

Table of Contents

LHMC Financial Assistance Policy	3
Applicable To	3
References	3
Purpose	3
Definitions	4
Eligibility for Financial Assistance from LHMC	8
Services Not Eligible for Financial Assistance from LHMC	9
Available Assistance	10
Public Assistance Programs	11
Assistance through Health Safety Net	12
Role of the Financial Assistance Counselor	14
Patient Obligations	15
Hospital Financial Assistance	16
Financial Assistance Discounts	18
Financial Assistance Policy	18
Reasons for Denial	20
Presumptive Eligibility	21
Uninsured Discount Amount and Exclusions	21
Emergency Medical Services	22
Credit and Collections	22
Regulatory Requirements	22
Appendix 1: Financial Assistance Application Form	24
Appendix 2: Medical Hardship Application	27
Appendix 3: Discount Chart Based on Income and Asset Thresholds	30
Appendix 4: Amounts Generally Billed (AGB)	30

Appendix 5: Providers and Clinics—Covered and Uncovered	30
Appendix 6: Public Access to Documents	67
Policy History	68

Applicable To This policy applies to Lahey Clinic Hospital, Inc., d/b/a Lahey Hospital & Medical Center and Lahey Medical Center, Peabody (“LHMC,” the “hospital” or the “Hospital”), with respect to the hospitals it operates and any substantially related entity (as defined in the Department of Treasury section 501(r) regulations) and providers employed by or affiliated with LHMC (see Appendix Five (5) for the complete list of providers covered under this policy).

References

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

Purpose

Our mission is to distinguish ourselves through excellence in patient care, education, research and through improved health in the communities we serve.

LHMC

Financial Assistance Policy

LHMC is dedicated to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Emergency Care, Urgent Care, or other Medically Necessary Care based on their individual financial situation. This Financial Assistance Policy is intended to be in compliance with applicable federal and state laws for our service area. Patients eligible for Financial Assistance will receive discounted care received from qualifying LHMC providers. Patients determined to be eligible for Financial Assistance from an affiliated hospital (including Addison Gilbert Hospital; Anna Jaques Hospital; BayRidge Hospital; Beth Israel Deaconess Medical Center; Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Needham; Beth Israel Deaconess Hospital – Plymouth; Beverly Hospital; Lahey Hospital & Medical Center, Burlington; Lahey Medical Center, Peabody; Mount Auburn Hospital; New England Baptist Hospital; and Winchester Hospital) will not be required to reapply for Financial Assistance from LHMC during the Qualification Period.

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

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

Definitions

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

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

Amounts Generally Billed (AGB): AGB is defined as the amounts generally billed for Emergency Care, Urgent Care, or other Medically Necessary Care to individuals who have insurance covering such care. LHMC uses the "Look-Back" method described in 29 CFR § 1.501(r)-5(b)(3) to determine its AGB percentage. The AGB percentage is calculated by dividing the sum of the amounts of all of LHMC's claims for Emergency Care, Urgent Care, and other Medically Necessary Care that have been allowed by private insurers and Medicare Fee-for-Service during the prior fiscal year (October 1 – September 30) (including coinsurance, copays and deductibles) by the sum of the associated Gross Charges for those claims. The AGB is then determined by multiplying the AGB percentage against the Gross Charges for care provided to the patient. LHMC uses only one single AGB percentage and does not calculate a different one for different types of care. The AGB percentage will be calculated annually by the 45th day following the close of the prior fiscal year, and implemented by the 120th day following the close of the fiscal year. Following a determination that an individual is eligible for Financial Assistance under this policy, such individual may not be charged more than the AGB for Emergency Care, Urgent Care, or other Medically Necessary Care.

For more information, see Appendix Four (4).

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

Assets: Consists of: ●Savings accounts

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Homeless: As defined by the Federal government, and published in the Federal Register by HUD: “An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately run shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.” **In-Network:** LHMC and its affiliates are contracted with the patient’s insurance company for reimbursement at negotiated rates.

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

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

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

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

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

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

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

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

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

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

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

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

**Eligibility for
Financial
Assistance
from LHMC**

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

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

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

Services not eligible for Financial Assistance include:

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

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

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

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

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

**Public
Assistance
Programs**

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

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

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

**Assistance
through Health
Safety Net**

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

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

(a) Health Safety Net - Primary

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

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

(b) Health Safety Net – Secondary

Patients that are Massachusetts residents with primary health insurance and MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), between 0 and 300% of the FPL may be determined eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health*

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

(c) Health Safety Net - Partial Deductibles

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

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

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

(d) *Health Safety Net - Medical Hardship*

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

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

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

For Medical Hardship, the hospital will work with the patient to determine if a program like Medical Hardship would be appropriate and submit a Medical Hardship Application to the Health Safety Net. It is the patient's obligation to provide all necessary information as requested by the hospital in an appropriate timeframe to ensure that the hospital can submit a completed application.

**Role of the
Financial
Assistance
Counselor**

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

The hospital will:

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

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

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

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

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

**Patient
Obligations**

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

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

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

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

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

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

**Hospital
Financial
Assistance**

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

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

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

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

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

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

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

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

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

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

**Financial
Assistance
Discounts**

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

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

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

**Financial
Assistance
Policy**

Information regarding LHMC's Financial Assistance Policy, Plain Language Summary and Financial Assistance Application are available, free of charge, on LHMC's website, posted in hospital and clinic locations and will be translated into any language that is the primary language spoken by the lesser of 1,000 people or 5% of the residents in the community served by LHMC. In addition, LHMC references payment policies and Financial Assistance on all printed monthly patient statements and collection letters. Information on the Financial Assistance Policy is available, at any time, upon request.

1. Patients/Guarantors may apply for Financial Assistance at any time during the Application Period.
2. In order to be considered for Financial Assistance, patients/Guarantors are required to cooperate and supply financial, personal or other documentation relevant to making a determination of financial need. A Financial Assistance Application Form can be obtained in any of the following ways:
 - a. On the LHMC public website:
<https://www.lahey.org/lhmc/your-visit/insurance-billing-records/financial-counseling-assistance/>
 - b. In person at the Financial Counseling Unit
41 Mall Road
Burlington, MA 01803
(781) 744-8815
 - c. Call the number above to request a copy to be mailed
 - d. Call the number above to request an electronic copy
3. Patients/Guarantors are required to provide an accounting of financial resources readily available to the patient/Guarantor.

Family Income may be verified using any or all of the following:

- a. Current Forms W-2 and/or Forms 1099
 - b. Current state or federal tax returns
 - c. Four (4) most recent payroll stubs
 - d. Four (4) most recent checking and/or savings statements
 - e. Health savings accounts
 - f. Health reimbursement arrangements
 - g. Flexible spending accounts
4. Prior to evaluating eligibility for Financial Assistance, the patient/Guarantor must show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace, and must provide documentation of any existing third party coverage.
 - a. LHMC financial counselors will assist patient/Guarantors with applying for Medicaid and will subsequently assist those same individuals with applying for Financial Assistance.
 - b. If an individual applies for Financial Assistance during the Federal Health Insurance Marketplace open enrollment, such individual is required to seek coverage prior to LHMC's evaluation of any Financial Assistance Application.

5. LHMC may *not* deny Financial Assistance under this policy based on an individual's failure to provide information or documentation that is *not* clearly described in this policy or the Financial Assistance Application.
6. LHMC will determine final eligibility for Financial Assistance within thirty (30) business days upon receipt of a completed application.
7. Documentation of the final eligibility determination will be made on all current (open balance) patient accounts retroactive to 6 months from the application. A determination letter will be sent to the patient/Guarantor.
8. If a patient/Guarantor submits an incomplete application, a notification will be sent to the patient/Guarantor explaining what information is missing. The patient/Guarantor will have thirty (30) days to comply and provide the requested information. Failure to complete the application will result in the Financial Assistance being denied.
9. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application will remain valid for the Qualification Period for all eligible medical services provided, and will include all outstanding receivables for the previous six (6) months including those at bad debt agencies. Patients who have been determined to be eligible for Financial Assistance by LHMC or an affiliated hospital within the Qualification Period will automatically be considered eligible for hospital Financial Assistance for the 6-month period from the date of that eligibility determination. It is the patient/Guarantors responsibility to notify LHMC of any financial change during the Qualification Period. Failure to do so may result in the loss of eligibility.
10. Patients that are eligible for Financial Assistance will receive a refund for any payments made that exceed the amount the individual is personally responsible for paying.

Reasons for Denial

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

- Sufficient Family Income
- Sufficient Asset level
- Patient uncooperative or unresponsive to reasonable efforts to work with the patient/Guarantor
- Incomplete Financial Assistance Application despite reasonable efforts to work with the patient/Guarantor
- Pending insurance or liability claim

- Withholding insurance payment and/or insurance settlement funds, including payments sent to the patient/Guarantor to cover services provided by LHMC, and personal injury and/or accident related claims
-

Presumptive Eligibility

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

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

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

Uninsured Discount Amount and Exclusions

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

This discount is not available for the following services:

- Cosmetic Services
 - Self-Pay Elect services (services in which there is already a dedicated self-pay fee schedule)
 - Infertility Services
-

- Motor Vehicle Claims
- Gastric Bypass Services absent of a payers determination of medically necessity
- Items such as lens, hearing aids, implants and any other specialty purchased products
- Patient Convenience Items such as overnight stays which are not medically necessary

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

**Emergency
Medical
Services**

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

**Credit and
Collections**

The actions that may be taken by LHMC in the event of non-payment are described in a separate Credit and Collections Policy.

Members of the public may obtain a free copy by:

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

**Regulatory
Requirements**

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

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

Appendix 1
Financial
Assistance
Application
Form

Financial Assistance Application for Charity Care

Please Print

Today's Date: _____ Social Security # _____

Medical Record Number: _____

Patient Name: _____

Address: _____

_____	_____	_____
Street		Apt. Number
_____	_____	_____
City	State	Zip Code

Date of Hospital Services: _____

Patient Date of Birth _____

Did the patient have health insurance or Medicaid** at the time of hospital service?

Yes ☐ No ☐

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

Name of Insurance Company: _____

Policy Number: _____

Effective Date: _____

Insurance Phone Number: _____

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

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

To apply for financial assistance complete the following:

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

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

3.				
4.				

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

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

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

By my signature below, I certify that I have carefully read the Financial Assistance Policy and Application and that everything I have stated or any documentation I have attached is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly submit false information to obtain financial assistance.

Applicant's Signature: _____

Relationship to Patient: _____

Date Completed: _____

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

Support Statement

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

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

Signature: _____

Date Completed: _____

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

Staff Only.
Application Received by:

AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

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

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

Appendix 2
Medical
Hardship
Application

Financial Assistance Application for Medical Hardship

Please Print

Today's Date: _____

Social Security# _____

Medical Record Number: _____

Patient Name: _____

Patient Date of Birth _____

Address: _____

_____	_____	_____
Street	Apt. Number	
_____	_____	_____
City	State	Zip Code

Did the patient have health insurance or Medicaid at the time of hospital service(s)?

Yes ☐ No ☐

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

Name of Insurance Company: _____

Policy Number: _____

Effective Date: _____

Insurance Phone Number: _____

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

To apply for Medical Hardship assistance, complete the following:

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

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

4.				
----	--	--	--	--

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

- Current state or federal income tax returns
- Current W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts
- Copies of all medical bills

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

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

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

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

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

Applicant's Signature:

Relationship to
Patient: _____

Date Completed: _____

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

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

Staff Only.

Application Received by:

AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

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

Appendix 3

Discount Chart

**Based on
Income and
Asset
Thresholds**

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

Financial Assistance Discount for Eligible Patients:

Charity Care

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

Medical Hardship

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

Appendix 4

**Amounts
Generally
Billed (AGB)**

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

LHMC's current AGB percentage based on claims for fiscal year 2023 equals 39.87%.

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

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

Updated 01/2024

Appendix 5

**Providers and
Clinics—Covered
and Uncovered**

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

- *Lahey Hospital & Medical Center, 41 Mall Road, Burlington, MA*
- *Lahey Medical Center, Peabody, 1 Essex Center Drive, Peabody, MA*

- *Lahey Hospital & Medical Center, 20 Wall Street, Burlington, MA*
- *Lahey Hospital & Medical Center, 31 Mall Road, Burlington, MA*
- *Lahey Hospital & Medical Center, 5 Federal Street, Danvers, MA*
- *Lahey Outpatient Center, Lexington, 16 Hayden Avenue, Lexington, MA*
- *Lahey Hospital & Medical Center, 50 Mall Road, Burlington, MA*
- *Lahey Hospital & Medical Center, 67 Bedford Street, Burlington, MA*

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

Last Name	First Name	Middle Name	Title
Aaron	Jacob		MD
Abdalkader	Mohamad	K.	MD
Abel	Gyorgy		MD, PhD
Abelson	Jonathan	S	MD
Aborn	Juliet	Hoss	CRNA
Ackerman	Cara	M.	PA
Ackerman	Joseph	R.	LICSW
Ackroyd	Christine	Mary	NP
Adams	Emily	A.	PA
Adler	Jonathan	Norman	MD
Adler	Christopher	K.	PA
Afnan	Jalil		MD
Aggarwal	Nidhi		MD
Agrawal	Nikhil		MD
Ahari	Heideh	K.	MD
Ahmed	Meher	A	MD
Aime Noel	Tatiana Bernde	C.	MD
Akenroye	Olusola	O	MD
Akmal	Fatima	Noor	DO
Akoad	Mohamed		MD
Albrektson	Joshua	Raymond	MD
Alexander	Sidney		MD
Alghareeb	Rifqa	Kamil Faisal	MD
Alhariri	Ahmad		MD
Al-Husami	Wael	F	MD
Ali	Fatima		DO

Al-Kaabi	Aba		MD
Alonso	Katherine	Rosanne	NP
Alshora	Sama	B.	MD
Alwreikat	Amal	M.	MD
Alwreikat	Amer		MD
Alzate	Jorge	Alejandro	CRNA
Ambrose	Celynne	Fleur	NP
Amerault	Christina	J.	MD
Anand	Namrata		MD
Anastopoulos	Marina	C.	PA
Anaya	Joseph	A	MD
Anderson	Peter	H.	LMFT
Anderson	Stacey		NP
Anderson	Dawn	D	MD
Anderson	Timothy	D.	MD
Andrew	Nathan	Joshua	DO
Andrus	Cory	Parker	PA
Anthony	Claire	Elizabeth	NP
Apetauerova	Diana		MD
Aquino	Patrick	Ross	MD
Ardakani	Navid	A.	MD
Arguello	Bethany	Lepene	PA
Arif	Maham		MD
Arnett	Daniel		MD
Arnold	Melissa	Kyrouz	NP
Arshanskiy	Yevgeniy		MD
Ashby	Jenna	M.	PA
Asselin	Emily	Marie	CRNA
Aurigemma	Philip	H.	MD
Austin	Kimberlyn	Jody	NP
Awobuluyi	Marc	Taiwo	MD
Axelrod	Matthew	J.	MD
Ayer	Melissa	Ann	NP
Ayyagari	Rajasekhara	R.	MD
Bachman	Allanah	Minior	NP
Bagla	Ritu		MD
Baillargeon	Amanda	J.	LICSW
Baker-Bourgeois	Marc	Patrick	CRNA
Bakhit	Mena		MD
Balaguera	Henri		MD
Balesh	Elie	R	MD
Balfour	Erica	B.	PA, MS

Baltus	Marissa	Ellen	MD
Barbaro	Emily		PA
Barker	Jennifer	L.	PA
Barmmer	Matthew	J.	MD
Barouch	Fina	C.	MD
Barreto	Elizabeth		NP
Bartlett	Malorie	Lyn	NP
Bass	Deborah	Stewart	NP
Bassil	Ribal		MD
Batissa Handwork	Gail		NP
Baur	Russell	A.	MD
Baveja	Tarun		MD
Beck	Meredith	G.	MD
Beeson	Donn	K	MD
Bellmont	Laura	Jean	PA
Beloartsev	Arkadi		MD
Benedetti	Julia	Anderson	MD
Benoit	Eric		MD
Benson	Sandra	Gill	PCNS
Benting	Kristin		NP
Berajawala	Snehal	Y.	PA
Berarducci	Michael	C.	MD
Bergman	Keri	A.	LICSW
Berkowitz	Joshua	L.	MD
Bernacet	Doris		NP
Bessette	Patrick	Luke	OD
Betti	James	A	MD
Bevona	Caroline		MD
Bhagavathula	AnnaPurna		LICSW
Bhardwaj	Mahesh		OD
Bhave	Sujata	A.	MD
Bifolck	Eric	Robert	PA
Bilodeau	Kristen	M	NP
Birkett	Tanya	M	MD
Birkett	Desmond	H.	MD
Blaha	Gregory	R.	MD
Blair	Richard	H.	MD
Blanchard	Sydney	Egan	PA
Boatwright	Giuseppina		RD
Bochman	Marisa	M.	MD
Bofarrag	Fadel	A.	MD
Boffetti	Paul	F.	MD

Bohigian	R. Kirk		MD
Bolus	Christopher	C.	MD
Bona	Anthony	David	CRNA
Bonadona	Jorge	M.	PA
Bose	Satrajit		MD
Bouthot	Beth	A.	MD
Bowman	Melissa		PA
Boyd	Rachel	E.	PA
Brabeck	David	M.	MD
Bracken	Mark	E.	MD
Bramlett	Kasey-Jean		PA
Brams	David	M	MD
Brand	Thomas	M.	MD
Braschi Amirfarzan	Marta		MD
Braverman	Igor		MD
Bree	Isabel	Eden	NP
Breen	Elizabeth	Marie	MD
Breiby	Edward	J	PA
Breymer	Lynn	M.	NP
Brice	Amy Elizabeth	J.	MD
Brickley	Sylvana	Adly	NP
Brisebois	Ashley	Elizabeth	NP
Britton-Colonnese	Jennifer	Daniela	NP
Broder	Jennifer	C.	MD
Brody	Joshua	H.	MD
Brooks	Patricia	Ann	NP
Brown	Jessie	Jean	NP
Brown	Megan	D.	DO
Brown	Calvin	A.	MD
Brunner	Katherine	T.	MD
Brunner	Jody	N.	PA
Bruno	Raffaele		MD
Bub	Andreas	W.	MD
Buddaraju	Sunil		MD
Buhaescu	Irina		MD
Bunkartas	Kimberlee	Marie	NP
Burch	Thomas	M.	MD
Burke	Sarah		PA
Burke	Joy	E.	MD
Burke	Chris	S.	MD
Burkholz	Kimberly	J.	MD
Burks	Eric	J.	MD

Burns	Joseph	D.	MD
Burns	David	L.	MD
Bushee	Laura	A.	NP
Butuzov	Nicole	A.	DO
Cabral	Diana	Hope	NP
Cadogan	Laura	S.	DO
Cagnina	Tracy	L.	NP
Caliento	Rae		NP
Callahan	Jennifer	L.	NP
Calnan	Kelly	Ann	NP
Cameron	Ewan	M.	MD
Campagna	Anthony	C.	MD
Campbell	Bruce	B.	MD
Camuso	John	Anthony	CRNA
Cancelliere	Alessandro		MD, PhD
Candia	Susana	C.	MD
Canes	David		MD
Canney	Erica	Lisa	NP
Cannon	Carrie	G.	NP
Capano	Sarah	L	PA
Cappella	Suzanne	Marie	NP
Cargill	Julianne		PA
Carlo	Cherisse	Michelle	NP
Caroff	Daniel	A	MD
Carrasquillo	Robert	J.	MD
Carroll	Catherine	G.	NP
Caruso	Samantha	Faith	NP
Casey	Sarah		NP
Celestin	Nathalie	M	MD
Celiku	Alban		NP
Chabot	Donald	R.	MD
Chabot	Debbie	Lou	NP
Chacko	Shobha	A.	MD
Chamberlain	Benjamin		PA
Chamberland	Tammy	Lynn	NP
Chang	Jeffrey		MD
Chang	Yung	K.	MD
Chang	John	K.	MD
Chatburn	Jennifer	A.	MD
Chatelle	Raphaella	P.	PA
Chaudhry	Ghulam	M.	MD
Chaudrey	Khadija	H.	MD

Chawla	Kunal	K.	MD
Chea	Pauley		MD
Chedid	Christina		CRNA
Chen	Meiling		CRNA
Cherry	Kayla		PA
Cheyuo	Cletus		MD
Chhajed	Gautam	P.	MD
Chi	Amy	K.	MD
Childress	Robin	H.	PA
Chin	Benjamin		DO
Chinyanga-Edouard	Phyllis		NP
Choi	Ellen	E.	MD
Chou	Shinn-Te		MD
Chow	Urey		DO
Chow	Ohn	A	MD
Chow	Stella	Y.	MD
Chun	Jeanette	Y.	MD
Chungu	Carolyn	R.	NP
Cibotti-Granof	Nancy		MD
Ciccone	Kelly	M.	PA
Clair	Brian	W.	MD
Clayman	Jeffrey	O.	MD
Clements	Matthew	Benedict	MD
Clough	Barret	Michael	PA
Clukey	Mark	E.	LICSW
Codier	Louisa		NP, RN
Codier	Louisa		NP, RN
Cohen	Daniel	F.	MD
Colancecco	Michael		DO
Cole	Alexandra	N	MD
Coleman	Mira	Bella	RD
Collins	Meaghan	M	MD
Collins	Timothy		PA
Collins	Carolyn	M.	CRNA
Collins	Kirsten	L.	LMHC
Collins	Jennifer	M.	MD
Come	Carolyn	E.	MD, MPH
Comeau	Jillian	K.	PA
Connell	Brendan	J.	MD
Consolo	Lynda	Lee	PA
Convey	Stephanie	Powers	NP
Conway	Eleana	M.	NP, BS, MS

Coombs	Matthew	Thomas	NP
Cooper	Kathleen	A.	PA
Coppinger	Shauna	Ann	PA
Corbett	Sean	P.	PA
Corey	Craig	J.	NP
Corey	Craig	J.	NP
Corkery	Joseph	C.	MD
Costagliola	Joseph		MD
Cotran	Paul	Ramzi	MD
Courville	Edward	J.	MD
Craig	Anna	J.	PA
Crawford	Betsey	L.	MD
Creighton	Malcolm	A.	MD
Crotty	Kevin	P.	DO
Crowley	Conor		NP
Cruz	Daniel	Esteban	MD
Culbertson	Collin	J.	MD
Cummings	Sakara		NP
Curran	Jessica	Lynn	NP
Cushing	Gary	W.	MD
Cusimano	Maria	Christine	MD, PhD
Dagan	Alon	S.	MD
Daigle	Kristyn		PA
Damiani	Aldo	L	MD
Dana	Nava		MD
Dani	Sourbha	S	MD
Dar	Abdul Qadir		MD
DaSilva	Jaime	Lauren	NP
Dasu	Neethi	Rebekah	DO
Datta	Gouri		MD
D'Augusta	Cathy		NP
Davidson	Heather	L.	MD
Davidson	Heather	L.	MD
Davison	Brian	D.	MD
Dawiskiba	Malgorzata	I.	MD
Dawkins	Lorraine	Alexis	CRNA
Dawson	James	L.	DO
de Oliveira	Lorian		NP
Dearden	Charlene	P.	PA
Deck	Gina	M.	MD
Deeba	Farah		MD
Deignan	Gina	M.	PA

Del Torchio	Kara		NP
Delaney	Lauren	A.	PA
Delaney	Cailin	C.	NP
Delaney-Smith	Dennise	M.	LMHC
Deloomy	Ilham		MD
DeMatteo	Robert	N.	MD
Dempsey	Peter	K.	MD
Dendi	Udayasena	R.	MD
Dennis	Julie	O.	MD
DeRubeis	Nichole	A.	DO
Desai	Dhruv	B.	MD, MBBS
Devon	Octavia	N.	MD
Diaco	Maurizio		MD
DiClemente	Jamie		NP
Dietrich	Gretchen	W.	MD
DiMilla	Martha	Powers	NP
Dinwoodey	Danya	L.	MD
Dix	Kristen	A.	MD
Dlouha	Alexandra		NP
Dobre	Mircea	C.	MD
Dobрева-Yakimova	Violeta	B.	MD
Dobson	David	C.	MD
Dodge	Carrie	A.	NP
Doherty	Ian	Robert	CRNA, DNP
Dolan	Noreen	A.	NP, MS
Dolan	Robert	W.	MD
Doll	Elizabeth	J.	PA
Dominguez	Louis	Steve	PA
Dong	Luke		MD
Donnelly	Andrew	Dallahan	NP
Donohue	Patrick		CRNA
Doolin	James	W.	MD
Dor	Alon		MD
Doucette	Kari	Gordon	MD
Doumas	Alexander		MD
Draper	Timothy	S.	DO
Drescher	Theodora	A.	LICSW
D'Silva	Karl	J.	MD
Dube	Monica	S.	NP
Dubinchik	Irina	V.	MD
Dunbar	Kevin	F.	MD
Duran	Kelly		PA

Durfee	John	K	MD
Dutta	Ellen	J.	MD
Dwyer	Maura	A.	CRNA, DNP
Dynkin	Anna		NP
Easton	Lindsay	M.	PA
Ebrahimi	Ali		MD
Eissa	Khaled	E.	MD
El Bakkar	Hassan	A.	MD
Elentuck	Dmitry		MD
El-Fakih	Lilah	Hazaa	CRNA
Elias	Heather	L.	MD
Elias-Todd	Tina	J.	MD
El-Sabbahy	Marwa	A.	MD
Emmanuel	Gregory	N.	MD
English	Joseph	W.	PA
Enkhtaivan	Baigalmaa		MD
Enos	Laura	Anne	NP
Ergin	Colleen	P.	NP
Erler	Anita	A.	MD
Erler	Daniel	F.	MD, MPH
Esakof	Darryl	D.	MD
Essam-Agbesi	Michaela		NP
Eurich	Daniel	G.	NP, BS, MS
Eurich	Laura	S	MD
Evans	Christina	R.	MD
Ewald	Bonnie	A.	MD
Fabiani	Amy	Lownds	NP
Fabry	Stephen	C.	MD
Faliszek	James	Edward	MD
Fang	Jack	J	MD
Farhat	Tammam	M.	MD
Farmer	Jocelyn	R.	MD, PhD
Farwell	Kristen	E.	MD
Fathi	Zahra		NP
Faust	William	C.	MD
Faust	Robert	Roy	MD
Feldman	Rachel	E.	MD
Feldman	Rachel	E.	MD
Fellows	Sarah	O'Neill	NP
Feris	Carolina	I.	LICSW
Ferm	Bhavna		MD
Ferm	Samson	B.	MD

Fernandes	Justin	R.	MD
Fikry	Karim	S.	MD
Finan	Tamar	M.	MD
Finocchiario	Darci	L.	MD
Fiorito	Maggie	Elizabeth	PA
Fischer	Kathleen	M.	NP
Fish	Chloe		NP
Fisher	Jennifer	L.	NP
Fitelson	Daniel	S.	MD
Flacke	Sebastian		MD, PhD
Flanagan	Timothy	F.	MD
Flynn	Jessica	A.	MD
Ford	Heather	A.	MD
Formica	Philip		MD
Foss	Cara	J.	NP
Fraga	Polly	D.	MD
Francois	Starline		NP
Franowicz	Lawrence	M.	MD
Franzoni-Kleeman	Suzanne	Nicole	NP, DNP
Freiman	Julie	Morgan	MD, MS
French	Amy	L.	MD
Frendling	Andrea	M	PA
Freniere	Brian	B.	MD
Fu	Yining		MD
Fuller	Robert	A.	MD
Funaro	Nancy	Geary	NP
Fusco	Valerie	Christina	NP
Gabree	Renee	R.	NP
Gabriel	Kenneth	M.	MD
Gabriel	Alis	G.	MD
Gadey	Gautam		MD
Gage	Thomas	M.	MD
Galkin	Maria		MD
Gallahue	Lauren		PA
Gallant	Courtney	Erin	NP
Gallant	Kelly	Anne	CRNA, PhD
Ganatra	Sarju	B.	MD
Ganz	Karen	A.	MD
Garabedian	Kathleen	Anne	NP
Garas	Marina	K.	DO
Garas	Kameel	H.	MD
Garcia	Christopher	M	MD

Garcia-Albea	Victoria	R.	NP
Garcia-Banigan	Dinamarie	C.	MD, MPH
Gaudette	Laura	Elizabeth	NP
Gaughan	Shawn	T	CRNA
Gauriloff-Rothenberg	Jane	B.	MD
Gauthier	Melissa	Ann	NP
Gazourian	Lee		MD
Gelinas	Michael	S	MD
Gelinas	Michelle		NP
Gelormini	Lisa	B.	LICSW
Gendreau	Mark	A.	MD
Getler	Alyce	A.	PsyD
Geva	Tamar	S.	MD
Ghasemi	Mehdi		MD, MPH
Ghbeis	Muhammad Bakr		MD
Ghogawala	Zoher		MD
Ghosh	Taranga		MD
Ghoshhajra	Monica	G.	MD
Ghozayel	Sarah		NP
Giacco	Cara		RD
Giaccotto	Joshua	A.	MD
Giangregorio	Aislinn		NP
Gibson	Clare	Pancoast	PA
Gierbolini	Mayte	Paloma	MD
Gilligan	Mark	P.	MD
Gilman	Matthew	P.	MD
Giorgio	Louis	A	MD
Giugno	Joanne	Biondo	NP, MS
Gladstein	Jaclyn		PA
Glenney	Aaron	C	MD
Goel	Naman		MD
Goldar-Najafi	Atoussa		MD
Goldberg	Eric	D.	MD
Golriz	Farahnaz		MD
Gonynor	Bianca	Venezia	NP
Gonzalez Brant	Elena	M.	MD
Gosselin	Daniel	R.	PA
Grassi	Julie	Marie	PA, MS
Grasso	Mario	S.	MD
Gray	Jennifer	Lee	NP
Gray	Anthony	W.	MD
Gray	Mary Ellen		PA, MS

Grealish	Andrea	P.	PA
Greel	Daniel	P.	PA
Green	Eric	H.	MD
Gregg	Gail	Marie	NP
Griffin	Jennifer	Ellen	LICSW
Griffith	Kendall	C.	MD
Grillo	Jennifer	A	MD
Gross	Paul	T.	MD
Gross	Daniel	R.	NP
Grossman	Jason	R.	MD
Grossman	Nicole	L.	MD
Grunfeld	Einat		PhD
Guaragna	Jessica	C.	NP
Guarracino	Kara	Ann	NP
Guillaume	Richard	Roland	CRNA
Gunturu	Krishna	S.	MD
Guo	Lifei		MD, PhD
Gupta	Aanchal		MD
Habib	Michael	R.	MD
Hache	Denise	Ajewski	CRNA
Hackl	Florian		MD
Haimes	Alison	B.	MD
Hakimelahi	Reza		MD
Hall	Lucy	S.	LICSW
Hallac	Alexander		MD
Hamawy	Karim	J.	MD
Hamilton	Carolyn	M.	PA
Han	Gena		DO
Handa	Benita		MD
Hanley	Gina	M.	LMHC
Hanley-Williams	Nicole	C.	MD
Hansen	Stephanie	Louise	NP
Hansen	Christopher	K.	MD
Hanzis	Christina	A.	NP
Harnish	Paul	Raynes	MD
Harrison	Brendan		MD
Harter	Bryan		LICSW, MSW
Hartman	Audrey	L.	MD, MS
Hasan	Imran	S.	MD
Hashim	Jeffrey	A.	MD
Hassan	Syed	Moin	MD
Hayao	George		MD

Haynsworth	Kimberly	Rose	NP
Hehir	Kristin		PA
Heim	Kurt	F.	MD
Hein	Deidre	R.	DO
Heit	Jeffrey		MD
Held	Gisela		MD
Helenius	Johanna	A.	MD, MPH
Hendele	James	B.	MD
Henriques	Kimberly	Rose	NP
Henry	Mark	A.	MD
Heroux	Amy	Beth	CRNA
Hesketh	Paul	J.	MD
Hess	Kyra	L	LMHC
Hiebert	John	C.	MD
Hillsgrove	Dawne		NP
Hinrichs	Stephen	M.	PA
Hoang	Karen	Lyn	NP
Hodge	Mary Beth		MD
Holden	Shauna	Lee	NP
Hook	Bruce	G.	MD
Hopkins	Gerald	J	MD
Hopkins	Gerald	J	MD
Hosseini	Seyedeh	S.	MD
Houle	Brian	P.	NP
Howe	Julie	Christine	NP
Howells	Alexandra	L.	LICSW
Howerter	Bradley	M.	OD
Hu	Jun		CRNA
Huang	Jeremiah		DO
Huerter	Mary	E.	MD, MAc
Hulburt	Kayla	C.	LICSW
Hulings	Amanda	M	NP
Hum	Barbara	A.	MD
Hunter	Alice	A.	MD
Hurley	Susan	M.	NP
Hurley	Sean	Patrick	CRNA
Hussain	Shahrose		MD
Ibrahim	Samer		DO
Ige	Sue	P.	MD
Indelicato	Jenelle		RD
Jackson	Annise	K.	MD
Jacobs	Kimberly		PA

Jahanmir	Jay		MD
Jakobi	Hezi		MD
Jamal	Omar		MD
Janda	Andrea	K.	PA
Janisar	Muhammad		MD
Jarvis	Derrin		PA
Javeed	Iqra		MD
Jawad	Majd		MD
Jay	Heather	A.	NP
Jean	Hendy	B.	MD
Jellison	Angela	L.	MD
Jenkins	Roger	L.	MD
Jett	Laura	L.	MD
Jhaveri	Deepa		DPM
Jiang	Shaolay	X.	MD
Jiang	Ying		MD
Jilani	Osman		MD
Johnson	Michaela		NP
Johnson	Diana	J.	LMHC
Johnson	Meredith	T.	PA
Johnson	Christina	M.	MD
Johnson	Elizabeth	H.	MD, MS
Johnson	Linda	Corrinne	NP
Johnston	Brendan	Michael	NP
Jolley	Kristina	J.	PA
Jolley	Brian	J.	MD
Jonas	Bridgette	L.	CRNA
Jondro	Paul	D.	MD
Jones	Julie	L.	NP
Jones	Bradley	R.	MD
Jones	Seth	P.	MD
Jones	Kristie	A.	NP
Jones	Nathan	T.	MD
Joseph	Kara	M.	MD
Joseph	Lee		MD
Joseph	Alin	A.	MD
Joshi	Chandra	S.	MD
Joyce	Ann Marie		MD
Julien	Halsey	Jean	CRNA
Kahan	Steven	E.	MD
Kahriman	Azmin		MD
Kales	Jennifer		NP

Kalish	Richard	L.	MD
Kalonia	Harender	K	MD
Kalra	Aarti		MD
Kamalian	Shervin		MD
Kanakis	Allison	S.	MD
Kane	Bartholomew	J.	MD
Kane	Alexandra	Nicole	PA
Kane	Louise	A.	MD
Kane	Jeffrey	B.	MD
Kanef	Matthew	S.	MD
Kanoni	Claudine	Ngalula	NP
Kanyi	Emmanuel	F.	MD
Kapoor	Mukesh		MD
Karpinski	Sylwia		MD
Kartha	Krishnan		MD
Karwin	Samantha	L.	LMHC
Kasabwala	Khushabu	D.	MD
Kasparyan	Nurhan	G.	MD
Kassab	Christina		DO
Katz	Sharon	Carol	MD
Katz	Ellen	B.	LICSW
Kaufman	Michael	D.	MD
Kaul	Anubhav		MD
Kazley	Jillian	Michelle	MD
Keating	Joseph	M	MD
Keitz	Sheri	A.	MD, PhD
Kelley	Michele	Lynn	NP
Kelley	Alicia	P.	PA
Kennedy	Shawna		NP
Kent-Gasiorowski	Ann		OD
Keovongsa	Mo		PA
Kewalramani	Tarun		MD
Khan	Faraz		MD
Khan	Sahoor		MD
Khan	Samad	S.	MD
Khatri	Sonal	Makin	NP
Kholdani	Cyrus	A.	MD
Khoory	Joseph	A.	DO
Kim	Jacob	J.	MD
Kim	Cathleen	M.	MD
Kim	Eugene	T.	MD
Kim	Eugene		MD

King	Suzanne	Trimble	NP
Kinsella	Laurie	L.	PA
Kirata	Shireen	Jillian	PA
Klebanov	Nikolai		MD
Kleiman	David	A.	MD
Klein-Mascia	Kendra	A.	MD
Klenz	Jeffrey	Thomas	MD
Kline-Kim	Johanna	F.	MD
Klinge	Stephen	A.	MD
Kloack	Kristell	Ann	NP
Knowles	Lauren	Flaherty	NP
Kochhar	Gagandeep	S.	MD
Kolak	Gina	C.	NP
Kolnick	Aleksandra		DO
Konduri	Srivalli		MD
Kong	Yanping		MD
Kooyoomjian	Jill	T.	NP
Kopelman	David	B.	MD
Kos	Elzbieta	A.	MD
Kosinski	Andreana	L.	PA
Koutsos	Martha	A.	MD
Kovacs	Susan	C.	MD
Kowal	Andrew	G.	MD
Kowalsky	Daniel	S	MD
Krakowski	David	M.	MD
Krass	Jessica	Ann	NP
Krigest-Smith	Kaylee	Ann	NP
Krikorian	Lisa	M.	NP
Kring	Ryan	Mason	MD
Ku	Thomas		DO
Kuffert	Sarah	Beth	PA
Kuhnen	Angela	H.	MD
Kulbak	Guy		MD
Kumar	Vivek		MD
Kundi-Sharma	Meenakshi		MD
Kunst	Mara	M.	MD
Labib	Sherif	B.	MD
LaChance	Ashley	Lynn	PA
Laliberte	Amy	B.	PA
Lalonde	Jennifer	L.	LMHC
Lamb	Carla	R.	MD
Lanahan	Jill	Kelly	MD

LaPorte	Megan Rose	C.	MD
Larkin	Timothy	J.	MD
Larsen	Lance	Arthur	MD
Larsen	Tory	Leif	NP
Laver	Nora	M.	MD
Lavery	Michelle	A.	NP
Lawler	Matthew	R.	MD
LeBlanc	Lori	Jean	NP
Lebow	Joanne	M.	MD
Lee	Deborah	Dongju	NP
Lee	Peter	H.	MD
Lee	Seung	J.	MD
Lee	Grace Mei-Hui		MD
Lee	Alice	S.	MD
Lee	Kristofferson	M.	MD
Lee	Annie	S.	MD
Leeder	Marco		CRNA
Leegwater-Kim	Julie	R.	MD, PhD
Lehrer	Richard	H.	MD
Lemos	Mark	J.	MD
Lenhart	Dipti	K.	MD
Lenzi	Stephanie	L.	DO
Leone	Mark	N	LICSW
Leszczynski	Anna	M.	MD
Levenson	Martin	H	LICSW
Levin	Amy	Schoenfeld	MD
Levitan	Leslie	Lezell	NP
Levy	Alison	C.	MD
Levy	Michael	S.	MD
Lewandowski	Jeffrey	John	PA
Lewandowski	Allison	A.	PA
Lewis	Erin	Kathleen	NP
Li	Han		MD
Li	Tianyi		DO
Liebmann	James	E.	MD
Lien	Ping		MD
Liesching	Timothy	N.	MD
Like	Brian	J.	MD
Lim	Alan	A.	MD
Lin	Denis	Y.	MD
Lin	Juwen		MD
Lin	Ming	V.	MD

Lin	Han-Ting		MD
Ling	Maya	S.	MD
Linster	Tyler	John	NP
Lipworth	Adam	D	MD
Lo	Elizabeth	P.	MD
Lobo	Margaret	J.	MD
Locke	Brittney	Christina	NP
Lohnes	Juli		CRNA
Lombardi	Daniel	A	MD
Longo	Rebecca	Libby	NP
Lopez	Denise		NP
Lovell	Beth	S.	MD
Loyd	Jeremy	R.	CRNA
Lu	Hairong		MD
Lubrano	Michael	C.	MD
Luck	Kathryn	Courtney	PA
Lung	Kimberly	Ann	NP
Lungu	Oana	M	MD
Lupi	Erica	Anne	NP
Lutz	Jennifer	Ann	NP
Luu	Cindy	K.	PA
Lynch	Jessica	A.	MD
Lynett	Jennifer	A.	PA
Ma	Richard	H.	MD
Maan	Mohender	S	MD
Maben	Sarah	A.	MD
Mabon	Cathi	Ann	NP
Macaulay	Caitlin	E.	PhD
MacDonald	David	B.	MD
Mackay	Fraser	C.	MD
Mackesy	Meaghan	M.	MD
MacLachlan	Lara	S.	MD
Madariaga	Hector	M	MD
Maddineni	Sujata	R.	MD
Madduru	Lakshmi	Anisingaraju	MD
Maduakor	Emmanuel	C.	MD
Maffucci	Joseph		CRNA, RN
Mageid	Razaz	H	MD
Magge	Subu	N.	MD
Magliulo	Daniel	P.	MD
Mahajan	Neeraj		MD
Mahboobi	Sohail	K.	MD

Mahon	Mylah	Nicole	NP
Mahoney	Eric	J.	MD
Mahoney	Gabrielle	Erica	NP
Mahoney	Laura	E.	PA
Maiocco	Alexandria	A	PA
Majithia	Arjun	R	MD
Makogonov	Alexey	A.	MD
Malhotra	Himanshu		DO
Malik	Raza		MD
Malik	Neha		MD
Malik	Raeva	S.	MD
Malone	Erin	L.	MD
Malvey	Gregory		PA
Mandapati	Divakar		MD
Mandeville	Jessica	A.	MD
Mann	Rachel	Ann	MD
Mannan	Mredula	A.	MD
Mannion	Siobhan	M.	MD
Marcantonio	Andrew	J.	DO
Marcello	Peter	West	MD
Marcinkowski	Peter	Quinlan	MD
Marcinkowski	Laura	Katherine	NP
Marcouillier	Halley	Elizabeth	CRNA
Markuns	Kimberly	A.	MD
Marnoy	Zachary	R.	MD
Maron	Barry	J.	MD
Maron	Martin	S.	MD
Maron	Martin	S.	MD
Martin	Lisa	Marie	NP
Martin	Alexander	M.	MD
Martin Paez	Yosbelkys		MD
Martineau	Armela	Muca	NP
Martinello	Samantha	Annette	NP
Martyn	Julia		NP
Marx	Jeffrey	L.	MD
Mascari	Paolo	L.	MD
Masroor	Saqib		MD
Massaquoi	Steve	G	MD, PhD
Massoud	Elias	F.	MD
Matlin	Hollie	L.	MD
Mattei	Mary Lee		NP
Mattimore	John	F.	MD

Mattingly	Peter	J.	MD
Mavroides	Melissa	A.	NP
Maxfield	Brian	J.	LICSW
Mayberg	Stephanie	C.	PA
Mayer	Dita		MD, PhD
Mayer	Sara	A.	MD
Mazzola	Maria	Antonietta	MD
McAdams	Matthew	T.	MD
McBride	Colin	G.	PA
McCafferty	Gillian	L.	MD
McCarthy	Inbar	Raber	MD
McCarthy	John	E.	MD
McCarthy	Rebecca	C.	NP
McCarthy	Kenneth	Ray	PA
McCasland	Andrew		MD
McClain	Heather	A.	LICSW
McConnell	Kathleen	Doyle	NP
McConville	Jennifer		NP
McCullough	Andrew	R.	MD
McDermott	Jennifer	L.	NP
McDonnell	Kevin	M	MD
McGaraghan	Amy	S.	MD
McGovern	Melissa	A.	PA
McGrath	Timothy	P.	NP
McGrath	Meghan	E.	MD
McHugh	Nicole	M.	CRNA
McKee	Daniel	R.	PA
McKiernan	Diane	Saras	PA
McLaughlin	Thomas	J.	PA
McMath	Sandra	Ann	NP
McNamara	Diane	M.	NP
McQuillen	Daniel	P.	MD
McSweeney	Michelle	R.	DO
Meade	Sarah		DO
Medina Gutierrez	Ruth	E.	MD
Meliek	Corine		PA
Melin	Judith	A.	MD
Meller	Rafael	A.	MD
Mello	Bridget	J.	NP
Melzack	David	B.	NP
Merchea	Monika		MD
Merton	Rachel	Felice Kelley	NP

Messiner	Ryan	V.	DO
Metcalf	Jonathan	Mason	LICSW
Meyer	Rachel	E.	MD
Michaud Finch	Jennifer	A.	DO
Mignosi	Kate	M.	MD
Miller	Kathleen	W	MD
Miller	Ezra	R.	MD
Min	Jeff		MD
Minor	Michael	E.	MD
Mintz	Jessica	C.	DO
Mirza	Afia	F.	MD
Moffatt-Bruce	Susan	Dianne	MD
Moheban	Carol	L.	MD
Mohebi	Reza		MD
Mohen	Katelyn	Louise	LMHC
Moinzadeh	Alireza		MD
Molgaard	Andrew	F	PA
Molgaard	Christopher		MD
Moncreiff	Philip	E.	LICSW
Montgomery	Jana	E.	MD, MS
Montoni	Colette	M.	NP
Mooney	Paula	Jeanne	NP
Morais	Joshua	D.	MD
Moravia-Roman	Thaina	Cynthia	NP
Morgan	Dan	Joseph	NP
Morin	Scott	J	DO
Morra	Rachel	Marie	PA
Morris	Jennifer	C.	MD, MPH
Morse	Katherine		CRNA
Mosenthal	Anne Charlotte		MD
Motwani	Shveta	S	MD
Mouchantaf	Fares	G	MD
Mourtzinis	Arthur	P.	MD
Muehlberger	Ashley	A.	MD
Mueller	Kelly	A	MD
Mukherjee	Debjani		MD
Muller	Brianna	Leigh	CRNA
Murphy	Nancy	J.	NP
Murphy	Kristen	M.	DO
Murray	Colleen	Mae	PA
Murthy	Kalyani		MD
Musco	Jonathan	P.	MD

Nadir	Randolph	James	PA
Nahar	Shamsun		MD
Nair	Nisha	G.	PA
Nakeeb	Attila		MD
Napolitana	Guy	T.	MD
Narasimhan	Ram	A.	MD
Narsule	Chaitan	K.	MD
Nathanson	Larry	Adam	MD
Naveed	Nausheen		MD
Nayyar	Nidhi		DPM
Nazemian	Ryan		MD, PhD
Nazir	Amer		MD
Nelson	Evan		PA
Nepomnayshy	Dmitry		MD
Neumeyer	David	Alexander	MD
Neville	Cassidy	Ann	PA
Newcomb	Emily	K.	PA
Nezhad	Steven	F	MD
Nghiem	Luan	M.	MD
Nguyen	Christina	Quynh	PA
Nguyen	Thanh		MD
Nguyen	Hong		NP
Niemiec	Martha		PhD
Niemierko	Ewa		MD
Nieuweboer	Lauren	R.	CRNA
Nigborowicz	Thaddeus	J.	MD
Nikas	Christine	Virginia	MD
Nilson	Elizabeth	G.	MD
Nitschmann	Caroline	C.	MD
Noe	Kathleen	Mary	NP
Noland	Timothy	L.	PA
Norton	Sydney		NP
Nugent	Francis	W.	MD
Nugent	Kara	A.	MD
Nuspl	Kristen	J.	PA
Nzugang Noutonsi	Edwige Christelle		MD
Obara	Simone	A.	MD
O'Brien	Maureen	Marie	MD
OBrien Donohue	Erin	K.	CRNA
O'Connor	Cornelius	J.	MD
O'Connor	Ashling		MD
O'Connor	Megan	K.	PA

O'Donnell	David	P.	LICSW
Ofosu-Barko	Kwadwo	A.	MD
Oh	JoAnne	J.	MD
Olbricht	Suzanne	M.	MD
O'Leary	Kathleen	G.	NP
Oliveira	Thiago	M	MD
Oliver	Kendea	Nicole	PhD
Omer	Herine	Owuor	NP
O'Neill	Madison	Mari	PA
O'Neill	Mary	J.	MD
Ooi	Winnie	Wee Nee	MD, DMD, MPH
Orfanos	Gerry		MD
Orru	Emanuele		MD
Osgood	Marcey	L.	DO
O'Shea	Dede	Ukueberuwa	PhD
Ouellette	Julie	A	CRNA
Pace	Jonathan	Robert	MD
Padellaro	Kristin		NP
Page	Elizabeth	H.	MD
Palmer	Susan	E.	PA
Panda	Alexander		MD, MPH
Pandya	Sonal	N.	MD
Pang	Brandon		MD
Papa	Katerina		DO
Papagni	Haley	Suzanne	PA
Paquette	Cherie		MD
Parab	Anika		MD
Parikh	Gaurav		MD
Park	Hyesun		MD
Parker	Annie	L.	MD
Parrella	Florence	M.	MD
Passer	Joel	Z.	MD
Patel	Janki	Pradip	PA, MHC
Patel	Avignat	S.	MD
Patel	Vrutika	Dinesh	PA
Patel	Neil	V.	MD
Patel	Amita	M.	PA
Patel	Pritika	Arvind	NP
Patel	Smita	K.	MD
Patel	Sohin	A.	MD
Patil	Savita	S.	MD

Patimalla Venkata	Siva	K	MD
Pattisapu	Naveen		MD
Pellerin	Pierre	R.	OD
Pellish	Randall	S.	MD
Penney	Dana	L.	PhD
Penney	Alexandra		PA
Perillo	Alfonso	A	LICSW
Perkins	Nicole		NP
Perkins	James	L.	MD
Perriello	Julia	H.	LMHC
Perrino	Carmen	M.	MD
Perry	Lauren	Elizabeth	NP
Perry	John		MD
Petrillo	Robert	J.	DO
Petrone	Richard	M.	OD
Petrova	Rositsa	D.	MD
Pezza	Cassidy	Leigh	NP
Phelan	Kevin	Michael	CRNA
Phinney	Blessing	A.	MD, MBBS
Piemonte	Thomas	C.	MD
Pierce	Diane	Marie	NP
Pilla	Jennifer	Ashley	NP
Pincus	Lauren		MD
Pincus	Michael	D.	DO
Pineda	Dan	Michael	MD
Pinto-Plata	Victor	M.	MD
Piper-Vallillo	Andrew	J.	MD
Piris	Adriano		MD
Pizzi	Julie	Claire	NP
Plourde	Joseph	R.	PA
Plourde	Michael	A.	PA
Pomorska	Grazyna		MD
Popelka	Andrew		MD
Popov	Veljko	M.	MD
Powell	Amanda	G.	MD
Prabhakar	Sathyavani		MD
Prato	Marie	D.	MD
Pratt	Alan	G.	MD
Preble	Janine	Marie	MD
Price	Jacqueline		PA
Price	Melyssa	Abby	PA
Prigo	Corinne	Margery	NP

Punzalan	Carmi	S.	MD, MS
Pyden	Alexander	D.	MD
Pyne	Christopher	T.	MD
Qamar	Amir	A.	MD
Quigley	Brian	A.	LICSW
Quinn	Shannon	E	LICSW
Rabidou	Spencer	J.	PA
Rabinovich	Margarita		NP
Rabinowitz	Arthur	P.	MD
Raftery	Kevin	Barry	MD
Rahaghi	Farbod	N.	MD
Rai	Surinder	Kaur	DO
Ramineni	Anil		MD
Ramkumar	Dipak	B	MD, MS
Ramsey	David	J.	MD
Rapoport	Yury		MD
Rassi	Jonathan	A.	MD
Ratchkova	Maria		MD
Redis	Jessica	M.	LICSW
Regan	Glenna	Anne	PA
Rehm	Jennifer	A.	MD
Reimold	Fabian	R.	MD
Reinhart	Lauren	Hilary	CRNA
Reinhold	Lars	E	MD, MBA
Reske-Nielsen	Jennifer	J.	MD
Reske-Nielsen	Casper	E.	MD
Resnic	Frederic	S.	MD, MS
Resnick	Ellen	Kahn	CRNA
Restrepo	Angela	M.	MD
Reuter	Karen	Lois	MD
Reynolds	Matthew	R.	MD
Rezapour	Seyed		MD
Ricciardi	Jennifer	L.	MD
Ricciardone	Marguerite	M.	MD
Richard	Sharon	B.	NP
Richmond	Glenn	C.	PA
Rideout	Jesse	M.	MD, MPH
Ridha	Ali	M.	MD
Rigali	Leslie	J.	DO
Ristic	Violeta	K.	MD
Rivera Agosto	Ivia	E.	MD
Robinson	Lacey	B	MD

Robson	Kristen	M.	MD
Rodman	Mariellen	T	MD
Roh	Shiyoung		MD
Romain	Janelle		NP, MS, BS
Rondeau	Matthew	W.	PA
Rosa	Sara	Elizabeth	PA
Rosenbaum	Zoe	A.	MD
Rosenberg	Brian	G.	MD
Rosenblatt	Michael	S.	MD
Rosenfield-Darling	Marla	L.	MD
Ross-McCormack	Ruth	A.	MD
Rowin	Ethan	J.	MD
Roy	Melanie		NP
Rozell	Joseph	M.	MD
Rubino	Kristin	Nicole	NP
Ruckel	Philip	P.	PA
Ruenger	Thomas	M.	MD
Ruoff	Carl	A.	DO
Russo	Thomas	P.	MD
Ryan	Kevin	M.	PA
Ryer	Elizabeth	A.	DO
Saade Lemus	Ana	Patricia	MD
Safar	Laura	T.	MD
Saini	Pritinder		MD, MPH
Saiyed	Shamila	S.	MD
Salami	Rama		MD
Salamone	Joseph	A.	PA
Salm	Megan	A	PA
Salman	Tayyaba		MD
Salvati	Abigail		LICSW
Salvatore	Jaime	K.	DO
Samad	Kashif		MD
Samarasinghe	Amanda	Pauline	PA
Samuelson	Brian	T.	MD
Saraidaridis	Julia	T.	MD
Sarkar	Bedabrata		MD, PhD
Sarno	Giuseppe		PA
Sarwar	Akmal		MD
Sathambakam	Dilip	R.	MD
Savant	Shravan	V.	MD
Savino Moffatt	Erica	Nicole	NP
Savkur	Shreegouri	B.	PA

Scanlan	Victoria	F.	MD
Scarlata	Tina	M.	CRNA, MS
Scheirey	Christopher	D.	MD
Schibuk	Larry		MD
Schissel	Stephen	Anthony	MD
Schoenberg	Noah	C.	MD
Schwager	Zachary	A.	MD
Schwartz	Jennifer	D.	MD
Scialdone	Sara	Ashley	NP
Scott Iriarte	Ariadne	S.	MD
Sears	Kaitlin		NP
Seek	Andrea	L.	MD
Segal	Adam	M.	MD
Sehgal	Siddharth		MD
Sekar	Meera	S.	MD
Senna	Maryanne		MD
Sequeira	Shwetha	S.	MD
Serpa	Heather		NP
Serra	Lisa	Gallagher	MD
Sershen	Cynthia	L.	NP
Servais	Elliot	L.	MD
Shaar	Akram		MD
Shaban	Eman	E	MD
Shadchehr	Sara		DO
Shafeh	Reem	I.	MD
Shaff	David	A.	MD
Shah	Jay	N	MD
Shah	Maitriyi	J.	MD
Shah	Prachi	Vishnuprasad	NP
Shah	Kushal	A	MD
Shah	Sachin	P.	MD
Shah	Bhumi	T.	MD
Shah	Avani		PA
Shaheen	Andrew		PA, MBA, BS
Shahriar	Jimsheed		MD
Shanker	Vidushi		MD
Sharifi	Sheida		MD, PhD
Sharma	Balram		MD
Sharma	Nidhi		MD
Sharma	Ajay	K.	MD
Sharpe	Rebecca		CRNA
Shea	Amy	L.	NP

Sheehan	Lori	B.	MD
Sheel	Sanjiv	K.	MD
Sheets	Jennifer		PsyD
Sheikh	Shama		NP
Shekar	Prem	S.	MD
Sheth	Vaneeta	M.	MD
Shi	Weiwei		MD
Shirtcliff	Kaitlyn		PA
Shyu	Jeffrey	Y.	MD, MPH
Silver	David	A.	MD
Silver	Jonathan	S.	MD
Silverman	Marianna	T.	DO
Silvester	Norah		NP
Sinagra	Diana	M.	LICSW
Sinagra	Diana	M.	LICSW
Singh	Michael	N.	MD
Singh	Shailendra	K.	MD
Skelton	Timothy	P.	MD, PhD
Slavkin	Stacey	L.	PhD
Small	Juan	E.	MD
Smallman	Jane		PA
Smiley	Paul	M.	MD
Smith	Adam	J.	MD
Snooks	Caroline	E.	CRNA
Soderland	Peter	A.	MD
Solky	Ana	C.	MD
Solorza	Andres	J.	MD
Somalaraju	Sandeep	R.	MD
Song	Young-Soo		MD
Sood	Esha		MD
Soong	Maximillian	C.	MD
Sorcini	Andrea		MD
Sorour	Khaled	A.	MD
Soucy	Sheri	L.	NP
Soukiasian	Sarkis	Haig	MD
Sowerby	Laura	M.	MD
Specht	Lawrence	M.	MD
Spellman	Gail	C.	NP
Sperling	Scott	B.	MD
Spiegel	Kaitlin	Ann	PA
Spigelman	Zachary	S.	MD
Spillman	Cora		LMHC

Sporn	Carolyn	J.	MD
Spring	Matthew	R.	MD
Srinivasan	Jayashri		MD
Stain	Steven	C.	MD
Staniul	Mark		LMHC
Stebenne	Grace	N.	NP
Stefka	Michelle	A.	MD
Stempek	Susan	B.	PA
Stix	Michael	S.	MD
Stock	Cameron	T.	MD
Stoleru	Mariana	A.	MD
Stuart	Keith	Ellis	MD
Studentsova	Yana		MD
Stutzman	Mackenzie	Nicole	NP
Suarez Meneses	Cindy	J.	MD
Sugano	Dordaneh	E.	MD
Sullivan	Aimee		CRNA
Sullivan	Emma		PA
Sullivan	Daniel	Conor	MD
Sullivan	Lindsey	A.	PA
Sullivan	Amy	C.	CRNA
Summerhill	Eleanor	Marie	MD
Summers	Colleen	Stephanie	NP
Sun	Tiffany		MD
Supple	Jared	S.	MD
Suski	Joanna	L.	MD
Sutcliffe	Joan	Hazel	MD
Swanson	Jeffrey	Robert	MD
Swart	Eric	F	MD
Swider	Kathryn	Rose	DNP
Tabiri	Collins	A.	MD
Tadevosyan	Aleksey		MD
Taher	Majdi	M.	MD
Tahir	Usman	A.	MD
Tan	Puay-Eng		MD
Tapper	David	I.	NP
Tarragona	Nestor	G.	MD
Tautkus	Michelle	L.	PA
Taylor	Julia	M.	NP
Taylor	Laurel	Marie	PA
Tchong	Leo		MD
Teabo	Melanie		NP

Teague	Paul	David	MD
Tee	Saw		MD
Thatai	Lata	C.	MD
Theodoris	Cassandra	Marie	NP
Thibedeau	Kathryn	Nicole	PsyD
Thomas	James		MD
Thomas	Richard	M.	MD
Thomas	Richard		MD
Tibbetts	Alla	V	MD, DO
Tibbles	Michael	K.	MD
Tien	Amy	L.	MD
Tiger	Jeffrey	B.	MD
Tilem	Matthew	E.	MD
Tilzey	John	F.	MD
Titterington	Patrick	W.	OD
Tiwary	Abhinav	K.	MD
Toh	Elizabeth	H.	MD
Tolebeyan	Amir Soheil		MD
Tolo	Eric	T.	MD
Tolokh	Illya		MD
Tomlinson	Scott	I.	PA
Toner	Jaclyn	R.	PA
Tong	Trang	M.	CRNA
Toraldo	Gianluca		MD, PhD
Torre	Heather	L.	PA
Torti	Steven	Robert	PA
Tortorici	Sara	Jean	NP, MS
Tower	Jacob	Ibrook	MD
Townsend	Elaina	Patrice	NP
Tramposch	Helen	Dagmar	MD
Tran	Nhi	Uyen	NP
Treat	Michael	E.	PA
Tremble	Maryann	E.	NP
Tretter	Christopher	G.	MD
Tronic	Bruce	S.	MD
Tsai	Elizabeth	H.	DO
Tsai	Andrea	L.	MD
Tshiamala	Magali	N.	MD
Tucker	Susan	M.	MD
Tudi	Savitha	R	MD
Udas	Prakrita	B.	MD
Udom	Chieke	O.	MD

Umeh	Chizoba	C.	MD
Upadhyay	Jagriti		MD
Uppin	Anita	A.	MD
Uthayashankar	Arun	S.	MD
Valley	Jessica		PA
Valme	Gueldine	Pierre	NP
Van Norstrand	David	W	MD
VanDoren	Allison	Joy	PA
Vanni	Alex	J.	MD
VanWart	Janice	Power	NP
Vardeh	Daniel	D.	MD
Vassallo	Caitlin	A.	PA
Vattamala	Sheba	G.	MD
Vaughn	Deidre	Nicole	PA
Venesy	David	M.	MD
Venigalla	Hema		MD
Veno	Daniel	Arthur	MD
Vernadakis	Adam	J.	MD
Vilvendhan	Rajendran		MD
Vincent	Jonathan	K.	MD
Vinnakota	Shravya		MD
Vishnevsky	Bella	M.	MD
Vohra	Parag		MD
Vollmers	Ellen	M.	MD
Vortmann	Michael	J.	MD
Votipka	Rhea	Brown	NP
Vytopil	Michal		MD
Wald	Christoph		MD, PhD, MBA
Wallace	Katie	Lynn	NP
Wallman	Daniel	J	MD
Walsh	Tomas	R.	MD
Walsh	Elizabeth	C.	PA
Walsh	Dallas	Marie	NP
Walshe	Edward	D.	MD
Walton	Kenneth	J.	MD
Walton	Kaitlin	Elyse	NP
Wang	Tony		DO
Wang	En-Haw		MD
Wang	Xuan		DO
Wang	Erik	E.	MD
Ward	Lauren		PA

Warner	Andrew	Simon	MD
Warren	Lisl		MD
Warren	Robert	S	MD
Watkins	Ammara	A.	MD
Watts	Bridget		NP
Weber	Peter	C.	MD, MBA
Wei	John	P.	MD
Weinfeld	Lawrence	C.	MD
Welch	Harold	J.	MD
Wener	Kenneth	M	MD
White	Melissa	Ann	NP
Whitmore	Robert	G.	MD
Wiberg	Karen	E.	NP
Widmer	Michelle	Buechner	NP
Wilcox	Susan	R.	MD
Williams	Samantha		NP
Williams	Christina	L.	PA
Williford	Sara	E.	MD
Wilsack	Bethan	H.	PA
Wilson	Kevin		MD
Winger	Christine	E.	MD
Winkler	Anne	M.	LICSW
Winters	Maureen	Kathryn	NP
Winzelberg	Gary	S.	MD, MPH
Wiseman	Jason	T.	MD, MPH
Wold	Richard	A.	CRNA
Woodbury	Anne	Marcia	CRNA
Woods	Laurie	E.	NP
Woods	Elizabeth	O'Beirne	NP
Wortman	Jeremy	R	MD
Wozniak	Joanne	M.	PA, MS
Wright	Valena	J.	MD
Wright	Norah	M.	MD
Wu	Timothy	R.	MD
Wulkan	Adam	J.	MD
Xing	Wei		MD
Yang	Katelyn	Enwright	NP
Yang	Weihong		MD
Yarlagadda	Bharat	B.	MD
Yavarovich	Ekaterina	R.	DO
Yegian	Courtney	C.	MD
Yeh	Kevin	J.	MD

Yeh	Zeyar	M.	MD
Yerstein	Oleg	Y.	MD
Yew	Andrew	Y.	MD
Young	Janet	A.	MD
Yunus	Shakeeb	A	MD
Zacharias	Rajesh	Roy	MD
Zaeder	Lisa	S.	NP
Zaman	Taufiq		MD
Zammert	Martin		MD
Zamore	Alexandra	Elizabeth	NP
Zamore	Richard	S.	MD
Zani	Janet	W.	NP
Zarwan	Corrine		MD
Zbrzezny	Justin	M.	MD
Zembowicz	Artur		MD
Zentner	Stephan	M.	MD
Zhang	Qiwei		MD
Zhou	Jiayi		OD
Zilber	Dmitriy	A.	MD
Zimmer	Wendy	Elaine	MD

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

Non-Covered Provider			
Last Name	First Name	Middle Name	Title
Ahson	Imran	M.	DMD, MD
Ahson	Imran	M.	DMD, MD
Ali	Omar	Azam	MD
Anania	Carol	Ann	MD
Ansevin	Carl	D.	MD
Aung	Soe	M.	MD
Aziz-Sultan	Mohammad	A	MD
Bachur	Richard	G.	MD

Balan	Stefan		MD
Barbeau	Deborah	N.	MD, PhD, MPH
Barkan	Sophia		LAc
Baumgart	Egbert	D.	MD
Blander	Daniel	S.	MD
Blinderman	Raechel	L.	LICSW
Brassett	Holly		RD
Breckwoldt	William	Lawrence	MD
Briere	Catherine	S.	RD
Brower	Jeffrey	V.	MD, PhD
Butte	Anjum	N.	MD
Canela	Milly		RD
Carithers	Katherine	F.	RD
Chahal	Karenjeet		MD
Chinamasa	Gordon		LICSW
Clark	Alicia	T.	MD
Clark	Alicia	T.	MD
Corbin	Christine	Anne	LMHC
Corkery	Joseph	C.	MD
Cornell	Kelley	M.	MD
Courtney	Michael	W.	DMD, MD
Courtney	Michael	W.	DMD, MD
Courtney	Michael	W.	DMD, MD
De Peralta	Edgar	T.	MD
DiBenedetto	Tiana	Marie	RD
Dore	Cortney	A.	LMHC
Drinis	Sophia		MD
Duignan	Meagan		LICSW
Eccher	Matthew	A.	MD
Edirisinghe	Nayomi	K.	MD
Fallon	Paul	A.	MD
Foster	Lisa	A.	NP
Gomez	Ernest	D.	MD
Gruskin	Karen	Dale	MD
Haftel	Elizabeth	Jude	PharmD, MPH
Hannan	Joseph	C.	MD
Harris	Stephen	L.	MD
Howard	Sarah	Leonido	PharmD
Hsu	Howard	C.	MD
Hung	Virginia	S.	MD
Hunter	Klaudia	U.	MD
Jalisi	Scharukh	M.	MD
Jalisi	Scharukh	M.	MD
Jarmusik	Ellen	M.	LMHC, MEd
Jiang	Naomi	Y.	MD
Katz	Matthew	S.	MD
Kempinski	Sharon	E	LICSW
Keyser	Benjamin	R.	DMD, MD

Keyser	Benjamin	R.	DMD, MD
Keyser	Benjamin	R.	DMD, MD
Keyser	Benjamin	R.	DMD, MD
Keyser	Benjamin	R.	DMD, MD
Keyser	Benjamin	R.	DMD, MD
Keyser	Benjamin	R.	DMD, MD
Keyser	Benjamin	R.	DMD, MD
Kim	Jaegak		DMD
Kim	Jaegak		DMD
Knab	Brian	R.	MD
Kowalik	Ania	I.	MD
Krish	Sonia	N.	MD
Kumar	Kartik	R	MD
Kumar	Kartik	R	MD
Kuttab	Johny	S.	MD
Laccheo	Ikuko		MD
Lauretano	Arthur	M	MD
Lech	Tara	K.	PharmD
Leduc	Christine	Vaudo	PharmD
Lemons	Jeffrey	M.	MD
Lewis	Arantxa		MD
Lincoln	Kyle	J.	LMFT, LMHC
Lincoln	Kyle	J.	LMFT, LMHC
Lloyd	Daniel		LMHC
Long	Jennifer	C.	LICSW, MSW
Longworth	David	L.	MD
Ludvigson	Adam	Eric	MD
Ludvigson	Adam	Eric	MD
Maggio	Vijay		MD
Magliocchetti	Kimberly	Lane	NP
Mahadevan	Arul		MD
Marcinkowski-Desmond	Dana		MD
Mars	Allison	Joanne	RD, MSc
Masia	Shawn	L.	MD
Massey	Hypatia		RD
McKee	Andrea	B.	MD
Metcalfe	Su	K.	MD
Michaels	Michael	J.	MD
Mir	Samy	S.	MD
Mitchell	Leslie	M.	PharmD
Moore Peng	Kate		PharmD
Morrison	Kristy	Anne	NP
Nahm	Frederick	K.	MD
Nayak	Vijay	K.	MD
Nesto	Richard	W.	MD
Nixon	Asa	J.	MD
Nixon	Asa	J.	MD
O'Brien	Sara	E.	RD

Okurowski	Lee		MD, MPH
Okurowski	Lee		MD, MPH
O'Meara	William	P.	MD
Oriel	Brad	S.	MD
Osa	Etin-Osa	O	MD
Ottaviani	Cynthia	M.	PharmD
Paradis	Audrey	F.	RD
Parnell	Andrew		RD
Patel	Vivek	L.	MD
Perry	Kelly	E.	LICSW
Post-Anderle	Janine	L.	NP
Rinehart	Julia		RD
Roberts	Kristofer	W.	MD
Robles	Liliana		MD
Rockoff	Allison		RD
Rodde	Laetitia	A.	LMHC
Rowe	Bryan	P.	MD
Servais	Andrew	B.	MD
Shad	Asfa	Y.	DO
Shah	Nikhil	H.	MD
Shah	Anushree	A.	LMHC
Sheldon	Thomas	A.	MD
Shin	Reuben	D	MD
Shneker	Bassel	F.	MD
Silver	Chirlie	Perla	PharmD
Singh	Himanshu		MD
Smith	Benjamin	R.	MD
Soccorso	Elizabeth	Ann	PCNS
Spinale	Alyssa	Lauren	NP
Spyropoulos	Erin	M.	PharmD
Steinberg	Lon	R.	MD
Sullivan	Patrick	B.	LMHC
Thabet Nasif	Ramses	M.	MD
Thompson	Zachary	W.	LMHC, MEd
Tillinger	Benjamin	A.	MD
Valdez Arroyo	Sherley	R.	MD
Valdez Arroyo	Sherley	R.	MD
Venter	Jacob	J.	MD, MBA
Ward	Emine	Nalan	MD
Whelton	Megan	R.	MD
Winters	Thomas	H	MD
Wixted	John	J.	MD
Wright	Christopher	M.	MD
Zhou	Ping		MD

Updated 04/2024

Appendix 6
Public Access
to Documents

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

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

LHMC
Financial Counseling
41 Burlington Mall Road
Burlington, MA 01803

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

<https://www.lahey.org/lhmc/your-visit/insurance-billing-records/financial-counseling-assistance/>

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

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

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

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

FINANCIAL ASSISTANCE NOTICE

The Hospital offers a variety of financial assistance programs to patients who qualify. To find out if you're eligible for assistance with your hospital bills, please visit our Financial Counseling Office in the 1st floor of the Main Lobby or call 781-744-8815 for information about the various programs and their availability.

Policy History

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