are appropriate for the AMH service area in compliance with the Language Assistance Services Act and in the primary languages of any populations with limited proficiency in English that constitute more than 5% of the residents of the community served by the AMH hospital facility.

1. Website: AMH hospital facilities will prominently and conspicuously post complete and current versions of the following on their respective websites in English and in the primary
languages of any populations with limited proficiency in English that constitute more than 5% of the residents of the community served by the AMH hospital facility:

a. Financial Assistance Policy (“FAP”)

b. Financial Assistance Application Form (“FAA Form”)

c. Plain Language Summary of the Financial Assistance Policy (“PLS”)

d. Contact information for AMH facility Financial Counselors and/or individuals in Pre-access or Patient Access designated to assist with financial assistance inquiries.

2. Signage (in English and in the primary languages of any populations with limited proficiency in English that constitute more than 5% of the residents of the community served by the AMH hospital facility) will be displayed in AMH hospital facilities at points of admission and registration areas, including the Emergency Department. All signage denoting that financial assistance may be available will contain the following elements:

a. The hospital facility’s website address where the FAP and the FAA Form can be accessed.

b. The telephone number and physical location (room number) that individuals can call or visit with any questions about the FAP or the application process.

3. Each AMH hospital facility will make paper copies of the FAP, FAA Form and the PLS available upon request and without charge, both in public locations in the hospital facility (i.e. admission and registration areas) and by mail. Paper copies will be available in English and in the primary languages of any populations with limited proficiency in English that constitute more than 5% of the residents of the community served by the AMH hospital facility.

4. Financial Counselor/Designated Patient Access Staff Visits: Financial counselors and/or designated Patient Access Staff will seek to provide personal financial counseling to individuals admitted to an AMH hospital who are classified as self-pay, and for whom these services are requested or indicated. Interpreters will be used, as indicated, to allow for meaningful communication with individuals who have limited English proficiency. Financial assistance and discount information will be made available.

5. The PLS should be distributed to residents of the community served by the AMH hospital facility in a manner reasonably calculated to reach those members of the community who
are most likely to require financial assistance. An example would be the distribution of copies of the PLS to organizations in the community that address the health needs of low-income populations

C. AMH and the individuals served both hold accountability for the general processes related to the provision of financial assistance.

1. AMH Responsibilities:
   a. AMH has a financial assistance policy to evaluate and determine an individual’s eligibility for financial assistance.
   b. AMH has a means of communicating the availability of financial assistance to all individuals in a manner that promotes full participation by the individual.
   c. AMH workforce members in Patient Financial Services and Registration areas understand the AMH financial assistance policy and are able to direct questions regarding the policy to the proper hospital representatives.
   d. AMH requires all contracts with third party agents who collect bills on behalf of AMH to include provisions that these agents will follow AMH financial assistance policies.
   e. The AMH Revenue Cycle Department provides organizational oversight for the provision of financial assistance and the policies/processes that govern the financial assistance process.
   f. After receiving the individual’s request for financial assistance, AMH notifies the individual of the eligibility determination within a reasonable period of time.
   g. AMH provides options for payment arrangements.
   h. AMH upholds and honors individuals’ right to appeal decisions and seek reconsideration.
   i. AMH maintains (and requires billing contractors to maintain) documentation that supports the offer, application for, and provision of financial assistance for a minimum period of seven years.
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**Title**

Adventist Midwest Health Financial Assistance Policy

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Applicable Regional Entities: Chicago-area Hospitals

**Cross Reference**

- AMH will periodically review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.

2. **Individual Patient Responsibilities**

   a. To be considered for a discount under the financial assistance policy, the individual must cooperate with AMH to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for healthcare, such as Medicare, Medicaid, third-party liability, etc.

   b. To be considered for a discount under the financial assistance policy, the individual must provide AMH with financial and other information needed to determine eligibility (this includes completing the required application forms and cooperating fully with the information gathering and assessment process).

   c. An individual who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan.

   d. An individual who qualifies for partial discounts must make good faith efforts to honor the payment plans for their discounted hospital bills. The individual is responsible to promptly notify AMH of any change in financial situation so that the impact of this change may be evaluated against financial assistance policies governing the provision of financial assistance, their discounted hospital bills or provisions of payment plans.

**D. Financial assistance eligibility determinations and the process of applying for financial assistance will be equitable, consistent, and timely.**

1. Identification of Potentially Eligible Individuals: Requests for financial assistance will be honored up to 240 days after the date the first statement is remitted to the individual either by mail or electronic bill presentment.

   a. Registration and pre-registration processes promote identification of individuals in need of financial assistance.

   b. Financial counselors will make best efforts to contact all self-pay inpatients during the course of their stay or at time of discharge.

   c. The AMH hospital facility’s PLS will be distributed along with the FAA Form to every individual before discharge from the hospital facility.
d. The PLS will be included with at least three billing statements that are sent to the individual during the 120-day period after the first billing statement is sent.

e. An individual will be informed about the AMH hospital facility’s FAP in all oral communications regarding the amount due for his or her care.

f. The individual will be provided with at least one written notice (notice of actions that may be taken) that informs the individual that the hospital may take action to report adverse information about the individual to consumer credit reporting agencies/credit bureaus if the individual does not submit a FAA Form or pay the amount due by a specified deadline. This deadline cannot be earlier than 120 days after the first billing statement is sent to the individual. The notice must be provided to the individual at least 30 days before the deadline specified in the notice.

g. Identification of potentially eligible patients is an ongoing process. Eligibility for financial assistance will be re-assessed when a patient notifies the Hospital of a significant change in financial circumstances (e.g. loss of a job) that may impact a Self-Pay Patient’s eligibility for financial assistance under this policy or the amount of assistance to be provided.

2. Requests for Financial Assistance: Requests for financial assistance may be received from multiple sources (including the patient, a family member, a community organization, a church, a collection agency, caregiver, Administration, etc.).

a. Requests received from third parties will be directed to a financial counselor.

b. The financial counselor will work with the third party to provide resources available to assist the individual in the application process.

c. Upon request, an estimated charges letter will be provided to individuals who request a written description of estimated charges.

3. Illinois Hospital Uninsured Patient Discount Act for Medically Necessary Services: Uninsured patients that have received Medically Necessary Service (either elective or non-elective) may be eligible for financial assistance as required by The Hospital Uninsured Patient Discount Act [25 ILCS 89/1].

a. Nothing in the Hospital Uninsured Patient Discount Act requires the hospital to provide an uninsured patient with a particular type of health care service. It does,
however, provide requirements for applying a discount when Medically Necessary Services are provided to eligible Uninsured Patients.

b. AMH Hospitals shall provide a discount from its charges to any uninsured patient who applies for a discount and has family income of not more than 600% of the federal poverty income guidelines for all medically necessary health care services exceeding $300 in any one inpatient admission or outpatient encounter.

c. The maximum amount that may be collected for eligible patients under the Hospital Uninsured Patient Discount Act in a 12-month period is 25% of the patient’s family income, and this is subject to the patient’s continued eligibility under the Hospital Uninsured Patient Discount Act.

d. The Hospital reserves the right to exclude patients having assets with a value in excess of 600% of the Federal Poverty Guidelines from the application of this 12-month maximum collectible amount.

e. For purposes of determining the applicability of the 12-month maximum collectible amount, the following assets shall not be counted: the Uninsured Patient’s primary residence; personal property exempt from judgment under Section 12-501 of the Code of Civil Procedure; or any amounts held in a pension or retirement plan, provided, however, that distributions and payments from pension or retirement plans may be included as income.

f. To be eligible to have this maximum amount applied to subsequent charges, a patient shall inform Hospital in subsequent Hospital inpatient admissions or outpatient encounters that the patient has previously received Medically Necessary Services from Hospital and was determined to be entitled to discounted care under this policy.

4. Eligibility Criteria

a. To be eligible for a 100% reduction from gross charges (i.e. full write-off) the individual’s household income must be at or below 200% of the current Federal Poverty Guidelines. Individuals with household income that exceed 200% of the current Federal Poverty Guidelines may be eligible for a partial discount.

b. The amount charged to any individual for emergency and all other medically necessary care will be based on amounts generally billed (AGB) to individuals who have insurance covering such care at each specific AMH hospital. An additional
discount opportunity for prompt payment is available to patients receiving non-elective medically necessary care. Each AMH hospital facility will determine its AGB by determining an AGB percentage and multiplying that percentage by the gross charges for the services provided to the individual. All AMH hospital facilities will utilize the look-back method as described in §1.501(r)-5(b) to determine AGB. Individuals can contact a member of the relevant AMH hospital’s Patient Financial Services team at a telephone number shown on an attachment to this policy to obtain a free written information sheet stating the relevant AMH hospital facility’s AGB percentage and an explanation of how the AGB percentage was determined.

c. If a greater minimum discount percentage is required by market-specific conditions (including competition and public relations), or the 200% maximum financial assistance threshold for full write-off needs to be expanded for similar reasons, the entity’s representative is to present the exception to the Adventist Health System Senior Hospital Finance Group (SHFG) Committee for approval.

d. Asset Verification: In addition to an income level evaluation as outlined above, an optional asset means test may also be applied to determine eligibility for financial assistance. An asset test is mandatory for Medicare patients only. An asset test for non-Medicare patients is optional. For the purposes of this policy, the amount of patient responsibility is 100% of the patient portion not to exceed the GREATER of: 1) Seven percent (7%) of Available Assets or 2) Required payment per the Financial Assistance and Self-pay Discount Worksheet for Non-Elective services. “Available Assets” is defined as cash, cash equivalents and non-retirement investments.

e. When determining an individual’s income Household size and income includes all members of the immediate family and other dependents in the household as follows:

   i. An adult and, if married, a spouse.
   ii. Any natural or adopted minor children of the adult or spouse.
   iii. Any minor for whom the adult or spouse has been given the legal responsibility by a court.
   iv. Any student over 18 years old, dependent on the family for over 50% support (current tax return of the responsible adult is required).
   v. Any other persons dependent on the family’s income for over 50% support (current tax return of the responsible adult is required).

f. Income Verification: Income may be verified by using a personal financial statement or by obtaining copies of Form W-2, Form 1040, bank statements or any other form of documentation that supports reported income.
ADVENTIST MIDWEST HEALTH REGIONAL POLICY PROFILE

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Applicable Regional Entities: Chicago-area Hospitals

**Cross Reference**

**g.** Documentation supporting income verification and Available Assets is to be maintained in patient files for future reference.

**h.** A credit report may be generated for the purpose of identifying additional expense, obligations and income to assist in developing a full understanding of the individual’s financial circumstances. A third party scoring tool may be used to justify financial assistance eligibility.

**i.** Catastrophic care discounts will be applied as required by Illinois law and this policy. Patient liability is capped at an amount that is not greater than 25% of annual family income.

**j.** Financial assistance application forms will be considered up to 240 days after the first billing statement is remitted to the patient or when a change in patient financial status is determined. A financial assistance application will not need to be repeated for dates of service incurred up to three (3) months after the last date of application approval.

**k.** Presumptive eligibility: Individuals who are uninsured and are represented by one or more of the following may be considered eligible for the most generous financial assistance in the absence of a completed Financial Assistance Application Form. If the form is completed, the section on monthly expense information and estimated expense shall not be required.

  **i.** Individual is homeless;
  **ii.** Individual is deceased and has no known estate able to pay hospital debts;
  **iii.** Individual is incarcerated for a felony;
  **iv.** Individual is currently eligible for Medicaid, but was not at the date of service;
  **v.** Individual is mentally incapacitated and has no one to act on his/her behalf;
  **vi.** Patient is enrolled in one of the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income 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);
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Applicable Regional Entities: Chicago-area Hospitals

Cross Reference

- 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; and/or
- Receipt of grant assistant for medical services.

vi. Individual has a payment risk score of “D” or “E” based on the Scorer® application.

For any individual presumed to be eligible for financial assistance in accordance with this policy, the same actions described in this Section D and throughout this policy would apply as if the individual had submitted a completed Financial Assistance Application Form.

5. Method for Applying for Financial Assistance

a. A standard form will be used, as prescribed and acceptable in the Hospital Financial Assistance under the Fair Patient Billing Act [77 Ill. Adm. Code 4500].

b. Hospital may use electronic and information technology for processing Hospital Financial Assistance Applications and determination of presumptive eligibility.

c. AMH Financial Assistance Application Form. In order to apply for financial assistance, the individual will complete the AMH Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income. See Financial Assistance Implementation Instructions for CWF 50.1 for acceptable forms of documentation.

d. An individual can obtain a copy of the AMH Financial Assistance Application Form by accessing it on the AMH hospitals’ website, by requesting a free copy by mail by contacting the AMH hospitals’ Patient Financial Services department, or by requesting a copy in person at any of the AMH hospitals’ patient admission/registration locations.

e. The information that may be requested by hospital from the patient is limited in some cases by the Hospital Financial Assistance under the Fair Patient Billing Act.

   i. Adventist Midwest Health staff processing Financial Assistance Application Forms shall be knowledgeable of the regulatory
requirements of this Act and shall not request additional information from the applicant unless it is necessary and allowed for by regulation.

ii. No changes shall be made to the Financial Assistance Application Form without expressed approval from the Regional Director of Patient Financial Services (“PFS”),

f. A completed AMH Financial Assistance Application Form will be submitted to Patient Financial Services for processing. Proof of income and available assets may be required from the individual. In addition, Medicare beneficiaries are subject to an additional asset test in accordance with federal law. A review is completed to determine individual eligibility based on the individual’s total resources (including, as applicable, family income level, assets (as required for Medicare patients) and other pertinent information).

6. Actions that May be Taken in the Event of Non-Payment: An AMH facility may report outstanding debts for care provided to individuals to consumer credit reporting agencies or credit bureaus only in the following situations.

a. No Financial Assistance Application Form Submitted: An individual has not submitted a Financial Assistance Application Form in the 120-day period following the date after the first billing statement was sent (the notification period) to the individual (or, if later, the specified deadline date given in the written notice of actions that may be taken (see D.1.f. above)).

b. Incomplete Financial Assistance Application Form Submitted: If an individual submits an incomplete Financial Assistance Application Form during the 240-day period following the date on which the first billing statement was sent to the individual (the application period), the AMH hospital must take the following actions:

i. Suspend any reporting to consumer credit reporting agencies/credit bureaus;

ii. Provide the individual with a written notice that describes the additional information and/or documentation required under the Financial Assistance Policy or Financial Assistance Application Form that the individual must submit to complete his or her Financial Assistance Application Form and include the hospital’s PLS with the notice;

iii. Provide the individual with at least one written notice that informs the individual that the hospital may engage in adverse reporting to consumer credit

Applicable Regional Entities: Chicago-area Hospitals
reporting agencies/credit bureaus if the individual does not complete the Financial Assistance Application Form or pay the amount due by a specified deadline. The deadline date must not be earlier than the last day of the application period or 30 days after the written notice is provided to the individual.

If the Financial Assistance Application Form is not completed by the specified deadline discussed above, the hospital may initiate adverse reporting to consumer credit reporting agencies/credit bureaus. Liens attached to insurance (auto, liability, life and health) are permitted in connection with the collection process. No other personal judgments or liens will be filed against FAP-eligible individuals.

c. Complete Financial Assistance Application Submitted: If an individual is Medicaid-pending and/or submits a complete Financial Assistance Application Form during the application period (240 days after the first billing statement is sent), the AMH hospital must take the following actions:

i. Suspend any adverse reporting to consumer credit agencies/credit bureaus.

ii. Suspend any collection activity during the consideration of a completed AMH Financial Assistance Application Form. A note will be entered into the patient’s account to suspend collection activity until the financial assistance process is complete. If the account has been placed with a collection agency, the agency will be notified to suspend collection efforts until a determination is made. This notification will be documented in the account notes.

iii. Make and document the determination as to an individual’s eligibility for financial assistance.

iv. Notify the individual in writing generally within 60 days after receiving a completed Financial Assistance Application Form of the eligibility determination and the basis for the determination.

v. Provide the individual with a billing statement that indicates the amount owed as a FAP-eligible individual and describes how the individual can get information regarding the AGB for care and how the AMH hospital facility determined the amount the individual owes.

vi. Refund any excess payments to the individual.

vii. Take all reasonably available measures to remove from the individual’s credit report any adverse information that was previously reported to a consumer credit agency/credit bureau.

viii. Provide a written notification of denial to any individual determined not to be FAP-eligible and include both a reason for denial and a process and contact information for filing an appeal. If an individual disagrees with the decision to
deny the provision of financial assistance, the individual may request an appeal in writing within 45 days of the denial. The appeal must include any additional relevant information that may assist in the appeal evaluation. Requests for denial appeal will be reviewed on a monthly basis by the Financial Assistance Committee. Decisions reached by the Financial Assistance Committee will be communicated to the individual within 60 days of the Committee’s review and will reflect the Committee’s final decision.

D. Patient Financial Services Responsibilities

1. Financial Assistance Committee: A summary of the financial assistance applications and resulting recommendations processed by Patient Financial Services will be reviewed monthly by the hospital’s Financial Assistance Committee. The Financial Assistance Committee reviews all financial assistance recommendations, with a focused review on borderline or non-routine requests that require case-by-case review.

2. Provision of financial assistance that exceeds $10,000 must be approved by the Financial Assistance Committee.

3. Following review and approval by the Financial Assistance Committee, the approved financial assistance will be applied to the individual’s account by Patient Financial Services.

4. Patient Financial Services has the responsibility for determining that the hospital has made reasonable efforts to determine whether an individual is FAP-eligible and whether the hospital may take action to report adverse information to consumer credit agencies/credit bureaus.

5. Billing agencies that contract with AMH for collection services will follow this financial assistance policy with respect to all billing and collections matters.

E. Individual Payment Plans

1. Payment plans for partial financial assistance accounts will be individually developed with the individual patient. All collection activities will be conducted in conformance with the federal and state laws governing debt collection practices. No interest will accrue to account balances while payments are being made unless the individual has voluntarily chosen to participate in a long term payment arrangement that bears interest applied by a third-party financing agent.
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2. If an individual complies with the terms of his or her individually developed payment plan, no collection action will be taken.

F. Record-Keeping

1. A record, paper or electronic, will be maintained reflecting authorization of financial assistance along with copies of all application and worksheet forms.

2. Summary information regarding applications processed and financial assistance provided will be maintained for a period of seven years (those statistics that require reporting to the Illinois Attorney General under the Hospital Financial Assistance Under the Fair Patient Billing Act; See III(G) below).

3. The cost of financial assistance will be reported annually in the Community Benefit Report. Financial Assistance (Charity Care) will be reported as the cost of care provided (not charges) using the most recently available operating costs and the associated cost to charge ratio.

G. Subordinate to Law: The provision of financial assistance may now or in the future be subject to federal, state or local law. Such law governs to the extent it imposes more stringent requirements than this policy.

H. Reporting: Per Hospital Financial Assistance Under the Fair Patient Billing Act, Hospital shall provide the following in conjunction with the annual Community Benefit Act Report to the Illinois Attorney General:

1. A copy of Hospital’s Financial Assistance Application Form; and a copy of Hospital’s Presumptive Eligibility Policy;

2. Hospital financial assistance statistics, which shall include:
   a. The number of Hospital Financial Assistance Applications submitted to Hospital, both complete and incomplete, during the most recent fiscal year;
   b. The number of Hospital Financial Assistance Applications Hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year;
   c. The number of Hospital Financial Assistance Applications Hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year;
d. The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year; and

e. The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year, based on actual cost of care.

3. If Electronic Information Technology is used to process Financial Assistance Applications and/or implement presumptive eligibility criteria, this system shall be described (including the source of the system), along with a certification that each of the application requirements required under the Hospital Financial Assistance under the Fair Patient Billing Act requirements are met.

I. Contact Person: For further information regarding this policy, please contact Pam Cassidy, Regional Director/Patient Financial Services at 630.312.7436.

APPROVAL:

Regional Executive Council (Date): 12/03/09; 12/02/10; 03/13/14, 12/01/15

Adventist Hinsdale Hospital Board of Directors 12/03/09; 12/02/10; 03/13/14; 12/01/15
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