



Origination 06/2023  
Last Approved 02/2024  
Effective 02/2024  
Last Revised 02/2024  
Next Review 02/2025

Owner Aaqil Khan:  
Director, Revenue  
Cycle  
Area Revenue Cycle

## KSB Hospital Financial Assistance Policy

### PURPOSE:

To provide the best care, to all patients through integrated clinical practice and education. Katherine Shaw Bethea Hospital (KSB) Hospital strives to benefit humanity through work in these areas, while supporting the communities in which we live and work. As part of that commitment, KSB Hospital serves appropriately, patients in difficult financial circumstances. Above all, KSB Hospital's guiding philosophy is that the needs of the patient come first.

### POLICY:

It is the policy of KSB Hospital to provide Financial Assistance as a component of KSB Hospital's charitable mission to patients, and to comply with state and federal laws governing financial assistance provided by 501(c)(3) hospitals. It is the policy of KSB to provide Financial Assistance to those who meet specified criteria and request such assistance.

### CONSIDERATIONS AND RELATED ISSUES:

1. Application Period-The application period during which applications are accepted and processed for Financial Assistance. The application period begins on the date the care is provided and ends on the 240<sup>th</sup> day after the date that the first post-service billing statement is provided.
2. Eligible Services-Services eligible under this Financial Assistance Policy are clinically appropriate and within generally accepted medical practice standards. They include the following services provided and/or billed by KSB.
  - a. Emergency medical services provided in an emergency setting for the purpose of stabilizing a Patient's condition.
  - b. Non-elective services provided in response to life-threatening circumstances in a

non-emergency setting.

- c. Medically Necessary services as defined by Medicare.
3. 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 (including severe pain) such that the absence of immediate medical attention could reasonably be expected 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
  - d. With respect to a pregnant woman who is having contractions:
    - i. That there is inadequate time to affect a safe transfer to another hospital before delivery, or
    - ii. That transfer may pose a threat to the health or safety of the woman or the unborn child.
4. 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.
5. Family Income-An applicant's Family Income is the sum of a Family's annual earnings and cash benefits from all sources before taxes, less payments made for child support for all adult family members living in the household and included on the most recent federal tax return
6. Federal Poverty Level (FPL)- The FPL uses 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 subsection (2) of Section 9902 of Title 42 of the United States Code ([Poverty Guidelines | ASPE \(hhs.gov\)](#)). See Current Federal Poverty Level (FPL) below:

Family Size	2024 Poverty Level
For Individuals	\$15,060
For Individuals of 2	\$20,440
For Individuals of 3	\$25,820
For Individuals of 4	\$31,200
For Individuals of 5	\$36,580
For Individuals of 6	\$41,960
For Individuals of 7	\$47,340
For Individuals of 8	\$52,720
For Individuals of 9+	Add \$5,380 for each extra person

- **Income above 400% FPL:** If your income is above 400% FPL, you may now qualify for premium

tax credits that lower your monthly premium for a 2023 Marketplace health insurance plan.

- **Income between 100% and 400% FPL:** If your income is in this range, in all states you qualify for premium tax credits that lower your monthly premium for a Marketplace health insurance plan.
- **Income at or below 150% FPL:** If your income falls at or below 150% FPL in your state and you are not eligible for Medicaid or CHIP, you may qualify to enroll in or change Marketplace coverage through a [Special Enrollment Period](#).
- **Income below 138% FPL:** If your income is below 138% FPL and your state has expanded Medicaid coverage, you qualify for Medicaid based only on your income.
- **Income below 100% FPL:** If your income falls below 100% FPL, you will not qualify for savings on a Marketplace health insurance plan or for income-based Medicaid.

7. **Guarantor**-An individual, other than the Patient, who is responsible for payment of the Patient's bill.

8. **Gross Charges**-Total invoice amounts before applying any contractual allowances, discounts, or Financial Assistance.

9. **Homeless**-As defined by the Federal government, and published in the Federal Register on December 5, 2011, 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 private operated shelter designated 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.

#### 10. **Ineligible Services**

- a. Elective procedures, as well as services typically not covered by Medicare or defined by Medicare or other health insurance coverage as not medically necessary, including but not limited to: Lasik Surgery, Chiropractic Care, Fertility Services, Contacts/Glasses, Cosmetic Surgery/Plastic Services, Hearing Aides, Orthodontics, Dental Services, Optometry.
- b. Services received from care providers not billed by KSB (e.g., private and/or non-KSB medical or physician professionals, ambulance transport, etc.) Patients are encouraged to contact these providers directly to inquire into any available assistance and to make payment arrangements.
- c. Out-of-network with KSB Hospital, all clinics, or other facilities operated by KSB Hospital and the KSB Medical Group (meaning the provider of facility providing care is not an in-network provider or have a negotiated contract with the patient's health insurance plan).

11. **Katherine Shaw Bethea (KSB) Hospital**-KSB includes, KSB Hospital, all clinics, or other

facilities operated by KSB Hospital and the KSB Medical Group.

12. **Medically Necessary** – As defined by Medicare or your health covenants as dictated by your insurance plan, services, or items reasonable and necessary for the diagnosis or treatment of illness or injury.

13. **Medicare Fee-For-Service (FFS)** – Health insurance available under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c – 1395w-5).

14. **Patient Balance Due** – the amount a Patient or the Patient's Guarantor is personally responsible for paying, after all deductions, insurance reimbursements, and any applicable Self-Pay Discount (as defined below) have been applied.

15. **Payment Plan** – A Payment Plan which is agreed to by both KSB and a Patient, or Patient's Guarantor, for out-of-pocket expenses. The Payment Plan shall consider the Patient's financial circumstances, the amount owed, and any prior payments.

16. **Presumptive** – 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.

17. **Private Health Insurer** – Any organization that is not a governmental unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

18. **Qualification Period** – Applicants determined eligible for Financial Assistance shall apply for assistance within 240 days after the date that the first post-service billing statement is provided. Assistance will be applied retroactively to all eligible accounts incurred for services received during the application period.

19. **Uninsured Patient** – A Patient who is not covered in whole or in part under a policy of health insurance, including high deductible policies, and is not a beneficiary under a public or private health insurance, health benefit, or other health care coverage program (including, without limitation, private health insurance, an ERISA plan, Medicare, Medicaid, or CHIP, or CHAMPUS) and whose injury, illness or treatment is not compensable for purposes of workers' compensation, automobile insurance, liability or other third party insurance, as determined by KSB based on documents and information provided by the Patient or obtained from other sources, for the payment of health care services provided by KSB.

20. **Underinsured Patient** – An individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out of pocket expenses for medical services provided by KSB.

## ELIGIBILITY AND APPLICATION PROCESS FOR FINANCIAL ASSISTANCE:

KSB's eligibility and application process for financial assistance will reflect our commitment to reverence for individual human dignity and the common good. KSB shall provide Financial Assistance discounts to individuals who have demonstrated an inability to pay for services received. Inability to pay will be determined on a case-by case basis.

- A. Financial Assistance will be extended to Uninsured and Underinsured Patients, or such Patient's Guarantor, who receive Eligible Services and meet specified criteria, as defined below. These criteria will assure that this Financial Assistance Policy is consistently applied across KSB. KSB reserves the right to revise, modify or change this policy as necessary or appropriate.
- B. Financial Assistance applicants will be responsible for applying to appropriate public programs and/or pursuing private health insurance coverage. Patients, families, or surrogates, choosing not to cooperate in applying for programs identified by KSB as sources of payment for care, 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.
- C. Patients, families, or surrogates, identified as likely to qualify for Medicaid (138%), must apply for Medicaid coverage and will be asked to provide a Medicaid denial (if applicable) which was received within the previous six (6) months of applying for KSB Financial Assistance. Patients, or Patient's Guarantor, must cooperate with the application process outlined in this policy to obtain Financial Assistance.
- D. KSB utilizes a third party to determine whether Uninsured Patients receiving care in its hospital are eligible for Medicaid and assist in the application of Medicaid. If the vendor review finds the Patient or Patient's Guarantor is not eligible for Medicaid and documents this in the medical record, neither the Patient nor the Patient's Guarantor will be required to apply for Medicaid coverage.
- E. The criteria to be considered by KSB when evaluating a Patient for Financial Assistance include Family Income, Family size, and medical cost obligations. KSB's Financial Assistance program is available to all Illinois Residents meeting the requirements set forth in this policy. Assistance will be extended to patients, or a Patient's Guarantor, based on financial need and in compliance with federal and state laws.
- F. Financial Assistance will be offered to eligible Underinsured Patients, providing such assistance is in accordance with KSB's contractual agreement with insurer. If Patient fails to comply with reasonable insurance requirements such as obtaining proper referrals or authorizations this can result in denial of Financial Assistance. Patients will be expected to utilize any Health Savings, Health Reimbursement or Flex spending funds they have accrued prior to being awarded assistance. KSB reserves the right to reverse the discounts described herein, if it reasonably determines such terms violate any legal or contractual obligations of KSB.

Based on an assessment of an applicant's Family Income, family size, and medical obligations, eligible applicants may receive the following assistance:

**Uninsured Discount:** Uninsured Patients will be provided a discount of 30% on the facility

charges incurred at the time the undiscounted charges are rendered, and prior to when a Patient or Patient Guarantor is billed. This discount does not apply to provider professional fees or clinic visits. If insurance or other coverage, identified in the definition of Uninsured Patient, is subsequently discovered, the Self-Pay Discount will be removed, and full charges billed to coverage as appropriate. Patients, or Patient Guarantors, granted the Uninsured Discount, are not precluded from applying and qualifying for additional Financial Assistance provided herein.

**Discounted Care:** The full amount of KSB charges is determined as covered under this Financial Assistance Policy for any Uninsured or Underinsured Patient, or such Patient's Guarantor, whose gross Family Income is at or below 250% of the current Federal Poverty Level. A sliding scale discount will be provided for KSB charges for services covered under the Financial Assistance Policy for any Uninsured or Underinsured Patient, or Patient Guarantor, whose gross Family Income is greater than 250% but less than or equal to 400% of the current Federal Poverty Level. Discounted Care will be provided based on the Family Income of the Patient, or the Patient Guarantor in accordance with the following schedule:

Family Income less than or equal to 200% of the FPL are eligible to receive a 100% discount on the Patient Balance Due.

Family Income between 200% and 250% of the FPL are eligible to receive a 60% discount on the Patient Balance Due.

Family Income between 250% and 300% of the FPL are eligible to receive a 40% discount on the Patient Balance Due.

**Catastrophic Care Assistance:** Patients, or their Guarantors, may be eligible for Catastrophic Care Assistance if they incurred out-of-pocket obligations – after all deductions, insurance reimbursements, and discounts (including discounts available under this Financial Assistance Policy) have been applied – resulting from Eligible Services provided by KSB which exceed 20% of Family Income

Patients, Patient Guarantors, determined by KSB to be eligible for Catastrophic Care Assistance will have their KSB charges discounted to an amount not to exceed 20% of Family Income.

**Payment Plans:** Payment in full is expected to balance due upon receipt of initial Patient statement. If a Patient, or Guarantor cannot pay in full, a Payment Plan may be extended for any balance remaining after discounts have been granted to applicants eligible for Financial Assistance. A reasonable Payment Plan will be established between KSB and the Patient. The term of the

Payment Plan will be based on the applicant's outstanding medical bills, Family Income, and any extenuating circumstances. If approved, the plan will be interest-free.

Patients are responsible for communicating with KSB anytime an agreed upon Payment Plan cannot be fulfilled. Lack of communication from the Patient may result in the account being assigned to a collection agency.

KSB reserves the right to reverse the Financial Assistance described herein if it reasonably determines that such terms violate any legal or contractual obligations of KSB.



## PRESUMPTIVE ELIGIBILITY

KSB understands not all Patients are able to complete a Financial Assistance application or comply with requests for documentation. There may be instances under which a Patients' qualification for Financial Assistance is established without completing the formal Financial Assistance application. Other information may be utilized by KSB to determine whether a Patient's account is uncollectible, and the information is used to determine Presumptive eligibility.

Presumptive eligibility may be granted to Patient's based on their eligibility for other programs or life circumstances such as:

- A. Patients or Guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy will be written off.
- B. Patients or Guarantors who are deceased with no estate in probate.
- C. Patients or Guarantors determined to be Homeless.
- D. Patients or Guarantors who qualify for State Medicaid programs (including but not limited to WIC, SNAP) are eligible for assistance for any cost-sharing obligations associated with the program.
- E. Accounts returned by the collection agency as uncollectible due to any of the above reasons.
- F. Incarceration, when Eligible Services are provided but payment is not the responsibility of the county jail or Department of Correction.
- G. Medically determined mental incapacitation with no one to act on the Patient's behalf

KSB understands certain Patients may be unable to complete KSB's application process. Under these circumstances, KSB may utilize other sources of information to make an individual assessment of financial need. This information will enable KSB to make an informed decision on the financial need of non-responsive Patients utilizing the best estimates available in the absence of information provided directly by the Patient.

KSB may utilize a third-party to conduct an electronic review of information to assess financial need. This review will utilize a health care industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets, and liquidity. The electronic technology is designed to assess each Patient to the same standards and is calibrated against historical approvals for KSB Financial Assistance under the traditional application process.

Propensity to pay tools, when utilized, will be deployed prior to bad debt assignments after all other eligibility and payment sources have been exhausted. This allows KSB to screen all Patients for Financial Assistance prior to pursuing any extraordinary collection actions (ECA) as described in KSB's Self-Pay Billing & Collection Policy. The data returned from this electronic review will constitute adequate documentation of financial need under this policy.

When electronic enrollment is used as the basis for Presumptive eligibility, the highest discount level will be granted for Eligible Services for retrospective dates of service only. If a Patient does not qualify under the electronic enrollment process, the Patient may still be considered under the traditional Financial

Assistance application process. KSB will provide Patients not qualifying for Financial Assistance through this process with a written notice informing them that Financial Assistance is available. This notice will include a plain language summary of the Financial Assistance Policy and actions to be taken if an application is not submitted or the outstanding balance paid.

Patient accounts granted Presumptive eligibility will be reclassified under the Financial Assistance Policy. They will not be sent to collection, will not be subject to further actions, will not be sent a written notification of their electronic qualification, and will not be included in the hospital's bad debt expense.

## **CHARITY CARE**

Charity care is free or discounted medically necessary health care that many hospitals offer to people who cannot afford to pay for treatment otherwise.

- A. Presumptive charity will be given to patients who demonstrate one or more of the following:
  - 1. Homelessness.
  - 2. The patient dies and leaves no estate.
  - 3. It has been medically determined that the patient is mentally incapacitated with no one to act on his or her behalf.
  - 4. Medicaid eligibility, but not on the date of service, or for non-covered services.
- B. Application Process:
  - 1. Patient or Guarantor seeking Financial Assistance must apply to KSB for Financial Assistance.
  - 2. An applicant for Financial Assistance must verify Illinois residency. Acceptable forms of verification include:
    - a. Valid state-issued identification card.
    - b. Temporary visitor's Driver's license.
    - c. Recent residential utility bill.
    - d. An in-force lease agreement.
    - e. Vehicle registration card.
    - f. Vote registration card.
    - g. Written statement from a family member with whom the applicant resides at the same address.
  - 3. Generally, the financial assistance program is not available to cover services which are denied by the patient's insurance company.
  - 4. Financial Assistance does not cover services and charges from third party entities such as Rockford Radiology, Rockford Anesthesia, etc. who are not wholly owned by KSB Hospital.
  - 5. Patients may become ineligible for charity care/financial assistance for the following reasons:



- a. Refusal to provide requested documentation/incomplete documentation.
- b. Have insurance coverage through HMO, PPO, Worker Compensation, Medicaid, or other insurance programs in which KSB is out of network due to insurance plan restrictions/limits.
- c. Failure to keep current on existing payment arrangements with KSB.
- d. Failure to make appropriate arrangements on past payment obligations owed to KSB, including those accounts referred to an outside agency for a previous debt.

## **EMERGENCY MEDICAL SERVICE**

In accordance with the FEDERAL EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA) regulations, KSB shall provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they can pay for the care or are eligible for Financial Medical Conditions, including, but not limited to, demanding payment or screening for Financial Assistance eligibility of payment information prior to receiving care for Emergency Medical Conditions. KSB may request that Patient cost-sharing payments (i.e., co-payments) be made at the time of service, provided such requests do not cause a delay or otherwise interfere with the provision, without discrimination, of care for Emergency Medical Conditions.

## **APPLYING FOR FINANCIAL ASSISTANCE**

Eligibility for Financial Assistance will be based on financial need at the time of application. In general, documentation is required to support an application for Financial Assistance. If adequate documentation is not provided, KSB may seek additional information.

Reliable evidence to support the need for Financial Assistance is required.

The following documentation is required from patients, or their Guarantors, to determine eligibility, based on Family Income:

- A. Copy of the Federal tax return, and all attached Schedules, from the most recent tax year.
- B. Most recent W2 or 1099.
- C. Current Proof of Income (copy of two most recent pay stubs) or written income verification from an employer if paid in cash.
- D. Proof of other income, including unemployment, workers' compensation, alimony, trust income, veteran's benefits.
- E. Current Bank Statements

If a Patient is not able to provide any of the documents listed above, KSB will collaborate with the Patient to determine if there is another acceptable means of documenting Family Income.

KSB may request applicants to submit additional documentation if the applicant's financial position is not adequately reflected by such income documents.

Applications for Financial Assistance may be submitted up to 240 days after the date that the first post-service billing statement is provided. If an application is incomplete, or there has been a request for

additional information, the application remains active for 30 days from the date the letter was mailed to the applicant requesting this information. If the applicant has not responded within the 30-day time frame, the application will be denied.

During the period in which the fully completed Financial Assistance Application (FAA) is being reviewed, there will be a stay of all collection proceedings. The FAA will be documented in the Patient record or scanned, and the account will be noted. The normal billing process is to continue while the FAA is reviewed and considered. If the designee of the Revenue Cycle approves a completed, conforming FAA, this will be noted in the Patient's file and the account balance is adjusted off to the appropriate code. Financial Assistance applications can be dropped off or mailed to:

KSB Hospital

Attn: Financial Counselor

403 E. First Street

Dixon, IL 61021

Email: [financialcounselor@ksbhospital.com](mailto:financialcounselor@ksbhospital.com)

Fax: 815.285.5688

If denied Financial Assistance, the Patient or the Patient's Guarantor, may re-apply at any time there has been a change in income or status.

Patient's applying for Financial Assistance under this FAP are required to certify all information provided by the Patient to KSB is true. If any of the information provided by the patient is found to be untrue, any Financial Assistance granted to the Patient may be forfeited and the Patient may be responsible for payment of KSB Hospital's Gross Charges applicable to the associated encounters.

In addition, Patient's shall communicate to KSB any material changes in the Patient's financial situation that occurs during the Qualification Period that may affect Financial Assistance determination within thirty (30) days of the change. Patients' failure to disclose a material improvement in Family Income may void any provision of Financial Assistance by KSB after the material improvement occurs.

#### **DETERMINATIONS, APPEALS, AND DISPUTE RESOLUTION**

Patients must be notified of the decision in writing regarding their FAP within thirty (30) days of submitting a completed application.

Patients may appeal this decision in writing within thirty (30) days of receiving notification to:

KSB Hospital

Attn: Financial Counselor

403 E. First Street

Dixon, IL 61021

Appeals must be filed within 30 days of the date of the original decision. The Chief Financial Officer will review the appeal for further consideration.

### **QUALIFICATION PERIOD**

If an applicant is determined eligible for assistance, KSB will grant Financial Assistance for a period of 90 days for outpatient services and eligibility for inpatient services will be determined for each admission.

### **NOTIFICATION OF FINANCIAL ASSISTANCE**

Information on the KSB Financial Assistance Policy and instructions on how to contact KSB for assistance and further information, as well as information on payment options, will be posted in the hospital and clinic registration and admitting locations, and in the hospital emergency department. This information may also be obtained from the Financial Counselor, located on the first floor of KSB hospital.

The KSB Financial Assistance Policy, application, and plain language summary of the policy will be available on the system's website at <https://www.ksbhospital.com/financial-services/financial-assistance/>

KSB's Financial Counselor is available to help with Financial Assistance applications at KSB Hospital.

If you need assistance in completing the Financial Assistance application, you may call (815) 284-5714 to speak with our Financial Counselor.

Information on the KSB Financial Assistance Policy will be communicated to patients in culturally appropriate language. Information on Financial Assistance, and the notice posted in hospital and clinic locations, will be translated and in any language that is the primary language spoken by the lessor of 1,000 or 5% of the residents in the service area.

In addition, KSB includes reference to payment policies and Financial Assistance on all printed KSB monthly Patient statements and collections letters. Information on the KSB Financial Assistance Policy is available, at any time, upon patient request.

### **NONPAYMENT OF SELF PAY BALANCES**

1. If the patient has no insurance coverage, a financial counselor will make personal contact with the patient/guarantor to discuss Medicaid application and potentially financial assistance
2. When all insurance payments have been received, the patient will be notified that any remaining patient responsibility balance must be fully paid within 30 days, or reasonable payment arrangements are made. Refer to "Payment Plan" policy.
3. If arrangements for full payment are not made by the patient/guarantor, the financial counselor shall direct the patient to seek financing via a bank loan to satisfy the balance of the account
4. If the patient has agreed to pay the account within the guidelines but makes no concrete effort within

two weeks after the receipt of the final bill, the encounter will be sent to the collection agency.

## **REGULATORY REQUIREMENTS**

KSB will comply with all federal, state, and local laws, rules, and regulations and reporting requirements which may apply to activities conducted pursuant to this policy. This policy requires KSB track Financial Assistance provided to ensure accurate reporting.

## **RECORD KEEPING:**

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

## **OTHER PROVISIONS:**

- A. Individuals seeking Financial Assistance will be treated with dignity, sensitivity, and confidentiality.
- B. For patients seen in the Emergency Department, discussions of their financial obligation will not occur until the checkout process following their treatment.
- C. The Financial Assistance Application will ask for an applicant's race, ethnicity, sex, and preferred language. However, responses are optional. Responses or non-Responses shall have no impact on the outcome of the application.

## **REGULATIONS AFFECTING POLICY:**

- Illinois Fair Billing Act. 210 ILCS 88.
- Federal Fair Debt Collection Practices Act
- Hospital Uninsured Patient Discount Act. 210 ILCS 89.
- Federal Poverty Guidelines, US Department of [Health](#) and Human Services
- Health Insurance Portability and Accountability Act (HIPAA)

## **SCOPE:**

All employees and patients.

## **METHOD OF DISSEMINATION:**

PolicyStat.

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## **Attachments**

[Financial Assistance App\\_Jan 2024.docx](#)

[KSB Plain Language Summary \(002\).docx](#)

# Approval Signatures

Step Description	Approver	Date
CFO	Austin Frazier: Chief Financial Officer	02/2024
Policies & Procedures Committee	Hilary Thomas: Director, Professional Practice & Development	02/2024
	Aaqil Khan: Director, Revenue Cycle	02/2024

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