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WH Financial Assistance Policy

Applicable To This policy applies to Winchester Hospital (“WH,” the “hospital” or the “Hospital”), with respect to the hospital it operates and any substantially related entity (as defined in the Department of Treasury section 501(r) regulations) and providers employed by or affiliated with WH (see Appendix Five (5) for the complete list of providers covered under this policy).

- References**
- EMTALA: Collection of Financial Information
 - Credit & Collections Policy
 - Federal Poverty Guidelines, US Dept. of Health and Human Services
 - IRS Notice 2015-46 and 29 CFR §§1.501(r)-(4)-(6)
 - Appendix 1: Financial Assistance Application for Charity Care
 - Appendix 2: Financial Assistance Application for Medical Hardship
 - Appendix 3: Discount Chart Based on Income and Asset Thresholds
 - Appendix 4: Amounts Generally Billed (AGB)
 - Appendix 5: Providers and Departments—Covered and Uncovered
 - Appendix 6: Public Access to Documents

Purpose

Our mission is to distinguish ourselves through excellence in patient care, education, research and through improved health in the communities we serve. WH is dedicated to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Emergency Care, Urgent Care, or other Medically Necessary Care based on their individual financial situation. This Financial Assistance Policy is intended to be in compliance with applicable federal and state laws for our service area. Patients eligible for Financial Assistance will receive discounted care received from qualifying WH providers. Patients determined to be eligible for Financial Assistance from an affiliated hospital (including Addison Gilbert Hospital; Anna Jaques Hospital;

BayRidge Hospital; Beth Israel Deaconess Medical Center; Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Needham; Beth Israel Deaconess Hospital – Plymouth; Beverly Hospital; Lahey Hospital & Medical Center, Burlington; Lahey Medical Center, Peabody; Mount Auburn Hospital; and New England Baptist Hospital) will not be required to reapply for Financial Assistance from WH during the Qualification Period.

Financial Assistance provided under this policy is done so with the expectation that patients will cooperate with the policy’s application process and those of public benefit or coverage programs that may be available to cover the cost of care.

We will not discriminate based on the patient’s age, gender, race, creed, religion, disability, sexual orientation, gender identity, national origin or immigration status when determining eligibility.

Definitions

The following definitions are applicable to all sections of this policy.

Classification of emergency and nonemergency services is based on the following general definitions, as well as the treating clinician’s medical determination. The definitions of Emergency Care and Urgent Care provided below are further used by the Hospital for purposes of determining allowable emergency and urgent bad debt coverage under the hospital’s Financial Assistance program, including the Health Safety Net.

Amounts Generally Billed (AGB): AGB is defined as the amounts generally billed for Emergency Care, Urgent Care, or other Medically Necessary Care to individuals who have insurance covering such care. WH uses the “Look-Back” method described in 29 CFR § 1.501(r)-5(b)(3) to determine its AGB percentage. The AGB percentage is calculated by dividing the sum of the amounts of all of WH’s claims for Emergency Care, Urgent Care, and other Medically Necessary Care that have been allowed by private insurers and Medicare Fee-for-Service during the prior fiscal year (October 1 – September 30) (including coinsurance, copays and deductibles) by the sum of the associated Gross Charges for those claims. The AGB is then determined by multiplying the AGB percentage against the Gross Charges for care provided to the patient. WH uses only one single AGB percentage and does not calculate

a different one for different types of care. The AGB percentage will be calculated annually by the 45th day following the close of the prior fiscal year, and implemented by the 120th day following the close of the fiscal year. Following a determination that an individual is eligible for Financial Assistance under this policy, such individual may not be charged more than the AGB for Emergency Care, Urgent Care, or other Medically Necessary Care.

For more information, see Appendix Four (4).

Application Period: The period in which applications will be accepted and processed for Financial Assistance. The application period begins on the date that the first post-discharge billing statement is provided and ends on the 240th after that date.

Assets: Consists of: ●Savings accounts

- Checking accounts
- Health savings accounts (HSA)*
- Health reimbursement arrangements (HRA)* ●Flexible spending accounts (FSA)*

*If a patient/Guarantor has an HSA, HRA, FSA or similar fund designated for Family medical expenses, such individual is not eligible for assistance under this policy until such assets are exhausted.

Charity Care: Patients, or their Guarantors, with annualized Family Income at or below 400% of the FPL, who otherwise meet other eligibility criteria set forth in this policy, will receive a 100% waiver of patient responsible balance for eligible medical services provided by WH.

Elective Service: A hospital service that does not qualify as Emergency Care, Urgent Care, or other Medically Necessary Care (as defined below).

Emergency Care: Items or services provided for the purpose of evaluation, diagnosis, and/or treatment of an Emergency Medical Condition.

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 such that the absence of medical care could be reasonably 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;
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions:
 - a. There is inadequate time to effect a safe transfer to another hospital for delivery; and
 - b. That transfer may pose a threat to the health or safety of the woman or unborn child.

Family: as defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility for this policy.

Family Income: an applicant's Family Income is the combined gross income of all adult members of the Family living in the same household and included on the most recent federal tax return. For patients under 18 years of age, Family Income includes that of the parent, or parents, and/or step-parents, or caretaker relatives. Family Income is determined using the Census Bureau definition as follows when computing Federal Poverty Guidelines:

1. Includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational stipends, alimony and child support
2. Noncash benefits (such as food stamps and housing subsidies) do not count
3. Determined on a before tax (gross) basis
4. Excludes capital gains and losses

Federal Poverty Level: The Federal Poverty Level (FPL) uses the 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 the subsection (2) of Section 9902 of Title 42 of the United States

Code. Current FPL guidelines can be referenced at <https://aspe.hhs.gov/poverty-guidelines>.

Financial Assistance: Assistance, consisting of Charity Care and Medical Hardship, provided to eligible patients, who would otherwise experience financial hardship, to relieve them of a financial obligation for Emergency Care, Urgent Care, or other Medically Necessary Care provided by WH.

Guarantor: A person other than the patient who is responsible for the patient's bill.

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

Homeless: As defined by the Federal government, and published in the Federal Register by HUD: "An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately run shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution."

In-Network: WH and its affiliates are contracted with the patient's insurance company for reimbursement at negotiated rates.

Medical Hardship: Financial Assistance provided to eligible patients whose medical bills are greater than or equal to 25% of their Family Income.

Medically Necessary Care: Medically necessary items or services, such as inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury or illness. In addition to meeting clinical criteria, such items or services are typically defined as covered by Medicare Fee-for-Service, Private Health Insurers, or other third party insurance.

Medicare Fee-for-Service: Health insurance offered under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c-1395w-5).

Out-of-Network: WH and its affiliates are not contracted with the patient's insurance company for reimbursement at negotiated rates, typically resulting in higher patient responsibility.

Payment Plan: A payment plan that is agreed to by either WH, or a third party vendor representing WH, and the patient/Guarantor for out of pocket fees. The Payment Plan will take into account the patient's financial circumstances, the amount owed and any prior payments.

Presumptive Eligibility: Under certain circumstances, Uninsured Patients may be presumed or deemed eligible for Financial Assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

Private Health Insurer: Any organization that is not a government unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

Qualification Period: Applicants determined to be eligible for Financial Assistance will be granted assistance for a period of six months from the date of approval. Patients who qualify for Financial Assistance may attest that there have been no changes to their financial situation at the end of the six (6) month qualification period to extend eligibility for another six (6) months.

Uninsured Discount: Discount applied to uninsured patients (see definition below) for medically necessary services. Exclusions to this discount apply and are contained within this policy.

Uninsured Patient: A patient with no third party coverage provided by a Private Health Insurer, an ERISA insurer, a Federal Healthcare Program (including without limitation Medicare Fee-for-Service, Medicaid, SCHIP, and CHAMPUS), workers' compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses. This would include services that are not covered due to network limitations, exhausted insurance benefits, or other non-covered services

Underinsured Patients: Any individual with private or government coverage for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by WH.

Urgent Care: Medically Necessary Care provided in an acute hospital after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably result in placing a patient’s health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part.

**Eligibility for
Financial
Assistance
from WH**

Services eligible for Financial Assistance must be clinically appropriate and within acceptable medical practice standards, and include:

1. In-Network and Out-of-Network facility charges for Emergency Care as defined above.
2. In-Network and Out-of-Network professional fees for Emergency Care as defined above, rendered by providers employed by WH and its affiliates, as listed in Appendix Five (5).
3. In-Network facility charges for Urgent Care, as defined above.
4. In-Network facility charges for Medically Necessary Care, as defined above.
5. In-Network professional fees for Urgent Care and Medically Necessary Care rendered by providers employed by WH and its affiliates, as listed in Appendix Five (5).

**Services Not
Eligible for
Financial
Assistance
from WH**

Services not eligible for Financial Assistance include:

1. Professional fees and facility charges for Elective Services, as defined
2. above.
Professional fees for care rendered by providers who do not follow the Financial Assistance Policy (e.g. private or non-WH medical or physician professionals, ambulance transport, etc.), as listed in Appendix Five (5). Patients are encouraged to contact these providers directly to see if they offer any financial assistance and to make payment arrangements. See Appendix Five (5) for a full listing of providers not covered under this policy.
3. Out-of-Network facility charges and professional fees for Urgent Care and Medically Necessary Care that is not Emergency Care, as defined above.

**Available
Assistance**

WH offers patients assistance with applying for public assistance programs and hospital Financial Assistance, as described in greater detail, below.

WH will make diligent efforts to collect the patient's insurance status and other information in order to verify coverage for the emergency, inpatient or outpatient health care services to be provided by the Hospital. All information will be obtained prior to the delivery of any items or services that does not constitute Emergency Care or Urgent Care. The Hospital will delay any attempt to obtain this information during the delivery of any EMTALA-level Emergency Care or Urgent Care, if the process to obtain this information will delay or interfere with either the medical screening examination or the services undertaken to stabilize an Emergency Medical Condition.

The hospital's reasonable due diligence efforts to investigate whether a third party insurance or other resource may be responsible for the cost of services provided by the hospital shall include, but not be limited to, determining from the patient if there is an applicable policy to cover the cost of the claims, including: (1) motor vehicle or home owner's liability policy, (2) general accident or personal injury protection policy, (3) workers' compensation programs, and (4) student insurance policies, among others. If the hospital is able to identify a liable third party or has received a payment from a third party or another resource (including from a private insurer or another public program), the hospital will report the payment to the applicable program and offset it, if applicable per the program's claims processing requirements, against any claim that may have been paid by the third party or other

resource. For state public assistance programs that have actually paid for the cost of services, the hospital is not required to secure assignment on a patient's right to third party coverage of services. In these cases, the patient should be aware that the applicable state program may attempt to seek assignment on the costs of the services provided to the patient.

WH will check the Massachusetts Eligibility Verification System (EVS) to ensure that the patient is not a Low Income Patient and has not submitted an application for coverage for either MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, or Health Safety Net, prior to submitting claims to the Health Safety Net Office for bad debt coverage.

**Public
Assistance
Programs**

For Uninsured Patients or Underinsured Patients, the hospital will work with such patients to assist them in applying for public assistance programs that may cover some or all of their unpaid hospital bills. In order to help Uninsured Patients and Underinsured Patients find available and appropriate options, the hospital will provide all individuals with a general notice of the availability of public assistance programs during the patient's initial in-person registration at a hospital location for a service, in all billing invoices that are sent to a patient or Guarantor, and when the provider is notified, or through its own due diligence becomes aware, of a change in the patient's eligibility status for public or private insurance coverage.

Hospital patients may be eligible for free or reduced cost of health care services through various state public assistance programs (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net). Such programs are intended to assist low-income patients taking into account each individual's ability to contribute to the cost of his or her care. For Uninsured Patients or Underinsured Patients, the hospital will, when requested, help them with applying for coverage through public assistance programs that may cover all or some of their unpaid hospital bills.

The Hospital is available to assist patients in enrolling into state health coverage programs. These include MassHealth, the premium assistance payment program operated by the state's Health Connector, and the Children's Medical Security Plan. For these programs, applicants can submit an application through an online website (which is centrally located on the state's Health Connector Website), a paper application, or over the phone with a customer service representative located at either MassHealth or the Connector. Individuals may also ask for assistance from hospital financial counselors (also called certified application counselors) with submitting the application either on the website or through a paper application.

**Assistance
through Health
Safety Net**

Through its participation in the Massachusetts Health Safety Net, the Hospital also provides financial assistance to low-income Uninsured Patients and Underinsured Patients who are Massachusetts residents and who meet income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low income Uninsured Patients and Underinsured Patients through free or discounted care across acute hospitals in Massachusetts. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for Uninsured Patients and Underinsured Patients with incomes under 300% of the Federal Poverty Level.

Low-income patients receiving services at the Hospital may be eligible for financial assistance through the Health Safety Net, including free or partially free care for Health Safety Net eligible services defined in 101 CMR 613.00.

(a) Health Safety Net - Primary

Uninsured Patients who are Massachusetts residents with verified MassHealth MAGI Household Income or Medical Hardship Family Income, as described in 101 CMR 613.04(1), between 0-300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.

The eligibility period and type of services for *Health Safety Net - Primary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net - Primary*.

(b) Health Safety Net – Secondary

Patients that are Massachusetts residents with primary health insurance and MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), between 0 and 300% of the FPL may be determined eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net - Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Secondary*.

(c) Health Safety Net - Partial Deductibles

Patients that qualify for *Health Safety Net – Primary* or *Health Safety Net – Secondary* with MassHealth MAGI Household Income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL may be subject to an annual deductible if all members of the Premium Billing Family Group (PBF) have an income that is above 150.1% of the FPL. This group is defined in 130 CMR 501.0001.

If any member of the PBF has an FPL below 150.1% there is no deductible for any member of the PBF. The annual deductible is equal to the greater of:

1. the lowest cost Premium Assistance Payment Program operated by the Health Connector premium, adjusted for the size of the PBF proportionally to the MassHealth FPL income standards, as of the beginning of the calendar year; or
2. 40% of the difference between the lowest MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's PBF and 200% of the FPL.

(d) *Health Safety Net - Medical Hardship*

A Massachusetts resident of any income may qualify for *Health Safety Net – Medical Hardship (Medical Hardship)* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's Countable Income defined in 101 CMR 613.

The applicant's required contribution is calculated as the specified percentage of Countable Income in 101 CMR 613.05(1)(b) based on the *Medical Hardship* Family's FPL multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible. Further requirements for *Medical Hardship* are specified 101 CMR 613.05.

A hospital may request a deposit from patients eligible for Medical Hardship. Deposits will be limited to 20% of the Medical Hardship contribution up to \$1,000. All remaining balances will be subject to the payment plan conditions established in 101 CMR 613.08(1)(g).

For Medical Hardship, the hospital will work with the patient to determine if a program like Medical Hardship would be appropriate and submit a Medical

Hardship Application to the Health Safety Net. It is the patient's obligation to provide all necessary information as requested by the hospital in an appropriate timeframe to ensure that the hospital can submit a completed application.

**Role of the
Financial
Assistance
Counselor**

The hospital will help Uninsured Patients and Underinsured Patients apply for health coverage through a public assistance program (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, and the Children's Medical Security Program), and work with individuals to enroll them as appropriate. The hospital will also help patients that wish to apply for financial assistance through the Health Safety Net.

The hospital will:

- a) provide information about the full range of programs, including MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net;
- b) help individuals complete a new application for coverage or submit a renewal for existing coverage;
- c) work with the individual to obtain all required documentation;
- d) submit applications or renewals (along with all required documentation);
- e) interact, when applicable and as allowed under the current system limitations, with the programs on the status of such applications and renewals;
- f) help to facilitate enrollment of applicants or beneficiaries in insurance programs; and
- g) offer and provide voter registration assistance.

The hospital will advise the patient of their obligation to provide the hospital and the applicable state agency with accurate and timely information regarding their full name, address, telephone number, date of birth, social security number (if available), current insurance coverage options (including home, motor vehicle, and other liability insurance) that can cover the cost of the care received, any other applicable financial resources, and citizenship and residency information. This information will be submitted to the state as part of the application for public program assistance to determine coverage for the services provided to the individual.

If the individual or Guarantor is unable to provide the necessary information, the hospital may (at the individual's request) make reasonable efforts to obtain

any additional information from other sources. Such efforts also include working with individuals, when requested by the individual, to determine if a bill for services should be sent to the individual to assist with meeting the one-time deductible. This will occur when the individual is scheduling their services, during pre-registration, while the individual is admitted in the hospital, upon discharge, or for a reasonable time following discharge from the hospital. Information that the hospital obtains will be maintained in accordance with applicable federal and state privacy and security laws.

The hospital will also notify the patient during the application process of their responsibility to report to both the hospital and the state agency providing coverage of healthcare services any third party that may be responsible for paying claims, including a home, auto, or other insurance liability policy. If the patient has submitted a third party claim or filed a lawsuit against a third party, the hospital will notify the patient of the requirement to notify the provider and the state program within 10 days of such actions. The patient will also be informed that they must repay the appropriate state agency the amount of the healthcare covered by the state program if there is a recovery on the claim, or assign rights to the state to allow it to recover its applicable amount.

When the individual contacts the hospital, the hospital will attempt to identify if an individual qualifies for a public assistance program or for Financial Assistance from the hospital. An individual who is enrolled in a public assistance program may qualify for certain benefits. Individuals may also qualify for additional assistance based on the hospital's Financial Assistance program based on the individual's documented income, Assets and allowable medical expenses.

**Patient
Obligations**

Prior to the delivery of any health care services (except for services that are provided to stabilize a patient determined to have an Emergency Medical Condition or needing Urgent Care), the patient is expected to provide timely and accurate information on their current insurance status, demographic information, changes to their Family Income or group policy coverage (if any), and, if known, information on deductibles, co-insurance and co-payments that are required by their applicable insurance or financial program. The detailed information for each item should include, but not be limited to:

- Full name, address, telephone number, date of birth, social security number (if available), current health insurance coverage options, citizenship and

residency information, and the patient's applicable financial resources that may be used to pay their bill;

- If applicable, the full name of the patient's Guarantor, their address, telephone number, date of birth, social security number (if available), current health insurance coverage options, and their applicable financial resources that may be used to pay for the patient's bill; and
- Other resources that may be used to pay their bill, including other insurance programs, motor vehicle or homeowners insurance policies if the treatment was due to an accident, workers' compensation programs, student insurance policies, and any other Family Income such as an inheritances, gifts, or distributions from an available trust, among others.

The patient is responsible for keeping track of their unpaid hospital bill, including any existing co-payments, co-insurance, and deductibles, and contacting the hospital should they need assistance in paying their bill. The patient is further required to inform either their current health insurer (if they have one) or the state agency that determined the patient's eligibility status in a public program of any changes in Family Income or insurance status. The hospital may also assist the patient with updating their eligibility in a public program when there are any changes in Family Income or insurance status provided that the patient informs the hospital of any such changes in the patient's eligibility status.

Patients are also required to notify the hospital and the applicable program in which they are receiving assistance (e.g., MassHealth, Connector, or Health Safety Net), of any information related to a change in Family Income, or if they are part of an insurance claim that may cover the cost of the services provided by the hospital. If there is a third party (such as, but not limited to, home or auto insurance) that is responsible to cover the cost of care due to an accident or other incident, the patient will work with the hospital or applicable program (including, but not limited to, MassHealth, Connector, or Health Safety Net) to assign the right to recover the paid or unpaid amount for such services.

**Hospital
Financial
Assistance**

Financial Assistance will be extended to Uninsured Patients, Underinsured Patients and their respective Guarantors who meet specific criteria as defined below. These criteria will assure that this Financial Assistance Policy is applied consistently across WH. WH reserves the right to revise, modify or change this policy as necessary or appropriate. WH will help individuals apply for hospital Financial Assistance by completing an application (see Appendix 1 and Appendix 2).

Payment resources (insurance available through employment, Medicaid, Indigent Funds, Victims of Violent Crime, etc.) must be reviewed and evaluated before a patient is considered for Financial Assistance. If it appears that a patient may be eligible for other assistance, WH will refer the patient to the appropriate agency for assistance in completing the applications and forms or assist the patient with those applications. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for hospital Financial Assistance, including applying to public assistance programs and the Health Safety Net, as described above.

Financial Assistance applicants are responsible for applying to public programs and pursuing private health insurance coverage. Patients/Guarantors choosing not to cooperate in applying for programs identified by WH as possible sources of payment may be denied Financial Assistance. Applicants are expected to contribute to the cost of their care based on their ability to pay as outlined in this policy.

Patients/Guarantors that may qualify for Medicaid or other health insurance must apply for Medicaid coverage or show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace within the previous six (6) months of applying for WH Financial Assistance. Patients/Guarantors must cooperate with the application process outlined in this policy in order to qualify for Financial Assistance.

The criteria to be considered by WH when evaluating a patient's eligibility for hospital Financial Assistance include:

- Family Income
- Assets
- Medical obligations
- Exhaustion of all other available public and private assistance

WH's Financial Assistance program is available to all patients meeting the eligibility requirements set forth in this policy, regardless of geographic location or residency status. Financial Assistance will be granted to patients/Guarantors based on financial need and in compliance with state and federal law.

Financial Assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with the insurer's contractual agreement. Financial Assistance is generally not available for patient

copayment or balances in the event the patient fails to comply with the insurance requirements.

Patients with a Health Savings Account (HSA), Health Reimbursement Account (HRA), or a Flexible Spending Account (FSA) will be expected to utilize account funds prior to being considered eligible for hospital Financial Assistance. WH reserves the right to reverse the discounts described in this policy in the event that it reasonably determines that such terms violate any legal or contractual obligation of WH.

Financial Assistance Discounts

Based on an assessment of an applicant’s Family Income, Assets and medical obligations, patients may receive one of the discounts listed below. All discounts noted are with respect to patient responsible balance. Out-of-Network co-payments, coinsurance and deductibles are not eligible for Financial Assistance. Likewise, insured patients who opt to not utilize available third party coverage (“voluntary self-pay”) are not eligible for Financial Assistance for the amount owed on any account registered as voluntary self-pay. In no case, however, will a patient determined to be eligible for hospital Financial Assistance be charged more than the AGB.

Charity Care: WH will provide care at 100% discount under this policy for patients/Guarantors whose Family Income is at or below 400% of the current FPL, who otherwise meet other eligibility criteria set forth in this policy.

Medical Hardship: A 100% discount will be provided for eligible patients whose medical debt is greater than or equal to 25% of their Family Income, who otherwise meet other eligibility criteria set forth in this policy.

Financial Assistance Policy

Information regarding WH’s Financial Assistance Policy, Plain Language Summary and Financial Assistance Application are available, free of charge, on WH’s website, posted in hospital and clinic locations and will be translated into any language that is the primary language spoken by the lesser of 1,000 people or 5% of the residents in the community served by WH.

In addition, WH references payment policies and Financial Assistance on all printed monthly patient statements and collection letters. Information on the Financial Assistance Policy is available, at any time, upon request.

1. Patients/Guarantors may apply for Financial Assistance at any time during the Application Period.

2. In order to be considered for Financial Assistance, patients/Guarantors are required to cooperate and supply financial, personal or other documentation relevant to making a determination of financial need. A Financial Assistance Application Form can be obtained in any of the following ways:
 - a. On the WH public website:
<https://www.winchesterhospital.org/my-visit/insurance-billing-records/financial-assistance>
 - b. In person at the Financial Counseling Unit
41 Mall Road
Burlington, MA 01803
(781) 744-8815
 - c. Call the number above to request a copy to be mailed
 - d. Call the number above to request an electronic copy
3. Patients/Guarantors are required to provide an accounting of financial resources readily available to the patient/Guarantor.
Family Income may be verified using any or all of the following:
 - a. Current Forms W-2 and/or Forms 1099
 - b. Current state or federal tax returns
 - c. Four (4) most recent payroll stubs
 - d. Four (4) most recent checking and/or savings statements
 - e. Health savings accounts
 - f. Health reimbursement arrangements
 - g. Flexible spending accounts
4. Prior to evaluating eligibility for Financial Assistance, the patient/Guarantor must show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace, and must provide documentation of any existing third party coverage.
 - a. WH financial counselors will assist patient/Guarantors with applying for Medicaid and will subsequently assist those same individuals with applying for Financial Assistance.
 - b. If an individual applies for Financial Assistance during the Federal Health Insurance Marketplace open enrollment, such individual is required to seek coverage prior to WH's evaluation of any Financial Assistance Application.
5. WH may *not* deny Financial Assistance under this policy based on an individual's failure to provide information or documentation that is *not* clearly described in this policy or the Financial Assistance Application.

6. WH will determine final eligibility for Financial Assistance within thirty (30) business days upon receipt of a completed application.
7. Documentation of the final eligibility determination will be made on all current (open balance) patient accounts retroactive to 6 months from the application. A determination letter will be sent to the patient/Guarantor.
8. If a patient/Guarantor submits an incomplete application, a notification will be sent to the patient/Guarantor explaining what information is missing. The patient/Guarantor will have thirty (30) days to comply and provide the requested information. Failure to complete the application will result in the Financial Assistance being denied.
9. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application will remain valid for the Qualification Period for all eligible medical services provided, and will include all outstanding receivables for the previous six (6) months including those at bad debt agencies. Patients who have been determined to be eligible for Financial Assistance by WH or an affiliated hospital within the Qualification Period will automatically be considered eligible for hospital Financial Assistance for the 6-month period from the date of that eligibility determination. It is the patient/Guarantors responsibility to notify WH of any financial change during the Qualification Period. Failure to do so may result in the loss of eligibility.
10. Patients that are eligible for Financial Assistance will receive a refund for any payments made that exceed the amount the individual is personally responsible for paying.

Reasons for Denial

WH may deny a request for Financial Assistance for a variety of reasons including, but not limited to:

- Sufficient Family Income
- Sufficient Asset level
- Patient uncooperative or unresponsive to reasonable efforts to work with the patient/Guarantor
- Incomplete Financial Assistance Application despite reasonable efforts to work with the patient/Guarantor
- Pending insurance or liability claim
- Withholding insurance payment and/or insurance settlement funds, including payments sent to the patient/Guarantor to cover

services provided by WH, and personal injury and/or accident related claims

Presumptive Eligibility

WH understands that not all patients are able to complete a Financial Assistance Application or comply with requests for documentation. There may be instances in which a patient/Guarantor's qualification for Financial Assistance is established without completing the application form. Other information may be used by WH to determine whether a patient/Guarantor's account is uncollectible and this information will be used to determine Presumptive Eligibility.

Presumptive Eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

- Patients/Guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy is discharged will be written off.
- Patients/Guarantors who are deceased with no estate in probate.
- Patients/Guarantors determined to be Homeless.
- Accounts returned by the collection agency as uncollectible due to any of the reasons above and no payment has been received.
- Patients/Guarantors who qualify for state Medicaid programs will be eligible for Financial Assistance for any cost sharing obligations associated with the program or non-covered services.

Patient accounts granted Presumptive Eligibility will be reclassified under the Financial Assistance Policy. They will not be sent to collection nor will they be subject to further collection actions.

Uninsured Discount Amount and Exclusions Patients/Guarantors who do not have health insurance and do not qualify for Masshealth or Financial Assistance, will have a 40% discount applied to the hospital and physician services as listed in Appendix 5 of the Financial Assistance Policy.

This discount is not available for the following services:

- Cosmetic Services
- Self-Pay Elect services (services in which there is already a dedicated self-pay fee schedule)
- Infertility Services
- Motor Vehicle Claims
- Gastric Bypass Services absent of a payers determination of medically necessity
- Items such as lens, hearing aids, implants and any other specialty purchased products
- Patient Convenience Items such as overnight stays which are not medically necessary

The Uninsured Discount will be applied at time of billing and is included in any estimate.

**Emergency
 Medical
 Services**

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patient is to be screened for Financial Assistance or payment information prior to the rendering of services in an emergency situation. WH may request that patient cost sharing payments (i.e. co-payments) be made at the time of service, provided such requests do not cause delay in the screening examination or necessary treatment to stabilize the patient in an emergency situation. WH will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they are eligible under this policy. WH will not engage in actions that discourage individuals from seeking Emergency Care.

**Credit and
 Collections**

The actions that may be taken by WH in the event of non-payment are described in a separate Credit and Collections Policy. Members of the public may obtain a free copy by:

- a. Going to the WH public website:
<https://www.winchesterhospital.org/my-visit/insurance-billing--records/financial-assistance>
- b. Visiting the Financial Counseling Unit located at:
 41 Mall Road
 Burlington, MA 01803
 (781) 744-8815
- c. Calling the number above to request a copy to be mailed
- d. Calling the number above to request an electronic copy

**Regulatory
 Requirements**

WH will comply with all federal, state and local laws, rules and regulations, and reporting requirements that may apply to activities pursuant to this policy. This policy requires that WH track Financial Assistance provided to ensure accurate reporting. Information on the Financial Assistance provided under this policy will be reported annually on the IRS form 990 Schedule H.

WH will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements.

**Appendix 1
 Financial
 Assistance
 Application
 Form**

Financial Assistance Application for Charity Care

Please Print

Today's Date: _____ Social Security # _____

Medical Record Number: _____

Patient Name: _____

Address: _____

Street Apt. Number

City State Zip Code

Date of Hospital Services: _____

Patient Date of Birth _____

Did the patient have health insurance or Medicaid** at the time of hospital service?
 Yes No

If “Yes”, attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: _____

Policy Number: _____

Effective Date: _____

Insurance Phone Number: _____

**Prior to applying for financial assistance, you must have applied for Medicaid in the past 6 months and will need to show proof of denial.

Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.

To apply for financial assistance complete the following:

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				
3.				
4.				

In addition to the Financial Assistance Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current Forms W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts

- Health reimbursement arrangements
- Flexible spending accounts

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

By my signature below, I certify that I have carefully read the Financial Assistance Policy and Application and that everything I have stated or any documentation I have attached is true and

correct to the best of my knowledge. I understand that it is unlawful to knowingly submit false information to obtain financial assistance.

Applicant's Signature: _____

Relationship to Patient: _____

Date Completed: _____

If your income is supplemented in any way or you reported \$0.00 income on this application, have the Support Statement below completed by the person(s) providing help to you and your family.

Support Statement

I have been identified by the patient/responsible party as providing financial support. Below is a list of services and support that I provide.

I hereby certify and verify that all of the information given is true and correct to the best of my knowledge. I understand that my signature will not make me financially responsible for the patient's medical expenses.

Signature: _____

Date Completed: _____

Please allow 30 days from the date the completed application is received for eligibility determination.

Staff Only.
 Application Received by:

AJH

AGH

BayRidge

BIDMC

BID Milton

BID Needham

BID Plymouth

Beverly

LHMC

LMC

Peabody

MAH

NEBH

WH

If eligible, financial assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Appendix 2
Medical
Hardship
Application

Financial Assistance Application for Medical Hardship
Please Print

Today's Date: _____

Social Security# _____

Medical Record Number: _____

Patient Name: _____

Patient Date of Birth _____

Address: _____

Street	Apt. Number	
City	State	Zip Code

Did the patient have health insurance or Medicaid at the time of hospital service(s)?
 Yes No
 If “Yes”, attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: _____

Policy Number: _____

Effective Date: _____

Insurance Phone Number: _____

Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.

To apply for Medical Hardship assistance, complete the following:

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				
3.				
4.				

In addition to the Medical Hardship Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements

- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts
- Copies of all medical bills

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

List all medical debt and provide copies of bills incurred in the previous twelve months:

Date of service	Place of Service	Amount owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief explanation of why paying these medical bills will be a hardship:

By my signature below, I certify all of the information submitted in the application is true to the best of my knowledge, information and belief.

Applicant’s Signature: _____

Relationship to Patient: _____

Date Completed: _____

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

Staff Only.	
Application Received by:	
AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Appendix 3
Discount Chart
Based on
Income and
Asset
Thresholds

Discounts for Financial Assistance and Medical Hardship are applied to a patient’s responsible balance for eligible medical services as described in the policy.

Financial Assistance Discount for Eligible Patients:

Charity Care

Income Level	Discount
Less than or equal to 400% FPL	100%

Medical Hardship

Patients will be determined as eligible for Medical Hardship if the medical bills are greater than or equal to 25% of Family Income and will receive a 100% discount.

Appendix 4
Amounts
Generally
Billed (AGB)

See the definition of Amounts Generally Billed in the policy, above, for a description of how the AGB is calculated using the “Look-Back” method.

WH’s current AGB percentage based on claims for fiscal year 2023 equals 42.15%.

The AGB is subject to change at any time due to the following reasons:

- Private Health Insurer and Medicare Fee-for-Service contract changes
- Settlements received by Private Health Insurer plans and Medicare Fee-for-Service

Updated 01/2024

Appendix 5 This Financial Assistance Policy covers all Hospital (Facility) charges at Providers and the following locations:

- Clinics—Covered** - *Winchester Hospital, 41 Highland Ave, Winchester, MA*
- and** - *Winchester Hospital Family Medical Center, 500 Salem St.,*
- Uncovered** *Wilmington, MA*
- *Winchester Hospital Imaging / Walk-In Urgent Care, 7 Alfred St., Woburn, MA*
- *Winchester Hospital Physical & Occupational Therapy, 955 Main St., Winchester, MA*
- *Winchester Hospital Orthopedics, 23 Warren Ave, Woburn, MA*
- *Winchester Hospital Sleep Disorder Center, 12 Alfred St., Woburn, MA*
- *Winchester Hospital Diabetes & Wound Center, 75 Riverside Ave, Medford, MA*
- *Winchester Hospital Pain Management Center, 444 Washington St., Woburn, MA*
- *Winchester Hospital Endoscopy Center, 10P Commerce Way, Woburn, MA*
- *Winchester Hospital Imaging and Orthopedics Center, 20 Pond Meadow Drive, Reading, MA*
- *Winchester Hospital Ambulatory Surgery Center, 620 Washington St., Winchester, MA*
- *Winchester Imaging, 3 Woodland Road, Stoneham, MA*
- *Winchester Hospital Outpatient Center, 200 Unicorn Drive, Woburn, MA*
- *Winchester Hospital Ultrasound, 1021 Main Street, Winchester, MA*

This Financial Assistance Policy also covers the charges from the individuals and entities listed in this section below for services provided within the Hospital facilities listed above.

LastName	FirstName	Title
Abelson	Jonathan	MD
Adams	Emily	PA
Adler	Christopher	PA
Albrinck	Jessica	NP
Ali	Fatima	DO
Angelidou	Asimonia	MD, PhD
Aurigemma	Philip	MD
Azar	May	MD
Azar	Peter	MD
Bailey	Anthony	MD
Birkett	Desmond	MD
Boyd	Rachel	PA
Brams	David	MD
Breen	Elizabeth	MD
Brunner	Katherine	MD
Burke	Sarah	PA
Campagna	Anthony	MD
Canes	David	MD
Caroff	Daniel	MD
Celler	Catherine	MD
Chang	Lawrence	MD
Charette	Rebecca	PA
Cherry	Kayla	PA
Chi	Amy	MD
Chung	Edward	MD
Chungu	Carolyn	NP
Cicccone	Teriggi	MD
Clough	Barret	PA
Cogan	Jean	RNFA
Colancecco	Michael	DO
Collins	Stanton	MD
Coppinger	Shauna	PA
Crowley	Conor	NP
Cruz	Daniel	MD
DeMatteo	Robert	MD
Dempsey	Peter	MD
Devon	Octavia	MD
Dickason	John	MD
Dohan	David	MD
Drown	Michelle	CRNA
Ebrahimi	Ali	MD
Eccleston	Stephanie	PA
Edirisinghe	Nayomi	MD
Eissa	Khaled	MD
Ewald	Bonnie	MD

Farina	Kimberley	PA
Farwell	Kristen	MD
Fathi	Zahra	NP
Faust	William	MD
Fernandes	Justin	MD
Fitelson	Daniel	MD
Foote	Caroline	MD
Ford	Heather	MD
Foss	Cara	NP
Francois	Starline	NP
Freiman	Julie	MD, MS
Frendling	Andrea	PA
Gallant Wood	Janet	NP
Gappelberg	Ghary	MD
Garabedian	Kathleen	NP
Garas	Kameel	MD
Garas	Marina	DO
Gazourian	Lee	MD
Georgette	Nathan	MD
Geva	Tamar	MD
Ghergurovich	Kristen	MD
Ghogawala	Zoher	MD
Giaccotto	Joshua	MD
Gokhale	Sumita	MD
Gray	Anthony	MD
Grossman	Nicole	MD
Guarracino	Kara	NP
Guerra	Jose	MD
Guo	Lifei	MD, PhD
Gupta	Aanchal	MD
Hanley-Williams	Nicole	MD
Hassan	Syed	MD
Houle	Brian	NP
Jain	Pinky	MD
Jellison	Angela	MD
Jo	Tamara	NP
Johnson	Meredith	PA
Jolley	Brian	MD
Jones	Bradley	MD
Jones	Heather	MD
Kasabwala	Khushabu	MD
Kasparyan	Nurhan	MD
Klenz	Jeffrey	MD
Klinge	Stephen	MD
Kloack	Kristell	NP
Kopelman	David	MD

Kowal	Andrew	MD
Lamb	Carla	MD
Larsen	Tory	NP
Lemos	Mark	MD
Leszczynski	Anna	MD
Li	Jennifer	DO
Liesching	Timothy	MD
Lim	Alan	MD
Lin	Denis	MD
Maben	Sarah	MD
Mackay	Fraser	MD
MacLachlan	Lara	MD
Magge	Subu	MD
Magliulo	Daniel	MD
Mahoney	Laura	PA
Malvey	Gregory	PA
Mandeville	Jessica	MD
Mann	Rachel	MD
Marcello	Peter	MD
Marinko	Erik	PA
Markovitz	Dennis	MD
Martyniak	Anthony	MD
Massaquoi	Steve	MD, PhD
McAlmon	Karen	MD
McCarthy	Michelle	MD
McCullough	Andrew	MD
Miller	Ezra	MD
Miner	Jeffrey	MD
Minor	Michael	MD
Moinzadeh	Alireza	MD
Molgaard	Andrew	PA
Morra	Rachel	PA
Mourtzinios	Arthur	MD
Moy-Yee	Lillian	MD
Muehlberger	Ashley	MD
Nallari	Mithun	MD
Narasimhan	Ram	MD
Nghiem	Luan	MD
Nikas	Christine	MD
Noe	Kathleen	NP
Noland	Timothy	PA
Pandya	Sonal	MD
Parker	Annie	MD
Parseghian	Shant	MD
Passer	Joel	MD
Patel	Pritika	NP

Patel	Avignat	MD
Patwa	Najmuddin	MD
Pifko	Marc	MD
Plourde	Joseph	PA
Price	Jacqueline	PA
Puder	Maren	NP
Quinn	Austin	MD
Raftery	Kevin	MD
Ramkumar	Dipak	MD, MS
Robson	Kristen	MD
Rock	Hilda	MD
Rubino	Kristin	NP
Samaha	Emily	MD
Samuelsen	Brian	MD
Saurman	Marcelle	NP
Schoenberg	Noah	MD
Scott	Ashley	MD
Sehgal	Siddharth	MD
Servais	Elliot	MD
Shadchehr	Sara	DO
Sheehan	Joshua	MD
Solomon	Joel	MD
Somalaraju	Sandeep	MD
Sorcini	Andrea	MD
Specht	Lawrence	MD
Stebenne	Grace	NP
Stempek	Susan	PA
Stock	Cameron	MD
Stutzman	Mackenzie	NP
Sugano	Dordaneh	MD
Summerhill	Eleanor	MD
Tadie	Elizabeth	NP
Thatai	Lata	MD
Tibbetts	Alla	MD, DO
Tiffany	Peter	MD
Tilzey	John	MD
Toh	Elizabeth	MD
Tower	Jacob	MD
Vanni	Alex	MD
Vernadakis	Adam	MD
Viveiros	Joseph	RNFA
Votipka	Rhea	NP
Wallach	Rebecca	DO
Wei	John	MD
Welch	Harold	MD
White	Melissa	NP

Whitmore	Robert	MD
Wilcox	Susan	MD
Wilson	Keren	DO
Winters	Maureen	NP
Wiwanto	Lynn	MD, MBA
Woods	Laurie	NP
Wozniak	Joanne	PA
Wright	Valena	MD
Yarlagadda	Bharat	MD
Yavarovich	Ekaterina	DO
Yew	Andrew	MD
Zacharias	Rajesh	MD
Zbrzezny	Justin	MD
Zorn	Melissa	MD

For the providers listed below, this Financial Assistance Policy only covers the Hospital Facility charge. It does not cover provider charges from the individuals and entities listed below. Patients are encouraged to contact these providers directly to see if they offer any assistance and to make payment arrangements.

Non-Covered Providers:		
LastName	FirstName	Title
Abdul Ghafoor	Zahra	MD
Abela	Andrew	DDS
Abraham	Stephen	MD
Adams	Kyle	PA
Aghdam	Nima	MD
Al Dalati	Chirin	MD
Albrektson	Joshua	MD
Alejo	Teresita	MD
Alessandro	David	MD
Allen	Jamey	DPM
Ameri	Shapur	MD
Ameri	Darius	MD
Amin	Jyothi	DPM
Amirifeli	Shideh	MD
Anania	Carol	MD
Andersen	Christian	MD
Andrew	Sarah	MD
Andrusyshyn	Yuriy	MD
Anselmo	Alexa	NP

Aprahamian	Nadine	MD
Aquino	Julia	MD
Aquino	Nelson	CRNA
Ardakani	Navid	MD
Ardolino	Eric	MD
Arian	Sara	MD
Aronovitz	Joseph	MD
Arslanian	Armen	MD
Asch	Alexander	MD
Ashburn	Frazier	PA
Ata	Sana-Ur-Rehman	MD
Auerbach	Amanda	MD
Aweh	Nelson	MD
Ayandeh	Armon	MD
Ayanian	Mark	MD
Bader	Michael	MD
Baker	Alexandra	MD
Baker	Elizabeth	MD
Balan	Stefan	MD
Ball	Robert	MD
Barr	Michelle	MD
Barsam	Charles	MD
Bartel	Melissa	MD
Bartley	Anthony	MD
Barzilai	David	MD
Bastin	Jayaseeli	MD
Bath	James	MD
Batson	Stephanie	MD
Bedoya	Jennifer	NP
Beeson	Donn	MD
Behrooz	Leili	MD
Bellefeuille	Brittany	PA
Bello	Laide	MD
Bencale	Maureen	NP
Benetti	Richard	MD
Bernal	Oscar	MD
Bifolck	Dana	PA
Biles	Linda	CRNA
Bishop	Diana	NP
Blinderman	Raechel	LICSW
Blumenthal	Scott	DO
Bodapati	Srinivas	MD
Bolla	Saritha	MD
Bonilla	Francisco	MD
Bonilla-Yoon	Iris	MD, PhD
Bortoletto	Pietro	MD

Bose	Teresa	MD
Braza	Julia	MD
Breckwoldt	William	MD
Brenner	Jason	MD
Breslaw	Brian	MD
Bresnahan	Michael	MD
Brice	Amy Elizabeth	MD
Briggs	Lawrence	MD
Brook	Christopher	MD
Brown	Elinor	MD
Brown	Jeffrey	MD
Brown	Elena	MD
Bryer	Haldon	MD
Bullard	Deborah	NP
Burdette	David	MD
Burke	Chris	MD
Burke	Paul	MD
Byer	Robyn	MD
Cabrera	Clara	MD
Calle	Nelson	CRNA
Calvillo	Katherina	MD
Calvo	Jacqueline	MD
Capek	Marilyn	MD
Carrasquillo	Robert	MD
Carson	Daniel	MD
Casey	William	MD
Cashman	Virginia	NP
Cass	Leo	MD
Chamberlain	Benjamin	PA
Chanda	Jyotirmay	MD
Chang	Joseph	MD
Chatson	Kimberlee	MD
Chaudrey	Khadija	MD
Chen	Alexis	PA
Chen	Christopher	MD
Chen	James	MD
Chen	Jenny	MD
Cheng	Lauren-Anne	MD
Chervin	Paul	MD
Cho	Yoon	MD
Cholapranee	Aurada	MD
Chowdhury	Nagib	MD
Chun	Byungyol	MD
Chung	Sarita	MD
Clark	Susannah	PA
Clements	Matthew	MD

Cline	Catherine	NP
Cohen	Michael	MD
Cohen	Michael	MD
Colas	Steven	NP
Cole	Leandra	PA
Cole	Kimberly	MD
Come	Carolyn	MD, MPH
Commito	Robert	MD
Connors	Nathaniel	PA
Connors	Grayson	DO
Copanos	John	MD
Cornell	Kelley	MD
Corwin	Jennifer	MD
Costello	Thomas	MD
Cotting	Karen	MD
Courtney	Kathleen	MD
Cowenhoven	Julia	MD
Crage	Michele	MD
Crane	Brianna	PA
Cuerdon	Ryan	PA
Culhane	Shauna	NP
Culic	Ivana	MD
Cuneo	Richard	MD
Curcio	Alison	MD
Curcio	Edward	MD
Curdo	Mark	MD
Curiale	Darrah	MD
Cyrin	Jeffer	PA
Czarnecki	Joseph	MD
Dalrymple	Christine	DPM
Danahy	Jane	MD
Davae	Ketan	MD
Davenport	Patricia	MD
Davis	Steven	MD
Davis	Frances	MD
Dearden	Jennifer	MD
Del Riccio	Veronica	MD
Delaney	Atima	MD
Delaney	Lucy	NP
Desai	Shilpa	MD
Desai	Dhruv	MD, MBBS
Desai	Tina	MD
Deshmukh	Uma	MD
Devlin	Amy	MD
Dewan	Janet	CRNA, PhD, MS
Dey	Bimalangshu	MD

Diamond	Jill	MD
DiEdwardo	Christine	MD
Doherty	Elizabeth	MD
Donohoo	Jay	MD
Doolittle	Andrew	MD
Dore	Cortney	LMHC
Doshi	Poonam	MD
Dricken	Julie	MD
Drubach	Laura	MD
Druga	Donald	MD
Dubrow	John	MD
Duffy	Kristina	MD
Dunau	Miriam	MD
Duncan	Jared	MD
Dunlap	Whitney	MD
Dupont	Stefan	MD, PhD
Duran	Kelly	PA
Durfee	John	MD
Eccher	Matthew	MD
Echavarria	Luciana	LICSW
Eckert	Blaise	DDS
Elkhider	Hisham	MD
Emmer	Sawyer	MD
Emmerson	Danison	MD
English	James	DO
Epelboym	Yan	MD
Esbah-Tabatabaie	Hamid	DMD
Escoll	Andrew	MD
Espinosa-Louissaint	Angelica	MD
Ettlinger	Rochelle	NP, MSW, PMHCNS
Eurman	Daniel	MD
Evans	C. Douglas	MD
Evenchik	Benjamin	MD
Fallon	Paul	MD
Fast	Marissa	MD
Faulk	Linda	MD
Faulkner	Catherine	PA
Fefferman	David	MD
Fehm	Michael	MD
Fernandez	Josue	MD
Ferres	Millie	MD
Fillmore	Destiny	NP
Finger	Daniel	MD
Fiore	Eddie	MD
Fischer	Daniel	MD
Fleegler	Eric	MD

Fleming	Jill	MD
Fogle	Rhonda	MD
Foley	Kathleen	CRNA
Fortin	Kathleen	MD
Fraiman	Yarden	MD
Freniere	Brian	MD
Fullerton	Albert	MD
Fusco	Emilia	PA
Gagliardi	Elizabeth	MD
Gallant	Cindy	CRNA
Gallivan	Kathleen	MD
Ganapathy	Soumya	MD
Ganesh	Meenakshi	MD
Garcia	Christopher	MD
Garcia-Rivera	Ricardo	MD
Gates	Sarah	MD
Gauthier	Caroline	DPM
Gayed	Ahmed	MD
Gebhardt	Paulette	MD
Gendelman	Phillip	MD
Gendelman	David	MD
Geng	Zhuo	MD
Geronimo	Cynthia	NP
Ghani	Mazen	MD
Gianakakos	Georgia	MD
Gibson	Timothy	MD
Gilbert	Jason	MD
Gillan Martin	Lynda	CRNA
Gilman	Matthew	MD
Giordano	Anthony	MD
Gizzi	Lia	PA
Gladstein	Jaclyn	PA
Gleyzer	Vladimir	MD
Glidden	Randall	MD
Gold	Matthew	MD
Goldstein	Justin	MD
Good	Katrina	DO
Gordon	Paul	MD, DMD
Gorvine	Jeffrey	MD
Gotberg	Linnea	PA
Govindaiah	Manjunath	MD
Govindan	Mohan	MD
Grande	Donald	MD
Greco	Kathleen	MD
Greenberg	Steven	MD
Gregoire	James	MD

Greiner	Jack	DO
Gress	Kurt	MD
Gross	Samuel	MD
Grove	Amy	MD
Guay	Stephen	MD
Gulla	Christine	MD
Gumuchian	Laurie	MD
Gupta	Munish	MD
Gupta	Megha	MD
Guthrie	Ellen	MD
Haimes	Alison	MD
Hajjar	Maurice	MD, MPH
Hall	Jonathan	MD
Han	Gena	DO
Handelman	Lauren	MD
Hansen	Christopher	MD
Harper	April	MD
Harris	Laura	MD
Hart	Margaret	MD
Hassan	Khalid	MD
Hassanzadeh	Tania	MD
Headley	Craig	NP
Healy	Helen	MD
Heatwole	Benjamin	MD
Hecht	Adam	MD
Hegde	Sanjay	MD
Hehir	Kristin	PA
Hennessey	Lindsay	NP
Henrickson-Zohn	Heidi	DC
Herron	Robert	MD
Hesketh	Anthony	MD
Hill	Joseph	MD
Hinting	Nina	MD
Hirsch	Alexander	MD
Ho	Timmy	MD
Hornung	Neil	DMD
Horst	Taylor	MD
Huang	Wynne	MD
Huang	Pei-Li	MD
Hung	Virginia	MD
Huq	Muhammad	MD
Husain	Sohail	MD
Hutcheson	John	MD
Iacoviello	Denise	NP, CNOR, MS
Inacio	Sonia	MD
Iseke	Richard	MD

Isong	Inyang	MD
Ivanis	Jelena	MD
Jaleel	Mohammed	MD
Jariwala	Vishal	MD
Jarmusik	Ellen	LMHC, MEd
Jarrett	Sonia	MD
Jenkins	Chelsea	NP
Jennis	Richard	MD
Jin	Brian	MD
Johannes	Christine	MD
Johnson	Craig	MD
Jones	Elaine	MD
Jordan	Jessica	NP
Joshi	Megha	MD
Jurayj	Daniel	MD
Jurkunas	Ula	MD
Kanarek	Stephen	MD
Kandula	Prasanthi	MD
Kane	Louise	MD
Kane	Ashley	MD, MS
Kane	Gary	DC
Kapasi	Sameer	MD
Kaplan	Irving	MD
Kartha	Krishnan	MD
Kasdon	Nicholas	MD
Katcheves	Alexander	MD
Katzin	Roy	MD
Kaufman	Monte	MD
Kaza	Sai	MD
Kearney	Marisa	MD
Kedia	Shiksha	MD
Kelliher	Joseph	LAc
Kempinski	Sharon	LICSW
Kendrick	Karla	MD
Kerns	Michael	CRNA
Kerouz	Nada	MD
Keyes	Madeline	MD
Keyser	Benjamin	DMD, MD
Khadem	Paryssa	MD
Khajavi-Noori	Farrokh	MD
Khalil	Shadi	MD
Khan	Saiqa	MD
Khan	Filza	DPM
Khan	Toseef	MD
Kholdani	Cyrus	MD
Khoury	Constantine	MD

Killoran	Timothy	MD
Kim	Lynn	MD
Kim	Connie	MD
Kipervasser	Ella	MD
Kleeman	Linda	MD
Klein	Jerome	MD
Knorr	Aimee	MD
Knox	Kathleen	PA
Koloff	Zachary	MD
Kowalik	Ania	MD
Krassilnikova	Maria	MD
Krishna	Vandana	MD
Kumar	Swati	MD
Kumar	Rohit	MD
Kumar	Kartik	MD
Kumar	Rajat	MD
Kvedar	Vicki	MD
Kwack-Yuhan	Christina	MD
Kwon	Robert	MD
Lacey	Alycia	NP
Lahey	Dermot	NP
Lanoue	Mark	MD
Larios	Roberto	MD
Latina	Mark	MD
Lawner	Brian	MD
Lazar	Joseph	MD
Lecker	Shari	MD
Lee	Lieke	DPM
Lee	John	MD
Lee	David	MD
Lee	Calvin	MD
Lennox	Clara	MD
Leonard	Aimee	MD
Lesnik	David	MD
Levin	Jonathan	MD
LeVine	Corinne	MD
Lewis	Arantxa	MD
Li	David	MD
Libby	Eric	MD
Lin	Dennis	MD
Lincoln	Kyle	LMFT
Liou	Wayne	MD
Lipton	Galina	MD
Lloyd	Daniel	LMHC
Lock	Michelle	MD
Logan	Kathleen	NP

Loi	Marco	CRNA
Long	Jennifer	LICSW, MSW
Lopez	Marisa	MD
LoPorto	Katelyn	MD
Love	Heather	MD
Lowrie	Karen	NP, CRNA
Lubin	Andrew	MD
Lubrano	Michael	MD
Lui	Delphine	MD
Lunghar	Gloria	MD
Lyons	Daniel	MD
Macys	Diane	NP
Maczynski	Dawn	MD
Maggio	Vijay	MD
Mahmoud	Mohamed	MD
Mahoney	Nicole	PA
Maisonet	Laddy	MD
Mancini	Kelsey	NP
Mancini	Robert	CRNA
Manice	Nicholas	MD
Marcal	Jose	MD
Marchetti	Kathleen	NP
Marchionda	Nicole	PA
Marcinkowski-Desmond	Dana	MD
Marcus	Michael	MD
Marczak	Tara	DO
Mark	Konrad	MD
Martin	Kendra	MD
Martin	Melissa	MD
Masterpol	Katherine	MD
Mattappally	Nidha	MD
Mayer	Sara	MD
McCormack	Melissa	MD, PhD
McCullough	Bryan	NP
McDonald	Elizabeth	PA
McDonald	Matthew	PA
McGeachie	Michelle	NP
McKeen	Elizabeth	MD
McWha	Kenneth	MD
Meade	Eliza	MD
Meenan	Kelly	PA
Melki	Samir	MD
Mendese	Gary	MD
Merchant	Asif	MD
Mercurio	Joseph	NP
Messineo	Barbara	MD

Messiner	Ryan	DO
Michaelson	Clifford	MD
Michener	Katherine	MD, MS
Midha	Salil	MD
Migliero	Kelly	MD
Militana	Ryan	DO
Min	Ellie	MD
Min	Haesik	MD
Miskulin	Dana	MD
Moche	Ilana	MD
Moffitt	Kristin	MD
Mogavero	Nicola	MD
Mooney-McNulty	Kimberly	MD
Moran	Amanda	CRNA
Moreno Chiriboga	Jose	MD
Morrison	Tierney	MD
Morrison	Kristy	NP
Mostoufi	Seyed	MD
Moussa-Gabour	Gloria	MD
Moussouttas	Michael	MD
Muafa	Haitem	MD
Muggia	Robert	MD
Mullins	Mark	MD
Mullins	Dawn	MD
Mullon	Jennifer	MD
Murale	Anushya	MD
Murano	Raymond	DPM, MEd
Murphy	Stephen	MD
Murphy	Laura	NP
Musco	Jonathan	MD
Na	Xi	MD
Naeger	Molly	PA
Nagle	David	MD
Nahm	Frederick	MD
Naimark	Jody	MD
Najafi	Mehdi	MD, PhD
Napstad	Brandon	MD
Nason	Cordelia	MD
Natale	Thomas	MD
Naveed	Nausheen	MD
Nayar	Anju	MD
Nedea	Elena	MD
Nene	Gayathry	DO
Neville	Cassidy	PA
Nolan	John	MD
Norris	Kristen	PA

Numa	William	MD
O'Brien	Karen	MD
O'Brien	Barbara	MD
O'Brien	Sharon	MD
O'Brien	Robert	MD
O'Connor	Brigid	MD, PhD
Ogbechie-Godec	Oluwatobi	MD
Oh	JoAnne	MD
O'Keefe	Kathleen	DPM
O'Keefe	Beth	CRNA
Olsen	Kellie	NP, DNP
Ordonez	Joseph	MD
Oriel	Brad	MD
Orthopoulos	Georgios	MD
Ozkan	Efe	MD
Pace	Christopher	DMD
Pang	Brandon	MD
Paolino	Jacqueline	MD
Parker	Marianna	MD
Partridge	Justin	DMD, MD
Patel	Vasantbhai	MD
Patel	Kanubhai	MD
Patel	Arpan	MD
Patel	Kunal	MD
Patel	Dilip	MD
Patterson	Dixie	PA
Paul	Barry	MD
Pearlman	Scott	DO
Pellechia	Andrew	PA
Penn	Joshua	MD
Pergament	Stuart	MD
Perkins	Carly	PA
Perry	Kelly	LICSW
Pham	Lien	MD
Philip	Shailendri	MD
Pieper	Connie	MD
Pillai	Jayamala	MD
Pitts	Eleanor	MD
Pladziewicz	David	MD
Plante	Beth	MD
Plourde	Michael	PA
Poole	Lisa	NP
Porter	John	MD
Post-Anderle	Janine	NP
Pothier	Louise	RNFA
Potts	Koreen	MD

Price	Melyssa	PA
Prinzivalli-Rolfe	Brigitte	MD, MPH
Psoinos	Rachel	MD, PhD
Putnam	Sara	DPM
Quartararo	Christopher	MD
Quiel Cojocarú	Luis	MD
Raby	Khether	MD
Rahaghi	Farbod	MD
Rai	Surinder	DO
Rajan	Sujatha	MD
Randolph	Madeline	PA
Rao	Sishir	MD
Rasoli	Jaleh	PA
Rene	Daniel	MD
Reynolds	Le Grand	MD
Richmon	Jeremy	MD
Rieley	Lewis	MD
Riester	David	MD
Rittershaus	Nicole	MD
Roan	Emily	MD
Robbins	Alison	PA
Robinson	Christopher	MD
Robles	Liliana	MD
Roca Vall-Ilobera	Fernando	MD
Rodde	Laetitia	LMHC
Rohman	Courtney	PA
Rohrer	Thomas	MD
Rosenberg	Robert	MD
Rosenzweig	Todd	MD
Rotter	Michelle	MD
Roy	Jeffy	DPM
Rozell	Joseph	MD
Ruben	Richard	MD
Ruhl	Glenn	DPM
Ruleman	Vicky	MD
Runyan	Stephanie	DO
Sabia	Patrick	MD
Sachs	Joan	MD
Sackton	Dana	MD
Samenuk	David	MD
Samples	Jesse	DO
Samuels	Todd	MD
Sanchez	Erin	CRNA
Sanchez	Jason	PA
Santoro	Erika	MD
Sarwar	Akmal	MD

Scheindlin	Benjamin	MD
Schey	Jonah	MD
Schlossberger	Matthew	MD
Schluter	Scott	MD
Schmidt	Adrienne	MD
Schneider	Harry	DPM
Schnipper	Deborah	MD
Schonwald	Alison	MD
Schultz	Eric	DPM
Schultze	Dietrich	MD
Schumacher	Sandra	MD
Schutzman	Sara	MD
Scott	Jordan	MD
Seitelman	Ellen	PA
Sell	Naomi	MD
Servais	Andrew	MD
Seward	Victoria	MD
Shaffrey	Julie	MD
Shah	Neel	MD, MS
Shah	Anushree	LMHC
Shah	Sneha	MD
Shah	Pramodchandra	MD
Shanker	Scott	DO
Shamberger	Brian	PA
Sharma	Malini	MD
Sheth	Nilesh	MD
Shifrin	Anna	MD
Shofner	Joshua	MD
Shurland	Abraham	MD
Siddiqui	Ahmad	MD
Siegel	Julia	MD
Siegenberg	David	MD
Simon	Josef	MD
Sipala	David	DPM
Sleeper	Kristin	MD
Sloper	Kathleen	NP
Sloves	James	MD
Smith	Adam	MD
Smith	Kristin	MD
Smith	Robin	MD
Smoot	David	DO
Sneeringer	Rita	MD
Snyder	Candice	MD
Soccorso	Elizabeth	PCNS
Soderstrom	Evan	MD
Solky	Benjamin	MD

Someswaranathan	Janarthanan	MD
Sorour	Khaled	MD
Spenard	Michael	PA
Spring	Matthew	MD
Srivastava	Anshul	MD
Stanton	Kate	MD
Starkie	Roderick	DO
Staudle	Megan	PA
Ste. Marie	Allison	MD
Steinberg	Robin	MD
Stempek	Michael	PA
Stephens	Sandy	MD
Stevenson	Mary	MD
Stewart	Jane	MD
Stipek	Robert	DPM
Stitt	W. Zoe	MD
Stotsky	Sharon	MD
Strader	Anahi	MD, MS
Straehla	Joelle	MD
Strager	Elizabeth	NP
Streimish	Iris	MD
Subrize	Michael	MD
Sullivan	Anne	MD
Sullivan	Patrick	LMHC
Sullivan	Maura	MD
Sutcliffe	Joan	MD
Suther	Emily	MD
Sutherland	Jiliane	NP, MS, RN
Swan	Benjamin	MD
Swaroop	Sajal	DMD
Sydow	Gregg	MD
Syed	Tanvir	MD
Szolomayer	Lauren	MD
Ta	Timothy	MD
Tahmassian	Ani	MD
Tanden	Rajni	MD
Tanguay	Normand	MD
Tash	Gabriel	PA
Taylor	Joseph	MD
Telfort	Jude	MD
Thacker	Vasant	MD
Thacker	Neelam	MD
Tharaud	Rebecca	MD
Thou	Sockviechhea	NP
Tierney	Christina	MD
Tillmanns	Regine	MD

Toce	Michael	MD
Toczyłowski	Sarah	CRNA
Tomich	John	MD
Toran	Richard	MD
Tracy	Lauren	MD
Tsao	Kailenn	MD
Tseng	Irene	MD
Tsirozidou	Irene	MD
Turissini	Carl	MD
Turner	James	MD
Tzur	Lih	MD
Urman	Sergey	MD
Valdez Arroyo	Sherley	MD
Vanisky	Edward	DMD
Vecchione	Michael	DO
Venter	Jacob	MD, MBA
Vernaglia	Paul	MD
Vezeridis	Peter	MD
Villegas	Kristine	MD
Vineberg	Sabrina	MD
Vitale	Laura	MD
Vitiello	Danielle	MD
Voskoboynik	Berenika	MD
Wagoner	Kristen	NP
Walker	Brian	MD
Wallace	Frances	MD
Wallman	Daniel	MD
Walsh	William	MD
Walsh Condon	Marie	MD
Wang	Miaoyuan	MD
Ward	Emine	MD
Warren	Robert	MD
Watkins	Ammara	MD
Waugh	Robert	MD
Weinschenk	Nancy	MD
Weiss	Robert	MD
Welch Marsh	Elizabeth	MD
Weld	Rose	MD
Westrin	David	NP
Whelton	Megan	MD
Whitledge	James	MD
Widtfeldt	Randy	PA
Wiechert	Andrew	MD
Wild	Jackson	CRNA
Witkin	Andre	MD
Wolfe	Maryalice	MD

Wong	Edward	MD
Workman	Tom	MD
Wu	Katherine	MD
Yang	Wei	MD
Yapundich	Robert	MD
Yarchim	Dolma	DO
Yee	Christina	MD
Yeh	Peter	MD
Young	Brett	MD
Younghein	John	MD
Yumasi	Vivienne	MD
Zaganjori	Suzanna	CRNA
Zahner	Evan	MD
Zaslow	Michael	MD
Zhang	Ying Yi	MD
Zhou	Youqin	MD
Zimmer	Wendy	MD
Zitkovsky	Dana	MD
Zlotina	Anna	MD
Zohn	Lee	DC
Zuckerman	Deborah	MD
Zurkiya	Omar	MD

Updated 04/2024

**Appendix 6
 Public Access
 to Documents**

Information on the WH Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and the WH Credit and Collection Policy will be made available to patients and the community served by WH through a variety of sources, free of charge:

1. Patients and Guarantors may request copies of all documents pertaining to Financial Assistance and Credit and Collections, and may request assistance in completing both the Financial Assistance and Medical Hardship Applications, via phone, mail or in person at:

Lahey Hospital & Medical Center
 Financial Counseling
 41 Burlington Mall Road
 Burlington, MA 01803

2. Patients and Guarantors may download copies of all documents pertaining to Financial Assistance and Credit and Collection Policy via the WH public website:

<https://www.winchesterhospital.org/my-visit/insurance-billing--records/financial-assistance>

The Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and Credit and Collection Policy will be translated into any language that is the primary language spoken by the lessor of 1,000 people or 5% of the residents in the community served by WH.

WH has posted notices (signs) of availability of Financial Assistance as outlined in this policy in the following locations:

1. General admissions, patient access, waiting/registration areas, or equivalent, including, for the avoidance of doubt, the emergency department's waiting/registration area;
2. Waiting/registration areas or equivalent of off-site hospital-licensed facilities; and
3. Patient financial counselor areas.

Posted signs are clearly visible (8.5" x 11") and legible to patients visiting these areas. The signs read:

FINANCIAL ASSISTANCE NOTICE

The Hospital offers a variety of financial assistance programs to patients who qualify. To find out if you're eligible for assistance with your hospital bills, please visit our Financial Counseling Office in the Main Lobby of Lahey Hospital & Medical Center at 41 Mall Road in Burlington, MA or call 781-744-8815 for information about the various programs and their availability.

Policy History

Date	Action
September 2016	Policy approved by the Board of Trustees
July 2020	Provider List Updated
August 2020	Revised Policy approved by BILH EVP/CFO and WH Board Treasurer as Authorized Body of the Board
April 2024	Revised Policy approved by BILH EVP/CFO and WH Board Treasurer as Authorized Body of the Board