

**Mount Sinai Hospitals Group, Inc., The Mount Sinai Hospital, Beth Israel Medical Center,  
The St. Luke's Roosevelt Hospital Center, The New York Eye and Ear Infirmary and  
South Nassau Community Hospital**

**Financial Assistance and Billing and Collections Policy**

**Statement of Purpose**

The Mount Sinai Hospitals Group, Inc. ("MSHG"), The Mount Sinai Hospital, Beth Israel Medical Center, The St. Luke's Roosevelt Hospital Center, the New York Eye & Ear Infirmary and South Nassau Community Hospital (collectively the "MSHG Member Hospitals") recognize that many of the patients served in the MSHG Member Hospitals may be unable to access quality health care services without financial assistance. This Financial Assistance and Billing and Collections Policy (the "Policy") was developed to ensure that the MSHG and the MSHG Member Hospitals continue to uphold their mission of providing quality health care to the community, while carefully taking into consideration the ability of the patient to pay, as applied in a fair and consistent manner.

**Definitions**

**"MSHG Member Hospitals"** means Beth Israel Medical Center ("BIMC"), The St. Luke's-Roosevelt Hospital Center ("SLR"), The New York Eye and Ear Infirmary ("NYEEI"), South Nassau Community Hospital (MSSN) and The Mount Sinai Hospital ("MSH").

**"MSHG Member Hospital Facilities"** or **"Hospital Facilities"** means those facilities that are a part of either BIMC, SLR, NYEEI, MSSN or MSH, that are licensed by New York State to operate as "Article 28" hospital facilities and that are listed in the appendix of this Policy.

**"Emergency Medical Care"** means care provided by the MSHG and or the MSHG Member Hospitals, at any of the MSHG Member Hospital Facilities, for emergency medical conditions.

**"Financial Assistance Application Period"** means the period during which the bill is unpaid and active.

**"ISMMS"** means the Icahn School of Medicine at Mount Sinai.

**"Medically Necessary Care"** means items and services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

**Policy Administration**

The Mount Sinai Department of Patient Financial Services has ownership, control, and responsibility for administration of this Policy. Patients who need assistance with the financial assistance application process should contact:

- **BIMC and SLR**: Patient Financial Services, 1111 Amsterdam Avenue, New York, New York 10025, (212) 523 4674, Attn: Hiram Martinez
- **NYEEI**: NYEEI Admitting Department, 310 East 14<sup>th</sup> Street, New York, New York 10003, (212) 979 4115, Attn: Brian Goldstein

- **MSH, MSQ and REAP**: Patient Financial Services, One Gustave L. Levy Place, Box 6000, New York, New York 10029, (212) 731 3100, Attn: Kenneth Johnson
- **MSSN**: Mount Sinai South Nassau, One Healthy Way, Oceanside, NY 11572  
Attn: John Stryka

## **Policy**

It is MSHG and MSHG Member Hospital policy that patients who meet the eligibility criteria and apply for financial assistance as set forth herein will receive financial assistance for Emergency Medical Care and other Medically Necessary Care rendered in the MSHG Member Hospital Facilities by the MSHG and the MSHG Member Hospitals themselves (including providers employed by or contracted directly by the MSHG Member Hospitals).

In addition, as set forth in this Policy and in the Appendices to this Policy, patients who meet the eligibility criteria set forth in this Policy and apply for financial assistance as set forth herein may be entitled to receive financial assistance for Emergency Medical Care and other Medically Necessary Care rendered in the MSHG Member Hospital Facilities by providers who are directly employed by or contracted by ISMMS.

## **Eligibility Criteria for Financial Assistance Under This Policy**

**Eligibility for Emergency Medical Care**: Patients may be eligible for financial assistance for Emergency Medical Care under this Policy if:

- Their primary residence is located in the State of New York; and
- Their annual income does not exceed 400% of the current Federal Poverty Guidelines; and

**Eligibility for non-emergency Medically Necessary Care**: Patients may be eligible for financial assistance for non-emergency Medically Necessary Care under this Policy if:

- Their primary residence is located in the City of New York (MSSN includes Nassau and Suffolk Counties); and
- Their annual income does not exceed 400% of the current Federal Poverty Guidelines; and

Patients are **ineligible** for financial assistance for Emergency Medical Care or other non-emergency Medically Necessary Care under this Policy if:

- False information was provided by the patient or responsible party; or
- The patient or responsible party refuses to cooperate with any of the terms of this Policy; or
- The patient or responsible party refuses to adhere to their primary insurance requirements.

## **Services For Which Financial Assistance Is Or May Be Available Under This Policy**

Financial assistance is available under this policy for Emergency Medical Care and other Medically Necessary Care rendered in the MSHG Member Hospital Facilities by either: **(1) the MSHG; or (2) the MSHG Member Hospitals (including providers employed by or contracted**

**by those hospitals**). Appendices A – E to this Policy contain lists that set forth, for each MSHG Member Hospital: (1) the names of all of the providers and entities (as appropriate) that provide Emergency Medical Care and/or Medically Necessary Care in each such MSHG Member Hospital; (2) the affiliation and/or employment status of each such provider; and (3) the extent to which, if at all, financial assistance under this Policy is available for such services provided by those providers.<sup>1</sup> These Appendices can be accessed online at [www.hospitalassistance.org](http://www.hospitalassistance.org), or can be obtained in hard copy upon request to any of the offices listed in the covered facilities appendix or download at [www.hospitalassistance.org](http://www.hospitalassistance.org)

Financial assistance **may** be available under this Policy for certain Emergency Medical Care and other Medically Necessary Care rendered in the MSHG Member Hospital Facilities that is billed to patients **by providers who are either directly employed by or contracted by ISMMS**, depending on the nature and scope of the services at issue and the patient's eligibility for financial assistance. The Appendices to this Policy contain information regarding the extent to which, if at all, financial assistance is available for such services rendered at the MSHG Member Hospital Facilities by ISMMS providers; additional information regarding whether or not financial assistance is available under this Policy for services rendered at the MSHG Member Hospital Facilities by ISMMS providers may be available at [www.hospitalassistance.org](http://www.hospitalassistance.org).

### **Services For Which Financial Assistance Is Not Available Under This Policy**

Financial assistance is **not** available under this policy for the following types of care and services:

- Non-medically necessary services (including but not limited to cosmetic surgery, cosmetic contact lenses, and/or sleep study services);
- Discretionary charges (including but not limited to private rooms, private nurses, TV);
- Research related services; and
- Unless otherwise noted herein or in the Appendices to this Policy, services rendered in the MSHG Member Hospital Facilities by providers who are not employed by or directly contracted by the MSHG or the MSHG Member Hospitals (see the Appendices to this Policy to determine the extent to which, if at all, financial assistance is available under this Policy for services rendered at the MSHG Member Hospital Facilities by your particular provider).

### **MSHG Member Hospital Facilities To Which This Policy Applies**

This Policy and the financial assistance provided under this Policy is available only for Emergency Medical Care and other Medically Necessary Care rendered by qualifying providers at the following hospital facilities (the "MSHG Member Hospital Facilities"):

- **Mount Sinai Beth Israel Facilities:** <sup>1</sup> *(replace with a hyperlink to point to uploaded file)*
- **Mount Sinai Beth Israel Brooklyn Facilities:** *(replace with a hyperlink to point to uploaded file)*
- **Mount Sinai Hospital Facilities:** *(replace with a hyperlink to point to uploaded file)*
- **Mount Sinai St. Luke's Roosevelt Facilities:** *(replace with a hyperlink to point to uploaded file)*
- **New York Eye and Ear Infirmary of Mount Sinai Facilities:** *(replace with a hyperlink to point to uploaded file)*
- **Mount Sinai South Nassau:** *(replace with a hyperlink to point to uploaded file)*

<sup>1</sup> Notwithstanding the foregoing, financial assistance is not available under this Policy for services provided at the Phillips Ambulatory Care Center of BIMC (“PACC”) or any other “mixed use” Article 28 facilities that are operated by the MSHG or any of the MSHG Member Hospitals that are not provided under those hospitals’ respective Public Health Law Article 28 Licenses

### **Specific Financial Assistance Available Under This Policy**

A patient who is determined to be entitled to financial assistance for Emergency Medical Care or other Medically Necessary Care under this Policy is entitled to a discount in accordance with the Sliding Fee Scale Discount Table attached as Appendix E (the “Discount Table”).

A patient who is determined to be entitled to financial assistance for Emergency Medical Care or other Medically Necessary Care under this Policy will not be charged more for hospital services than the amount generally billed by the applicable MSHG Member Hospital for such Emergency Medical Care or other Medically Necessary Care Consistent with federal regulations, the MSHG Member Hospitals set the amount generally billed at the total amount the Medicare fee- for-service program would allow for the care (i.e., the amount Medicare and the Medicare beneficiary together would pay for the care). Any uninsured patient deemed eligible under this policy will have their fees reduced to the applicable proration using the New York State Medicaid Program as the base rate. Underinsured patients will have a separate proration applied as established under New York Law

All **uninsured** patients are presumptively eligible for the lowest level of discount available under the Discount Table for Emergency Medical Care and other Medically Necessary Care provided by the MSHG Member Hospitals themselves (including providers who are employed by or contracted directly by the MSHG Member Hospitals). The MSHG Member Hospitals will notify such patients that they may apply for additional assistance available under this Policy. Eligibility for Deductible and copays will be available for assistance congruent with the guidelines established under the regulations.

Underinsured patients will be eligible for assistance so long as they meet the eligibility requirements as established under the Statutes.

Uninsured patients are not presumptively eligible for financial assistance for bills for Emergency Medical Care and other Medically Necessary Care rendered in the MSHG Member Hospital Facilities by providers who are directly employed by or contracted by ISMMS. In order to receive financial assistance for bills for Emergency Medical Care and other Medically Necessary Care rendered in the MSHG Member Hospital Facilities by providers who are directly employed by or contracted by ISMMS, patients must apply for financial assistance (as set forth under this policy) and be determined to be entitled to such financial assistance by the appropriate MSHG Member Hospital.

### **Eligibility/Entitlement Determinations**

Determinations of patient eligibility/entitlement to financial assistance under this Policy will be made by the appropriate MSHG Member Hospitals as listed below.

The MSHG Member Hospitals will determine if a patient has third party coverage. If no third party coverage exists, the MSHG Member Hospitals will determine if the patient is eligible for government insurance programs such as Medicare or Medicaid. Congruent with New York Law,

the patient must apply for coverage under title XIX of the social security act (Medicaid) or another publicly subsidized insurance program if, in the judgment of the member hospital, the patient may be eligible for Medicaid or another publicly subsidized insurance program.

If the patient is eligible for Medicaid under the “Emergency Services Only” coverage, or if the patient is eligible for Medicaid but the patient’s Emergency Medical Care or other Medically Necessary Care is not covered by Medicaid, the patient will automatically be deemed eligible for the highest level of financial assistance available under this Policy or, if the patient is employed, will be given the applicable discount under the Discount Table. No further documentation will be required other than confirmation from the State of New York of the patient’s Medicaid status. If a patient is not eligible for government insurance programs and meets the requirements set forth in this Policy, the patient will be eligible to apply for financial assistance under this Policy.

### **Eligibility Period**

If a patient is approved for financial assistance under this Policy, such eligibility shall not exceed six months commencing on the first day of the month in which services were first delivered or up to the last day of the month of the next “open enrollment period” as established under the Affordable Care Act, whichever comes first. If the patient requires an ambulatory surgery procedure or inpatient hospitalization, the MSHG Member Hospitals will require the patient to recertify the patient’s eligibility for financial assistance under this Policy. The Patient will remain responsible to report any change in circumstances to the facility including but not limited to:

- Income information
- Residence
- Family size

### **How to Apply for Financial Assistance Under This Policy**

Patients may apply for financial assistance under this Policy by completing and submitting a Financial Aid Application form to the MSHG Member Hospital at which the services were rendered, at the following addresses:

- **Mount Sinai Beth Israel (Petrie Campus)**: Department of Patient Financial Counseling, 317 E 17<sup>th</sup> Street, Room 3f05, New York, NY 10003, (212) 844-1914 (p), (212) 844-1771 (f)
- **Mount Sinai Beth Israel (Philips Ambulatory Care Center)**: Department of Patient Financial Services, 10 Union Square East, Room 2030, New York, New York 10003, (212) 844-6041 (p), (212) 844-8401 (f)
- **Mount Sinai Beth Israel Brooklyn**: 3201 Kings Highway, Room 116, Brooklyn NY 11234, (718) 951-2751 (p), (718) 951-2822 (f)
- **Mount Sinai Hospital (New York)**: Department of Financial Counseling, 17 East 102<sup>nd</sup> Street, Room D1-228, New York, New York 10029, (212) 824-7274 (p), (212) 876-7775 (f); Department of Financial Counseling, 1468 Madison Avenue, Room 210, New York, New York 10029, (212) 241-4851 (p), (212) 426-1094 (f); REAP 1405-05 Madison Ave, New York, NY 10029 (212) 423-2800 (p), (212) 534-5721 (F)
- **Mount Sinai Queens**: Crescent Condo, Suite 1D, 23-22 30<sup>th</sup> Road, Long Island City, New York 11102, (718) 267-4369 (p), (718) 726-2967 (f)

- **New York Eye and Ear Infirmary of Mount Sinai**: First Floor, 310 East 14<sup>th</sup> Street, New York, New York 10003, (212) 979-4183 (p), (212) 353-5738 (f)
- **Mount Sinai West** (formerly Roosevelt Hospital): Department of Patient Financial Counseling, 1000 Tenth Avenue, Room 2J, New York, New York 10019, (212) 523-7816 (p), (212) 523-8143 (f)
- **Mount Sinai West (HEAL Center)**: 1000 Tenth Avenue, Room 1M, New York, New York 10019, (212) 523-3900 (p), (212) 636-3806 (f)
- **Mount Sinai St. Luke's**: Department of Patient Financial Counseling, 1111 Amsterdam Avenue at 114<sup>th</sup> Street, Room 1B-105, New York, New York 10025, (212) 523-2552 (p), (212) 523-5620 (f)
- **Mount Sinai St. Luke's (HEAL Center)**: 1111 Amsterdam Avenue, Clark Building, Room 108, New York, New York 10025, (212) 523-3900 (p), (212) 523-3955 (f)
- **South Nassau Community Hospital** : One Healthy Way, Oceanside, NY 11572  
Tel (516) 632-4261

Patients will be required to provide the following documentation with the Financial Aid Application form (documentation must meet the standards of proof applied by Medicaid to Medicaid application documentation):

- Proof of address;
- Proof of Identity;
- Current financial management as evidenced by income verification (wages, disability benefits, compensation benefits, etc. by providing (as necessary):
  - 30 days of the most recent payroll stubs; or
  - Employer letter; or
  - New York State Self-attestation form (see below); or
  - Most current Federal Tax returns with all schedules; AND/OR
  - Letter from the Social Security Administration or the New York State Department of Labor regarding unemployment benefits; AND/OR
  - Letter of support from individuals providing for patient's basic living needs
- Proof of dependents (if claimed); and
- Proof of child support, alimony (if claimed).
- As allowed in Medicaid documentation standards, the New York State Self- attestation form (Currently Form MAP 2050a or any other acceptable form in use at the time of application) may be accepted if the above is not obtainable.

The MSHG and the MSHG Member Hospitals will not deny a patient financial assistance under this Policy based on the patient's failure to provide any information unless the information is specifically requested in this Policy or on the Financial Aid Application form.

### **Deposits**

Any deposit paid by a patient as part of the financial assistance program will be included in the overall discount package.

## **Payment Determination**

When patient has been determined eligible for financial assistance, an appropriate discount will be determined based on the current Discount Table. The patient or responsible party will be notified in writing of eligibility and if eligible and if applicable, asked to sign a payment agreement. A New York State surcharge will be added to all amounts determined to be the patient's responsibility, as appropriate under the Health Care Reform Act. Payment terms shall be compliant with the existing New York State Financial Assistance Law. Payment terms shall not exceed the limits as set forth under the New York State Financial Assistance Law and shall not include interest (all installment plans are interest free). Installment plans (if any) shall not exceed 5% of the head of household gross monthly income in accordance with the New York State Financial Assistance Law for persons who qualify under this policy.

## **Appeals of Eligibility Determinations**

A patient has the right to appeal decisions regarding financial assistance within 30 days of notification of non-eligibility. Appeals can only be submitted based on the following:

- Incorrect information was provided; OR
- A change in the patient's financial status occurred; OR
- Due to extenuating circumstances.

The Departments of Patient Financial Services (as appropriate depending on where the subject services were rendered (see lists below)) will decide appeals in cases as specified above. Appeals should be made in writing (or in person, by appointment) to the following:

- **BIMC and SLR**: Patient Financial Services, 1111 Amsterdam Avenue, New York, New York 10025, (212) 523 4674, Attn: Hiram Martinez
- **NYEEI**: NYEEI Admitting Department, 310 East 14<sup>th</sup> Street, New York, New York 10003, (212) 979 4115, Attn: Brian Goldstein
- **Mount Sinai Hospital, Mount Sinai Queens and REAP**: Patient Financial Services, One Gustave L. Levy Place, Box 6000, New York, New York 10029, (212) 731 3100, Attn: Kenneth Johnson
- **South Nassau Community Hospital**: One Healthy Way, Oceanside, NY 11572  
Attn: Victoria Rizzo

Appeals decisions will be issued within 10 business days of receipt of a patient appeal (i.e., after receipt of letter or an in-person appeal). The DFC, at its discretion, may request that an application or additional appeal be filed for government sponsored benefits as part of the financial aid appeal process.

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## **Follow-Up Information**

Patients are responsible for promptly reporting changes in financial status and/or contact information to the appropriate MSHG Member Hospital. If a patient or responsible party is unable to comply with a signed payment agreement they must contact the appropriate MSHG Member Hospital. If a patient or responsible party defaults on a payment agreement with the appropriate MSHG Member Hospital, the account in question will be considered delinquent and the MSHG

Member Hospital reserves its right to refer the patient's account to an outside collection service, where appropriate, consistent with guidelines set forth in this Policy and with applicable law.

### **Training**

The MSHG and the MSHG Member Hospitals will assure that all staff responsible for engaging or otherwise assisting on the application for services covered by this Policy are trained on this Policy.

### **Actions That May Be Taken In The Event of Non-Payment**

The MSHG and the MSHG Member Hospitals (or other authorized party) may take the following actions in the event that a patient does not pay a bill for medical care:

- Refer the patient to a collection agency, subject to the provisions as noted below.

The MSHG and the MSHG Member Hospitals will not take any of the following actions against a patient who does not pay for Emergency Medical Care or other Medically Necessary Care:

- Selling a patient's debt to another party.
- Reporting adverse information about the patient to consumer credit reporting agencies or credit bureaus.
- Commence any litigation to recover any part the medical debt
- Deferring or denying, or requiring a payment before providing, Emergency Medical Care or other Medically Necessary Care because of a patient's nonpayment of one or more bills for previously provided care covered under this Policy.

### **Limitations on Legal Actions**

The MSHG and the MSHG Member Hospitals will not initiate any legal action for payment for Emergency Medical Care or other Medically Necessary Care provided to a patient until at least 180 days from the date of the first post-discharge billing statement to the patient for the care. Prior to taking any legal action against a patient or against any other individual who has accepted or is required to accept responsibility for the patient's hospital bill, the MSHG and/or the MSHG Member Hospitals will make reasonable efforts to determine whether the patient is eligible for financial assistance under this Policy, as follows:

- Providing the patient with written notice that indicates financial assistance is available for eligible patients, identifies the legal action that the MSHG or MSHG Member Hospital (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such legal action may be initiated that is no earlier than 30 days after the written notice is provided;
- Including with the written notice referenced above a plain-language summary of this Policy;
- Making a reasonable effort to orally notify the patient about this Policy and about how the patient may obtain assistance with the financial aid application process;
- If a patient submits an incomplete application during the Financial Assistance Application Period, providing the patient with a written notice that describes the additional information



and/or documentation required, together with the telephone number and physical location of the hospital office that can provide information about this Policy and assistance with the application process; and

- If a patient submits a complete application during the Financial Assistance Application Period, making a determination as to whether the patient is eligible for financial assistance, and notifying the patient of this determination (including, if applicable, the assistance for which the patient is eligible) and the basis for this determination.

The Mount Sinai Patient Financial Services Department will have final responsibility for determining that the MSHG or the applicable MSHG Member Hospital has made reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy and may therefore engage in legal action against the patient.

If, after the MSHG or the applicable MSHG Member Hospital makes reasonable efforts to determine whether a patient is eligible for financial assistance, the MSHG or the applicable MSHG Member Hospital begins a legal action against the patient, and the patient then submits a financial assistance application before the end of the Financial Assistance Application Period, the MSHG and/or the applicable MSHG Member Hospital will suspend the legal action, determine whether the patient is eligible for financial assistance, and notify the patient of this determination (including any assistance for which the patient is eligible) and the basis for the determination. If the patient is determined to be eligible for assistance, the MSHG or the applicable MSHG Member Hospital will:

- Provide the patient with a billing statement that states what the patient owes for the care, how that amount was determined and how the patient can get information regarding the amount generally billed for the care;
- Refund any amount the patient has paid for the care that exceeds that amount owed, unless the excess is less than \$5; and
- Terminate the legal action.

### **Collection Agency Policy**

The MSHG and the MSHG Member Hospitals instruct all collection agencies that they must follow the principles outlined in this Policy. Any legal actions will be subject to the provisions of this Policy as well as applicable law, and will only be approved in cases where the MSHG and/or the MSHG Member Hospitals determine that a patient has the means to pay outstanding balances.

- At no time will the MSHG and/or the MSHG Member Hospitals force the sale of a primary residence in order to settle a debt.
- No account will be placed with a collection agency to collect on a debt so long as the application for financial assistance is in process.
- Unless otherwise prohibited, no account will be referred to a collection agency without 30 days written notice.
- Except as otherwise permitted under the New York State Hospital Financial Assistance Law, any patient that is eligible for Medicaid shall not be referred to a collection agency for collections.
- Collection agencies shall provide information on how to apply for financial assistance when appropriate.

### **Policy Administration and Maintenance**

The MSHG and the MSHG Member Hospitals will centralize the reporting of the data for decisions rendered under this Policy and document such in the Mount Sinai Department of Patient Financial Services accounting system. Such centralization will be limited only to decisions rendered under the terms of this Policy for the purposes of compliance with the New York State Hospital Financial Assistance Law and Internal Revenue Code Section 501(r). The MSHG and the MSHG Member Hospitals will collect and distribute information to the MSHG and the MSHG Member Hospitals' management teams and Boards of Trustees regarding this Policy. This Policy and the activities described herein are subject to internal audits.

### **Availability of this Policy**

The MSHG and the MSHG Member Hospitals will widely publicize this Policy by:

- Making this Policy, the financial aid application, and a plain language summary of this Policy widely available at [www.hospitalassistance.org](http://www.hospitalassistance.org)
- Offering a paper copy of the plain language summary of this Policy to patients as part of the intake or discharge process;
- Setting up conspicuous public displays (or other measures reasonably designed to attract patients' attention) that notify and inform patients about this Policy in public locations in the MSHG Member Hospital Facilities, including at a minimum in emergency departments and admissions areas, and making paper copies of this Policy, the financial aid application, and a plain language summary of this Policy available, upon request and without charge, in public locations in the MSHG Member Hospitals Facilities, including in the emergency department and admissions area;
- Making paper copies of this Policy, the financial aid application and a plain language summary of this Policy available, upon request and without charge, by mail;
- Notifying members of the community served by the MSHG Member Hospitals in a manner reasonably calculated to reach those members who are most likely to require financial assistance from the MSHG Member Hospitals that the hospitals offer financial assistance under this Policy, and informing them how or where to obtain more information about this Policy, the financial aid application process, and how to obtain copies of this Policy, the Financial Aid Application and the plain language summary of this Policy.
- Including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this Policy and includes the telephone number of the office that can provide information about this Policy and the direct website address where copies of this Policy, the financial aid application and the plain language summary of this Policy can be obtained;

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### **List of Appendices to this Policy**

Appendix A: [List of Providers providing Emergency Care or other Medically Necessary Care at BIMC Hospital Facilities](#)

Appendix B: [List of Providers providing Emergency Care or other Medically Necessary Care at SLR Hospital Facilities](#)

Appendix C: [List of Providers providing Emergency Care or other Medically Necessary Care at NYEEI Hospital Facilities](#)

Appendix D: [List of Providers providing Emergency Care or other Medically Necessary Care at MSH Hospital Facilities](#)

Appendix E: [List of Providers providing Emergency Care or other Medically Necessary Care at MSSN Hospital Facilities](#)

Appendix F: [Discount Table](#)

These Appendices can be accessed online at [www.hospitalassistance.org](http://www.hospitalassistance.org), or can be obtained in hardcopy upon request to any of the Department of Patient Financial Services offices listed herein.

<sup>2</sup> Financial assistance under this Policy is only available for “Article 28” Emergency Medical Care and other Medically Necessary Care rendered by qualifying providers at PACC. Financial assistance is not available under this Policy for non-Article 28 services rendered at PACC. To determine whether particular services rendered at PACC qualify as “Article 28” services, please call the telephone number(s) listed in your statement/bill. As noted, financial assistance under this Policy is only available for “Article 28” Emergency Medical Care and other Medically Necessary Care rendered by qualifying providers at PACC. Financial assistance is not available under this Policy for non-Article 28 services rendered at PACC. To determine whether particular services rendered at PACC qualify as “Article 28” services, please call the telephone number(s) provided in your statement/bill

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