

POLICY NUMBER	POLICY TITLE	EFFECTIVE DATE
<b>3549.6</b>	<b>FINANCIAL ASSISTANCE POLICY</b>	<b>11/12/2018</b>
POLICY TYPE	AREA	APPLIES TO
<b>FINANCE</b>	<b>PATIENT FINANCIAL SERVICES</b>	<b>ALL HOSPITALS</b>

**PURPOSE:**

In keeping with our heritage and mission as a not-for-profit charitable organization committed to providing quality health care to all those we serve in a manner that responds to the needs of our communities and honors our faith heritage, Norton Healthcare's hospital facilities provide emergency or other medically necessary care to all of our patients, including uninsured or under-insured patients, regardless of their ability to pay for all or part of that care.

This Financial Assistance Policy ("FAP") is intended to be an I.R.C. (Internal Revenue Code of 1986, as amended) §501(r)-compliant financial assistance policy created and utilized to:

- (A) determine a hospital patient's eligibility for financial assistance;
- (B) set forth the method by which hospital patients may apply for financial assistance;
- (C) provide the basis for calculating amounts charged to eligible hospital patients;
- (D) affirm that this FAP is widely publicized within the hospital communities we serve;
- (E) affirm that Norton Healthcare will not engage in extraordinary collection actions prior to making reasonable efforts to determine a hospital patient's eligibility under this FAP and;
- (F) affirm that FAP-eligible hospital patients will not be billed more than amounts generally billed to other patients who have insurance covering such care.

**"Medically Necessary Care"** means those services, based upon an assessment of the eligible individual's medical needs, that are reasonable and required to identify, diagnose, treat, correct, cure, palliate or prevent a disease, illness, injury, disability, or other medical condition including pregnancy, and which are consistent with the determination of "Medical Necessity" as defined by Kentucky's Medicaid Program. Such services must be clinically appropriate and within generally-accepted standards of good medical practice. Further, such services must be provided in the most appropriate location where, for practical purposes, they may be safely and effectively rendered. Medically Necessary Care does not include any care provided primarily for the convenience of the individual, the individual's caregiver or healthcare provider, or for cosmetic reasons.

**"Emergency Care"** means those services, including examination and stabilization, provided to treat a medical condition (1) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be reasonably expected by a prudent layperson to result in (a) 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, (b) serious impairment to bodily functions, or (c) serious dysfunction of any bodily organ or part; or (2) with respect to a woman who is having contractions, that (a) there is inadequate time to effect a safe transfer to another hospital before delivery, or (b) that transfer may pose a threat to the health or safety of the woman or the unborn child.

**SCOPE:**

This FAP applies to all hospital patients with a demonstrated inability to pay (as opposed to an unwillingness to pay, which is considered bad debt) for some or all charges for any emergency or other medically necessary hospital-based services at the following locations:

Norton Audubon Hospital  
Norton Brownsboro Hospital  
Norton Hospital  
Norton Women's and Children's Hospital<sup>1</sup>  
Norton Children's Hospital  
Norton Children's Medical Center

Norton Cancer Institute  
Norton Cardiovascular Center - Springs  
Norton Cardiovascular Center - Dixie  
Norton Diagnostic Center - Dupont  
Norton Diagnostic Center - Fern Creek  
Norton Diagnostic Center - St. Matthews

## **FINANCIAL ASSISTANCE POLICY:**

Norton Healthcare provides free care to eligible patients under this FAP.

### **(A) Eligibility Criteria for Financial Assistance**

1. Generally, eligibility for Norton Healthcare's FAP is based on a family unit's residency, income, resources and number of dependents.
2. More specifically, the following criteria are used to determine FAP-eligibility for a patient (or that patient's guarantor):
  - a. The patient lacks healthcare insurance or there remains an unpaid balance after their healthcare insurance plan has either paid or rejected their claim<sup>2</sup> and the patient is otherwise eligible under this FAP; and
  - b. The patient does not qualify for subsidized coverage or government assistance such as Disproportionate Share Hospital ("DSH"), Children's Health Insurance Program ("CHIP"), Medicaid, Medicaid Managed Care Organization ("MCO"), or Hoosier Healthwise; and
  - c. The patient's family unit income is equal to or less than 300% of the Federal Poverty Guidelines ("FPG"); and
  - d. The patient's family unit resources / assets are equal to or less than 200% of the DSH guidelines; and
  - e. To be eligible for assistance for non-emergent Medically Necessary Care, a patient (or that patient's guarantor) must also be a resident of Kentucky, Indiana, Tennessee, Ohio or Illinois. This residency requirement does not apply to Emergency Care. A "resident" of a state is an individual whose primary place of residence as of the date of service is within the state.
3. For the purposes of determining a family unit's income and resources, the following definitions apply:
  - a. A **patient** is the individual receiving the hospital care contemplated under this FAP.
  - b. A **guarantor** is the individual who is financially responsible for the patient (if no other individual is financially responsible for the patient, the patient is also the guarantor).
  - c. A **dependent** is any individual claimed as such by the patient or guarantor on the federal income tax return submitted as proof of income with the FAP application.

---

<sup>1</sup> May be billed as Norton Children's Hospital - St. Matthews

<sup>2</sup> Any payment recovered by a recipient of assistance under this FAP - through appeal to their insurance carrier or through litigation, arbitration, negotiated settlement, etc. - must be promptly forwarded to Norton Healthcare and any previous assistance will be reversed by that same amount. Failure to do so may retroactively void the approved financial assistance and result in the guarantor being responsible for the entire balance without financial assistance adjustment.

- d. An **FAP-applicant** is either the patient or a guarantor.
- e. **Spouse** means an individual who is married to another individual as a result of marriage lawful where it was entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the provider or supplier providing health care services to the individual is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages.
- f. **Marriage** means a marriage lawful where it was entered into, including a lawful same-sex marriage, regardless of whether the jurisdiction where the provider or supplier providing health care services to the individual is located, or in which the spouse lives, permits such marriages to occur or recognizes such marriages;
- g. A **relative**, when used as a noun, includes, but is not limited to, an individual's spouse.
- h. A **minor** is anyone either (a) under the age of 23 living with a parent and claimed as a dependent on that parent's federal income tax return, or (b) under the age of 18 living with a legal guardian in the same residence.
- i. A **family unit** is comprised as follows:
  - (1) An individual and his/her spouse; or
  - (2) Parents and/or stepparents, their minor children and/or minor stepchildren, all living in the same residence; or
  - (3) Unmarried couples having at least one minor child in common, along with any minor siblings of that child, all living in the same residence; or
  - (4) A minor, the minor's legal guardian, along with any of the legal guardian's family, all living in the same residence; or
  - (5) A minor, the child of that minor, and that minor's parents, all living in the same residence; or
  - (6) A minor, the child of that minor, and that child's other parent, regardless of marital status, all living in the same residence (this is considered a separate family unit from any other family unit also in that residence); or
  - (7) A minor and that minor's grandparent living in the same residence (grandparents are a separate family unit unless the minor is claimed as a dependent by the grandparents and the grandparent can prove legal guardianship); or
  - (8) Common law spouses living in the same residence including common law marriages recognized in other states or where one spouse claims the other as a dependent.
- j. A **family unit's income** is the total money received by all family unit members from any source at any point during the preceding 12 months.
- k. A **family unit's resources / assets** include both liquid (cash, bank accounts, certificates of deposit, etc.) and non-liquid assets although certain exclusions exist as follows:
  - (1) A homestead, household goods and personal property including jewelry, clothing and other items of a personal nature;

- (2) Up to \$6,000 in equity in income producing non-homestead real property (business or non-business) essential for self-support;
  - (3) Up to \$4,500 in equity in automobiles; and
  - (4) Burial reserves of up to \$1,500 per individual, burial spaces including the plot, casket, vault, and items of a similar nature, and irrevocable prepaid burial plans, contracts and burial trusts.
4. Eligibility for assistance under this FAP for past services is no guarantee that future services will be eligible. A determination of eligibility under this FAP for services related to emergency or other medically necessary care is valid for no more than six months from the date of eligibility determination.

#### **(B) Method for Applying for Financial Assistance**

1. As listed in **Exhibit A**, employees of Norton Healthcare or of Norton Healthcare's designees are available to assist patients in determining, and/or to assess patients in order to determine, their eligibility for government assistance programs or Financial Assistance. Applications for government assistance or financial assistance may be completed by the patient directly and are available as described in this FAP. This program will be administered at the expense of Norton Healthcare with no cost to the patient.
2. To apply for financial assistance for **Major Services** (as listed in **Exhibit C**) under this FAP, the FAP-applicant must:
  - a. complete the Application for Financial Assistance - Major Services (see **Exhibit B1**); and
  - b. provide their prior year's tax return.
3. To apply for financial assistance for **Minor Services** (as listed in **Exhibit C**) under this FAP, the FAP-applicant must:
  - a. complete the Application for Financial Assistance - Minor Services (see **Exhibit B2**).
4. Additional information may be requested from the FAP-applicant if needed in order to clarify information provided in the application and/or tax returns, such as copies of bank account statements, unemployment check documentation, Social Security check documentation, rental property documentation, mortgage statements, real estate tax assessments, etc.
5. In some cases, financial assistance may be approved without an application for:
  - a. Presumptive Medicaid recipients
  - b. QMB Medicaid recipients
  - c. Out-of-state Medicaid recipients
  - d. Patients who are Medicaid-eligible in the month immediately prior to or following the date of service
  - e. Patients who have been determined to be FAP-eligible within the preceding six (6) months

#### **(C) Basis for Calculating Amounts Charged to Eligible Patients**

1. **Emergency or other medically necessary care.** Norton Healthcare (including substantially related entities) does not charge FAP-eligible patients more than amounts generally billed ("AGB")

to those who have insurance covering such care. Rather, Norton Healthcare provides emergency or other medically necessary care free of charge to any patients who meet the eligibility criteria for financial assistance under this FAP. Norton Healthcare uses the look-back method and calculates an AGB percentage for each hospital facility by dividing the sum of all of the amounts of its claims for emergency and other medically necessary care that have been allowed by Medicaid (including Medicaid managed care organizations and Medicaid fee-for-service) during the preceding 12-month calendar year, by the sum of the associated gross charges for those claims. AGB is determined by multiplying the gross charges for all care provided to the FAP-eligible patient/guarantor, including emergency and other medically necessary care, by the applicable AGB percentage in the following table<sup>3</sup>:

Norton Audubon Hospital	17%
<i>Includes:</i>	
<i>Norton Cardiovascular Center - Springs</i>	
Norton Brownsboro Hospital	18%
<i>Includes:</i>	
<i>Norton Diagnostic Center - Dupont</i>	
<i>Norton Diagnostic Center - Fern Creek</i>	
<i>Norton Diagnostic Center - St. Matthews</i>	
Norton Hospital	20%
Norton Women's and Children's Hospital	22%
Norton Children's Hospital	20%
<i>Includes:</i>	
<i>Norton Children's Medical Center</i>	

2. **All other medical care.** A FAP-eligible patient will be charged less than gross charges for such care; provided, however, that a billing statement may include the gross charges for such care as a starting point to which various contractual allowances, discounts or deductions may be applied in order to arrive at the less-than-gross-charges amount the FAP-eligible patient is expected to pay.

Charges for non-covered services provided to FAP-eligible patients eligible for Medicaid or other indigent care programs (including charges for days exceeding a length of stay limit) can be included in Norton Healthcare's total charity care calculation.

**(D) Widely Publicizing the Financial Assistance Policy**

Norton Healthcare widely publicizes this FAP, including the FAP applications and plain language summary of this FAP, to patients and those members of the community it serves who are most likely to require financial assistance, at no charge, through conspicuous public displays in its emergency rooms and admissions areas, by offering a plain language summary of the FAP as part of either the intake or discharge process, and by making these documents and information readily obtainable on its website and in paper copies upon request. If an individual expresses a preference to receive these documents and information electronically, Norton Healthcare will do so, for example, by electronic screen or monitor, email, or direct website address or URL. Where applicable, translations of these documents and information will also be made available. Each billing statement will include a conspicuous written notice that notifies and informs the recipient about the availability of financial assistance under this FAP and includes the telephone number

---

<sup>3</sup> Care provided by Norton Cancer Institute is allocated to the hospital facility where it was provided and is reflected in that hospital's AGB percentage



of the office or department that can provide information about the FAP and FAP application process, and the direct website address where copies of the FAP documents may be obtained.

**(E) Non-Norton Healthcare Hospital Facilities Providers**

A patient may receive emergency or other medically necessary care within a hospital facility from a non-Norton Healthcare hospital facility provider. The care these providers deliver may or may not be covered by this FAP. A list of these providers and whether or not the care they deliver is covered by this FAP is available free of charge on Norton Healthcare's website or upon request by contacting the departments as listed at **Exhibit A**.

**(F) Collection Actions**

Norton Healthcare will not engage in extraordinary collection actions without first making reasonable efforts to determine a hospital patient's eligibility under this FAP. The actions Norton Healthcare may take with respect to non-payment by a patient are described in a separate Billing and Collections Policy. This policy is available free of charge on Norton Healthcare's website or upon request.



EXHIBIT A - FINANCIAL ASSISTANCE CONTACT INFORMATION

For information or assistance, please visit our website or contact us:

**Financial Assistance Website:** [www.nortonhealthcare.com/FAP](http://www.nortonhealthcare.com/FAP)

**Financial Assistance Counselors:**

Norton Hospital (502) 629-2115 -or- (502) 629-8277

Norton Audubon Hospital (502) 636-7303

Norton Brownsboro Hospital (502) 446-8106 -or- (502) 446-8606

Norton Women's and Children's Hospital (502) 899-6136 -or- (502) 899-6207

Norton Children's Hospital (502) 629-8281 -or- (502) 629-8474

Norton Children's Medical Center (502) 446-8606

**Customer Service Team:** (502) 479-6300

Please mail, fax or email applications and documentation to:

**Financial Assistance Address:** SBO Financial Assistance Dept 14-7  
PO Box 35070  
Louisville, KY 40232-9972

**Financial Assistance Fax:** (502) 629-8883

**Financial Assistance Email:** [FAP@nortonhealthcare.org](mailto:FAP@nortonhealthcare.org)



EXHIBIT B1 - APPLICATION FOR FINANCIAL ASSISTANCE - MAJOR SERVICES

(SEE NEXT PAGE)



# NORTON HEALTHCARE APPLICATION FOR FINANCIAL ASSISTANCE

ACCOUNT #: \_\_\_\_\_  
 PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IS PATIENT A US CITIZEN?      YES      NO      IS PATIENT A LEGAL US RESIDENT?      YES      NO

PATIENT'S EMPLOYER (IF MINOR, MOM'S INFO): \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE'S EMPLOYER (IF MINOR, DAD'S INFO): \_\_\_\_\_ PHONE: \_\_\_\_\_

**IF YOU HAVE HEALTH INSURANCE, PLEASE PROVIDE:**

COMPANY NAME: \_\_\_\_\_ COMPANY PHONE: \_\_\_\_\_  
 POLICY #: \_\_\_\_\_ POLICY HOLDER: \_\_\_\_\_

WAS THIS STAY DUE TO CAR ACCIDENT?      YES      NO      IF YES, DATE OF ACCIDENT: \_\_\_\_\_

ATTORNEY INFORMATION: \_\_\_\_\_

IS ACCOUNT RELATED TO WORKER'S COMPENSATION?      YES      NO      INJURY DATE: \_\_\_\_\_

ATTORNEY INFORMATION: \_\_\_\_\_

**LIST THE NAME, AGE AND RELATIONSHIP OF MEMBERS IN HOUSEHOLD TO THE PATIENT:**

NAME	DATE OF BIRTH	RELATIONSHIP TO PATIENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(IF YOU NEED ADDITIONAL SPACE, PLEASE WRITE ON THE BACK OF THIS PAGE)

**INCOME (MONTHLY):**

PATIENT'S GROSS INCOME (IF PATIENT IS A MINOR, MOM'S MONTHLY GROSS INCOME):      \$ \_\_\_\_\_  
 SPOUSE'S GROSS INCOME (IF PATIENT IS A MINOR, DAD'S MONTHLY GROSS INCOME):      \$ \_\_\_\_\_

IF YOU HAVE NO INCOME, WHO PAYS FOR YOUR EXPENSES? \_\_\_\_\_

K-TAP:      \$ _____	UNEMPLOYMENT:      \$ _____
CHILD SUPPORT / ALIMONY:      \$ _____	FOOD STAMPS:      \$ _____
SOCIAL SECURITY:      \$ _____	PENSION:      \$ _____
SSI / DISABILITY:      \$ _____	OTHER INCOME:      \$ _____
<b>TOTAL MONTHLY GROSS FAMILY UNIT INCOME:</b> \$ _____	

**HOUSEHOLD EXPENSES (MONTHLY):**

RENT / MORTGAGE:      \$ _____	FOOD AND SUPPLIES:      \$ _____
TELEPHONE:      \$ _____	UTILITIES:      \$ _____
	OTHER EXPENSES:      \$ _____
<b>TOTAL MONTHLY EXPENSES:</b> \$ _____	

**COUNTABLE RESOURCES:****BANK****VALUE**

CHECKING: \_\_\_\_\_

SAVINGS: \_\_\_\_\_

MONEY MARKET: \_\_\_\_\_

MUTUAL FUNDS: \_\_\_\_\_

STOCKS:           401k \_\_\_\_\_           403B \_\_\_\_\_

BONDS:           \_\_\_\_\_           IRA \_\_\_\_\_

OTHER RESOURCES: \_\_\_\_\_

**TOTAL RESOURCES:**           \$ \_\_\_\_\_

**PROPERTY:****HOME:****OTHER PROPERTY:****AUTO #1:****AUTO #2:**

MORTGAGEE NAME	MORTGAGEE NAME	YEAR/MAKE/MODE	YEAR/MAKE/MODEL
_____	_____	_____	_____
CURRENT VALUE	CURRENT VALUE	CURRENT VALUE	CURRENT VALUE
_____	_____	_____	_____
CURRENT EQUITY	CURRENT EQUITY <small>(CURRENT VALUE MINUS WHAT YOU OWE)</small>	CURRENT EQUITY <small>(CURRENT VALUE MINUS WHAT YOU OWE)</small>	CURRENT EQUITY <small>(CURRENT VALUE MINUS WHAT YOU OWE)</small>

**OTHER HOMES?**

\_\_\_\_\_

(IF YES, PLEASE PROVIDE MORTGAGEE NAME, ADDRESS, CURRENT VALUE AND CURRENT EQUITY)

**OTHER AUTOS?**

\_\_\_\_\_

(IF YES, PLEASE PROVIDE YEAR, MAKE MODEL, OWNER, CURRENT VALUE AND CURRENT EQUITY)

**OTHER PROPERTIES  
(ATV, MOTORCYCLE,  
MOTORHOME, ETC.)?**

\_\_\_\_\_

(IF YES, PLEASE PROVIDE YEAR, MAKE, CURRENT VALUE AND CURRENT EQUITY)

**THIS CERTIFIES THAT I REQUEST TO BE CONSIDERED FOR FINANCIAL ASSISTANCE AT NORTON HEALTHCARE**

I HEREBY AGREE to furnish Norton Healthcare with the information necessary to determine my eligibility for assistance with the medical bills resulting from the services I have received at their facilities. I understand that my physicians and other health care providers may have financial assistance policies that could assist me with the medical bills from those providers. As such, I authorize Norton Healthcare to provide a copy of my application to those providers who request it to assist them in determining whether I qualify for benefits under their financial assistance programs.

I certify that the information provided by me in this application is correct and true to the best of my knowledge and belief. I understand that if I give false information or withhold information in applying for assistance, my application will be denied and Norton Healthcare will continue to pursue collection of any outstanding balance due. In that instance, I may also be subject to prosecution for fraud. I agree to notify Norton Healthcare of any changes to the information provided in this form including address, telephone number, and income.

\_\_\_\_\_

RESPONSIBLE PARTY SIGNATURE

\_\_\_\_\_

DATE

PLEASE PROVIDE \_\_\_\_\_ FEDERAL TAX RETURN (FORM 1040) AND 2 MONTH'S PAYCHECK STUBS, AND PROOF OF SSI, SOCIAL SECURITY, AND/OR PENSION (WHERE APPLICABLE) WITH COMPLETED APPLICATION. IF YOU ARE NOT REQUIRED TO FILE TAXES, PLEASE PROVIDE 2 RECENT BANK STATEMENTS.

**RETURN INFORMATION TO:****NORTON HEALTHCARE**

SBO FINANCIAL ASSISTANCE DEPT 14-7

PO BOX 35070

LOUISVILLE, KY 40232-9972

CUSTOMER SERVICE PHONE #:

(502) 479-6300

FINANCIAL ASSISTANCE FAX #:

(502) 629-8883

E-MAIL ADDRESS:

[FAP@nortonhealthcare.org](mailto:FAP@nortonhealthcare.org)

FOR MORE INFORMATION VISIT:

[www.nortonhealthcare.com](http://www.nortonhealthcare.com)



EXHIBIT B2 - APPLICATION FOR FINANCIAL ASSISTANCE - MINOR SERVICES

Norton Healthcare Financial Assistance Application for Minor Services Only

Patient Name: \_\_\_\_\_ SSN# \_\_\_\_\_ DOB \_\_\_\_\_
Spouse's Name: \_\_\_\_\_ SSN# \_\_\_\_\_ DOB \_\_\_\_\_
Address \_\_\_\_\_ PHONE \_\_\_\_\_
Family Size: Number in Household: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_
Income: Total Gross Income for Household: Monthly \$ \_\_\_\_\_ or Yearly \_\_\_\_\_
Income includes: Patient income, Spouse's income, Child Support/Alimony, Monthly Social Security Checks, Pension, Unemployment, SSI, or Disability. Includes ANY other income
Resources: Amount in Checking \$ \_\_\_\_\_ Amount in Savings \$ \_\_\_\_\_
Stocks/Bond/CD's Value (even if unable to be cashed in) \_\_\_\_\_ 403B \_\_\_\_\_; 401K \_\_\_\_\_, Other \_\_\_\_\_
Assets: Total Value of Assets \$ \_\_\_\_\_ excluding the home that you currently reside
Assets include any additional property, land, additional rental homes, etc.

This certifies that I request to be considered for financial assistance at Norton Healthcare. I understand that my physicians and other health care providers may have financial assistance policies that could assist me with the medical bills from those providers. As such, I authorize Norton Healthcare to provide a copy of my application to those providers who request it to assist them in determining whether I qualify for benefits under their financial assistance programs. I CERTIFY that the information provided by me in this application is correct and true to the best of my knowledge and belief. I understand that if I give false information or withhold information in applying for assistance, my application will be denied and Norton Healthcare will pursue collection of any outstanding balance due. I understand that the application being completed is only for minor hospital services. Eligibility consideration for major hospital services will require the completion of the full Norton Healthcare Application for Financial Assistance and may require additional information and proof of income/resources be submitted to determine my eligibility for assistance with those additional major services.

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN INFORMATION TO: NORTON HEALTHCARE
SBO FINANCIAL ASSISTANCE DEPT 14-7
P.O. BOX 35070
LOUISVILLE, KENTUCKY 40232-9972

E-MAIL TO: FAP@nortonhealthcare.org

FOR MORE INFORMATION VISIT: www.nortonhealthcare.com
CUSTOMER SERVICE PHONE#: (502) 479-6300
FINANCIAL ASSISTANCE FAX: (502) 629-8883



EXHIBIT C - MAJOR / MINOR SERVICES

MAJOR PROCEDURES	MINOR PROCEDURES
CHEMO / DRUGS AND THERAPY	IV THERAPY
INFUSIONS	RADIOLOGY-DIAGNOSTIC
ORTHO-PROSTHETIC DEVICES	BLOOD STORAGE
RADIATION THERAPY	AUDIO
NUCLEAR MEDICINE	CLINIC
CT-CAT SCAN	OSTEOPATHIC SERVICES
EPIDURAL BLOCK	PHARMACY (NOT CHEMO/DRUGS AND THERAPY)
OUTPATIENT SURGERY	EKG
RESPIRATORY CARE SERVICES	EEG
PHYSICAL THERAPY	DIABETES TREATMENT
OCCUPATIONAL THERAPY	CARDIAC REHAB - PHASE III
SPEECH THERAPY	ER (WITHOUT MAJOR PROCEDURES)
PULMONARY FUNCTION GENERAL	LAB (NON-ONCOLOGY)
CARDIAC REHAB (NOT PHASE III)	MAMMOGRAM
CARDIOLOGY - CARDIAC CATH	OBS TREATMENT ROOM / PORT FLUSH
CARDIOLOGY - ECHO	OBS TREATMENT ROOM / WOUND CARE
AMBULATORY SURGERY CARE	ULTRASOUND
AMBULANCE SERVICE	X-RAYS
MRI	
MRA	
MRT	
RECOVERY ROOM	
LABOR AND DELIVERY ROOM	
GASTROINTESTINAL GENERAL	
LITHOTRIPSY	
PSYCHIATRIC TREATMENTS - HOSPITAL BASED	
PSYCHIATRIC SERVICES - HOSPITAL BASED	
POLYSOMNOGRAPHANY (SLEEP STUDY)	
EMG	
NERVE CONDUCTION VELOCITY	
OTHER THERAPY	
INPATIENT	
OBSERVATION SERVICES - SLEEP STUDY	
ORTHOPEDIC SERVICES	
OPERATING ROOM SERVICES	
LAB (ONCOLOGY)	
POSTRON EMISSION TOMOGRAPHY (PET)	
CARDIOLOGY STRESS TEST	
CARDIOLOGY OTHER	
NURSERY NEWBORN	

Other services not listed on this Exhibit may be included for eligibility. Please contact the Customer Service Department at (502) 479-6300.