EINSTEIN HEALTHCARE NETWORK
POLICY AND PROCEDURE

Effective Date: 6/30/16
Page 1 of 18

No.: A0291.2
Supersedes: A0291.1

DEPARTMENT: Finance
SUBJECT: Financial Assistance Policy

PURPOSE:

Albert Einstein Healthcare Network ("EHN") has as its primary mission the improvement of the overall health status of the communities it serves. EHN is a system of not-for-profit hospital facilities, ambulatory care centers and primary care physician offices that provides inpatient, outpatient and emergency services to the communities it serves.

EHN is committed to providing high quality and affordable healthcare to all individuals who seek services, including those uninsured individuals who lack the means to pay for such services.

This policy sets forth the guidelines and processes by which uninsured patients are provided Financial Assistance through individual financial counseling, help in seeking federal and state healthcare coverage, providing a discount from established medical care charges and applying for Financial Assistance.

POLICY:

The healthcare facilities and providers that are a part of EHN provide inpatient, outpatient, and emergency services without regard to a patient’s ability to pay. To fulfill its mission of providing compassionate, high quality healthcare to all patients it serves, EHN must maintain financial viability. In order to secure reimbursement of costs for services provided, every effort is made to assist uninsured patients in obtaining health insurance coverage through Medical Assistance, Children's Health Insurance Program or other federal, state or city health care coverage sources.

EHN provides Financial Assistance to those uninsured patients who are unable to pay based upon the eligibility criteria set forth herein. The granting of Financial Assistance will not take into account age, gender, race, social status, sexual orientation or religious affiliation. Patients seeking emergency healthcare services shall be treated without regard to their insurance status or ability to pay for such care.

EHN provides discounts to uninsured patients similar to discounts provided to third party insurance and governmental payors. Such discounts are established at rates which cover or contribute toward the cost to provide the services.

In order to conserve scarce healthcare resources, EHN will seek payment from uninsured patients who do not qualify for Financial Assistance at its discounted rates. It is the policy of EHN to differentiate between uninsured patients who are unable to pay from those who are unwilling to pay for all or part of their care. For an uninsured patient to receive non-emergent care at discounted rates, the patient must make a good faith payment or make an arrangement for payment prior to services being rendered.
SCOPE:

This policy applies to medically necessary health care services provided by all EHN hospital facilities, ambulatory care centers and primary care physician offices and specialty care physician offices. This Policy does not apply to services provided by outside vendors, including, but not limited to physicians that are not employed by an EHN affiliate. Patients seeking a discount for such services should be directed to call the physician or outside vendor directly.

This policy applies to patients who are “uninsured” and does not apply to patients who are “underinsured.” It is not the intent of this policy to provide free or discounted care for insured patient(s) co-payments, deductibles and/or coinsurance.

This policy does not apply to those patients seeking care who reside outside of the immediate service area of EHN’s hospital facilities, ambulatory care centers or primary care physician offices unless the patient has received ongoing care with EHN in the year prior to the date of service (See Attachment I for EHN service area).

Physicians who participate in the Einstein Healthcare Network Financial Assistance Policy including those that deliver emergency or other medically necessary care are employed by Einstein in one of the physician organizations listed below:

- Einstein Community Health Associates (ECHA)
- Einstein Physicians Practices Incorporated (EPPI)
- Einstein Physicians at Montgomery (EPM)

DEFINITIONS:

1. **Financial Counselor** - An individual trained to assist patients in identifying sources of healthcare coverage, determining eligibility for such coverage, and assisting in completing necessary applications. Financial counselors may either be employees of an EHN affiliate or a third party engaged by EHN or one of its affiliates to assist in its billing and collections processes.

2. **Uninsured Patient** - A patient who does not have any third-party health care coverage by either (a) a third party insurer, (b) an ERISA plan, (c) a federal health care program (including without limitation Medicare, Medicaid, SCHIP and TRICARE), (d) Workers’ Compensation, (e) Medical Savings Account, or (f) any other coverage for all or any part of the bill, including claims against third parties covered by insurance to which an EHN entity is subrogated, but only if payment is actually made by such insurance company.
3. **Self-Pay Patient** - Those patients who are Uninsured Patients (as defined above) and who are not eligible for Financial Assistance (as defined below). Self-pay patients are eligible for Financial Assistance at the discounted rate in the Self Pay Fee Schedule.

4. **Financial Assistance** - free care provided to patients who are uninsured for the relevant, medically necessary service and who are ineligible for governmental or other insurance coverage. A patient will be eligible for Financial Assistance or a portion of assistance if the patient’s family income does not exceed up to 400% of the Federal Poverty Level. In the case of those patients who are treated and released from the emergency room and do not complete a Financial Assistance Application, EHN may assume the patient qualifies for assistance if the patient resides in a zip code where the average household income does not exceed up to 400% of the Federal Poverty Level. All expenses incurred as a result of providing healthcare services to those who qualify for Financial Assistance are absorbed by EHN, except for personal charges incurred by the patient such as telephone, television, and other services incidental to their health care services.

5. **Charges** - The hospital facility's full, established price for medical care that it consistently and uniformly charges all patients before applying any contractual allowances, discounts or deductions. This is the amount on a hospital bill that is the starting point to which various contractual allowances, discounts or deductions are applied. It is not the amount that an insured or Financial Assistance eligible patient is expected to pay.

6. **Financial Assistance Self Pay Fee Schedule** – This schedule is the expected payment amount afforded to Self-Pay patients that qualify for Financial Assistance. It represents charges reduced to a level consistent with Medicare payments (Attachment 3).

7. **Immediate Service Area** – For the purposes of this policy, EHN’s immediate service area is defined by the zip codes listed in Attachment (1) to this policy as they pertain to each of EHN’s hospital facilities.

8. **Amount Generally Billed (AGB)** – Amount generally billed by the hospital to insurers for emergency and other medically necessary services. If qualified for Financial Assistance, EHN will apply the appropriate discount to the amount that would have been paid if the patient were a Medicare beneficiary. This is known as the “Prospective Method” of calculating AGB.

9. **Extraordinary Collection Action (ECA)** – Any of several additional actions that EHN may take in order to obtain payment, including legal or judicial actions, selling a patient’s debt to another party, or reporting adverse information against the individual to consumer credit bureaus. Notwithstanding the above, EHN does NOT report outstanding patient liabilities to any/all consumer credit bureaus.
10. **Presumptive Financial Assistance Eligibility** – When adequate information is not provided by the patient, if EHN has other reliable sources, EHN can presume that the patient qualifies for Financial Assistance at the same level as a patient for whom information has been provided.

11. **Medically Necessary Healthcare Services** – Health care services that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is: in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site and duration; and not primarily for the convenience of the patient, treating physician or other healthcare provider.

12. **Emergency Healthcare Services** – Medical screening, examination and evaluation by qualified medical personnel to determine if an emergency medical condition exists. Medical screening and stabilizing treatment will not be delayed to obtain payment or insurance information. If an individual is determined to have an emergency medical condition, treatment will be provided to stabilize the emergency medical condition within the capabilities of the staff and facilities of Einstein or such staff will provide for appropriate transfer of the individual to another medical facility.
## PROCESS SUMMARY:

All uninsured patients, excluding patients applying for Medical Assistance or other governmental support programs, will be deemed Self-Pay.

Self-Pay patients are automatically extended an uninsured discount to rates established in the Self-Pay Fee Schedule.

Self Pay patients who qualify for Financial Assistance are extended a further discount to write off their entire remaining Self-Pay Fee Schedule balance.

## PROCEDURES:

### Registration:

**Uninsured Patient Discount** - At the time of scheduling, pre-registration, or registration (whichever are applicable), the patient will be asked for insurance coverage. The patient will be informed of any co-payments that will be expected at the time of payment.

The financial counselor will assist uninsured patients in obtaining Medical Assistance, Children’s Health Insurance Program, Special Care, COBRA, or other Governmental Health Care Coverage. If the patient is likely to qualify for Governmental Health Care Coverage, the Financial Counselor will assist the patient in applying for appropriate coverage or refer the patient to the local County Assistance Office.

The uninsured patient will be:
1) informed of the discounted Self Pay Fee Schedule;
2) registered as a Self-Pay patient;
3) informed of the availability of Financial Assistance and
4) provided a summary description, “Financial Assistance Program” (Attachment 4).

**Financial Assistance Application** - If the patient wishes to apply for Financial Assistance, he or she will be given or mailed an application. The patient will have up to twelve(12) months post date of service to complete the application. Once the application has been received by EHN, the facility will have thirty (30) days to review and make a determination. If the patient does not wish to apply for Financial Assistance, the patient will be informed of the amount due in accordance with the Self-Pay Fee Schedule at the time of registration. A patient may not qualify for Financial Assistance until he or she has completed the application.

The financial counselor will determine a patient’s eligibility for Financial Assistance by filling out the Application and Worksheet (Attachment 2). Patients whose family incomes are below 400% of
the Federal Poverty Level (according to appropriate family size) will qualify for assistance or a percentage based upon a sliding scale (Attachment 5).

After completing the Financial Assistance Application and Worksheet (including supporting documentation), the patient is expected to return to EHN and meet with a Financial Counselor. The Financial Counselor will assess the application and determine whether the patient qualifies for Financial Assistance or any other Governmental Health Care Coverage.

Patients who do not provide the requested information necessary to completely and accurately assess their financial situation or who do not cooperate with efforts to secure Governmental Health Care Coverage will not be eligible for Financial Assistance.

If a patient is unlikely to qualify for Governmental Health Care Coverage, and the patient does not qualify for Financial Assistance (in accordance with the completed Worksheet), appropriate payment arrangements must be made with the Financial Counselor based upon the Self-Pay Fee Schedule. Should the patient subsequently qualify for Governmental Health Care Coverage or any other health insurance, any payments received will be refunded less any co-payments due.

While qualification for Financial Assistance is ideally determined at the time of service, EHN will continue to review such determinations as potential insurers or other financial resources are discovered during the billing and collection process.

Once a patient has been approved for Financial Assistance, the patient must disclose any change in financial or family situation that may affect eligibility for the assistance. The patient will be asked periodically to disclose any change in status or to update the financial and family information and may be asked to reapply.

**Financial Assistance Eligibility Period** – Once financial assistance has been approved, it is effective for all outstanding patient accounts incurred during the past six (6) months and for all services provided within six (6) months after the approval. Financial assistance may be extended for an additional six months with confirmation of the patient’s income or estimated income and household size. For EHN physician organizations, the assistance is effective for twelve (12) months after the approval.

**Billing and Collection Efforts**

The hospital billing system will reduce charges to the Self-Pay Fee Schedule by posting the difference to an “Uninsured Allowance.” This process is enacted when a final bill is generated.

A first Self-pay final bill is produced showing the Uninsured Allowance. The bill will inform the patient that: (1) all financial arrangements made before, during or shortly after a visit may not be reflected on the first bill, and (2) if the patient is low income and enrolled in a government program
(e.g., Medicare or Medicaid) or without insurance, he or she may qualify for EHN’s financial assistance program.

The following workflow will take place during the billing cycle:

1. While qualification for Financial Assistance is ideally determined prior to, or at the time of service, EHN will continue to review such determinations as other financial resources are discovered during the billing and collection process.

2. After an uninsured patient’s account is reduced to the Uninsured discount or the Financial Assistance discount rate, whichever is applicable, the patient is responsible for the remainder of any outstanding patient liabilities.

3. Patients will receive an initial statement indicating their balance due along with information regarding the availability of financial assistance and who to contact.

4. Self-pay balances go through a pre-collection agency placement process that will entail the mailing of statements or letters and/or phone calls in order to collect payment on open balances.

5. When the open balance accounts complete the pre-collection dunning cycle (>120 days) with no payment or proof of eligibility for financial assistance or other programs, the accounts will be transferred to a professional collection agency. If a financial assistance application and appropriate supporting documents have been submitted and a decision is pending, the account will be held from agency placement.

6. In some cases, a patient eligible for financial assistance may not have been identified prior to sending the account to an external collection agency. Each agency will be made aware of the financial assistance policy and will work with the provider to ascertain patient eligibility as outlined under the policy.

7. No Extraordinary Collection Actions (ECA) may be undertaken during the initial notification period of the 120 days from the first post-discharge billing statement and until such time as a 30 day initiation of ECA notice has been sent to the individual. The 30 day ECA initiation notice must contain the ECA action that the provider intends to undertake and the date at which time this would occur. If the patient submits a financial assistance application, EHN will suspend any ECAs until the patient’s financial assistance eligibility is determined and the patient is informed of their eligibility.

8. After the above-described steps have been taken, EHN may use ECAs with the respect to the patient account of an uninsured and may take further legal action as appropriate. ECAs are
defined in Bad Debt Policy #SP002. A copy can be provided free of charge by contacting Patient Financial Services at (888) 400-5717.

9. If an account is to be referred to an outside agency, that agency must first agree to abide by this Policy in relation to its collection efforts. No external collection agency may engage in ECAs unless authorized by EHN and only by exception. Final authority for determining that EHN has made adequate attempts to inform a patient of the Financial Assistance Policy and may use ECAs rest with the Office of Associate Vice-President, Finance – Patient Financial Services.

Presumptive Financial Assistance Eligibility

1. There are instances when a patient may appear eligible for financial assistance, but there is no form on file due to lack of supporting documentation. Often there is adequate information provided by the patient or through other sources which could provide EHN with sufficient evidence to provide the patient with financial assistance without needing to determine eligibility for medical indigence. This presumptive eligibility, when properly documented, is sufficient to provide financial assistance to patients that qualify.

2. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write-off of the account balance.

3. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

   a. Homelessness or care rendered by a homeless clinic
   b. No income
   c. Participation in Women’s Infants, and Children’s programs (WIC)
   d. Food stamp eligibility
   e. Subsidized school lunch program eligibility
   f. Eligibility for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down)
   g. Family or friends of the patient have provided information establishing the patient’s inability to pay
   h. Low income/subsidized housing is provided as a valid address
   i. Patient is deceased with no known estate
   j. PACE program eligibility
   k. Information from other external sources that support the patient’s eligibility for financial assistance
4. Applicable documentation supporting circumstances being considered is to be provided within thirty (30) days of services rendered.

5. For instances where the patient is not able to complete the application for financial assistance, EHN may grant a 100% discount without a formal request based on presumptive circumstances, approved by the AVP, Finance – Patient Financial Services in accordance with EHN policy.

6. EHN will utilize the EHN Financial Assistance Application Form for Presumptive Eligibility.

7. Individuals shall not be required to complete additional forms or provide additional information if they already have qualified for programs that are operated to benefit individuals without sufficient resources to pay for medically necessary treatment.

8. EHN shall retain a confidential central file by each patient/guarantor containing financial assistance applications, supporting documentation, and eligibility determinations.

Methods for Publicizing the Financial Assistance Policy – see Attachment 6

Non-Emergent Services - During the initial patient encounter, if it is determined that that the patient has no insurance, EHN’s scheduling and registration staff shall inform the patient of the Self-Pay Fee Schedule and availability of Financial Assistance as appropriate. The staff member shall ask what services are being ordered and advise the patient of the expected amount due. The staff member shall also inform the patient that in order for EHN to offer such a discounted price, it is expected that full payment or payment arrangements must be made at time of service.

Except for patients referred for services from Emergency Rooms (as set forth below), patients requesting non-emergent admissions or outpatient services will be scheduled for services when the patient has: 1) provided evidence of insurance coverage; 2) been deemed eligible to receive Medical Assistance or other coverage; 3) made alternate payment arrangements in accordance with the Self-Pay Fee Schedule or 4) qualified for Financial Assistance.

Emergency Healthcare Services and Admission to Inpatient Care - Within one (1) business day following admission, a financial counselor will arrange a meeting with uninsured patients, to be held during the inpatient admission. The financial counselor will work with patients and their families to obtain information necessary to complete a Medical Assistance Application and Financial Assistance Worksheet. If the Medical Assistance application and worksheet cannot be completed during the patient’s admission, the financial counselor will follow up with the patient by telephone and request
additional information. Alternatively, patients may make an appointment with the County Assistance Office to complete the Medical Assistance application.

Medical Assistance applications will be completed and forwarded to the Pennsylvania Department of Public Welfare. If the Medical Assistance application is approved, the patient’s financial status will be updated and Medical Assistance will be billed. If a patient is denied Medical Assistance (or if it is determined that an application is not appropriate), the patient’s case will be reviewed for Financial Assistance. If the patient does not qualify, appropriate payment arrangements must be worked out with the Financial Counselor based upon EHN’s Self-Pay Fee schedule.

**Emergency Healthcare Services and Release** - All individuals will be treated in accordance with the requirements of the Federal Emergency Medical Treatment and Active Labor Act ("EMTALA") and consistent with Einstein’s applicable EMTALA policies.

The Emergency Room Registrar, upon learning a patient has no insurance, shall inform the patient of EHN’s Self-Pay Fee Schedule and availability of Financial Assistance. If the patient wishes to apply for Financial Assistance, the registrar will provide an application. The patient shall be instructed to complete and return the application to the financial counselor. Should the patient decline the financial assistance option, the Registrar shall request from patients without insurance an upfront discounted price which includes both hospital and physician services (Attachment 3). Should the patient be unable or unwilling to pay the discounted price, no further action is taken and treatment proceeds through release of the patient from emergency care.

**Continuing Treatments after Emergency Healthcare Services and Release** - If a Self Pay patient has been referred from the Emergency Room to an EHN clinic, ambulatory care center or other outpatient department for follow-up treatment, the patient will be informed that, at the time of the appointment, payment or a completed Financial Assistance Application will be expected.

Based on the information provided in the completed Financial Assistance Application, eligibility for Medical Assistance or other Governmental Health Care Coverage may also be considered. As applicable, the treating Emergency Department physician will complete the 1663 Employability Assessment Form to be submitted with each patient’s Medical Assistance Application or other governmental sponsored programs.

**Other Continuing Treatments** - Self-pay patients may receive continuing outpatient treatment after the initial outpatient visit or admission only if the treating physician advises the Financial Counselor that such treatment is medically necessary and the patient qualifies for Financial Assistance or the patient has made all payments in accordance with arrangements made with the Financial Counselor.
Policy Responsibility

This policy is the responsibility of EHN Vice-President, Finance.

This policy will be updated when necessary for changes in the Federal Poverty Guidelines. Substantive policy changes will be reviewed and approved by the authorized body of the Board.

Approved by: [Signature]
EHN VP - Finance
Dated: 6/29/16

Approved by: [Signature]
EHN Chief Financial Officer
Dated: 6/29/16

Approved by: [Signature]
EHN President and CEO
Dated: 6/29/16

Policy Owner: [Signature]
EHN VP - Finance

To be reviewed: Every two years.
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FINANCIAL ASSISTANCE APPLICATION

Required Information

Name: ___________________________________________ Date of Birth: __________

Address: _______________________________________

City __________________ Zip Code: _______________________

Primary Phone: ______________ Secondary Phone: ______________

Household Members

Provide Full Name, Relationship, and Date of Birth:

_________________________________________ ______________

_________________________________________ ______________

Accepted Monthly Individual Income

Wages / Salary (before taxes) $________________________

Other:

Social Security: $________________________
Pensions: $________________________
Unemployment: $________________________
SSI: $________________________
Support (Child / Spousal) $________________________
Other: $________________________

Accepted Forms of Income Verification from the past 30 days

- Most recent pay stubs of all working family members listing wages before taxes
- Social Security, SSI, Pension, or Award letters
- Alimony and Child Support
- Unemployment, Worker’s Compensation, or VA benefits

EHN Financial Assistance Contacts:

Einstein Medical Center Philadelphia: (215) 456-7287
Einstein Medical Center Montgomery: (484) 622-1514
Einstein Medical Center Elkins Park/ Moss Rehab: (215) 456-7287

I certify that the information I provided is true and complete. I understand that this information is subject to verification and I will provide any additional information or documentation AEHN may require. Incomplete or inaccurate applications will be denied.

Signed: _____________________________ Date:____________________
### Financial Assistance
#### Self-Pay Fee Schedule

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Self-Pay Fee Schedule</th>
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<tr>
<td>Inpatient Services</td>
<td>100% of the specific Medicare DRG</td>
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<tr>
<td>Outpatient Services</td>
<td>100% of the Medicare Outpatient Fee Schedule which include physician fees.</td>
</tr>
<tr>
<td>Outpatient Surgical Procedures:</td>
<td>100% of the specific Medicare ambulatory surgical fee schedule based on the primary surgical ICD-10 procedure code. The fees are inclusive of hospital-based physician services.</td>
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</tbody>
</table>
| Emergency Room Services         | • Einstein Medical Center Philadelphia/Elkins Park - An all-inclusive price of $300 (includes hospital-based physician services).  
• Einstein Medical Center Montgomery – An all-inclusive price of $400 (includes hospital-based physician services). |
| Physician Services (not included in hospital global rates) | • 200% of the Medical Assistance Professional Fee Schedule |

The above rates will specifically comply with Medicare program Provider Reimbursement Manual requirements on maintaining a uniform charge structure.
FINANCIAL ASSISTANCE PROGRAM

FINANCIAL COUNSELING

Einstein Medical Center – Philadelphia provides financial counseling services to go over your bill and answer any questions you may have.

Hospital stays can be stressful, and at Einstein Medical Center-Philadelphia, we want to help make your experience as comfortable as possible. One way we do that is to offer assistance to patients or families regarding their medical bills and payment options, through our Financial Counseling Program.

WHAT TO EXPECT

When you are admitted to the hospital, we ask for health insurance information. We then verify your coverage and determine if you have deductibles or co-payments. Your ability to pay will in no way affect the quality of your medical care while you are here. Your health insurance company is charged for the services you receive for which they are financially responsible. Charges include:

➢ A daily room rate which covers nursing care, dietary services, housekeeping, laundry, maintenance, medical records, and use of standard hospital equipment.
➢ Charges for additional services ordered by your doctor. These may include operating and recovery room usage, medication and supplies, laboratory, X-ray and therapeutic services.

Physician fees are NOT included on the hospital bill. Each physician and medical consultant who participates in your medical care will send you a separate bill.

FINANCIAL ASSISTANCE PROGRAMS

Einstein Medical Center – Philadelphia routinely assists patients in obtaining insurance. Medical Assistance of Pennsylvania is the most common program. If you are uninsured, a hospital representative will visit you or your family soon after admission. This representative will help you with the following:

➢ Completing the Medical Assistance Application
➢ Gathering necessary financial documents that support your application
➢ Representation at meetings, interviews, or hearings

Qualifying for Medical Assistance is based on income, social security, and disability guidelines. You may qualify only after receiving a medical bill and you may still be required to pay part of your bill.

PAYING YOUR BILL

Before you leave the hospital, we ask that you take care of co-payments and deductibles that are not covered by your insurance plan.

A financial counselor may visit your room to discuss your account and payment options, and to answer any questions about your bill. You can pay any co-pays, deductibles or old balances when the financial counselor visits. You may call our Philadelphia or Elkins Park campuses at (215) 456-7287 to pay your bill or stop at the Financial Counseling Office in the Levy Lobby after discharge. To reach a financial counselor at our Einstein Medical Center Montgomery campus, you may call (484) 622-1514.
As payment, we accept cash, Visa, MasterCard, American Express, Debit Cards and personal checks. If a co-pay or deductible applies and you cannot pay in full when you leave the hospital, the financial counselor can discuss additional payment plan options with you.

We hope you have been pleased with your care at Einstein Medical Center Philadelphia. For further financial information or questions after you leave the hospital, we encourage you to call our Customer Service Department at (215) 456-6000. Thank you.

FINANCIAL ASSISTANCE

Financial Assistance is available to low income patients not qualifying for any state or federally funded programs who live in the area close to Einstein Medical Center Philadelphia and do not have the money to pay for needed medical care. In order to be eligible for financial assistance, you must complete an application and provide the necessary financial information. All of your personal information contained on the application will be held in strict confidence.
## ANNUAL GUIDELINES

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<th>FAMILY SIZE</th>
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<td>$110,190</td>
<td>$110,190</td>
</tr>
<tr>
<td>8 up to</td>
<td>$102,225</td>
<td>$102,225</td>
<td>$122,670</td>
<td>$122,670</td>
</tr>
</tbody>
</table>

For each additional family member: $10,400

## MONTHLY GUIDELINES

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>100%</th>
<th>80% (discount)</th>
<th>70% (discount)</th>
<th>60% (discount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 up to</td>
<td>$2,475</td>
<td>$2,475</td>
<td>$2,970</td>
<td>$2,970</td>
</tr>
<tr>
<td>2 up to</td>
<td>$3,338</td>
<td>$3,338</td>
<td>$4,005</td>
<td>$4,005</td>
</tr>
<tr>
<td>3 up to</td>
<td>$4,200</td>
<td>$4,200</td>
<td>$5,040</td>
<td>$5,040</td>
</tr>
<tr>
<td>4 up to</td>
<td>$5,063</td>
<td>$5,063</td>
<td>$6,075</td>
<td>$6,075</td>
</tr>
<tr>
<td>5 up to</td>
<td>$5,925</td>
<td>$5,925</td>
<td>$7,110</td>
<td>$7,110</td>
</tr>
<tr>
<td>6 up to</td>
<td>$6,788</td>
<td>$6,788</td>
<td>$8,145</td>
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</tr>
<tr>
<td>7 up to</td>
<td>$7,652</td>
<td>$7,652</td>
<td>$9,183</td>
<td>$9,183</td>
</tr>
<tr>
<td>8 up to</td>
<td>$8,519</td>
<td>$8,519</td>
<td>$10,223</td>
<td>$10,223</td>
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</tbody>
</table>

For each additional family member: $867
Einstein Healthcare Network
Policy and Procedure

Financial Assistance (No. A0291.2)
Effective: June 30, 2016

Methods for Publicizing the Financial Assistance Policy:

The following measures are used to publicize this policy to the community and patients. Communication will be written in consumer-friendly terminology and in languages that patients can understand. EHN will provide training to appropriate administrative and clinical staff that interacts with patients about financial assistance availability, how to communicate that availability to patients, and how to direct patients to appropriate financial assistance staff.

a) Community Notification: This policy, application forms and a plain language summary will be made available to the community in English as well as any primary language of populations with limited proficiency in English that constitute the lesser of 5% or 1,000 individuals, whichever is less, of the primary communities served by EHN. These documents will be made available, free of charge as follows:

1. This policy, application forms, and plain language summary will be made available by mail when a patient calls or contacts EHN. Telephone inquiries should be directed to the Financial Counseling department at (215) 456-7287 for Einstein Philadelphia/Elkins Park/Moss Rehab or (484) 622-1514 for Einstein Medical Center Montgomery. Information relating to payment options/plans; or financial assistance for all hospital and physician bills may also be obtained by contacting Patient Financial Services at (888) 400-5717.

2. As part of the intake or discharge process, paper copies of the FAP will be distributed to individuals who are provided care by the facility.

3. In person, without appointment, at the Financial Counseling department located on the first floor of the Levy Building, 5501 Old York Road, Philadelphia, PA 19141 or Patient Financial Services department located on the third floor at 101 East Olney Avenue, Philadelphia, PA 19120.

4. On-line: www.einstein.edu

b) Personal Notification: EHN will use reasonable efforts to notify patients of its Financial Assistance Policy. EHN will notify patients during the revenue cycle processes including, but not limited to: scheduling; pre-registration or registration process; financial counseling during inpatients stays/outpatient encounters; during the billing process and on all patient statements as well as via our external partners responsible for our self-pay liabilities and outsourced customer service center.