



HOSPITAL FINANCIAL ASSISTANCE APPLICATION

Demographic Section:

Last Name First Name

Social Security Number - -

(If you do not have a Social Security Number, it will not impact your ability to receive financial assistance, but will help the hospital to determine whether you qualify for any public programs)

Address	City	State	Zip	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address <input type="text"/>		Date of Birth <input type="text"/>		<input type="text"/>

STOP! If you currently receive assistance from any of the following and can provide RECENT copies in the applicant's or patient's name, bring a copy to Touchette Regional Hospital Outpatient Registration, and you do not have to complete the remaining portion of this application. *(plan = Charity Presumptive)*

- Homeless
- Incarceration in a penal institution
- Deceased with no estate
- Temporary Assistance for Needy Families (TANF)
- WIC
- Illinois Free Lunch & Breakfast Program
- Supplemental Nutrition Assistance Program (SNAP)
- Mental incapacitation with no one to act on the patient's behalf
- Illinois Housing Dev Authority's Rental Housing Support
- Bankruptcy within the past 6 month
- Illinois Housing Dev Authority's Rental Housing Support
- Low Income Home Energy Program (LIHEAP)

Family Size/Dependents Section:

Number of people living in your household

Dependents (living in your home) If more space is needed, please write on back of this sheet

Name	Date of Birth or Age	Relationship to you

Income Section:

Employer's Name and City:

Spouse's Employer's Name and City:

If you are not employed, how are you meeting your living expenses?

Include all sources of income including, but not limited to, wages, self-employment, unemployment, disability, social security, pension, child support, pension, and/or any other income sources)

Source of Payment	Amount	How Often (per week, every 2 weeks, every month)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Please submit proof of income (Most Recent tax return, pay stub, vouchers, etc.)

Certification Section:

I certify that the information in this application is true and complete. I will apply for any state, federal or local assistance to help pay for these medical expenses. I understand that the information provided may be verified by my medical providers and I authorize them to contact any necessary third parties in order to verify the accuracy of the information provided in this application. I understand that if the above information is untrue, any financial assistance granted to me may be reversed and I will be responsible for the payment of these medical expenses.

Patient (or Applicant) Signature

Date

IMPORTANT:

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE:

Completing this application will help Touchette Regional Hospital determine if you can receive care or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the Touchette Regional Hospital Registration or Customer Service Department within 60 days of receiving the first billing statement.

You may also mail or fax your application and all supporting documentation:

Touchette Regional Hospital

Att: Angie Merten

5900 Bond Ave

Centreville, IL 62207

Fax: (618) 332-5242



Exhibit B

Touchette Regional Hospital (TRH) is committed to enhancing the health and well-being of the residents in the community. In keeping with our mission, (TRH) provides free or discounted emergency and other medically necessary care to patients who are either uninsured or underinsured and who qualify for assistance under its Financial Assistance Policy. Financial assistance does not apply to elective services.

Eligibility Requirements and Assistance Offered Under the Financial Assistance Policy

Patients who qualify for assistance are eligible for discounts for emergency and other medically necessary care based on multiple factors including, income, household size, and other available assets. In general:

- Patients whose **household income is at or below 200% of the Federal Poverty Level** are generally **eligible for free emergency and medically necessary care**.
- Patients whose **household income is between 201% and 300% of the Federal Poverty Level** are generally **eligible for a 70% discount** for emergency and other medically necessary care.
- Patients whose **household income is between 301% and 450% of the Federal Poverty Level** are generally **eligible for a 55% discount** for emergency and other medically necessary care.
- Patients whose **household income is between 451% and 600% of the Federal Poverty Level** are generally **eligible for a 38% discount** for emergency and other medically necessary care.

A patient who qualifies for assistance under TRH's Financial Assistance Policy will not be charged more than amounts generally billed to patients with insurance, for emergency or medically necessary care.

How to Apply for Financial Assistance

To apply for financial assistance, please submit a completed Financial Assistance Application & supporting documentation to **Financial Assistance department**, either by email to amerten@touchette.org, by mail, or in person at Touchette Regional Hospital, Financial Assistance, 5900 Bond Ave, Centreville, IL, 62207. For assistance call 618-332-5389. To be considered complete, an application must include:

- Completed Financial Assistance Application
- Approval/Denial letter from Medicaid

- Verification of current income, if applicable: examples include a most recent pay stub, pension and retirement income, Social Security income, unemployment compensation, workers' compensation, veterans' payments, etc.
- Proof of income from interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, and any other misc. income sources
Other documentation may be requested to verify information on the Financial Assistance Application.

How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application are available free of charge upon request to **Financial Assistance department**, 618-332-5389, or the Patient Financial Services Department 618-482-7128. Copies can also be found in the admitting/registration areas of the hospital or online at www.touchette.org/patients-and-visitors/financial-assistance.

Further information and complete details about the Financial Assistance Policy may be obtained by calling 618-332-5389, visiting our website at <https://touchette.org/patients-and-visitors/financial-assistance>, or in-person at the address above.



Exhibit C

Provider Listing and Participation in Touchette Regional Hospital Financial Assistance Policy

This is a list of providers who treat patients seen at Touchette Regional Hospital. If listed as Yes, their services fall under this Financial Assistance Policy. If listed as No, they do not fall under this policy; and a patient may be held responsible for a separate bill for the physician's services. The provider may, however, have a different Financial Assistance Policy. You are advised to speak directly to the physician's office to obtain information prior to the services to see what is available.

PROVIDER	SPECIALTY	FAP
Abell, Matthew S.	Radiology	YES
Ahmed, Bilal A.	Radiology	YES
Ahmed, Nadeem	Internal Medicine/Pulmonary Disease	
Aker, Omer M.	Radiology	YES
Albarcha, Bassam	Internal Medicine/Hospitalist	YES
Ampadu, Charles W.	Internal Medicine	NO
Anderson, Wallace M.	Radiology	YES
Ansari, Muhammad J.	Cardiology	
Bashiruddin, Ifath	Nephrology	YES
Basler, Joseph T.	Radiology	YES
Basso, Douglas K.	Podiatry	
Bekker, Simon	Radiology	YES
Bernardi, Mark T.	Emergency Medicine	YES

Bernstein, Brad	Anesthesiology	NO
Boston, Vincent L.	Emergency Medicine	YES
Bruton, Blake A.	Emergency Medicine	YES
Buiteweg, Johannes J.	Radiology	YES
Chowdhury, Zaki	Emergency Medicine	YES
Clare, Michelle B.	Emergency Medicine	YES
Collette, Dean R.	Radiology	YES
Conner, David M.	Psychiatry	NO
Cyriac, Deepa	Radiology	YES
Dalal, Rashid A.	Nephrology	
Dawson, Patrick A.	Anesthesiology	
Downs, David	Radiology	YES
Edson, Darren S.	Emergency Medicine	YES
Farn, James W.	Radiology	YES
Fernandez, James A.	Otolaryngology	YES
Frazier, Kenyatta J.	Emergency Medicine	YES
Gleason, Theodore	Radiology	YES
Glover, Carmon L.	Emergency Medicine	YES
Granger, Miguel H.	Family Medicine	NO
Gregg, Gregory A.	Radiology	YES
Haege, Dolph D.	Pathology	YES
Haithcock Sr., Robyn L.	Gastroenterology	
Hallett, Richard L.	Radiology	YES
Hanson, Thomas S.	Emergency Medicine	YES

Harry, Franklin W.	Podiatry	YES
Howard, Allison T.	Pathology	YES
Hublall, Ronald V.	Radiology	YES
Hughes, Ian F.	Pathology	YES
Hussain, Syed K.	Internal Medicine/Hospitalist	YES
Hutson, Samuel	Radiology	YES
Ingui, Christian J.	Radiology	YES
Jamous, Abdul-Salam	Pulmonary Disesase	YES
Johnson, Alfred	Family Medicine	YES
Johnson, Anton	Radiology	YES
Johnson, Christopher V.	Psychiatry	YES
Joseph, Richard A.	Emergency Medicine	YES
Jung, Randy J.	Psychiatry	YES
Keys, Daniel R.	Radiology	YES
Khawar, Saquib	Radiology	YES
Kirkland Jr., Levi S.	Surgery (General)	
Krow-Rodney, Abena A.	Emergency Medicine	YES
Kuzelj, Denis	Emergency Medicine	YES
Leach, Rachelle M.	Emergency Medicine	YES
LeBeau, David P.	Emergency Medicine	YES
Lei, Lei	Emergency Medicine	YES
Loynd, Christopher J.	Adult Psych	YES
Loynd, Kelechi J.	Psychiatry	YES
Lucas-Foster, Heather L.	Family Medicine	YES

Ludwig, Olivia J.	Pathology	YES
Mackey MD, Rosewell V.	Radiology	YES
Magner II, John M.	Family Medicine	YES
Marshall Jr., Jacob C.	Emergency Medicine	YES
Mayer, Shawn	Radiology	YES
McClymont, Neil C.	Emergency Medicine	YES
Mecker Jr., Robert W.	Emergency Medicine	YES
Mikesell, Timothy A.	Radiology	YES
Miller, Andrew M.	Anesthesiology	
Morton, Clarke J.	Emergency Medicine	YES
Moslener, Matthew D.	Emergency Medicine	YES
Muddasani, Narsimha R.	Psychiatry	YES
Murphy, Christopher S.	Pathology	YES
Nash, Anne N.	Family Medicine	YES
Nicol, Richard E.	Emergency Medicine	YES
Ogundimu, Oluseyi F.	Anesthesiology	YES
Ojile, Joseph M.	Sleep Medicine	
Olson, Stephen M.	Pathology	YES
Palter, Joseph S.	Emergency Medicine	YES
Patil, Jagannath J.	Psychiatry	
Pitts, Vanessa L.	Emergency Medicine	YES
Place, Howard M.	Surgery (General)	YES
Prophete, Robert Y.	Urology	YES
Rayford, Cleveland E.	Internal Medicine	NO

Ross, Theodore	Internal Medicine	NO
Roubein, Daniel	Radiology	YES
Safi, Malaz	Ophthalmology	YES
Saini, Naveen C.	Radiology	YES
Saltzman, Melvin B.	Gastroenterology	
Schwarze, Daniel J.	Orthopaedic Surgery	YES
Scott, Long D.	Radiology	YES
Sharma, Bhawna	Psychiatry	
Skulski, Michael S.	Radiology	YES
Smith, Christopher L.	Emergency Medicine	YES
Smittkamp, Charles A.	Radiology	YES
Spivey, Valerie N.	Dentist (Pediatric)	
Stanton Jr., Daniel L.	Radiology	YES
Streit, Adam R.	Surgery (General)	
Tennenhouse, Joel E.	Radiology	YES
Thomas, Leyland A.	Gastroenterology/Internal Medicine	NO
Thouvenot, Daniel J.	Podiatry	YES
Thouvenot, Mia C.	Podiatry	YES
Umoru, Benedicta O.	Internal Medicine	NO
Usman, Ahsan	Nephrology	
Uzochukwu, Nzeadibenma O.	Radiology	YES
Vakassi, Mohammad M.	Cardiology	
van Amerongen, Alexander W.	Pathology	YES

Varney, Brittany D.	Radiology	YES
Volarich, Sue J.	Radiology	YES
Wade, Terence E.	Radiology	YES
Wigboldy, Jay	Radiology	YES
Zata, Vincent	Radiology	YES



Exhibit D

Amounts Generally Billed Calculation

Touchette Regional Hospital (TRH) provides financial assistance to medical indigent patients meeting the eligibility criteria outlined in the Financial Assistance Policy for Medically Indigent Patients. After the patient's account(s) is reduced by the financial assistance adjustment based on policy, the patient is responsible for the remainder of his or her outstanding patient account which shall be no more than amounts generally billed (AGB) to individuals who have Medicare fee for service and private health insurers for emergency and other medically necessary care. The Look Back Method is used to determine AGB. Patients or members of the public may obtain this summary document at no charge by contacting the hospital billing office.

Amounts Generally Billed is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.

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

Allowed Amount = Total charges less Contractual Adjustments

If no contractual adjustment is posted then total charges equals the allowed amount.

Denial adjustments are excluded from the calculation as denials do not impact allowed amount.

On an annual basis the AGB is calculated for TRH.

- Look Back Method is used. A twelve (12) month period is used.
- Includes Medicare Fee for Service and Commercial payers
- Excludes Payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, motor vehicle and liability, and worker's compensation.

Hospital: Touchette Regional Hospital Amounts Generally Billed: 38 %

Effective: January 20, 2021



Exhibit D

Touchette Regional Hospital recognizes that there are extraordinary circumstances where financial records may not indicate eligibility for financial assistance that contributes to an individual's ability to pay for services.

This is a list of Extraordinary Circumstances:

- Recently deceased family bread-winner
- Documented accident, or injury impacting an individual's ability to work
- Recent job loss related to pandemic, or other environmental issue
- Loss of home to fire, or other significant event impacting financial stability
- Others as determined by TRH Financial Assistance department



Exhibit F

Medically Necessary Services: Services that are reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity. Medically Necessary Services include inpatient and outpatient services as authorized under Title XIX of the Social Security Act.

Emergent Services: Medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867(e) (1) (B) of the Social Security Act, 42 U.S.C. § 1295dd(e)(1)(B). A medical screening examination and treatment for emergency medical conditions or any other such service rendered to the extent required pursuant to **EMTALA** (42 USC 1395(dd) qualifies as Emergency Care.

Emergent services also include:

- Services determined to be an emergency by a licensed medical professional;
- Inpatient medical care which is associated with the outpatient emergency care; and,
- Inpatient transfers from another acute care hospital to a Partners (PHS) hospital for

the provision of inpatient care that is not otherwise available.

Urgent Services: Medically necessary services provided after sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health.

Elective Services: Medically necessary services that do not meet the definition of Emergent or Urgent Services. The patient typically, but not exclusively, schedules these services in advance.

Other Services: Services where medical necessity has not been demonstrated to the reviewing clinician or where the patient's qualifications for the service may not meet the general insurance plan definitions for meeting key medical necessity criteria for the

service. Services also include services where many insurance plans do not consider them to be Medically Necessary including, but not limited to: Cosmetic Surgery, In-Vitro Fertilization (IVF) or other Advanced Reproductive Therapy (ART), Gastric Bypass Services absent of a payer's determination of medical necessity, and Patient Convenience Items such as charges related to overnight services above and beyond those needed for medical care or patient overnight services (inpatient or partial hospitalization) where there isn't a clearly demonstrated medical necessity.