



Facility Name:	Mercy Revenue Cycle	
Policy / Procedure:	MRC PSERV Financial Assistance Program Policy_Hospital and Health Services	
Original Effective Date:	7/1/2007	
Version Effective Date:	8/27/24	
Approved:	Garrett Kates (Exec Dir-Pat Receivables Mgmt)	Date: 02/06/2026

## PURPOSE

To identify and provide assistance to patients that are financially or medically indigent and demonstrate an inability to pay emergency or other for medically necessary care provided to them or their dependents who qualify under the eligibility guidelines and evaluation processes defined in this policy.

In addition, this policy will define and describe the following:

- Eligibility criteria for financial assistance
- The basis for calculating Amounts Generally Billed (AGB) to patients eligible for financial assistance under this policy
- The method by which patients may apply for financial assistance
- The AGB limit on the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the AGB
- The actions that may be taken in the event of nonpayment
- The process for determining presumptive eligibility
- List of provider departments covered by this hospital financial assistance policy

## POLICY

Mercy affirms and maintains its commitment to meet the health and medical needs of our communities in a manner consistent with our Mission, Vision, and Core Values. Mercy reserves the right to define, interpret, and revise the criteria which yield a determination of financial assistance.

Mercy will use financial counseling, point of service screening, patient attestations, and/or a third-party tool as soon as practical during the intake and/or billing process to identify patients that may qualify for financial assistance for care at the facilities identified in this policy.

Mercy grants financial assistance to patients for emergency and other medically necessary care based on need. The Federal Poverty Guidelines, which consider household income and household member size, are used in determining the level of financial assistance available. Financial assistance income ranges will be reviewed annually with the release of the Federal Income Poverty Guidelines and updated in the Mercy policy.

Patients who qualify for financial assistance will not be required to pay more for emergency or other medically necessary care than amounts generally billed to individuals receiving care at Mercy who



have insurance covering such care. The amount generally billed to individuals who have insurance is established as a percentage discount based on a look back method that considers discounts allowed to Medicare fee-for service and all private health insurers that pay claims to Mercy hospital facilities. Patients who qualify for financial assistance will not be asked to pay more than 21% of the patient's liability. A determination of financial assistance will be a financial assistance benefit of no less than 79% of the patient's liability, effective for a period of 6 months for patient's that have been approved through a verbal or written application. See Amount Generally Billed (AGB) under section VIII.

Mercy will provide information regarding the Financial Assistance Program in the community via patient statements, signage and brochures in patient access areas and/or in the area of treatment. The paper Financial Assistance Application and Policy are available in both English and other languages prevalent in the area and can be requested from a provider's office, facility registration, Customer Service, or obtained on [www.mercy.net/fa](http://www.mercy.net/fa).

- Completed applications for financial assistance can be returned to:

Mercy Health  
Attention Financial Assistance  
2115 S Fremont Avenue, Suite 5300  
Springfield, MO 65804

Fax: 417-829-4604

**Mercy Health:** Questions about the financial assistance policy may be directed to Mercy Health customer service 855-420-7900.

**Mercy Hospital Pittsburg:** Questions about the financial assistance policy may be directed to Mercy Health customer service 844-962-7474.

- Completed applications for services performed at Mercy Hospital Southeast and Mercy Hospital Stoddard can be returned to:

Mercy Health  
Attention Financial Assistance  
301 S. Broadview  
Cape Girardeau MO 63703

Questions about the financial assistance policy may be directed to Mercy Health customer service at 888-481-2854 for services performed at Mercy Hospital Southeast and Mercy Hospital Stoddard.



## POLICY DEFINITIONS

***Emergency Care*** – Health care services, including examination and stabilization, provided to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be reasonably expected by a prudent layperson to result in placing the health of the individual in jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

***Medically Necessary Care*** – Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine. Medical necessity according to an individual’s medical coverage is guided under the Financial Assistance Policy. Mercy retains the authority to override an individual’s medical coverage determination based on the discretion of the attending physician. In the event that an individual is uninsured, the determination of Medically Necessary will be made by Mercy, giving consideration to whether the services are clinically appropriate and within generally accepted standards of good medical practice. Medically Necessary excludes non-medical services generally provided for patient convenience or under other benefits including, but not limited to dental, vision, and hearing aid services.

***Household Income*** – Includes but is not limited to earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, and other miscellaneous sources. The household income does not include child support, student loans, and student grants or non-cash benefits (such as food stamps and housing subsidies).

***Third-Party Tool*** – Vendor contracted to provide Mercy with estimated household income information for patients.

***Household Size*** – Number of persons living at same residence

## PROCEDURE

- I. Applications for Financial Assistance
  - a. Types of Applications
    - i. A Financial Assistance Application may be submitted in writing (paper application), verbally (by providing financial information orally), or a combination of both.
      1. **Written applications:** Patients may request a paper application to apply for assistance at any time or find an application on [www.mercy.net/fa](http://www.mercy.net/fa). Information from a Medicaid Application may be used in place of the paper Financial Assistance Application.



2. **Verbal applications:** Patients may apply verbally by expressing interest in financial assistance upon arrival for care, during phone registration, after contact with Eligibility Services or through Customer Service. During the verbal application process, patients will be asked to provide some basic household information to assist Mercy in determining eligibility. A written application will be required in addition to verbal if Mercy's third-party eligibility vendor determines the patient has high-propensity to pay or is unable to derive any information about their financial situation (null return) and/or in the case of discrepancy between the household information provided by the patient and third party tool results, that suggest differing financial assistance discounts.

## II. Insurance Eligibility Screening

- a. Mercy requires patients who qualify for insurance coverage to obtain coverage prior to requesting financial assistance or to complete an Insurance Eligibility Screening. If the Insurance Eligibility Screening indicates a patient may be eligible for Medicaid, the patient must make a good faith effort to obtain coverage.
- b. Insured patients are not required to complete the Insurance Eligibility Screening before applying for financial assistance

## III. Eligibility Determination

- a. Assessment of a patient's financial status will utilize patient answers provided in verbal or written applications, verification of those answers by use of a third party tool, and/or documentation needed to validate current household income, and size of the household.
- b. Mercy uses the Federal Poverty Guidelines as outlined in Exhibit A to determine the level of financial assistance available to the patient.
- c. Mercy will require patients to exhaust all alternate payment options including, but not limited to, local, state, and federal assistance programs (i.e. completing Medicaid Application) and requiring patients to seek in-network care, before considering an application for financial assistance.

## IV. Coverage Period

- a. Patients who apply for financial assistance will be notified of eligibility (approval or denial) for financial assistance via a letter.
- b. If approved, patient will receive the appropriate financial discount on eligible services that were first billed to the patient in the prior 240 days from the date a completed application is submitted to Mercy. In addition, patient will receive the discount for eligible services billed to them for 6 months *from* the date of the approval letter. At the end of 6 months, a patient can request reevaluation or complete a new Financial Assistance Application.
- c. When processing an approved account for financial assistance, all dates of services that qualify for the Financial Assistance Adjustment will be reviewed to identify any personal payments that exceed the patient responsibility. In the event a Financial Assistance



Adjustment will create a credit on a HAR, that credit will be reallocated to any other outstanding Mercy balance prior to consideration of a patient refund.

V. Included and Excluded Services

- a. All Professional Services are excluded from the Hospital and Health Services Financial Assistance Policy unless specifically listed as included. Reference the attached ***Exhibit C*** for a complete listing of included services.
- b. Non-emergent services received by insured patients that are not covered in-network by their insurance plan will not qualify for financial assistance unless their plan offers out-of-network benefits.
- c. Financial assistance will only apply to the patient's liability portion of the charge after all other third-party payments are applied.
- d. Financial assistance will not be granted if account(s) are related to a third-party claim or right of subrogation, such as personal injury claim, lawsuit, workers compensation or probate of an estate.
- e. Financial assistance will be applicable only to eligible balances billed under a Mercy tax identification number (TIN).
- f. Patients who have insurance coverage are required to comply with all pre-authorization requirements as stipulated by their insurance provider. Failure to adhere to these requirements may result in the denial of coverage for the associated services.
  - i. Patients who do not fulfill the necessary steps for pre-authorization, as required by their insurance provider, will not be eligible for financial assistance or charity care for those specific services. It is the responsibility of the patient to ensure that all pre-authorization requirements are met prior to receiving services.

VI. Presumptive Financial Assistance

- a. Striving to identify those of greatest financial need, Mercy will utilize a third-party-tool to identify patients that are at or below 200% of the Federal Poverty Guidelines with low propensity to pay. Mercy will grant these patients financial assistance presumptively, without the requirement of an application.
- b. Front-End Presumptive
  - i. Patients may receive financial assistance (without applying) *at the time their balance drops to self-pay*, if the third-party tool used to evaluate their FPL and Propensity to Pay deems they are less than or equal to 200% of the FPL and their ability to pay is low which will identify the patient as eligible for a 100% charity adjustment to that individual encounter.
- c. Back-End Presumptive
  - i. Patients may receive financial assistance (without applying) *prior to bad debt agency placement* if their financial situation (per third-party tool) changed (and now qualified) since time their balance dropped to patient responsibility and was originally assessed. The same criterion will be used: the FPL is 200% or lower and their ability to pay is low which will identify the patient as eligible for a 100% charity adjustment to that individual encounter



- d. Insurance Eligibility Screening
  - i. While insurance screening is not required for uninsured patients prior to receiving presumptive financial assistance, if at any time it is identified a patient may qualify for a payor coverage, it is expected the patient make all efforts to obtain coverage when possible.
- e. Eligibility Determination
  - i. See section III above.
  - ii. Furthermore, if a patient has alternate sources of payment (insurance, cost-sharing plans that allow claim submission by provider, co-pay assistance etc.) appropriate claims/requests will be filed and considered by source prior to patient receiving a Presumptive discount.
- f. Qualifying Encounter
  - i. If a patient qualifies for presumptive financial assistance, only that individual encounter will have financial assistance applied.
- g. Included and Excluded Services
  - i. See section V.
- h. Application vs. Presumptive
  - i. If a patient has applied (verbally or written) for financial assistance and also qualifies for a presumptive discount, the presumptive discount will take precedence, giving the patient the highest discount possible.

## VII. Non-Payment

- a. Mercy bills patients for their responsible portion via monthly statements. Patients are responsible for payment of their accounts. Patients receiving financial assistance are responsible for making payment arrangements on their remaining account balances within the statement period. To prevent collection action, Mercy has financial counselors and customer service representatives available to assist in setting up payment options Monday through Friday, during business hours as noted on the statement.

## VIII. Amounts Generally Billed

- a. Mercy will use a look-back method for determining the amount generally billed (AGB). Under this method, a percentage discount is calculated annually on allowed claims for emergency and other medically necessary care provided to patients covered by Medicare fee-for-service and private health insurers over the last 12 months. Patients who qualify for financial assistance will not be required to pay more than the amount generally billed to individuals receiving care at Mercy who have insurance covering such care. Mercy will limit the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than the annually calculated AGB percentage.
- b. The AGB percentage will be calculated for each hospital and updated annually. Mercy will identify the lowest AGB calculation from the individual hospital facilities and apply



this AGB percentage all hospital facilities covered within this policy. (See Exhibit D)

- IX. Mercy Hospital Pittsburgh, identified by Taxpayer Identification Number (TIN) 99-1489524, will extend Mercy's financial assistance to services rendered from September 1, 2024, onward. Patients currently approved under Ascension's financial assistance policy must reapply through Mercy's financial assistance program. Upon approval, coverage will apply to services provided from September 1, 2024, in accordance with Mercy's coverage period.

## EXCEPTIONS

- I. National Health Service Clinics (NHSC): A separate policy and application is designated for services received at the NHSC designated locations. The NHSC Application does not include any use of a third-party tool and patient financial situation is assessed solely based on the documents requested or as described in the policy. For these balances, the *NHSC-specific* application should be submitted by the patient. Patients requesting financial assistance consideration for Mercy services received outside the NHSC location as well will not be required to fill out both NHSC and standard Mercy applications, rather only standard Mercy financial assistance approval process should be followed (traditional Financial Assistance Application, may be taken over phone etc.).
- a. For patients submitting both NHSC and Non-NHSC balances for consideration, the financial assistance discount percentage determined by the Mercy financial assistance screening and approval process will be applied to both NHSC and Non-NHSC balances.
  - b. In the event a patient is granted financial assistance through a NHSC application process, and later receives services outside the NHSC location, Mercy will apply the NHSC financial assistance percentage determination to the appropriate Mercy balances for the remainder of the approved period, unless a significant variance in approval percentage is noted.
  - c. If a Non-NHSC balance does not qualify for financial assistance, the NHSC balance will be considered separately.
- II. Community Clinic Services: Other community clinic financial assistance programs supersede the Mercy Hospital and Health Services Financial Assistance Policy, except for the NHSC identified locations where the above exception will apply. Otherwise, reference local community policies.
- III. Patients on Spenddown: Mercy will utilize state verified spenddown information to impute the patients' household income to determine if a patient qualifies for financial assistance.



- IV. Mercy Hospital JFK Clinic: Financial assistance guidelines for JFK patients are defined in Exhibit B. Patients wishing to apply for financial assistance related to services received at a JFK clinic will need to fill out the JFK Clinic Patient Financial Assistance Application rather than the standard Mercy Financial Assistance Application. Patients presenting at JFK clinics will not be evaluated under guidelines outlined in the Presumptive Financial Assistance section (VI.)
- V. Mercy Southwest Missouri Community: Patients presenting for services in the Mercy Southwest Missouri community (which includes: Joplin Hospital, Carthage Hospital, Columbus Hospital, Specialty Hospital Southeast Kansas and Southwest Missouri Community Clinics) will not be evaluated under the guidelines in the Presumptive Financial Assistance section (VI).
- VI. International Financial Assistance Policy: The International Financial Assistance Policy supersedes this policy. See the International Finance Assistance Policy.
- VII. Patient Financial Status – Patients who are incarcerated or homeless and confirmed no other liable party can be billed, will be deemed 100% financial assistance. Bankruptcy accounts upon notification of filing will be deemed 100% charitable. Deceased patients 18 years of age and over will be reviewed by Third Party Vendor and once determined uncollectible, will be deemed 100% charity unless bad debt placement has exceeded 365 days then will be deemed 100% uncollectible bad debt.
- VIII. Revenue Cycle Management- Accounts being managed under a client/third party relationship will be granted financial assistance according to the discount percentage in their own policy, exclusive of Mercy's discount percentage scale.
- IX. Services specified as 'Excluded' in Exhibit C
- X. Mercy Southeast Missouri Community: Patients presenting for services in the Mercy Southeast Missouri community (which includes: Mercy Hospital Southeast, Mercy Hospital Stoddard, Mercy Hospital Stoddard RCH and Mercy Clinic Southeast) will not be evaluated under the guidelines in the Presumptive Financial Assistance section (VI).
- XI. Mercy Hospital Pittsburg: Patients presenting for services in the Mercy Hospital Pittsburg community will not be evaluated under the guidelines in the Presumptive Financial Assistance section (VI).

## **DISTRIBUTION**



- I. Collection Agencies
- II. Financial Leadership
- III. MRM Leadership
- IV. Business Risk and Compliance

#### **EXHIBITS**

- A. Current Year Federal Poverty Guidelines – Current Fiscal Year Financial Assistance Levels
- B. Mercy Hospital JFK Clinic-Financial Assistance Adjustment Guidelines
- C. Included and Excluded Services Listing

#### **ATTACHMENTS**

Financial Assistance Application (English and Spanish) below:

<https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-application-mercy.net-and-clinic.pdf>

<https://www.mercy.net/content/dam/mercy/en/pdf/financial-assistance-program-application-spanish.pdf>



**EXHIBIT A**

**Mercy Financial Assistance Guidelines**

Based on 2026 Federal Poverty Income Guidelines

Family Size				1	2	3	4	5	6	7	8	9	10
Level	% of Poverty Level	Hospital Discount	Physician Discount	Range	Range	Range	Range	Range	Range	Range	Range	Range	Range
I	0 - 200%	100%	100%	\$0.00 - \$31,920	\$0.00 - \$43,280	\$0.00 - \$54,640	\$0.00 - \$66,000	\$0.00 - \$77,360	\$0.00 - \$88,720	\$0.00 - \$100,080	\$0.00 - \$111,440	\$0.00 - \$122,800	\$0.00 - \$134,160
II	201% - 300%	80%	70%	\$31,921 - \$47,880	\$43,281 - \$64,920	\$54,641 - \$81,960	\$66,001 - \$99,000	\$77,361 - \$116,040	\$88,721 - \$133,080	\$100,081 - \$150,120	\$111,441 - \$167,160	\$122,801 - \$184,200	\$134,161 - \$201,240

For family units with more than 10 persons, add \$5,680 to household income range for each additional person. \*Effective 02.01.2026

**EXHIBIT B**

**Mercy Hospital JFK Clinic – St. Louis, MO  
Financial Assistance Adjustment Guidelines**

level	% FPL	Facility Fee	Doctor Fee
I	0-200%	\$ -	\$ 5
II	201-300%	\$ 5	\$ 20

**MERCY HOSPITAL JFK CLINIC - QUALIFIED PATIENTS**

Patients will qualify as an established patient at the clinic if they are uninsured. If they have access to insurance, they are no longer qualified to receive services at the Mercy Hospital JFK Clinic; including children who can qualify for Medicaid.

**EXCEPTIONS**

**Dental**

Dental cleanings for the uninsured are \$30.00 for adults and \$25.00 for children. If restorative work is requested, those services are required to be prepaid.

*\*Please use the Mercy Hospital JFK Clinic Application (English and Spanish) below:*

[https://www.mercy.net/content/dam/mercy/en/pdf/financial\\_assistance\\_application\\_jfk\\_clinic\\_english\\_posted\\_20160915.pdf](https://www.mercy.net/content/dam/mercy/en/pdf/financial_assistance_application_jfk_clinic_english_posted_20160915.pdf)

[https://www.mercy.net/content/dam/mercy/en/pdf/mercy\\_hospital\\_jfk\\_clinic\\_financial\\_assistance\\_application\\_spanish\\_posted\\_20161207.pdf](https://www.mercy.net/content/dam/mercy/en/pdf/mercy_hospital_jfk_clinic_financial_assistance_application_spanish_posted_20161207.pdf)



**EXHIBIT C**

**INCLUDED AND EXCLUDED SERVICES LISTING**

**Included Services**

- All Hospital Services
- Mercy Lab Services
- Mercy Home Care Services
- Mercy Hospice Services
- Mercy Home Infusion Services

**All Professional Services are excluded except for the Professional Services listed below which are included in the Hospital and Health Services Financial Assistance Policy.**

<b>Community</b>	<b>Department</b>	<b>Billing System</b>
Ada	EMERGENCY DEPARTMENT	PB
	SLEEP CENTER	PB
	CARDIOPULMONARY SERVICES	PB
	ULTRASOUND	PB
	RESPIRATORY THERAPY	PB
	HOSPITALISTS ADA	PB
Ardmore	EMERGENCY DEPARTMENT	PB
Aurora	ANESTHESIA	HB
	SLEEP MEDICINE CLINIC	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	ECHO/VASCULAR PF	HB
	SURGICAL ASSISTANTS	HB
Berryville	ANESTHESIA	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	ECHO/BLOOD FLOW PF	HB
	SLEEP MEDICINE PF	HB
	RHEUMATOLOGY CLINIC	HB
Booneville	CRNA ANESTHESIA	HB
	OPERATING ROOM RURAL	HB
	FAMILY MEDICINE RH BOONEVILLE	PB
	FTSMMC FAMILY MEDICINE MAGAZINE	PB
	FTSMMC EMERGENCY MEDICINE BOONEVILLE	PB



Carthage (McCune Brooks)	ER PHYSICIANS	HB
	ANESTHESIA	HB
	OUTPATIENT CLINIC NEUROLOGY	HB
	PAIN THERAPY CENTER	HB
	SURGERY TRAUMA ON CALL	HB
	PEDIATRICS CARTHAGE RHC	PB
	WOMENS HEALTH CARTHAGE RHC	PB
	FAMILY MEDICINE MEDICAL PARK DRIVE	PB
Cassville	ANESTHESIA	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	ECHO/VASCULAR PF	HB
	SURGICAL ASSISTANTS	HB
Fort Smith	EMERGENCY DEPARTMENT	PB
Healdton	ER PHYSICIANS	HB
	PRIMARY CARE HEALDTON	PB
Jefferson	N/A	
Joplin	ER PHYSICIANS	PB
	FAMILY MEDICINE RH NEOSHO	PB
Kingfisher	ANESTHESIA SUPPORT SERVICES	HB
	ER PHYSICIANS	HB
	HYPERBARIC/OP WOUND	HB
	HOSPITALISTS KINGFISHER	HB
Lebanon	EMERGENCY DEPARTMENT	HB
Lincoln	ANESTHESIA	HB
	ER PHYSICIANS	HB
	MERCY HOSPITALISTS LINCOLN	HB
	URGENT CARE CTR-TROY	HB
	EMG PF	HB
	STLMC FAMILY MED 1003 E CHERRY	PB
	STLMC FAMILY MED WINFIELD	PB
	STLMC FAMILY MED ELSBERRY	PB
	STLMC PRIMARY CARE 1165 E CHERRY	PB
	STLMC FAMILY MED 900 E CHERRY	PB
	STLMC PSYCHIATRY 900 E CHERRY	PB
Logan County (Guthrie)	ER PHYSICIANS	HB
	HOSPITALISTS-LOGAN CTY	HB
	WOUND CENTER	HB
	ECHO PF	HB



	OKMC PRIMARY CARE EDMOND I35	PB
	OKMC PRIMARY CARE EDMOND WATERLOO	PB
	OKMC FAMILY MEDICINE RH CRESCENT	PB
	OKMC CONVENIENT CARE RH GUTHRIE DIVISION	PB
	OKMC FAMILY MEDICINE RH GUTHRIE DIVISION	PB
	OKMC OBGYN N MERIDIAN BUILDING C	PB
	OKMC ONCOLOGY HEMATOLOGY COLETTA	PB
	OKMC PULMONOLOGY N MERIDIAN	PB
Maude Norton (Columbus)	CORPORATE HEALTH	HB
	ER PHYSICIANS	HB
Mountain View	ANESTHESIA SERVICES	HB
	ER PHYSICIANS	HB
	HOSPITALISTS	HB
	NEUROLOGY PF	HB
	OCCUPATIONAL MEDICINE PF	HB
	PULMONOLOGY-MT VIEW PF	HB
	ECHO PF	HB
	RESPIRATORY PF	HB
Oklahoma City	EEG	PB
	EMERGENCY DEPARTMENT	PB
	ULTRASOUND	PB
Ozark (Turner)	CRNA ANESTHESIA	HB
	OPERATING ROOM RURAL	HB
	HOSPITALISTS	HB
	FTSMMC EMERGENCY MEDICINE OZARK	PB
Paris (Logan)	CRNA ANESTHESIA	HB
	HOSPITALISTS	HB
	OPERATING ROOM RURAL	HB
	FTSMMC FAMILY MEDICINE PARIS RHC	PB
	PR SAR URGENT CARE	PB
	PR SAR EMERGENCY DEPARTMENT	PB
Perry	Anesthesia	HB
	EKG	HB
	EMERGENCY DEPARTMENT	HB
	Hospitalist	HB
	Radiology	HB
Rogers	N/A	
Springfield	ER PHYSICIANS	HB
	MOBILE HEALTH BUS	HB



Cape Girardeau (Southeast)	N/A	
South (formerly SAMC)	ER PHYSICIANS	PB
	URGENT CARE PHYSICIANS	HB
St Louis	STLMC EMERGENCY MEDICINE ST LOUIS	PB
	STLMC ED CLINICAL DECISION UNIT	PB
	URGENT CARE PHYSICIANS	HB
	STLMC HOSPITAL JFK CLINIC	PB
	STLMC HOSPITAL JFK BEHAVIORAL HEALTH CLINIC	PB
	STLMC CHILDRENS AUDIOLOGY OLIVE MASON	PB
	STLO INTEGRATIVE MED AND THRPY SVCS CLYNTN CLRKSN	PB
	STLO INTEGRATIVE MED AND THRPY SVCS OLIVE	PB
	STLO INTEGRATIVE MED AND THRPY SVCS TESSON	PB
	STLO INTEGRATIVE MED AND THRPY SVCS CANCER CENTER	PB
	STLMC WOMEN'S HEALTH TOWER B STE 1017	PB
	STLMC AUDIOLOGY HEARING AID CENTER BALLAS	PB
	STLMC AUDIOLOGY HEARING AID CENTER	PB
	STLMC AUDIOLOGY HEARING AID CENTER OFALLON	PB
Stoddard	N/A	
Tishomingo	ER PHYSICIAN	HB
	HOSPITALISTS - TISHOMINGO	HB
Waldron (Scott County)	CRNA ANESTHESIA	HB
	ENDOSCOPY PF	HB
	OPERATING ROOM RURAL	HB
	FAMILY MEDICINE RHC MANSFIELD	PB
	FAMILY MEDICINE RHC WALDRON	PB
Washington	EMERGENCY MEDICINE WASHINGTON	PB
	URGENT CARE PHYSICIANS LEGENDS PKWY	HB
	HOSPITAL WASH MCAULEY DENTAL HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY ADULT HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY WOMENS HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY BEHAVIORAL HEALTH SVCS	PB
	HOSPITAL WASH MCAULEY CHILDRENS HEALTH SVCS	PB
Watonga	ER PHYSICIANS	HB
	HOSPITALISTS - WATONGA	HB



## **Excluded Services/Discounts**

### **NON-HOSPITAL SERVICES**

- Residential Services (Note: Swing Beds are Eligible for Financial Assistance)
- Retail Pharmacy
- Optical Shop
- Private Duty Nursing
- Corporate Health
- All Professional Services Not Specifically Listed as Included

### **NOT MEDICALLY NECESSARY**

- Cosmetic
- Cardiac and Pulmonary Rehab Phase III
- Hearing Aids
- Driving Assessments

### **OTHER DISCOUNTS**

- Special Pricing arrangements (package pricing) do not qualify for Financial Assistance.
- An account cannot receive both an Uninsured Discount and Financial Assistance. If Financial Assistance granted, Uninsured Discount will be reversed.



**Exhibit D**  
**AMOUNTS GENERALLY BILLED**

<b>Facility</b>	<b>AGB %</b>
Jefferson	27
South (formerly SAMC)	30
Saint Louis	30
Lincoln	36
Washington	26
Aurora	41
Berryville	34
Cassville	41
Lebanon	34
Springfield	27
Saint Francis	42
Ada	29
Ardmore	28
Healdton	55
Kingfisher	54
Logan County (Guthrie)	43
Oklahoma City	27
Tishomingo	56
Watonga	56
Bonneville	42
Fort Smith	29
Ozark (Turner)	43
Paris (Logan)	42
Waldron (Scott County)	41
Berryville	34
Northwest Arkansas	25
Joplin	26
Maude Norton Columbus	70
Southeast Kansas	21
Carthage McCune Brooks	36
Cape Girardeau (Southeast)	25
Stoddard	28