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## NHC Financial Assistance Policy

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**Applicable To** This policy applies to Northeast Hospital Corporation, d/b/a Addison Gilbert Hospital, BayRidge Hospital, and Beverly Hospital (“NHC,” 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 NHC (see Appendix Five (5) for the complete list of providers covered under this policy).

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**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

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

NHC 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 NHC 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 NHC 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.

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### **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. NHC 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 NHC'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. NHC 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 45<sup>th</sup> day following the close of the prior fiscal year, and implemented by the 120<sup>th</sup> 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 240<sup>th</sup> 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 NHC.

**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 NHC.

**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:** NHC 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:** NHC 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 NHC, or a third party vendor representing NHC, 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 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.

**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 NHC.

**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.

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**Eligibility for Financial Assistance from NHC**

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 NHC 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 NHC and its affiliates, as listed in Appendix Five (5).

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

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-NHC 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**

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

NHC 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.

NHC 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.

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**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.

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**Assistance  
through Health  
Safety Net**

Through its participation in the Massachusetts Health Safety Net, the Hospital also provides financial assistance to low-income Uninsured Patients and Underinsured Patients who are Massachusetts residents and who meet income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low income Uninsured Patients and Underinsured Patients through free or discounted care across acute hospitals in Massachusetts. The Health Safety Net pooling of uncompensated

care is accomplished through an assessment on each hospital to cover the cost of care for Uninsured Patients and Underinsured Patients with incomes under 300% of the Federal Poverty Level.

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

*(a) Health Safety Net - Primary*

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

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

*(b) Health Safety Net – Secondary*

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

*(c) Health Safety Net - Partial Deductibles*

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

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

to the greater of:

1. the lowest cost Premium Assistance Payment Program operated by the Health Connector premium, adjusted for the size of the 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.

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**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.

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**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.

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**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 NHC. NHC reserves the right to revise, modify or change this policy as necessary or appropriate. NHC 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, NHC 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 NHC 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 NHC 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 NHC 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

NHC'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. NHC 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 NHC.

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**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:** NHC 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 NHC's Financial Assistance Policy, Plain Language Summary and Financial Assistance Application are available, free of charge, on NHC'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 NHC.

In addition, NHC 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 NHC public website:  
<https://www.beverlyhospital.org/locations--services/patients--visitors'-guide/billing--patient-accounts>
  - 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. NHC 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 NHC's evaluation of any Financial Assistance Application.
  5. NHC 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. NHC 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 NHC 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 NHC 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.

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**Reasons for Denial**

NHC 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 NHC, and personal injury and/or accident related claims

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**Presumptive Eligibility**

NHC 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 NHC to determine whether a patient/Guarantor's account is uncollectible and this information will be used to determine Presumptive Eligibility.

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

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

Patient accounts granted Presumptive Eligibility will be reclassified under the

Financial Assistance Policy. They will not be sent to collection nor will they be subject to further collection actions.

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**Prompt Pay  
Discount**

Patients that do not qualify for public assistance or Financial Assistance will be provided a discount of 30% contingent upon prompt payment of their account balance on all care provided, including Emergency Care, Urgent Care, Medically Necessary Care, and Elective Services. Payment of the negotiated amount must be made in full within fifteen days of the patient's receipt of their first statement. This discount will not be offered for any service in which a separate self-pay fee schedule has been assigned. Additionally, In-Network and Out-of-Network co-payments, coinsurance and deductibles are not eligible for the prompt pay discount. For the avoidance of doubt, this discount also will not be offered to any patient paying for services in accordance with a Payment Plan.

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**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. NHC 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. NHC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they are eligible under this policy. NHC will not engage in actions that discourage individuals from seeking Emergency Care.

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**Credit and  
Collections**

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

Members of the public may obtain a free copy by:

- a. Going to the NHC public website:  
<https://www.beverlyhospital.org/locations--services/patients--visitors'-guide/billing--patient-accounts>
- b. Visiting the Financial Counseling Unit located at:  
41 Mall Road  
Burlington, MA 01803  
(781) 744-8815
- c. Calling the number above to request a copy to be mailed
- d. Calling the number above to request an electronic copy

**Regulatory  
Requirements**

NHC 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 NHC 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.

NHC 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.

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

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"/>



**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:

- 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

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"/>

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**Appendix 3**  
**Discount Chart**  
**Based on**  
**Income and**  
**Asset**  
**Thresholds**

**Prompt Pay Discount:** Patients that do not qualify for public assistance or Financial Assistance will be provided a discount of 30% contingent upon prompt payment of their account balance on all care provided, including Emergency Care, Urgent Care, Medically Necessary Care, and Elective Services. Payment of the negotiated amount must be made in full within fifteen days of the patient’s receipt of their first statement. This discount will not be offered for any service in which a separate self-pay fee schedule has been assigned. Additionally, In-Network and Out-of-Network co-payments, coinsurance and deductibles are not eligible for the prompt pay discount. For the avoidance of doubt, this discount also will not be offered to any patient paying for services in accordance with a Payment Plan.

**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**

<b>Income Level</b>	<b>Discount</b>
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.

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**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.

NHC’s current AGB percentage based on claims for fiscal year 2020 equals 41.02%.

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 1/2021

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**Appendix 5**  
**Providers and**  
**Clinics—**  
**Covered and**  
**Uncovered**

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

- *Beverly Hospital 85 Herrick Street, Beverly, MA*
- *Addison Gilbert Hospital 298 Washington Street, Gloucester, MA*
- *BayRidge Hospital 60 Granite Street, Lynn, MA*
- *Lahey Outpatient Center Danvers, 480 Maple Street, Danvers, MA*
- *Wound Center, 500 Cummings Center, Beverly, MA*
- *Sports Medicine Rehabilitation, 77 Herrick Street, Beverly, MA*
- *Gloucester High School Clinic 32 Leslie O Johnson Way, Gloucester, MA*
- *Manchester Radiology 195 School Street, Manchester, MA*

**This Financial Assistance Policy also covers the charges from the individuals and entities listed in pages 1-15 of the attachment labeled “Covered and Non-Covered Providers and Clinics” for services provided within the Hospital facilities listed above.**

**For the providers listed on page 16 of the attachment labeled “Covered and Non-Covered Providers and Clinics,” this Financial Assistance Policy only covers the Hospital Facility charge. It does not cover provider charges from the individuals and entities listed on page 16 of the attachment. Patients are encouraged to contact these providers directly to see if they offer any assistance and to make payment arrangements.**

Updated 1/2021

**Appendix 6**  
**Public Access**  
**to Documents**

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

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

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

Beverly Hospital, 85 Herrick Street, Beverly, MA  
Addison Gilbert Hospital, 298 Washington Street, Gloucester, MA  
BayRidge Hospital, 60 Granite Street, Lynn, MA

2. Patients and Guarantors may download copies of all documents pertaining to Financial Assistance and Credit and Collection Policy via the NHC public website:  
<https://www.beverlyhospital.org/locations--services/patients--visitors'-guide/billing--patient-accounts>

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 NHC.

NHC 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 at Lahey Hospital and Medical Center at 41 Burlington Mall Road in Burlington, Beverly Hospital at 85 Herrick Street in Beverly located in the hospital lobby, or at Addison Gilbert Hospital at 298 Washington Street in Gloucester located just inside the building as you enter the Washington Street entrance, or at BayRidge Hospital at 60 Granite Street in Lynn located in the Outpatient Clinic area, or by calling 781-744-8815 Monday – Friday 8:30 am – 5:00 for information about the various programs and their availability.

**Policy History**

<b>Date</b>	<b>Action</b>
September 2016	Policy approved by the Board of Trustees
July 2020	Provider List Updated
August 2020	Revised Policy approved by BILH EVP/CFO and NHC Board Treasurer as Authorized Body of the Board