

**HOSPITAL AND MEDICAL FOUNDATION OF PARIS, INC
(dba Horizon Health)
FINANCIAL ASSISTANCE POLICY**

PURPOSE:

The purpose of this policy is to further the charitable mission of the Hospital and Medical Foundation of Paris Inc. (HMFP) (dba Horizon Health) by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with requirements of the Internal Revenue Code and implementing regulations.

SCOPE:

This policy is applicable to all Horizon Health’s patients who live in our service area, which is defined as all of Edgar County and Clark County and the following zip codes in surrounding areas:

61930 Hindsboro
61942 Newman
61912 Ashmore
61943 Oakland
61920 (Bushton and Rardin only)
61846 Georgetown
61850 Indianola
61870 Ridge Farm
61876 Sidell

Exceptions to the service area as follows:

1. All covered (insured) lives enrolled in our Horizon Health employee’s health coverage plan, regardless of county of residence.
2. Any employee who is uninsured or underinsured through an outside health coverage plan, regardless of county of residence.
3. Patients who have recently moved out of our service area within the last six months.

POLICY:

I. ELIGIBILITY CRITERIA

The following classes of individuals and categories of care are eligible for financial assistance under this policy:

A. Financially In Need

To qualify as Financially In Need, the patient must be Uninsured or Underinsured and have a Household Income equal to or less than 250% of Federal Poverty Level. Assets will also be evaluated. The following definitions apply to such eligibility criteria:

"Uninsured": A patient who (i) has no health insurance or coverage under governmental health care programs, and (ii) is not eligible for any other third-party payment such as worker's compensation or claims against others involving accidents.

"Underinsured": A patient who (i) has limited health insurance coverage that does not provide coverage for hospital services or other medically necessary services provided by Horizon Health or (ii) has exceeded the maximum liability under his/her insurance coverage.

"Household Income": The total income of all members living in the patient's household over the twelve (12) months prior to application for assistance under this policy.

B. Failure to Apply for Medicaid

Patients who may be eligible for Medicaid and fail to apply for Medicaid at Horizon Health's request are not considered eligible for financial assistance under this policy.

C. Categories of Care Eligible for Financial Assistance

Provided that the patient qualifies as Financially In Need, the following classes of care are eligible for financial assistance under this policy:

- Emergency medical care
- Medically necessary care

Regardless of a patient's status as Financially In Need, cosmetic procedures, special cash pay services, and Occupational Health services are not eligible for financial assistance under this policy.

Veterans: Financial Assistance is only available for services approved by the VA to be provided by Horizon Health.

II. COVERED PROVIDERS

Care provided by the Hospital and Hospital-employed physicians and practitioners is covered by this policy.

Care provided by independent community physicians and other independent service providers is not subject to this policy. Patients should contact these other providers to determine whether care is eligible for financial assistance.

Patients may obtain a current list of providers who are subject to this policy at no charge by visiting Horizon Health, 721 East Court St, Paris, IL 61944, calling 217-466-4257, or by visiting www.myhorizonhealth.org/financialassistance.

III. LIMITATION ON CHARGES & CALCULATION OF AMOUNT OWED

Patients who are deemed to be eligible for financial assistance under this policy will not be charged for care covered by this policy more than Amounts Generally Billed (AGB) by Horizon Health to individuals who have health insurance covering such care. Discounts granted to eligible patients under this policy will be taken from gross charges.

A. Calculation of Amounts Generally Billed (AGB)

The Hospital specific AGB is derived by using the prospective method for claims paid by Medicare Fee-for Service, together with any associated portions of these claims paid by Medicare beneficiaries (co-pays, deductibles). The AGB Percentage shall be updated annually for a twelve (12) month period from January 1 to December 31 and allows 120 days for such changes to be made and updated in the FAP. The calculation of the Hospital-Specific AGB Percentage shall comply with the “prospective method” described in the IRS Regulation 501(r)-5(b) (1) (B). The current AGB percentage is 50%.

The Hospital limits the amounts charged for emergency and medically necessary services provided to individuals eligible for assistance under this Policy to not more than the amounts generally billed to individuals who have insurance coverage for such care.

B. Amount of Financial Assistance/Discount

Family Income as a % of Federal Poverty Level	% of Balance to be Written Off
150% or less	100%
151% - 170%	90%
171% - 190%	80%

191% - 210%	70%
211% - 230%	60%
231% - 250%	50%

The Federal Poverty Guidelines are established and published annually by the Department of Health and Human Services. Options other than this financial assistance program may be available to Illinois uninsured persons residing outside of Horizon Health’s defined service area as described.

IV. APPLICATION PROCESS & DETERMINATION

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on Horizon Health’s financial assistance application form to Horizon Health. Completed applications must be returned to Horizon Health at 721 East Court St., Paris, IL 61944.

Patients may obtain a copy of this policy, a plain language summary of this policy, and a financial assistance application free of charge (i) by mail by calling (217) 466-4257, (ii) by download from www.myhorizonhealth.org/financialassistance, or (iii) in the patient services office, Financial Assistance Coordinator at Horizon Health, 721 East Court St., Paris, IL 61944. English and Spanish versions are available for the FAP, FAP application form, and plain language summary of the FAP.

Further translation is available via the hospital’s contracted service. Those include Polish, Chinese, Korean, Tagalog, Arabic, Russian, Gujarati, Urdu, Vietnamese, Italian, Hindi, French, Greek, and German.

B. Completed Applications

Upon receipt, Horizon Health will suspend any ECAs taken against the patient and process, review and make a determination on completed financial assistance applications submitted as set forth below.

Unless otherwise delayed as set forth herein, such determination shall be made within 60 days of submission of a timely completed application. Patients will be notified of Horizon Health’s determination as set forth in the Billing and Collection provisions detailed in the separate Billing and Collection Policy.

To be considered “complete”, a financial assistance application must provide all information requested on the form and in the instructions to the form, including proof of income with 1-3 bank statements.

Horizon Health will not consider an application incomplete or deny financial assistance based upon the failure to provide any information that was not requested in the application or accompanying instructions. Horizon Health may take into account in its determination (and in determining whether the patient's application is complete) information provided by the patient other than in the application.

For questions and/or assistance with filling out a financial assistance application, the patient may contact the patient services office, Financial Assistance Coordinator at Horizon Health, 721 East Court St., Paris, IL 61944.

If a patient submits a completed financial assistance application and Horizon Health determines that the patient may be eligible for participation in Medicaid, Horizon Health will notify the patient in writing or by phone of such potential eligibility and request that the patient take steps necessary to enroll in such program. In such circumstances Horizon Health will delay the processing of the patient's financial assistance application until the patient's application for Medicaid is completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit an application within thirty (30) days of Horizon Health's request, Horizon Health will process the completed financial assistance application and financial assistance will be denied due to the failure to meet the eligibility criteria set forth herein.

Final determination / approval of eligibility for financial assistance shall be made by the Chief Financial Officer up to \$5000.00. Approval for over \$5000.00 will be given by the Finance Committee of the Board of Trustees. Upon approval, the patient's account is then written off as Charity Care. This write-off is reflected on the income statement as an element of Deductions from Revenue.

B. Incomplete Applications

Incomplete applications will not be processed by Horizon Health. If a patient submits an incomplete application, Horizon Health will provide the patient with written or verbal notice setting forth the additional information or documentation required to complete the application. The written notice will include the contact information (telephone number and physical location of the office) of patient financial assistance. The notice will provide the patient with at least 10 days to provide the required information.

V. COLLECTION ACTIONS

For further information on the actions Horizon Health may take in the event of non-payment, please see Horizon Health's Billing and Collection Policy (Attachment 1). Patients may obtain the Billing and Collection Policy free of charge (i) by contacting patient services office, Financial Assistance Coordinator (217) 466-4257, (ii) by request in person at patient

accounts Horizon Health 721 East Court St, Paris, IL 61944, or (iii) by download at www.myhorizonhealth.org/financialassistance.

VI. EMERGENCY MEDICAL CARE

Emergency medical treatment will be provided without regard to ability to pay and regardless of whether the patient qualifies for financial assistance under the financial assistance policy. Horizon Health will not take any action that may interfere with the provision of emergency medical treatment, for example, by demanding payment prior to receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care in the emergency department. Emergency medical treatment will be provided in accordance with Horizon Health policies governing and implementing the Emergency Medical Treatment and Active Labor Act.

Employed Providers	Covered by FA Policy	Comments/Exceptions to Coverage by Financial Assistance Policy
Anesthesia		
Leslie Brown, APRN, FNP, DWC*	Y	
Tara Crews, APRN, CRNA*	Y	
Kelsey Fuqua, APRN, FNP*	Y	
James Griggs, MD	Y	
Erin Hein, APRN, CRNA*	Y	
Amelia Heise, APRN, CRNA*	Y	
Cassandra Kelly, APRN, CRNA	Y	
Mary Koterba, DNAP, CRNA	Y	
Brandi Larson, APRN, FNP	Y	
Elizabeth McBride, APRN, FNP*	Y	
Kristin Mooneyham, AORN, FNP*	Y	
Amy Riley, APRN, FNP*	Y	
Adam Schneider, APRN, CRNA, DNP	Y	
Bree Sparks, APRN, CRNA	Y	
Scott Williamson, APRN, CRNA	Y	
Bariatrics		
Yaniv Cozacov, MD	Y	
Fouad hachem, MD	Y	
Behavior Health		
Abby Barrett, LCSW	Y	
Lisa Brinkerhoff, LCSW; Senior Care	Y	
Tiffany Chaille, AORN, PMHNP; Sycamore	Y	
Ashley Delaunois, APRN, PMHNP*; Sycamore	Y	
William Elliott, PhD	Y	
Angie Boswell, LCSW, CADC; Dialysis	Y	
Karyssa Haase, LCSW	Y	
Debra Hills, AORN, PMHNP; Sycamore	Y	
Danielle Ireland, AORN, FNP, PMHNP; Chrisman	Y	
Miranda Jeffries, LCPC	Y	
Megan Jenkins, LCSW	Y	
Jaime Jensen, AORN, PMHNP	Y	
Kathryn Low, LMHCA; Sycamore	Y	
Heather Melton, LCSW; Home Care	Y	
Scott Nauman, LCSW	Y	
Terra Ogle, LCSW, LPHA; Senior Care	Y	
Sarah Rohder, LCSW; Sycamore	Y	
Marissa Rollins, Social Services Coordinator	Y	
Cassandra Simpson, LSW; Senior Care	Y	
Jennifer Smith, LMFT	Y	
April Stowers, Social Services Coordinator	Y	
Samantha Volstorf, AORN, FNP, PMHN	Y	
Janet Ward, LCSW; Sycamore	Y	
David Welch, LCPC	Y	
Qun Wu, MD, PhD	Y	
Cardiology		
Latia Summerville, APRN, FNP	Y	
C. Tyson, MD	Y	
Cosmetics		
Angela Hamilton, APRN, FNP, DCNP, EZ Care Paris	N	
Kumar Sodvadiya, MD	N	
Arturo Menchaca, MD	N	
Dematology		
Angela Hamilton, APRN, FNP, DCNP; EZ Care Paris	Y	
Diabetes Education		
Leighsa Cornwell, BS, CDCES	Y	
Emergency Medicine		
Michael Abrahams, MD	Y	
Josh Childress, APRN, FNP*	Y	

Angela Gaddis, APRN, FNP*	Y
Sandra Grochowski, MD	Y
Youssef Hedroug, MD	Y
Peter Kamhout, MD	Y
Justin Kriezelman, MD*	Y
Clifford Mason, MD*	Y
Shawn Robertson, DO	Y
Jamie Shotts, APRN, FNP*	Y
Latia Summerville, APRN, FNP*	Y
Nic Thomas, APRN, FNP*	Y
Vera Tolova, MD	Y
John Ventura, MD	Y
Sheraef Walid, MD*	Y

Endocrinology

Karen Smith, APRN, FNP	Y
Dale Voges, APRN, FNP, CDCES, ADM	Y

EZ Care

Lori Carpenter, APRN, FNP	Y
Josh Childress, APRN, FNP*	Y
Carrie Cunningham, APRN, FNP	Y
Judah Donaldson, APRN, FNP*	Y
Maddison Draper, APRN, FNP*	Y
Kelsey Fuqua, APRN, FNP	Y
Angela Gaddis, ARN, FNP	Y
Kevin Hair, APRN, FNP	Y
Jana Kearns, APRN, FNP	Y
Mikayla Lumaye, APRN, FNP	Y
Elizabeth McBride, APRN, FNP*	Y
Kayla Miller, APRN, FNP*	Y
Natasha Morgan, APRN, FNP*	Y
Jamie Shotts, APRN, FNP	Y
Mallory Simonton, APRN, FNP	Y
Crystal White, APRN, FNP	Y

Family Practice

Casey Anderson, APRN, FNP; Paris and Oakland	Y
Arun Bajaj, MD; Paris and Oakland	Y
Sara Conn, APRN, FNP	Y
Kelsey, Fuqua, APRN, FNP	Y
Kristina Gabbard, APRN, FNP; Chrisman	Y
Debbie Griffin, APRN, FNP, CDCES	Y
Danielle Ireland, APRN, FNP, PMHNP; Chrisman	Y
Kayla Miller, APRN, FNP	Y
Charlene Moore, APRN, FNP	Y
Kayla Ogle, APRN, FNP	Y
Laney Robinson, MD	Y
Rahat Sheikh, MD	Y
Kumar, Sodvadiya, MD	Y
Nic Thomas, AORN, FNP; Paris and NAL Health Clinic	Y
Micah Thompson, MD	Y
Samantha Volstorf, APRN, FNP, PMHNP	Y
Jessica Walker, APRN< FNP; Sycamore	Y
Paige Wampler, APRN, FNP; NAL Health Clinic	Y
Joy Whitt, APRN, FNP; Sycamore	Y

General Surgery

Yaniv Cozacov, MD	Y
Fouad, Hachem, MD	Y

Hospitalist

Lynne Adams, AORN, FNP	Y
Shehzad Awan, APRN, FNP	Y
Darren Brucken, MD	Y
Melinda Cornelius, APRN, FNP*	Y
Tabbitha Gilman, APRN, FNP	Y
Kevin Hair, APRN, FNP*	Y
Naveen Kumar, MD	Y
Jennifer Likens, APRN, FNP	Y
Kumar Sodvadiya, MD*	Y
Ashley Stakeman, PA*	Y

Neurology

Rakesh Garg, MD Y

Nursing Home Care

Kelsey Fuqua, APRN, FNP Y

Kumar Sodvadiya, MD Y

Nutrition

Madison Easton, MS, RD, LDN Y

Eva Kirchner, MS, RD, LDN Y

Heather Pfrank, MS, RD, LDN Y

Mika Thomas, RDN, LDN Y

Brianne Turner, MS, RD, LDN; Dialysis Y

Occupational Health

Leslie Brown, APRN, FNP, DWC Y

Sara Spesard, APRN, FNP Y

Crystal White, APRN, FNP* Y

Orthopedics/Sports Med./Spine

Jeff Bollenbacher, DO; Terre Haute and Paris Y

Judah Donaldson, APRN, FNP; Paris and Terre Haute Y

Harish Kempegowda, MD; Paris and Terre Haute Y

Pain Management

Adam Schneider, APRN, CRNA, DNP Y

Chanteel, Allen, APRN, FNP; Sycamore Y

Daxton Duncan, APRN, FNP; Sycamore Y

Thomas Pendergast, MD; Sycamore Y

Millie Kooistra, APRN, FNP; Sycamore Y

Kristin Mooneyham, APRN, FNP Y

Robin Smiddy, APRN, FNP; Sycamore Y

Pathology/Laboratory

Patrick Kippenbrock, MD Y

Podiatry/Wound Care

Brittany Wojnicki, DPM Y

Radiology

Bruce Houle, DO Y

Rehabilitation Services

Brock Athey, MPT, PT Y

Annie Barrett, PT, DPT Y

Danielle Colvin, PT, DPT, OCS Y

Lorie Edwards, PT, DPT Y

Brandy Finney, PT, MPT; Home Care Y

Morgan Gallion, ATC Y

Amanda Haar, MOT, OTR*; Home Care Y

Morgan Kincaid, PT, DPT, CLT Y

Jenna Lawson, PT, DPT Y

Sarah Propst, MOT, OTR, CHT Y

Jessica Ross, MS, CCC/SLP* ; Home Care Y

Abi Snyder, PT, DPT Y

Brenda Stevens, MS, CCC/SLP Y

Rachael Vice, PT, DPT, ATC Y

Hetal Vora, PT, DPT Y

Urology

Michael Shanks, DO Y

Melissa Thomas, APRN, FNP Y

Women's Health

Gynecology

Susan, Arp, APRN, FNP Y

Maria Horvat, MD Y

Arturo Menchaca, MD	Y
Obstetrics(through second trimester)	
Maria Horvat, MD	Y
Urogynecology	
Arturo Menchaca, MD	Y

Wound Care

Yaniv Cozacov, MD	Y
Brittany Wojnicki, DPM	Y

Visiting Specialists

Cardiology

Tony Nasser, MD	N
-----------------	---

Dialysis

Gaurav Kumar Verma, MD	Y	Covered if HMFP bills for services rendered.
Manish Gera, MD	Y	Covered if HMFP bills for services rendered.
Lynnaire Jastillano, PA	Y	Covered if HMFP bills for services rendered.
Raj Jeevan, MD	Y	Covered if HMFP bills for services rendered.
Megan Temples, APRN, FNP	Y	Covered if HMFP bills for services rendered.

Gastroenterology

Alicia Sledge, MSN, APRN	Y	Covered if HMFP bills for services rendered.
--------------------------	---	--

Nephrology (Kidney)

Gaurav Kumar Verma, MD	Y	Covered if HMFP bills for services rendered.
Manish Gera, MD	Y	Covered if HMFP bills for services rendered.
Lynnaire Jastillano, PA	Y	Covered if HMFP bills for services rendered.
Raj Jeevan, MD	Y	Covered if HMFP bills for services rendered.
Megan Temples, APRN, FNP	Y	Covered if HMFP bills for services rendered.

Oncology/Hematology

Donnetta Burgess, APRN, FNP	Y	Covered if HMFP bills for services rendered.
Sang Huh, MD	N	
Priyank Patel, MD	Y	Covered if HMFP bills for services rendered.

Ophthalmology(Eye)

Wagih Satar, MD	N
-----------------	---

Psychology

Marilyn Marks-Frey, PhD	N
-------------------------	---

Psychiatry

Ronald Johnson, MR; Senior Care	Y	Covered if HMFP bills for services rendered.
---------------------------------	---	--

Rheumatology

Donnetta Burgess, APRN, FNP	Y	Covered if HMFP bills for services rendered.
Mehmoodur Rasheed, MD	Y	Covered if HMFP bills for services rendered.

*PRN providers

ATTACHMENT 1
HOSPITAL AND MEDICAL FOUNDATION OF PARIS, INC
(dba Horizon Health)
BILLING AND COLLECTION POLICY

PURPOSE:

To ensure appropriate billing and collection procedures are uniformly followed under our financial assistance policy and IRS section 501(r).

SCOPE:

This policy applies to all patient accounts of Hospital and Medical Foundation of Paris, Inc. (HMFP)/Horizon Health.

POLICY:

This policy applies to HMFP and its employed partners together with the HMFP Financial Assistance Policy (FAP), and is intended to meet the requirements of applicable federal, state and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder. This policy establishes the actions that may be taken in the event of nonpayment for medical care provided by HMFP, including but not limited to extraordinary collection actions. The guiding principles behind this policy are to treat all patients and Responsible Individual(s) equally with dignity and respect; to ensure appropriate billing and collection procedures are uniformly followed; and to ensure that reasonable efforts are made to determine whether the Responsible Individual(s) for payment of all or portion of a patient account is eligible for assistance under the FAP.

I. Definition:

Plain Language Summary means a written statement that notifies a Responsible Individual(s) that HMFP offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such statement under the FAP.

Billing Deadline means the date after which HMFP or collection agency may initiate the Extraordinary Collection Action (ECA) against the Responsible Individual(s) who has failed to submit an application for financial assistance under the FAP. The Billing Deadline must be specified in a written notice to the Responsible Individual(s) provided at least 30 days prior to such deadline, but no earlier than 120 days after first post discharge statement.

Completion Deadline means the date after which HMFP or collection agency may initiate or resume an ECA against a Responsible Individual(s) who has submitted an incomplete application if that individual(s) has not provided missing information and/or documentation necessary to complete the application or denied application. The Completion Deadline must be specified in a written notice

and must be no earlier than later of (1) Thirty (30) days after HMFP provides the Individual(s) with this notice; or (2) the last day of the application period.

Extraordinary Collection Action (ECA) means any action against the Responsible Individual(s) responsible for a bill related to obtaining payment of a Self-Pay Account that requires legal or judicial process or reporting adverse information about the Responsible Individual(s) to consumer credit reporting agencies/credit bureaus. ECAs do not include transferring a Self-Pay Account to another party for purposes of collection without use of any ECAs.

Financial Assistance Policy–Eligible Individual(s) means a Responsible Individual(s) eligible for financial assistance under the FAP without regard to whether the Responsible Individual(s) has applied for assistance.

Financial Assistance Policy (FAP) means HMFP’s Financial Assistance Program for Uninsured and Underinsured patient(s) Policy, which includes eligibility criteria, the basis for calculating charges, the method of apply for policy and the measure to publicize the policy, and sets forth the financial assistance program.

Patient Accounts means the operating unit of HMFP for billing and collection of Self-Pay Accounts. Responsible Individual(s) means the patient and any other individual(s) having financial responsibility for a Self-Pay Account. There may be more than one Responsible Individual(s).

Self-Pay Account means that portion of a patient account that is the responsibility of the patient or other Responsible Individual(s), net of the application of payments made by any available healthcare insurance or other third-party payer (including co-payments, co-insurance and deductible), and net of any reduction of write off made with respect to such patient account after application of an assistance program, as applicable.

II. Procedure:

- A. Subject to compliance with the provisions of this policy, HMFP may take any and all legal actions, including Extraordinary Collection Actions, to obtain payment for medical services provided.
- B. HMFP will not engage in ECAs, either directly or by any debt collection agency or other party to which the hospital has referred the patient’s debt, before reasonable efforts are made to determine whether a Responsible Individual(s) is eligible for assistance under the FAP.
- C. All patients will be made aware of the FAP assistance program at the time of admission or registration at the facility, which is noted on our consent for treatment form.
- D. At least three separate statements for collections of Self-Pay Accounts shall be mailed to the last known address of each Responsible Individual(s); provided, however, that no additional statements need to be sent after a Responsible Individual(s) submits a complete application for financial assistance under the FAP or has paid in full. At least 120 days shall have elapsed between the first and last of the required three mailings. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for reasonable effort will have

been made. All Patient Account statements of Self-Pay Accounts will include but are not limited to:

1. An accurate summary of the services covered by the statement (including patient name, service date, type of service provided and physician)
 2. The charges for such services
 3. Any adjustments or payments received prior to statement generation
 4. The amount required to be paid by the Responsible Individual(s) (or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement); and
 5. A conspicuous written notice on the statement that notifies and informs the Responsible Individual(s) about the availability of Financial Assistance under the FAP including the telephone number of the department and direct website address where copies of the documents may be obtained.
- E. At least one of the statements mailed will include written notice that informs the Responsible Individual(s) about the ECAs that are intended to be taken if the Responsible Individual(s) does not apply for financial assistance under the FAP or pay the amount due by the Billing Deadline. Such statement must be provided to the Responsible Individual(s) at least 30 days before the deadline specified in the statement. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for reasonable effort will have been made.
1. An ECA Notification will be mailed by Magnet Solutions individually after three separate statements have been issued (barring a bad address) 90 days after the first post discharge statement and 30 days prior to intended placement of bad debt. The ECA will not be included with a statement.
 - a. The ECA Notification is not an attempt to collect the balance, rather to list all "at risk" accounts, notify the patient of the availability of Financial Assistance as well as what ECA HMFP intends to initiate. For this reason, the offering to pay online or mail payment is not included, nor a remit coupon.
- F. Prior to initiation of ECAs, an oral attempt will be made to contact the Responsible Individual(s) by telephone at the last known telephone number, if any, at least once during the series of mailed statements if the account remains unpaid. During all conversation, the patient or Responsible Individual(s) will be informed about the financial assistance that may be available under the FAP.
- G. ECAs may be commenced as follows:
1. Patient Accounts provides the Responsible Individual(s) a written notice that describes the additional information or documentation required under the FAP in order to complete the application for financial assistance, which notice will include a copy of the Plain Language Summary.

2. Patient Accounts will provide the Responsible Individual(s) with at least 30 days prior written notice of the ECAs that HMFP or collection agency may initiate against the Responsible Individual(s) if the FAP application is not completed or payment is not made; provided, however, that the Completion Deadline for payment not be set prior to 120 days after the first post discharge statement.
3. If the Responsible Individual(s) who has submitted the incomplete application completes the application for financial assistance, and Patient Accounts determines definitively that the Responsible Individual(s) is ineligible for any financial assistance under the FAP, HMFP will inform the Responsible Individual(s) in writing the denial and include a 30 days prior written notice of the ECA's that HMFP or collection agency may initiate against the Responsible Individual(s); provided, however, that the Billing Deadline may not be set prior to 120 days after the first post discharge statement.
4. If the Responsible Individual(s) who has submitted the incomplete application fails to complete the application by the Completion Deadline set in the notice provided pursuant to Section III above, the ECAs may be initiated.
5. If an application, complete or incomplete, for financial assistance under the FAP is submitted by a Responsible Individual(s), at any time prior to the Application Deadline, HMFP will suspend ECAs while such financial assistance application is pending. This will include any current accounts and bad debt accounts going back 240 days from the date of the first statement on the account.

H. After the commencement of ECAs is permitted under Section III.G above, collection agencies shall be authorized to report unpaid accounts to credit agencies, and to file judicial or legal action, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, that prior approval of Patient Accounts shall be required before initial lawsuits may be initiated. HMFP and external collection agencies may also take any and all legal actions including but not limited to telephone calls, emails, texts, mailing notices and skip tracing to obtain payment for medical services provided.

III. Policy Availability

Contact the HMFP Patient Services, Financial Assistance Coordinator office at (217) 466-4257 for information regarding eligibility of programs that may be available to you, to request a copy of the FAP, FAP application form, or Billing and Collection Policy to be mailed to you. Full disclosure of the FAP, FAP application form, or Billing and Collection Policy may be found at www.myhorizonhealth.org/financialassistance. A paper copy of our FAP, FAP application form or Billing and Collection Policy can be obtained at our facility located at 721 East Court St, Paris, IL, 61944 within the Patient Services Financial Assistance Coordinator office. Language translations are available.