

Northwest Medical Center Association, Inc.
d.b.a. Northwest Medical Center

Financial Assistance Policy

PURPOSE

At Northwest Medical Center, our mission is to serve as a compassionate, efficient health home that encourages wellness, restores health, and promotes a superior quality of life. As a part of our mission, Northwest Medical Center seeks to provide quality care to those we serve regardless of their ability to pay. To that end, Northwest Medical Center has put in place the tools and resources needed for the people we serve who qualify for financial assistance as outlined in this policy.

Northwest Medical Center does not base eligibility for financial assistance on a person's age, color, disability or handicap, gender, national origin, race, sex or sexual orientation.

ELIGIBILITY CRITERIA

The Northwest Medical Center financial assistance eligibility criteria is based on residency, gross household income, and household size.

Residency: To be eligible to receive financial assistance, the person applying for assistance must be a permanent resident in the Northwest Medical Center primary service area as listed on Attachment B. A student attending school in the primary or secondary service area at the time care was given, is eligible to apply for assistance. A student who is not claimed as a dependent on his or her parent's or parents' tax return will be evaluated based on the student's income. If the student is claimed as a dependent, the parent's or parents' household income will be used to determine if he or she is eligible for financial assistance.

Applicants living outside Northwest Medical Center's primary service area will be considered for discounted care based on gross household income and household size.

Gross income and household size: At Northwest Medical Center and all clinics owned and operated by Northwest Medical Center, a reduced price is given to eligible patients or guarantors.

- Free care is granted to eligible patients with a household income up to 125 percent of Federal Poverty Guidelines.
- A 50 percent discount is given to patients or guarantors whose household income is greater than 125 percent but less than 150 percent of Federal Poverty Guidelines.
- A 25 percent discount is given to patients or guarantors whose household income is greater than 150 percent but less than 200 percent of Federal Poverty Guidelines.

It is the patient's or the guarantor's responsibility to present the information Northwest Medical Center needs to determine eligibility for financial assistance.

ELIGIBLE SERVICES

Services eligible under this financial assistance policy include all emergency medical care and other medically necessary care provided by Northwest Medical Center and its employed providers, and those services provided at Northwest Medical Center by those providers not employed by Northwest Medical Center that are listed on Attachment C.

Provider services that may be billed by an outside agency, but are covered under this policy include: Albany Clinic East, Stanberry Rural Health Clinic, Grant City Rural Health Clinic, and New Hampton Rural Health Clinic.

Exclusions: Services not eligible for financial assistance include:

1. Elective procedures:
 - Cosmetic-type services
 - Fertility and infertility treatment and procedures (including birth control)
 - Hearing aids and hearing tests

- Weight-loss programs (unless diabetes-related)
- CT heart score
- Sports physicals
- Bariatric services
- Lap Band services
- Telemedicine

2. Depending on the patient's or guarantor's insurance coverage, a payment of up to \$10 will be due for a Northwest Medical Center clinic visit; which may not be included in financial assistance.

Providers not covered by this policy: Services from providers who are not employed by Northwest Medical Center are not covered under this policy, including those listed on Attachment D.

Financial assistance is not given for co-payments or for amounts that are due after insurance when the patient fails to get the needed referrals or approvals when insurance requires it. Financial assistance is offered to insured patients if the insurance contract allows it. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account, will be expected to use these funds prior to being approved for financial assistance.

EMERGENCY MEDICAL SERVICES

Northwest Medical Center will provide emergency care in accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations. All patients are seen and given care prior to being screened for financial assistance and/or payment ability in an emergency. Care will be provided at an equal level for all patients, regardless of ability to pay.

FINANCIAL ASSISTANCE

Financial assistance may be given to patients, or their guarantors, who meet the guidelines for what is required in terms of residency and income levels under this policy. Northwest Medical Center expects patients or guarantors to cooperate by applying for assistance or other public programs we identify as sources of help to cover the cost of services and care. Patients or guarantors who choose **not** to cooperate may be denied financial assistance.

Federal poverty guidelines determine if the patient or guarantor is eligible for financial assistance. Eligible applicants qualify for one of the following:

Full free care: The full amount of charges, for eligible services given at Northwest Medical Center and clinics owned and operated by Northwest Medical Center, are waived and covered for the patient, or guarantor, if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income that does not exceed 125 percent of Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of financial assistance offered by third parties.

Discounted care: For eligible services received at Northwest Medical Center and clinics owned and operated by Northwest Medical Center, a 50 percent discount off of gross charges will apply for patients or guarantors, if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income between 125 – 150 percent of the Federal Poverty Guidelines, and

2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.

For eligible services received at Northwest Medical Center and clinics owned and operated by Northwest Medical Center, a 25 percent discount off of gross charges will apply for patients or guarantors, if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income between 150 – 200 percent of the Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.

Applicants living outside of Northwest Medical Center’s primary service area may be eligible for a 50 percent discount off of gross charges, if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income at or below 125 percent of the Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.

Applicants living outside of Northwest Medical Center’s primary service area may be eligible for a 25 percent discount off of gross charges, if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income between 125 – 150 percent of the Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.

Applicants living outside of Northwest Medical Center’s primary service area may be eligible for a 15 percent discount off of gross charges, if the following guidelines are met:

1. The applicant meets eligibility criteria and has a yearly household income between 150 – 200 percent of the Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.

COBRA premium assistance: Patients, or guarantors, are expected to apply for programs and other funding sources Northwest Medical Center identifies, including COBRA (the extension of health–care benefits for a limited time once employment ends) coverage. If Northwest Medical Center determines COBRA coverage is possible and the patient does not receive Medicare or Medicaid, the patient or guarantor must provide Northwest Medical Center with the COBRA premium notice.

Payment plans: A reasonable, no–interest payment plan may be made between Northwest Medical Center and the patient or guarantor for any amount due that remains once all discounts for financial assistance have been applied.

Patients or guarantors **must** communicate with Northwest Medical Center any time an agreed–upon payment plan cannot be paid on time. Lack of communication may result in the patient’s account being sent to a collection agency.

AMOUNTS BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

Basis for calculating amounts generally billed: Following a determination of financial-assistance eligibility, an individual will not be charged more than the amounts generally billed (AGB) individuals with insurance covering the same care for emergency or other medically necessary care.

The AGB is calculated, or determined, using the “look-back method,” which is as follows:

1. Northwest Medical Center reviews all past claims that have been allowed by Medicare and all private health insurers paying claims to Northwest Medical Center for medically necessary care by the hospital in the prior calendar year. The total amount includes co-payments, deductibles, and co-insurance.
2. The AGB percentages are calculated annually by dividing the sum of claims allowed by Medicare together with all health insurers to Northwest Medical Center by the sum of the associated gross charges for those claims.
3. The percentages are applied by the 120th day after the end of the calendar year Northwest Medical Center uses to calculate the AGB percentage(s).

APPLYING FOR FINANCIAL ASSISTANCE

Patients will be informed of the Northwest Medical Center financial assistance policy and the process for submitting an application. To determine if the patient or guarantor is eligible for financial assistance, Northwest Medical Center asks for the necessary information and documents to prove household size, income, and residency. A completed application for financial assistance should be submitted within 240 days from the date of the first post-discharge billing statement.

Northwest Medical Center will make reasonable efforts to explain the Medicaid benefits, the health insurance exchange and coverage, and other public and private coverage that may apply. Northwest Medical Center will also provide the details of these programs and offer to help patients and guarantors apply for them as well as private programs and COBRA coverage. Once the patient or guarantor is screened to be potentially eligible for any of these programs, public or private, Northwest Medical Center expects him or her to apply. If a patient or guarantor chooses not to apply, he or she may be denied financial assistance.

If the patient or guarantor is potentially eligible for any third party coverage, he or she must provide documentation of approval or denial of that third party coverage, before a Northwest Medical Center financial assistance application will be accepted.

Information on the Northwest Medical Center Financial Assistance Policy will be communicated to patients in a culturally appropriate language.

Documentation: All applicants seeking financial assistance must submit required documents, if any, to verify income including all sources of income received by the household unit. If required documents are not supplied, Northwest Medical Center may ask for other information to be received within 30 days. If the applicant cannot provide all of the required documents, then a decision about financial assistance may be made based solely on information provided.

Income documentation may include but is not limited to the following:

1. Money, wages (including overtime) and salaries before any deductions. (Check stubs dated for 12 weeks prior to application date that show gross income for all family members.)
2. Income Tax Returns (last 3 years.)
3. Farm Income (last 3 years.)
4. Regular payment from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments and public assistance (including Aid to Families with Dependent Children).

5. Supplemental Security Income, General Assistance or General Relief payments, training stipends, alimony and military family allotments or other regular support from an absent family member or someone not living in the household as well as private pensions.
6. Government employee pension (including military retirement pay), regular insurance or annuity payments as well as dividends, interest, net rental income, net royalties, inheritance and net gambling or lottery winnings.
7. Funds from college or university scholarships, grants, fellowships and assistantships used for general living expenses.

Income information will be used to figure, or calculate, an annual gross income on which a decision will be based.

If a submitted financial assistance application is incomplete, a letter will be mailed to the applicant requesting the required information. The application will remain active for 30 days from the date the letter was mailed to the applicant asking for additional information. If the applicant does not respond within 30 days, the application will be denied.

Please mail or bring financial assistance applications to: Northwest Medical Center, 705 North College St Albany, MO 64402.

Any Northwest Medical Center patient or guarantor may submit an application for assistance before or after receiving services.

Obtaining financial assistance information: To obtain a copy of the Northwest Medical Center financial assistance application, Financial Assistance Policy and financial assistance plain language summary, call, visit or contact us online.

By phone:

Please call Patient Financial Services at 660.726.3325 to request a copy of the financial assistance application, Financial Assistance Policy and/or financial assistance plain language summary. It will be mailed to you at no charge.

In person:

Please visit our Billing Office at 606 North College St Albany, MO 64402 to obtain a copy of the financial assistance application, Financial Assistance Policy and/or financial assistance plain language summary.

Online:

Please visit <https://www.northwestmedicalcenter.org/nwmc/quick-links/patient-resources/patient-financial-assistance-policy/> to access a copy of the financial assistance application, Financial Assistance Policy and/or financial assistance plain language summary.

The financial assistance application, Financial Assistance Policy and/or financial assistance plain language summary are provided at no charge.

If you need help to complete the financial assistance application, please call our Patient Advocate at 660.726.3941 to set up an appointment.

Information on financial assistance and the notice posted at Northwest Medical Center and clinic locations will be translated in any language that is the primary language spoken by 1,000, or 5 percent — whichever is fewer — of the residents in the service area.

ELIGIBILITY DETERMINATIONS AND DISPUTE RESOLUTION

Eligibility determinations will be made in accordance with the Northwest Medical Center Financial Assistance Policy. Reasonable efforts will be made to issue a decision timely once a completed application is received. The applicant will be informed in writing of the decision within a reasonable amount of time from the date Northwest Medical Center receives a completed financial assistance application. If financial assistance is denied, Northwest Medical Center financial services representatives will record the reason for the denial in our electronic billing system.

Determination for financial assistance will be made after all efforts to qualify the patient for Medicaid or other public programs have been exhausted. If a decision on such coverage is pending, Northwest Medical Center will not begin extraordinary collection actions.

Applicants denied assistance may reapply if there has been a change of income or status. The original, signed applications will be kept on file.

As noted above, if an application is incomplete, the applicant will be notified by mail that more information is needed to complete the application process. The applicant will be informed of the deadline for providing this information — 30 days from the date the letter was mailed asking for needed information. If the applicant does not respond within the 30–day timeframe, the application will be denied.

Applicants found ineligible for financial assistance may dispute the decision in writing by providing information as to the reason for the dispute and any helpful information to describe the basis for the dispute or appeal. A dispute or appeal letter must be received within 30 days of the date of the determination letter.

Disputes or appeals should be submitted to: Northwest Medical Center Billing Office, 705 North College St Albany, MO 64402.

QUALIFICATION PERIOD

Once an applicant is approved for financial assistance, the decision is valid for 90 days from the date the applicant was notified. Assistance will be automatically applied to unpaid accounts for eligible services.

NOTIFICATION OF FINANCIAL ASSISTANCE

Information on the Northwest Medical Center Financial Assistance Policy is offered in the patient admission or discharge information packet. Information on the Financial Assistance Policy and how to contact Northwest Medical Center for further information or help in applying is posted in the Medical Center and Clinic admitting locations, as well as the hospital emergency department. Financial assistance information is also included on monthly patient statements and any time communication is made with a patient about an outstanding balance, (either inbound or outbound) the patient will be verbally notified of the Financial Assistance Policy. Northwest Medical Center's Financial Assistance Policy is also given to agencies and nonprofit organizations serving people who have limited financial resources in the Northwest Medical Center service area. The Northwest Medical Center Financial Assistance Policy is available on the Northwest Medical Center website at <https://www.northwestmedicalcenter.org/nwmc/quick-links/patient-resources/patient-financial-assistance-policy/>.

COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT

Collection actions: No account will be subject to collection actions within 120 days of issuing the first post-discharge statement and without first making reasonable efforts to determine whether the patient is eligible for financial assistance. No extraordinary collection actions will be pursued against a patient if the patient or guarantor has provided documentation showing that an application has been submitted for Medicaid or other publicly sponsored health programs, and that an eligibility determination is still pending.

If a statement is sent to a patient or guarantor, and mail is returned as undeliverable, Northwest Medical Center will attempt to find a correct address. If the correct address cannot be found, Northwest Medical Center will attempt to contact the patient or guarantor by telephone at the number listed by the patient or guarantor. If efforts to communicate with the patient or guarantor fail, accounts will be sent to a collection agency.

Reasonable efforts to inform patient of financial assistance: Prior to sending an account to a collection agency, the patient or guarantor will generally receive a minimum of four written statements including the first post-discharge statement and three subsequent statements. These statements will include a telephone number for information on paying patient balances and a notice about financial assistance.

If an agreement has not been made to resolve the account, a final letter will be sent to the patient or guarantor. This letter acts as a notice to the account owner of the amount owed to Northwest Medical Center and that the account will be placed with a third-party collection agency in 30 days. This letter will include a plain language summary and will outline any collection actions that may be taken if a plan is not put in place to settle the account.

There are other times when accounts may be placed in collections including when:

1. The patient or guarantor has not made timely payments according to the agreed-upon payment plan.
2. The patient or guarantor has received a financial assistance discount, but is no longer working with Northwest Medical Center in good faith to pay off the remaining amount owed.

Extraordinary collection activities: Once an account is with the collection agency, the following actions may be taken to make sure debt for services and care is paid. They are “Extraordinary Collection Activities:”

1. Seizing the patient’s or guarantor’s bank account
2. Civil actions
3. Property liens
4. Garnishing of wages
5. Reporting adverse information to credit bureaus

Before “Extraordinary Collection Activities” can begin, the account must be reviewed and approval must be given by Northwest Medical Center Revenue Cycle Leadership. When one of these actions is to be taken against a patient or guarantor, the patient or guarantor will be given a 30-day written notice of the action to be taken. The patient or guarantor will also be informed of the Northwest Medical Center Financial Assistance Policy and how to apply for it. A plain language summary of the Financial Assistance Policy will be included with the notice.

ENFORCEMENT

Northwest Medical Center staff are expected to uphold the highest ethical standards. At no time should any staff member use false information or lie in an attempt to collect an account. All business must be conducted in the name of the caller or Northwest Medical Center. By no means should staff lie about being an employee of a credit bureau, collection agency, law firm, etc. Everything a staff member says must be true and correct using a professional approach. Northwest Medical Center staff as well as all third-party vendors working on behalf of Northwest Medical Center, will uphold and adhere to the Fair Debt Collection Practices Act.

CONFIDENTIALITY

Northwest Medical Center will protect the privacy of each patient’s financial and personal health information.

REGULATORY REQUIREMENTS

Northwest Medical Center will comply with all federal, state and local laws, rules and regulations as well as reporting needs that may apply to the work and actions done as a result of our Financial Assistance Policy. Aggregated information on financial assistance given under this policy will be reported once a year on Internal Revenue Service Form 990 Schedule H.

COMMUNICATION OF THE FINANCIAL ASSISTANCE POLICY TO PATIENTS WITHIN THE COMMUNITY.

Notification about Financial Assistance from Northwest Medical Center will include a contact number, will be disseminated by Northwest Medical Center by various means, which may include, but are not limited to; the publication notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses and at other public places as Northwest Medical Center may elect. Northwest Medical Center also shall publish and widely publicize a summary of this Financial Assistance Policy on facility websites, in brochures available at patient access sites, and at other places within the community served by the hospital as Northwest Medical Center may elect. Such notices and summary information shall be provided in the primary languages spoken by the population served by Northwest Medical Center. Referral of patients for financial assistance may be made by any member of the Northwest Medical Center staff or medical staff including; physicians, nurses, social workers, and case managers. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

POLICY APPROVAL

Northwest Medical Center's Board designated approval committee has approved the Northwest Medical Center Financial Assistance Policy. This policy is subject to review at any time. Any substantive changes to the policy must be approved by both Northwest Medical Center's executive team and, after that, the appropriate Board designated approval committee.

ATTACHMENT A: DEFINITIONS

The following definitions apply to all sections of this policy.

Amount generally billed (AGB) : The amount generally billed (AGB) is the maximum payment Northwest Medical Center expects directly from patients or guarantors who are eligible for financial assistance, for services that qualify under the financial assistance guidelines, after all financial assistance discounts have been applied. The amount generally billed will be figured or calculated using the “look-back” method. For patients with insurance, the amount generally billed applies only to the amount that they must pay, it does not include the amount insurers pay toward the bill.

Emergency medical condition: As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term “emergency medical condition” means: a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions:
 - a) There is inadequate time to effect a safe transfer to another hospital before delivery, or
 - b) Transfer may pose a threat to the health or safety of the woman or the unborn child.

Family unit: A family is two or more persons related by marriage, birth or adoption, who reside together. All of these are considered as members of one family and therefore make up the household. This includes unmarried couples applying for assistance if they have mutual children together and same–sex married couples.

Federal Poverty Guidelines: The Federal Poverty Guidelines (FPG) use income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPG can be referenced at <http://aspe.hhs.gov/POVERTY/>.

Financial assistance: Assistance given to eligible patients or guarantors, who might otherwise have financial hardship, to dismiss of all or part of their financial requirements for medically necessary care provided by Northwest Medical Center.

Full or Partial Assistance: All patient amounts due that are a result of having received eligible services given at Northwest Medical Center and its clinics to eligible patients, or their guarantors, with yearly household incomes at or below 125 percent of the Federal Poverty Level.

Guarantor: A person, other than the patient, who is responsible to pay the patient’s account.

Gross charges: Total charges at the full established rate for patient care services before deductions from revenue are applied.

Household: Family of one is a person who may be the only one living in a housing unit or who may be living in a housing unit in which one or more persons also live, but are not related to the applicant by marriage, birth or adoption. For example, people who live with others include a lodger, a foster child, a ward or an employee. A family of two or more persons includes people who are related by marriage, birth or adoption who live together; all such related persons are thought of as members of one family; an unmarried couple with a mutual child; and same-sex couples who are married. If a household includes more than one unrelated family, the poverty guidelines are applied separately to each family and not to the household as a whole. Sometimes, a copy of a

divorce decree or court documents proving legal separation may be required. If married, but not living together, income documents will be required from both people.

Income: Income is how much everyone who lives in the household makes, before taxes are taken out, from all sources (gross income).

Medically necessary: As defined by Missouri Medicaid HealthNet Division as services or items that a patient could or must receive for the diagnosis or treatment of illness or injury.

Northwest Medical Center service area: The primary service area includes Gentry, Worth, and parts of Nodaway and Harrison Counties. Please see attachment B.

Payment plan: A financial payment plan that Northwest Medical Center and the patient or guarantor agrees to for out-of-pocket fees. The plan takes into account the patient's financial issues, the amount owed and any prior payments.

Qualification period: Applicants who are eligible for financial assistance will be given this assistance for 90 days. Assistance will also be applied to past unpaid accounts for eligible services.

Uninsured patient: A patient with no third-party coverage such as commercial third-party insurance, an ERISA plan, a Federal Health Care Program (including without limit Medicare, Medicaid, SCHIP and CHAMPUS), Worker's Compensation or other third-party assistance to assist with meeting a patient's payment obligations.

Unrelated individual: An unrelated individual may be the only person living in a housing unit, or may be living in a housing unit in which one or more persons also reside, but are not related to the applicant by marriage, birth or adoption. Examples of unrelated individuals living with others include a lodger, a foster child, a ward or an employee.

Attachment B: Eligible Zip Codes

Financial Assistance Zip Code Eligibility in Ascending Zip Code Order

Zip Code	City	County
64402	Albany	Gentry, MO
64420	Allendale	Worth, MO
64433	Conception	Nodaway, MO
64434	Conception Junction	Nodaway, MO
64438	Darlington	Gentry, MO
64441	Denver	Worth, MO
64453	Gentry	Gentry, MO
64456	Grant City	Worth, MO
64457	Guilford	Nodaway, MO
64458	Hatfield	Harrison, MO
64463	King City	Gentry, MO
64467	Martinsville	Harrison, MO
64471	New Hampton	Harrison, MO
64475	Parnell	Nodaway, MO
64479	Ravenwood	Nodaway, MO
64486	Sheridan	Worth, MO
64489	Stanberry	Gentry, MO
64499	Worth	Worth, MO
64657	McFall	Gentry, MO

ATTACHMENT C: NON-EMPLOYED PROVIDERS COVERED BY
NORTHWEST MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY

Brian Lahey, MD
John Owen, MD
Brian Robb, DO
Jeremy Hunter, DO
Dustin Smith, MD
Ryan Sturm, DO
Hesamodin Borhani, MD
Thomas Deskin, MD
Kiana Long, DO
Deborah Manning, MD
Lisa Nordberg, DO
Aaron Rowland, DO
Christopher Best, MD
Jinming Song, MD
Robert Schneider, DO
Eileen Westhues, DO
Tu Anh Luong, MD
Ann Murphy, MD
Randal Qualls, DO
Charles Sciolaro, MD
Nasrin Raina, MD
Ryan Luong, MD

**ATTACHMENT D: PROVIDERS AND GROUPS NOT COVERED BY
NORTHWEST MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY**

Visits to some providers result in separate bills from Northwest Medical Center for its component and from another entity (e.g. professional services from a physician or physician group). Northwest Medical Center's Financial Assistance Policy applies to Northwest Medical Center bills, and many of our partners have a separate financial assistance policy. The following providers and groups are NOT covered under Northwest Medical Center's Financial Assistance Policy. Patients or guarantors must contact these providers directly to ask if they offer financial help and if you can make a payment plan with them.

Fadi Bdair, MD – Gastroenterology
Mazda Biria, MD – Cardiology
Brandon Bowers, MD – Pulmonary
Dennis C. Dobyen, MD - Nephrology
Brian Duncan, MD – Orthopedics
Jonathan Dyer, MD – Dermatology (Ped)
Karen Edison, MD – Dermatology (Adult)
David L. Ewing, MD – Neurology
Robert Grant, DO – Cardiology
Mohan Hindupur, MD – Cardiology
Timothy Hodges, MD – Vascular Surgery
Steven Long, MD – General Surgery
Karen McCoy, APRN – Gastroenterology
Scott McGuire, MD – Gastroenterology
Carol McIntyre, DO – Gynecology
Bradley Moore, MD – Urology
Charles Mullican, MD – Hospice
Tracy C. Orton, DO – ENT
Ricardo Ramos, MD – Cardiology
Arvind Sharma, MD – Cardiology
Naser O. Soghrati, MD
Akilis Theoharidis, DPM – Podiatry
Julie Turner, FNP-C – Gastroenterology

Michelle Woodward, AUD – Audiologist
Junping Yang, MD – Endocrinology
Shawn D. Zeltwanger, MD, PhD – Anesthesia
Sherry Zhou, MD – Endocrinology
Radiology Specialists of St. Joseph, PC
Litton Pathology Associates
Laboratory Corporation of America
Clarence Findley, MD – Cardiology
Abidi Syed, MD – Cardiology
Jose Ospina, MD – Radiologist
Jason Lue, MD – Radiologist
Atul Patel – Radiologist
Jeffrey Caverly, MD – Radiologist
Laiandrea Steward, MD – Radiologist
Matthew Hudkins, MD – Radiologist
Samuel Salen, MD – Radiologist
Jose Alvarez, MD – Radiologist
Michelle Pal, MD – Radiologist
Brett Nielson, DO – Radiologist
Brandon Massin, MD – Radiologist