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Owner Lori Dean: Sys Dir
Revenue Cycle - Huron
Area/ Department Patient Access Services
Applicability Munson Healthcare Systemwide
Tags Policy

Financial Assistance

Purpose

To provide a consistent method of determining eligibility in the Financial Assistance Program (FAP) for all Munson Healthcare (MHC) facilities, to include Munson Medical Center (MMC), Paul Oliver Memorial Hospital (POMH), Kalkaska Memorial Health Center (KMHC), Munson Healthcare Cadillac Hospital (CAD), Munson Healthcare Grayling Hospital (GRY), Munson Healthcare Charlevoix Hospital (MHCH), Munson Healthcare Otsego Memorial Hospital (OMH) and Munson Healthcare Manistee Hospital (MHHM).

To implement this policy, MHC intends to, and shall, comply with Internal Revenue Code (IRC) section 501(r), Public Act 107, and all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

To widely publicize the FAP to patients and the public for those who qualify under the MHC Financial Assistance Policy.

Background

MHC will not deny appropriate care to any individual requiring treatment or prevention of an illness that is deemed emergent or medically necessary.

MHC is committed to providing financial assistance to persons who have health care needs and are uninsured/underinsured or ineligible for a government program, in whole or in part, for medically necessary care based on a determination of their individual financial situation in accordance with this policy.

Financial assistance is not considered to be a substitute for personal responsibility. The facility will pursue payment from the patient/guarantor for all deductibles, co-pays, co-insurance and/or service not covered by insurance or other third-party payers. Patients are expected to cooperate with MHC's policy for obtaining financial assistance or other forms of payment, and are expected to contribute to the cost of their care based on their individual ability to pay.

The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social, national origin, citizenship, gender identity, disability, political beliefs, religious affiliation, or any other protected class.

Financial assistance under this policy is intended to assist uninsured and/or underinsured individuals and shall not be granted to any third party payers, including but not limited to auto insurance plans, workers compensation plans, commercial insurance plans or government insurance plans.

The determination to grant financial assistance under this policy is solely at the discretion of MHC.

The Financial Assistance Policy will be reviewed per the renewal schedule by a "delegated body" of the hospital's Board. The Chief Financial Officer (CFO) is a delegated body of the Board. He/she will review the policy annually and report any changes to the Finance Committee of the Board. The approval of the policy will be noted in the minutes of the Finance Committee meeting.

A Financial Assistance application that is complete and approved by any MHC facility will be accepted at any of the MHC facilities covered under this policy.

Definitions

For the purpose of this policy, the terms below are defined as follows:

1. **Application Period:** The period during which MHC must accept and process an application for financial assistance under the FAP. The application period begins on the date the care is provided and ends on the 240th day after MHC provides the first discharge billing statement.
2. **Charges:** Term referring to the gross amount the patient or insurance is expected to pay.
3. **EMTALA:** Emergency Medical Treatment and Active Labor Act.
4. **Extraordinary Collection Action (ECA):** include selling a debt to another party; reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus; deferring or denying, or requiring payment before providing medically necessary care, because of an individual nonpayment of one or more bills for medically necessary care previously provided (outstanding balances); actions that require a legal or judicial process such as liens of civil actions.
5. **Family:** Patient, patient's spouse, and all of patient's dependents, as claimed on responsible party's tax return.
6. **Family Income:** Income is calculated using a family's Modified Adjusted Gross Income (MAGI), along with current income verifications.
7. **Federal Poverty Level (FPL):** The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services (DHHS).

8. **Financial Assistance:** Health care services that have or will be provided without charge or at a discount to individuals who meet the criteria established in this policy.
9. **501r Rule:** Regulations that provide guidance regarding the requirements for charitable hospital organizations added by the Patient Protection and Affordable Care Act of 2010.
10. **Look Back Method:** A method in which a hospital facility computes at least annually a percentage discount to apply against the hospital facility's gross charges for care provided to FAP-eligible individuals.
11. **Medically Necessary Care:** According to Medicare.gov, 'medically necessary' is defined as "health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine".
12. **Munson Healthcare (MHC):** This includes MMC, POMH, KMHC, MHCH, CAD, OMH, and GRY.
13. **Plain Language Summary:** A summary of the Financial Assistance Policy that is written in simple terms to make it clear and understandable by the general public as required by IRS 501r.
14. **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.
15. **Underinsured:** Not having insurance that offers complete financial protection that results in the patient/guarantors lack of ability to cover out-of-pocket expenses.

Policy

Commitment to Providing Emergency Medical Care

- A. MHC provides, without discrimination, care for emergency medical conditions to individuals regardless of their ability to pay or eligibility for financial assistance. MHC hospitals will not engage in actions that discourage individuals from seeking emergency medical care. Emergent care will be provided without interference from debt collection or demands for prepayment of services prior to treatment. All MHC hospitals fully comply with the Emergency Medical Treatment and Active Labor Act (EMTALA).

Services Eligible under this Policy

- A. Emergency medical services provided by an MHC facility.
- B. Services for a condition, which, if not promptly treated, would lead to an adverse change in the health status of an individual
- C. Non-elective services provided in response to life-threatening circumstances in a non-emergency room (ER) setting.
- D. Medically necessary services, evaluated on a case-by case basis, at MHC's discretion.

Services Not Eligible under this Policy

- A. Non-medically necessary services including but not limited to sterilization reversals, infertility treatment, or any cosmetic procedures.

- B. Outpatient pharmacy services, except for initial ER visit.
- C. Procedures that are determined to be experimental in nature by the Food & Drug Administration (FDA).
- D. Other items or procedures not normally covered by insurance.

Provider List

- A. Addendum A lists physician practices that provide emergency or other medically necessary care at a MHC facility and indicates which practices are covered under this Financial Assistance Policy. See Addendum A at the end of this policy (Physician Practices Who Do or Do Not Follow MHC's Financial Assistance Policy).

Financial Assistance Eligibility Criteria

- A. Prior to seeking financial assistance, the patient and MHC will pursue all possible forms of third party payment. MHC reserves the right to investigate, verify, and request assignment of:
 - 1. All benefits from any third party insurance source
 - 2. All benefits from State and Federal assistance programs for which the individual may be eligible (e.g. Medicaid)
 - 3. All benefits from any outside FAP
 - 4. Pending litigation
- B. Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with need. Uninsured/Underinsured patients whose family income meets the following criteria will be eligible for a discount on gross charges as follows:
 - 1. Up to 200% of the FPL: 100% discount on gross charges
 - 2. Between 201% and 300% of the FPL: 75% discount on gross charges
 - 3. Between 301% and 400% of the FPL: 65% discount on gross charges
- C. Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance application on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, MHC, in its sole discretion, may use information provided by outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility for potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances. See Addendum B at the end of this policy, (Presumptive Eligibility Determination).
- D. COBRA Payments: When a patient has services at MHC and it is determined that the patient is eligible for COBRA and cannot purchase COBRA themselves, MHC, in its sole discretion, may elect to purchase the COBRA coverage for them. COBRA will be purchased for patients whose family income is up to 250% FPL and the benefit outweighs the costs of the assistance. Need for continuation of COBRA coverage will be evaluated monthly.

- E. Catastrophic Financial Assistance: MHC reserves the right to review catastrophic cases on an individual basis. MHC will consider medical expenses accumulated within the last 240 days, as well as anticipated future expenses for the next 90 days. A catastrophic event results in a financial burden of 25% of annual income or greater.
- F. The applicant will be expected to cooperate and assist with all applications for benefits from federal, state or other charitable sources. Based on extenuating circumstances, the need for all of the supporting documentation may be waived at the discretion of an MHC financial director.
- G. It is expected that a patient who may be Medicaid eligible apply for Medicaid (See Addendum C for exceptions). In order to receive financial assistance, the patient must apply for Medicaid and be denied for any reason other than the following:
 - 1. Did not apply;
 - 2. Did not follow through with the application process;
 - 3. Did not provide requested verifications.
- H. Failure by the patient or guarantor to fulfill all responsibilities under any of the above programs, or who do not provide the requested information necessary to completely and accurately assess their financial situation in a timely manner, may result in denial of the application for financial assistance. If at a later date it is discovered that the application was falsified, MHC reserves the right to cancel any financial assistance care awarded and bill the patient the account balance.

Application Process

- A. Each applicant will be required to complete a written, oral, or electronic financial assistance application and supply all required information.
- B. Printed copies of the Plain Language Summary, the Financial Assistance Policy, the Credit and Collection Policy, and the Financial Assistance Application are available at no cost in English and Spanish at any Registration, Patient Access Service areas, or on the MHC website at www.munsonhealthcare.org/financialhelp
- C. Details of the required information to be submitted may be found on the website.
- D. Financial assistance approvals are valid for one year of approval date. Any retroactive "current" balances may be included. A life qualifying event, a critical change in ones financial situation, or the addition of a third party payer eligibility may alter the approval period and require further review.
- E. Financial assistance will be considered for any patient balance still held in accounts receivables at the time of application.
- F. As a general rule, account balances already in collections will require management approval to be eligible for consideration.
- G. Request for financial assistance shall be processed promptly and MHC shall notify the patient or applicant in writing within 30 days of receipt of a completed application with verifications.
- H. Any MHC CFO, VP of Revenue Cycle, System Director of Revenue Cycle, System Director of Patient Access Services, or Manager of Financial Counseling and Assistance have the authority to approve a candidate or change the financial award based on extenuating

circumstances. In addition, the KMHC CFO and CEO have the authority to approve a candidate or change the financial award based on extenuating circumstances for KMHC.

- I. For assistance in completing an application, the patient may contact the Financial Counseling Department.

Appeal Process

- A. Patients who have been denied financial assistance may request their case be reviewed by the Revenue Cycle Administration for reconsideration. The request must be made in writing within 30 days of the postmark of the decision letter. The patient's request must detail current financial situation and why they feel they qualify for assistance.

Amounts Generally Billed (AGB)

- A. MHC complies with IRC, section 501(r), as no patient covered under this policy will be charged more than AGB. MHC determines AGB by multiplying the gross charges for any emergency or other medically necessary care it provides to a FAP-eligible individual by an AGB percentage. MHC calculates the AGB percentage using the look-back method prescribed by the IRS. The percentage is based on all claims allowed by Medicare and private health insurers over a specified 12-month period, divided by the associated gross charges for those claims. AGB percentages are calculated no less than annually for each MHC hospital.
- B. Members of the public may obtain the current AGB percentage for any MHC hospital (and a description of the calculation) in writing and free of charge by contacting MHC Corporate Finance Department.

Credit and Collection Policy

- A. MHC's internal and external collection practices referenced in the Credit and Collection Policy (including actions the hospital may take in the event of non-payment, including collection actions and reporting to collection agencies) are described in this policy. You may obtain a copy of the policy free of charge by contacting the Financial Assistance team at (231) 935-2350, or by visiting the MHC website at www.munsonhealthcare.org/financialhelp.

Communication of the FAP to the Public

- A. MHC will widely publicize the availability of the FAP by the following methods: Signs, and program brochures available at the registration areas, including ER and Urgent Care areas. A statement alerting patients of the availability of the FAP on billing statements.
- B. A printed copy of this policy, the Credit and Collection Policy, the plain language summary, and the financial assistance application are available at no cost in English and Spanish on the MHC website, or at any MHC Registration, ER, or Urgent care areas.

Document ID: 003.003

Attachments

[Addendum A](#)

[Addendum B](#)

[Addendum C](#)

Approval Signatures

| Step Description | Approver | Date |
|-----------------------------------|--|----------|
| System Policy Oversight Committee | Terri Fries: Document Mgmt Spec | 9/5/2024 |
| System PAS Director | Marcus Bergstrom: Sys Dir PAS - Huron | 9/4/2024 |
| Document Owner | Lori Dean: Sys Dir Revenue Cycle - Huron | 9/4/2024 |

Applicability

Cadillac Hospital, Charlevoix Hospital, Grayling Hospital, Kalkaska Memorial Health Center, MHC Corporate (Home Health, Dialysis, NMSA, etc.), Manistee Hospital, Munson Medical Center, Otsego Memorial Hospital, Paul Oliver Memorial Hospital

Addendum A (Addenda A)

Munson Medical Center

Physician Practices Who Do or Do Not Follow

MHC's Financial Assistance Policy

(Prácticas de médicos que siguen o no siguen la póliza de ayuda financiera de MHC)

| Specialty (Especialidad) | Practice (Práctica) | Follow MHC Financial Assistance Policy (Siguen la Póliza de Ayuda Financiera de MHC) |
|---------------------------------|---|---|
| Podiatry | Advanced Foot & Ankle Center | No |
| Podiatry | Ankle and Foot Associates | No |
| Rheumatology | Arthritis and Osteoporosis Center | No |
| Vitreoretinal Surgery | Associated Retinal Consultants, PC | No |
| Dermatology | Associates in Dermatology of TC | No |
| Dentistry | Associates in Family Dentistry | No |
| Dermatology | Bay Area Dermatology | No |
| Family Medicine | Bay Area Family Care | No |
| Urology | Bay Area Urology | Yes |
| Ophthalmology | Bay Eye Associates | No |
| Allergy & Immunology | Bayside Allergy, PC | No |
| Family Medicine | Best Medical Services, PLC | No |
| Podiatry | Birch Tree Foot & Ankle Specialists | No |
| Cardiac Diagnostics | Boston Scientific Cardiac Diagnostics, Inc | Yes |
| Psychology & Neuropsychology | Brain & Behavioral Health | No |
| Family Medicine | Brookside Family Medicine | No |
| Psychology | Bruning, Elizabeth G. PhD | No |
| Cardiothoracic Surgery | Cardiothoracic Surgeons of G.T. | Yes |
| ENT / Otolaryngology | Cass Street ENT Associates PC | No |
| Ophthalmology | Cedar Run Eye Center | No |
| Plastic Surgery | Center for Plastic Surgery of Northern Michigan | No |
| Family Medicine | Cherry Bend Family Care, PLC | No |
| Psychology | Comprehensive Pain Management Program | Yes |
| Oncology, Infusion | Cowell Family Cancer Center | Yes |
| Dentistry, Pediatric | Dental Clinics North | No |
| Family Medicine | East Bay Medical | No |
| Family Medicine | Elk Rapids Medical Clinic | No |
| Family Medicine | Elk Rapids Primary Care | No |

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|---|---|-----|
| Dermatology | Elk Rapids Skin & Laser Clinic | Yes |
| Emergency Medicine | Emergency Medicine Billing & Coding Company (EMBCC) | No |
| Endocrinology | Endocrinology & Metabolism | Yes |
| Psychiatry | Engel Mind & Body Psychiatry | No |
| Allergy & Immunology | Grand Traverse Allergy, PC | No |
| Family Medicine | Grand Traverse Band Family Health Clinic | No |
| Pediatrics | Grand Traverse Children's Clinic | No |
| Podiatry | Grand Traverse Foot & Ankle Center, PC | No |
| Internal Medicine | Grand Traverse Internal & Family Medicine | No |
| Ophthalmology | Grand Traverse Ophthalmology Clinic | No |
| Oral & Maxillofacial Surgery | Grand Traverse Oral Surgery | No |
| Pathology | Grand Traverse Pathology, PLLC | Yew |
| Plastic Surgery | Grand Traverse Plastic Surgery, PC | No |
| Radiology | Grand Traverse Radiologists, PC | Yes |
| Obstetrics-Gynecology, Family Medicine | Grand Traverse Women's Clinic | No |
| Podiatry | Great Lakes Foot and Ankle Specialists | No |
| Orthopaedic Surgery | Great Lakes Orthopaedics Center | No |
| Plastic Surgery | Great Lakes Plastic Surgery Center | No |
| Gynecologic Oncology | Gynecologic Oncology | Yes |
| Orthopaedic Hand Surgery | Hand Surgery of Northern Michigan | No |
| Pediatric Cardiology, Endocrinology, Gastroenterology, Nephrology, Urology | Helen DeVos Children's Hospital | No |
| Family Medicine | Hessler Wellness | No |
| Infectious Disease | Infectious Disease Consultants | Yes |
| Pediatrics | Kids Creek Children's Clinic | No |
| Oral & Maxillofacial Surgery | Lakeside Oral Surgery | No |
| Neurology | Lee, Heather Dr. DO, PLLC | No |
| Family Medicine | Leelanau Family Practice | No |
| Family Medicine | Little Traverse Primecare | Yes |
| Physical Medicine & Rehabilitation | Mary Free Bed Rehabilitation Physicians | No |
| Maternal & Fetal Medicine | Maternal Fetal Medicine | Yes |
| Wound Care | MHC Advanced Wound Center | Yes |
| Internal Medicine | MHC Cedarwoods Internal Geriatric Medicine | Yes |
| Gastroenterology | MHC Digestive Health | Yes |
| Family Medicine | MHC Elmwood Primary Care | Yes |
| General Surgery | MHC General Surgery & Trauma | Yes |
| Family Medicine | MHC Gynecologic Oncology | Yes |

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|------------------------------------|--|-----|
| Occupational Medicine | MHC Occupational Health & Medicine | Yes |
| Orthopedics | MHC Orthopedic Institue | Yes |
| Psychology | MHC Outpatient Rehab | No |
| Psychiatry | MHC Partial Hospitalization Program | Yes |
| Physical Medicine & Rehabilitation | MI Physical Medicine, PLC | No |
| Psychiatry | Munson Behavioral Health | Yes |
| Weight Management | Munson Comprehensive Weight Management Program | Yes |
| Family Medicine | Munson Family Practice Center | Yes |
| Palliative Care | Munson Hospice & Palliative Medicine Service | Yes |
| Neonatology | Munson Neonatology Unit | Yes |
| Nephrology | Munson Nephrology Consultants | Yes |
| Neurology/IP | Munson Neurohospitalist Service | Yes |
| Neurosurgery, Neurology | Munson Neurology & Neurosurgery | Yes |
| Hematology & Oncology | Munson Oncology & Hematology | Yes |
| Psychiatry | Munson Outpatient Psychiatric | Yes |
| Pediatrics | Munson Patient Care Management | Yes |
| Rheumatology | Munson Rhuematology | Yes |
| Sleep Disorders | Munson Sleep Disorder Center | Yes |
| Trauma Surgery | Munson Trauma & Acute Care Surgery Program | Yes |
| Urgent Care Medicine | Munson Urgent Care | Yes |
| Physical Medicine & Rehabilitation | Neuromuscular & Rehabilitation Assoc. | No |
| Psychology | New Approaches Center | No |
| Pediatrics | North Love, PLLC | No |
| Psychiatry | Northern Lakes Community Mental Health | No |
| Gastroenterology | Northern Michigan Gastroenterology, PLC | No |
| Internal Medicine / Pediatrics | Northern Michigan Medicine & Pediatrics | No |
| Pediatric Dentistry | Northern Michigan Pediatric Dentistry PC | No |
| Family Medicine | Northern Pines Health Center | No |
| Ophthalmology | Northern Vision Eye Care | No |
| Physical Medicine & Rehabilitation | Northshore Rehab PLLC | No |
| General Surgery | Northwest Michigan Surgical Group, PC (Surgery Center) | No |
| Dermatology | Northwestern Michigan Dermatology, PC | No |
| Obstetrics-Gynecology | Northwood Obstetrics & Gynecology | No |
| Hematology & Oncology | Oncology Multidisciplinary Clinic | Yes |
| Family Medicine | Pace North | No |
| Family Medicine | Partners in Family Pactice | No |
| Family Medicine | Partners In Health | No |

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|----------------------------|--|-----|
| Ophthalmology | Potthoff Eye Care & Surgery | No |
| Internal Medicine | Pre-Operative Assessment Clinic | Yes |
| Family Medicine | Primary Care Sports Medicine, PC | No |
| Pulmonary Medicine | Pulmonary and Critical Care | No |
| Radiation Oncology | Radiation Oncology | Yes |
| Family Medicine | Roth, Katherine MD | No |
| Family Medicine | Ruoff, Gary DO | No |
| Neurology | Salon, Matthew, MD | No |
| Dermatology | Skin Cancer & Dermatology Center | No |
| Radiology | Smith Family Breast Health Center | Yes |
| Hospitalists | Sound Physicians | Yes |
| Dentistry, General | Suttons Bay Dental Center, PLLC | No |
| Internal & Family Medicine | Suttons Bay Medical Clinic | No |
| Family & Internal Medicine | Thirlby Clinic | No |
| HIV/AIDS Center | Thomas Judd Care Center | Yes |
| Hospitalist | Traverse Bay Hospitalist | Yes |
| Internal Medicine | Traverse Bay Internal Medicine | No |
| Radiation Oncology | Traverse Bay Radiation Oncologists, PC | Yes |
| Ophthalmology | Traverse City Eye Consultants, PC | No |
| Orthopaedic Surgery | Traverse City Orthopedics & Sports Medicine | No |
| Psychiatry, Family Health | Traverse City VA Clinic | No |
| Internal & Family Medicine | Traverse Health Clinic | Yes |
| Cardiology | Traverse Heart & Vascular | Yes |
| Neurosurgery, Neurology | Traverse Neurology (Cornelie, Robens, Lee, Kuesel, Bruining) | Yes |
| Vascular Surgery | Vascular Center of Northern Michigan | No |
| General Surgery | Vein Center | No |
| Psychiatry | Well-Spring Psychiatry, P.C. | No |
| Family Medicine | West Front Primary Care | No |
| Gynecology | Women's Health Pavilion | No |
| Family Medicine | Your Health Family Medicine | No |

Updated: 1/2025

Addendum A (Addenda A)

Munson Healthcare Kalkaska Memorial

Physician Practices Who Do or Do Not Follow

MHC's Financial Assistance Policy

(Prácticas de médicos que siguen o no siguen la póliza de ayuda financiera de KMHC)

| Specialty (Especialidad) | Practice (Práctica) | Follow MHC Financial Assistance Policy (Siguen la Póliza de Ayuda Financiera de KMHC) |
|--------------------------------------|---------------------------------|--|
| Pathology | Grand Traverse Pathology | Yes |
| Radiologist | Grand Traverse Radiologist, PC | Yes |
| Orthopaedic | Great Lakes Orthopaedic Center | No |
| Family Medicine | Kalkaska Medical Associates | Yes |
| General Surgery, Family, ER Medicine | Kalkaska Memorial Health Center | Yes |
| Anesthesiologist | Munson Anesthesia | Yes |
| Family Medicine-Pediatrics | Teen Health Center | Yes |

Updated: 1/2025

| <p style="text-align: center;"><i>Addendum A (Addenda A)</i></p> <p style="text-align: center;">Munson Healthcare Paul Oliver Memorial</p> <p style="text-align: center;">Physician Practices Who Do or Do Not Follow</p> <p style="text-align: center;">MHC's Financial Assistance Policy</p> <p style="text-align: center;">(Prácticas de médicos que siguen o no siguen la póliza de ayuda financiera de POMH)</p> | | |
|--|---|--|
| Specialty (Especialidad) | Practice (Práctica) | Follow MHC Financial Assistance Policy (Siguen la Póliza de Ayuda Financiera de POMH) |
| Ophthalmology | Bay Eye Associates | No |
| Family Practice | Betsie Bay Medical Center | No |
| Podiatry | Birch Tree Podiatry Group | No |
| Cardiac Diagnostics | Boston Scientific Cardiac Diagnostics, Inc | Yes |
| Family Practice, Pediatrics, Internal Med | Crystal Lake Clinic | No |
| Emergency Medicine | Crystal Lake Clinic | No |
| Emergency Medicine | Crystal Lake Clinic - Benzonia | No |
| Emergency Medicine | Emergency Medicine Billing & Coding Company (EMBCC) | No |
| Pathology | Grand Traverse Pathology | Yes |
| Radiologist | Grand Traverse Radiologist, PC | Yes |
| Anesthesiologist | Munson Anesthesia | Yes |
| Family & Emergency Medicine | Paul Oliver Memorial Hospital | Yes |
| Family Medicine | POMH Empire Family Care | Yes |
| Podiatry | Sheldon, David DPM | No |

Updated: 1/2025

Addendum A (Addenda A)
Munson Healthcare Cadillac Hospital
Physician Practices Who Do or Do Not Follow
MHC's Financial Assistance Policy
(Prácticas de médicos que siguen o no siguen la póliza de ayuda financiera de MHC Cadillac)

| Specialty (Especialidad) | Practice (Práctica) | Follow MHC Financial Assistance Policy (Siguen la Póliza de Ayuda Financiera de MHC Cadillac) |
|------------------------------------|---|--|
| Podiatry | Advanced Foot & Ankle Centers | No |
| Allergy & Immunology | Allergy & Asthma Specialists of Cadillac | No |
| Emergency Medicine | Artesian Springs Medical Clinic | No |
| Cardiac Diagnostics | Boston Scientific Cardiac Diagnostics, Inc | Yes |
| Urgent Care Medicine | Cadillac After Hours Clinic | No |
| Otolaryngology | Cadillac ENT & Facial Plastic Surgery | No |
| Family Medicine | Cadillac Family Physicians | No |
| Obstetrics-Gynecology | Cadillac OB/GYN | Yes |
| Orthopaedics | Cadillac Orthopaedics | No |
| Podiatry | Cadillac Surgical Care | Yes |
| Urology | Cadillac Urology Practice | No |
| Nephrology | Chowdhury MD, PLLC | No |
| Emergency Medicine | Emergency Medicine Billing & Coding Company (EMBCC) | No |
| Family Medicine | Family Practice of Cadillac, PC | No |
| Pathology | Grand Traverse Pathology | Yes |
| Radiologist | Grand Traverse Radiologist, PC | Yes |
| Pediatric Cardiology | Helen DeVos Children's Hospital Congenital | No |
| Internal & Family Medicine | Lake City Primary Care | No |
| Pediatrics | Mackinaw Trail Health Pediatrics | No |
| Anesthesiology | Munson Anesthesia | Yes |
| Oncology | MHC Cadillac Cancer & Infusion Center | Yes |
| Occupational Medicine | MHC Cadillac Occupational Medicine | Yes |
| Family Practice, Internal Medicine | MHC Cadillac Primary Care | Yes |
| Pulmonary | MHC Cadillac Cardio-Pulmonary Medicine | Yes |
| General Surgery | MHC Cadillac Surgical Care | Yes |
| Emergency Medicine | MHC Cadillac Urgent Care | Yes |
| Veins | Northern Michigan Vein Specialists | No |
| Orthopaedic Surgery | Orthopaedics and Sports Medicine of Cadillac | No |
| Ophthalmology | Riemer Eye Center | No |
| Hospitalist | Sound Physicians | Yes |
| Physical Medicine & Rehab | West Michigan Pain | No |

Addendum A (Addenda A)
Munson Healthcare Grayling Hospital
Physician Practices Who Do or Do Not Follow
MHC's Financial Assistance Policy

(Prácticas de médicos que siguen o no siguen la póliza de ayuda financiera de MHC Grayling)

| Specialty (Especialidad) | Practice (Práctica) | Follow MHC Financial Assistance Policy (Siguen la Póliza de Ayuda Financiera de MHC Grayling) |
|--------------------------------------|---|--|
| Ophthalmology | Alpine Eye Care | No |
| Podiatry | Ankle & Foot Associates of Northern MI | No |
| Urology | AuSable Urology, PC | Yes |
| Cardiac Diagnostics | Boston Scientific Cardiac Diagnostics, Inc | Yes |
| Pulmonary Medicine | Ctr. for Pulmonary & Sleep Medicine PC | No |
| Nephrology | Dialysis & Nephrology Consultants | No |
| Emergency Medicine | Emergency Medicine Billing & Coding Company (EMBCC) | No |
| Pathology | Grand Traverse Pathology | Yes |
| Radiologist | Grand Traverse Radiologist, PC | Yes |
| Family Practice | Grayling Family Practice Clinic | No |
| Family Medicine | MHC Crawford Continuing Care Center | Yes |
| Hematology & Oncology | MHC Grayling Cancer and Infusion Center | Yes |
| Family, Pediatrics, Internal, OB/GYN | MHC Grayling Community Health Center | Yes |
| Pediatric Cardiology | Mid Michigan Pediatric Cardiology | No |
| Family & Internal Practice | Milltown Primary Care Clinic | Yes |
| Ophthalmology | Northern Eye | No |
| Endocrinology | Northern Michigan Endocrine, PLLC | No |
| Family, Internal, Orthopedic | Prudenville Community Health Center | Yes |
| Family Medicine | Roscommon Community Health Center | Yes |
| Anesthesiology | Somnia Anesthesia Inc | Yes |
| Hospitalist | Sound Inpatient Physicians | Yes |
| Neurosurgery | St. Mary's of Michigan Neurosurgery | No |
| Cardiology | Traverse Heart & Vascular | Yes |

| <p style="text-align: center;"><i>Addendum A (Addenda A)</i></p> <p style="text-align: center;">Munson Healthcare Charlevoix Hospital</p> <p style="text-align: center;">Physician Practices Who Do or Do Not Follow</p> <p style="text-align: center;">MHC's Financial Assistance Policy</p> <p style="text-align: center;">(Prácticas de médicos que siguen o no siguen la póliza de ayuda financiera de MHC Charlevoix)</p> | | |
|---|---|--|
| Specialty (Especialidad) | Practice (Práctica) | Follow MHC Financial Assistance Policy (Siguen la Póliza de Ayuda Financiera de MHC Charlevoix) |
| Anesthesiology | Anesthesia Staffing Consultants | No |
| Orthopaedic Surgery | Bay Street Orthopaedics | No |
| Cardiac Diagnostics | Boston Scientific Cardiac Diagnostics, Inc | Yes |
| Family & Internal Medicine | Boyne Area Health Center | Yes |
| Family Medicine | Central Lake Family Health center | No |
| Family Medicine & Anesthesiology | Charlevoix Area Hospital | Yes |
| Psychiatry | Charlevoix Behavioral Health | Yes |
| Emergency Medicine | Charlevoix Family Medicin | No |
| Hematology/Oncology | Charlevoix Hematology and Oncology | Yes |
| Emergency Medicine | Charlevoix Hospital Emergency Dept | Yes |
| Pediatrics | Charlevoix Pediatrics | Yes |
| Family & Internal Medicine | Charlevoix Physicians' Clinic | Yes |
| Family Practice | Charlevoix Primary Care | Yes |
| Sleep Disorders | Charlevoix Sleep Center | Yes |
| General Surgery | Charlevoix Surgeons | Yes |
| Obstetrics-Gynecology | Charlevoix Women's Healthcare | Yes |
| Emergency Medicine | Emergency Medicine Billing & Coding Company (EMBCC) | No |
| Pathology | Grand Traverse Pathology | Yes |
| Radiologist | Grand Traverse Radiologist, PC | Yes |
| Internal Medicine | Little Traverse Primary Care | No |
| Anesthesiologist | Munson Anesthesia | Yes |
| Neurosurgery | Neurosurgical Spine Specialists | No |
| Urology | Northern MI Urology | Yes |
| Ophthalmology | Summit Park Eye Care Specialists | No |

Addendum A (Addenda A)
Munson Healthcare Manistee
Physician Practices Who Do or Do Not Follow
MHC's Financial Assistance Policy
(Prácticas de médicos que siguen o no siguen la póliza de ayuda financiera de Manistee)

| Specialty (Especialidad) | Practice (Práctica) | Follow MHC Financial Assistance Policy (Siguen la Póliza de Ayuda Financiera de MHC Manistee) |
|---------------------------------|--|--|
| Anesthesiology | APC - Anesthesia Practice Consultants | No |
| Family Medicine | Arcadia Medical | No |
| Family Medicine | Borenitsch, Kenneth DO | No |
| Cardiac Diagnostics | Boston Scientific Cardiac Diagnostics | Yes |
| Family/Internal Medicine | Crystal Lake Clinic - Benzonia | No |
| Psychology | Edwards-Baumann, Barbara PsyD | No |
| Emergency Medicine | Emergency Medicine Billing & Coding Company (EMBCC) | No |
| Emergency Medicine | Emergency Care Specialist | No |
| Podiatry | Foot & Ankle Clinic | No |
| Pathology | Grand Traverse Pathology | Yes |
| Radiologist | Grand Traverse Radiologist, PC | Yes |
| Pediatrics | Gunderson, Paul | No |
| Family Medicine | Lakeshore Family Care, PC | No |
| Anesthesiology | Munson Anesthesia | Yes |
| Hematology & Oncology | MHC Manistee Cancer and Infusion Center | Yes |
| Family/General Practice | MHC Manistee Emergency Dept | Yes |
| General Surgery | MHC Manistee General Surgery/Community Health Center | Yes |
| Anesthesiology | MHC Manistee Hospital | Yes |
| Internal Medicine | MHC Manistee Internal Medicine | Yes |
| Neurology | MHC Manistee Neurology | Yes |
| Obstetrics & Gynecology | MHC Manistee OB/GYN | Yes |
| Orthopaedic Surgery | MHC Manistee Orthopedics | Yes |
| Pediatrics | MHC Manistee Pediatrics | Yes |
| Family Medicine | MHC Manistee Primary Care | Yes |
| Sleep Disorders | MHC Manistee Sleep Center | Yes |
| Urology | MHC Manistee Urology | Yes |
| Family Medicine | MHC Manistee Walk In Clinic | Yes |
| Wound Care | MHC Manistee Wound & Hyperbaric Center | Yes |
| Dentistry | My Community Dental Centers | No |
| Family Medicine | Northern Pines Health Center | Yes |
| Ophthalmology | Reimer Eye | No |
| Hospitalist | Sound Physicians | Yes |
| Otolaryngology | Western Michigan ENT | No |

Addendum A (Addenda A)
MHC Otsego
Physician Practices Who Do or Do Not Follow
MHC's Financial Assistance Policy
(Prácticas de médicos que siguen o no siguen la póliza de ayuda financiera de Otsego)

| Specialty (Especialidad) | Practice (Práctica) | Follow MHC Financial Assistance Policy (Siguen la Póliza de Ayuda Financiera de MHC Otsego) |
|---------------------------------|---|--|
| Cardiology | Alpine Cardiology | No |
| Family Medicine | Alpine Family Medicine | Yes |
| Family Medicine | Alpine Family Medicine | Yes |
| Cardiac Diagnostics, Inc | Boston Scientific Cardiac Diagnostics, Inc | Yes |
| Sleep Disorders | Center for Pulmonary & Sleep Medicine PC | Yes |
| Podiatry | Charlevoix Foot Clinic | No |
| Dentistry | Dental Clinics North | No |
| Emergency Medicine | Emergency Medicine Billing & Coding Company (EMBCC) | No |
| Family Medicine | Family First Medicine | No |
| Family Medicine | Gaylord Family Practice | No |
| Family Medicine | Gaylord Medical Center | No |
| Pathology | Grand Traverse Pathology | Yes |
| Radiologist | Grand Traverse Radiologist, PC | Yes |
| Otolaryngology | Great Lakes Ear Nose & Throat Specialists | No |
| Family Medicine | Kerr, William M.D., P.C. | No |
| Family Medicine | Mancelona Family Practice | No |
| Cardiology | Michigan Heart & Vascular Specialists | No |
| Anesthesiologist | Munson Anesthesia | Yes |
| Family Medicine | MHC OMH Medical Group - Indian River | Yes |
| Family Medicine | MHC OMH Medical Group - Lewiston | Yes |
| Pediatrics | MHC OMH Medical Group Pediatrics | Yes |
| Radiology | Northern Imaging Associates | No |
| Orthopaedic Surgery | OMH N'Orthopedics | Yes |
| Dentistry | Oral Surgery Specialists of NM | No |
| Otolaryngology | Petoskey ENT Specialists | No |
| Dentistry | Petoskey Pediatric Dentistry | No |
| Podiatry | Sella, Steven DPM | No |

ADDENDUM B

FINANCIAL ASSISTANCE POLICY: PRESUMPTIVE ELIGIBILITY

Presumptive eligibility may be determined based on individual life circumstances. See below:

- ✓ Attestation (a written or verbal testimony in lieu of required documentation)
- ✓ Breast and Cervical Cancer Control Program (BCCCP)
- ✓ Deceased with no known estate
- ✓ Emergency service only (ESO) Medicaid beneficiaries
- ✓ Homeless
- ✓ Lawsuit discovery exams (Income findings)
- ✓ Medicaid enrolled, but not eligible at the time of service
- ✓ Medicaid - Incarcerated
- ✓ Medicaid or Medicaid HMO recipient who incur medically necessary, but non-payable charges
- ✓ Medicaid within six months of date of service
- ✓ Propensity to pay scoring
- ✓ State Disability Assistance (SDA)
- ✓ Traverse Health Clinic
- ✓ Women, Infants and Children (WIC) program participation

Addendum C
Financial Assistance Policy
Financial Assistance Eligibility Criteria Exemption

“Munson Healthcare Otsego Memorial Hospital and OMH Medical Group are bound by the requirements of the National Health Service Corp (NHSC). Therefore, the system requirement for patients to apply for Medicaid is not enforced by MHOMH or OMH Medical Group. Patients will be encouraged to apply, but is not a requirement in this case.”