

Lifespan Corporation and  
Affiliate Hospitals

**Subject:**  
Financial Assistance Policy

**File Under:** PF00.0054

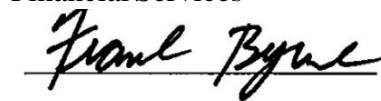
**Original Procedure Date:**  
August 16, 1996

**Latest Revision Date:**  
October 01, 2018

**Approved By:**



Christine Rawnsley  
Vice President of Patient  
Financial Services



TMH/RIH Vice President of  
Finance

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**Purpose of Lifespan's Financial Assistance Policy:**

The mission of Lifespan is to deliver health with care. In furtherance of this mission, Lifespan's Financial Assistance Policy (FAP) provides eligible patients with partially or fully-discounted medical care. Eligible care includes, but is not limited to, care defined as emergency and other medically necessary healthcare services provided by Lifespan affiliates. Lifespan affiliates include Emma Pendleton Bradley Hospital, Lifespan Physician Group, Inc., Newport Hospital, Rhode Island Hospital (including Hasbro Children's Hospital), and The Miriam Hospital, collectively referred to hereinafter as Lifespan. Emergency care services are provided to all patients who present to a Lifespan emergency department, regardless of the patient's citizenship, immigration status, or ability to pay. Financial assistance is not a substitute for personal responsibility. Patients seeking financial assistance must apply for assistance and are expected to cooperate with Lifespan's policies and procedures in obtaining such assistance. Applicants who have the financial ability to purchase health insurance will be provided with information regarding available insurance options and are encouraged to apply. Applicants who may be eligible for government-sponsored health care programs such as Medicaid will be required to apply for such programs as a means of paying their hospital bills. Details on the policy and application process are summarized herein.

## GLOSSARY

For the purposes of the FAP, the following definitions apply:

- **"501(r)"** means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- **"Amount Generally Billed" or "AGB"** means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **"Community"** means services provided at all Lifespan hospitals and clinics located throughout Rhode Island and Massachusetts.
- **"Diagnosis Related Groups (DRGs)"** A payment system created under Medicare in which operating costs of acute care hospital inpatient stays are categorized into unique groups. Each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG.
- **"Discounted care"** means a partial discount off amounts owed by patients who qualify under the FAP.
- **"Emergency Care"** means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual in serious jeopardy, impairment to bodily functions or serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- **"Financial Assistance Policy ("FAP")" application"** means the information and accompanying documentation that a patient submits to apply for financial assistance under Lifespan's FAP. Lifespan may obtain information from a patient in writing or orally (or a combination of both).
- **"Federal Poverty Level (FPL) table"** A table within Lifespan's Lifechart program that assists in determining whether patients qualify for financial assistance based on their financial means when compared to federal poverty guidelines.
- **"Gross Charges"** The amount listed on each Lifespan hospital facility's chargemaster for eligible services under the FAP. A billing statement issued by a Lifespan hospital for care covered under the FAP may state the gross charges for such care and apply contractual allowances, discounts, or deductions to the gross charges, provided that the actual amount the individual is personally responsible for paying is less than the gross charges for such care.
- **"Income"** includes wages, salaries, self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, child support, alimony, educational assistance, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.
- **"LifeChart"** Lifespan's integrated electronic health record system.

- **"Liquid Asset"** means an asset that can be converted into cash in a short time, with little or no loss in value. Examples include: checking accounts, saving accounts, insurance policies (cash value), stocks, CD's, mutual fund accounts, and 401K's/IRA's (minimum retirement age must be reached to be considered liquid).
- **"Medical Assistance Program"** a joint federal and state program that assists with medical costs for individuals with limited income and resources.
- **"Medically Necessary Care"** is defined in Rhode Island's Medicaid Provider Reference Manual as medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health-related condition including such services necessary to prevent a decremental change in either medical or mental health status.
- **"Patient"** means those persons receiving eligible medical care from a Lifespan hospital.
- **"Patient Financial Advocate (PFA)/Patient Financial Counselor (PFC)"** Lifespan employees who assist self-pay patients with the process of understanding and applying for medical coverage options or financial assistance.
- **"Uninsured Patient"** means an individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an BRISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, Rite Care, and Tricare), Worker's Compensation, or other third-party assistance to cover all or part of the cost of care, including claims against third parties covered by insurance to which Lifespan is subrogated, but only if payment is actually made by such insurance company.

1. **Eligible Patients:** Eligibility for financial assistance will be considered for individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with Lifespan's FAP. Granting of financial assistance is based upon an individual assessment of financial need and shall not consider any potential discriminatory factors such as age, ancestry, gender, gender-identity, race, color, national origin, sexual orientation, marital status, social or immigrant status, or religious affiliation or on any other basis as prohibited by Federal, state, or local law.
2. **Calculation of Discount:** At no time will patients eligible for financial assistance under the FAP be billed more than "Amounts Generally Billed" (AGB). Lifespan uses the prospective method in determining AGB, which is defined by Internal Revenue Code section §501(r) as the amount Medicare or Medicaid would reimburse the hospital for billed care (including both the amount that would be reimbursed by Medicare or Medicaid, and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare fee-for-service or Medicaid beneficiary. Specific AGB calculations for each Lifespan hospital covered under the FAP are listed as follows:

- **Emma Pendleton Bradley Hospital (EPBH) AGB-** The amount Medicaid would reimburse EPBH for billed care (including both the amount that would be reimbursed by Medicaid and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicaid beneficiary. Based on this calculation, EPBH has set an automatic discount of 56% on both inpatient and outpatient gross charges during the fiscal-year ended September 30, 2019 for EPBH FAP-qualifying patients.
- **Lifespan Physician Group, Inc. (LPG) AGB-** The amount Medicare would reimburse LPG for billed care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare fee-for-service beneficiary. Based on this calculation, LPG has set an automatic discount of 69% on gross charges during the fiscal-year ended September 30, 2019 related to care provided by LPG providers to FAP-qualifying patients.
- **Newport Hospital (NH) AGB-** The amount Medicare would reimburse NH for billed care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare beneficiary. Based on this calculation, NH has set an automatic discount of 83% on gross outpatient charges and an inpatient discount equal to the Medicare DRG rates during the fiscal-year ended September 30, 2019 for NH FAP-qualifying patients.
- **Rhode Island Hospital/Hasbro Children's Hospital (RIH) AGB-** The amount Medicare would reimburse RIH for billed care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare beneficiary. Based on this calculation, RIH has set an automatic discount of 82% on gross outpatient charges and an inpatient discount equal to the Medicare DRG rates during the fiscal-year ended September 30, 2019 for RIH FAP-qualifying patients.
- **The Miriam Hospital (TMH) AGB-** The amount Medicare would reimburse TMH for billed care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare beneficiary. Based on this calculation, TMH has set an automatic discount of 82% on gross outpatient charges and an inpatient discount equal to the Medicare DRG rates during the fiscal-year ended September 30, 2019 for TMH FAP-qualifying patients.

These discounts apply to all uninsured patients provided that the financial assistance does not block an individual patient's ability to qualify for the State's Medicaid program.

Additionally, eligible patients whose family income falls within 0% and 200% of the Federal Poverty Guidelines (FPG), as determined by the U.S Department of Health and Human Services, receive fully discounted financial assistance on their care. No amount of Lifespan provided services is billable to the patient in this scenario.

Eligible patients whose family income falls within 201%-300% of FPG receive partially discounted financial assistance in excess of the amounts determined by Lifespan using the prospective method. See Addendum I for a sliding scale detailing these additional discount calculations and <https://aspe.hhs.gov/poverty-guidelines> for current FPG rates. Patients who qualify for less than a 100% FAP discount, patients may be offered a payment plan – refer to Lifespan's Patient Payment Policy.

Another factor considered when determining financial assistance are the liquid assets owned by a patient. Ownership of a certain threshold of liquid assets may result in the denial of financial assistance even if a patient qualifies under the FPG determination described earlier. If a patient has disclosed in their FAP application that it has no family income, Lifespan's Patient Financial Services Department will require information supporting how daily needs are met. Lifespan reviews all completed applications submitted and determines financial assistance eligibility in accordance with Lifespan's FAP. Incomplete applications will not be considered. However, applicants who submit incomplete applications are notified of this status and given the opportunity to furnish any pending or missing documentation/information necessary to complete the application process.

In the event a patient refuses a medically safe and appropriate discharge plan and agreement cannot be reached, Lifespan will hold the patient financially responsible for the continued hospital stay and the patient will not qualify for free or discounted emergency or medically necessary care under the FAP.

- 3. Eligible Services:** Eligible services include services provided and billed by Lifespan, including but not limited to, emergency and medically necessary care to patients who are uninsured, underinsured, ineligible for any government health care benefit program, and are unable to pay for their healthcare services. Please note that the FAP applies only to services billed by Lifespan. Other services separately billed by other providers such as physicians or laboratories unaffiliated with Lifespan are not eligible under the FAP. See Addendum II for a listing of physician provider groups who deliver emergency or medically necessary care services within Lifespan hospitals and who are or are not covered under Lifespan's FAP.

- 4. Ineligible Services:** Some services provided by Lifespan are not covered under Lifespan's FAP. PFAs/PFCs are provided at each affiliate site and are available to provide guidance as needed to determine the eligibility of all non-emergency or medically necessary services covered under the FAP. Services ineligible for financial assistance include, but are not limited to:

**All Lifespan affiliates-**

- Certain physician fees, including: charges for the interpretation of certain tests/x-rays and all other services delivered by non-Lifespan providers;
- Cosmetic surgery and cosmetic-related services;

**Lifespan Physician Group, Inc.-**

- Acupuncture;
- Child life education classes
- Chiropractor services
- Contact lens fitting
- Cord blood retrieval
- Laser treatments
- Lifestyle Medicine classes including: healthy exercise, lifestyle planning, massage, yoga, mindfulness-based stress services, etc.;
- Skin care products
- Surrogate pregnancy

**Newport Hospital-**

- Cardiac Rehabilitation Maintenance Program is eligible for a reduction in fee when established medical criteria/guidelines are met;

**Rhode Island Hospital/Hasbro Children's Hospital**

- Contact Lenses;
- Dental procedures, including –
  - Occlusal guards for bruxism;
  - Laboratory fabricated veneers;
  - Fixed bridgework of four or more units;
  - Dental implants;
  - Bleaching of teeth;
  - Orthodontic treatment;
  - Posterior composite fillings.
- Hearing Aids, Children's Rehabilitation Constraint Therapy Program;
- Sports Rehabilitation self-referrals;
- The following dental procedures would qualify for a discount of 50% normally billed amounts-
  - full mouth series of x-rays for comprehensive treatment planning;

full upper and lower dentures;  
 Partial upper and lower dentures;  
 Periodontal scaling and root-planing;  
 Periodontal surgery;  
 Porcelain fused to metal crowns and post & core;  
 Prophylaxis (cleaning);  
 Restorations (amalgam and composite). Exception- 100% discount  
 allowed if referred from Lifespan's Oncology, Transplant, or  
 Craniofacial Departments;  
 Root canals;  
 Samuels Sinclair Dental Center services

#### **The Miriam Hospital-**

- Cardiac Rehabilitation Maintenance and Weight Management services may be determined to be essential medical services if established medical criteria/guidelines are met with required documentation specific to the program.

#### **5. How to apply for financial assistance:**

Lifespan's FAP and FAP application documents are available in person at any of the following Lifespan hospital facility locations:

- **Rhode Island Hospital, Patient Advocate Office, 593 Eddy Street, Providence, RI 02903**
- **The Miriam Hospital, Patient Advocate Office, 164 Summit Avenue, Providence, RI 02906**
- **Newport Hospital, Patient Advocate Office, 11 Friendship Street, Newport, RI 02840**
- **Emma Pendleton Bradley Hospital, Admitting Office, 1011 Veterans Memorial Parkway, East Providence, RI 02915**

Lifespan's FAP is also available for free by mail request using any one of the hospital facility addresses listed above. Patients can visit <https://www.lifespan.org/financial-assistance> to obtain all necessary information and forms. Requests for documents to be mailed can be made by calling Lifespan's Patient Financial Services Office at (401) 444-6949.

Assistance to complete the application form is available via Lifespan's PFAs/PFCs. The patient/patient's family may either schedule an appointment with, or walk-in to see a PFA/PFC. Patients can also receive assistance by calling the Patient Financial Services Customer Service Department when they have received a bill for charges previously incurred. In filling out the application, all patients are asked to provide as much information as possible. We understand that not all items listed within the FAP application are applicable to all patients. Please provide all items that are applicable to your individual situation to the PFA/PFC. See Addendum III for a listing of all Lifespan locations where PFAs and PFCs are available.

Please mail completed applications or deliver in person (with all documentation/information specified in the application instructions) to any of the Lifespan hospital facility addresses listed above.

**Rhode Island residents-** In-state residents, as defined by Section 1.30 *Rhode Island Rules and Regulations Pertaining to Hospital Conversions (R23-17.14 HCA)*, are asked to provide proof of in-state residence. If a government issued photo ID is not available, a rental agreement, recent utility or telephone bill, or similar document with a Rhode Island address may be submitted. Applicants are asked to provide family income or "proof of income" information through as many of the following documents as may be applicable or available: W-2 forms, most recent annual tax forms (federal), most recent pay stubs (at least two (2) consecutive), copy of any savings and/or checking account statement, copy of government-issued photo identification, and any other income documentation such as a copy of a check for Veteran's Benefits. Also requested are any denial letters that may have been issued by Medical Assistance or Healthsource Rite Care Programs. As part of Lifespan's process, patients may be asked to apply for Medical Assistance if they are eligible and have not done so previously. Note that non-eligibility may be pre-determined by the Patient Financial Advocate/Patient Financial Counselor for those patients who clearly do not meet the Medical Assistance requirements. (Exceptions: in situations where there is no income, a self-declaration, signed letter from the patient, or person supporting the patient may be accepted.)

**Non-Rhode Island residents-** Applicants are asked to provide family income or "proof of income" information through as many of the following documents as may be applicable or available: W-2 forms, most recent annual tax forms (federal), most recent pay stubs (at least two (2) consecutive), copy of any savings and/or checking account statement, or a copy of government issued photo identification. If the patient has a Social Security number(SSN)/Tax identification number (TIN) and the patient does not file taxes, we may request permission to obtain a credit report. Patients without a SSN or TIN number should provide a letter explaining their living situation and a letter from the person who is supporting them, including evidence of domicile. Such letters should be signed under the penalties of perjury.

Exception – Massachusetts' patients transferred to the RIH or TMH Emergency Department or to an Inpatient Nursing Unit via the Express Care Center can apply for financial assistance for both services in addition to outpatient follow up related to the transfer diagnosis. Patients who may qualify for Mass Health must apply, and if they are denied can apply for financial assistance.

**Visiting Foreign Nationals-** Applicants are asked to provide family income or "proof of income" information through as many of the following documents as may be applicable or available: a copy of their passport and visa (as may be applicable) and a self-declaration letter explaining their income from their country of origin and a self-declaration letter explaining any arrangements for financial support they may have while staying in the U.S. Such letters should be signed under the penalties of perjury.



**Homeless patients-** Homeless patients who are provided Emergency Room care will need to complete and sign a FAP application. Documentation is not necessary at the time care is provided. The application is valid for the ED Visit only. If a patient is homeless, a PFA/PFC will explore sources of funds from special programs that may be available on an individual patient basis. If the patient does not qualify for any program, the FAP application will be completed, and the following will be attached: a copy of a photo ID if available (may be government or shelter-issued); a letter from the shelter, if any; a self-declaration letter from the patient explaining how he/she supports themselves; a credit report, if any; a copy of their most recently completed federal tax form(s), if any; and the most recent two consecutive pay stubs, if any.

6. **Processing-** All completed applications, along with supporting documentation will be scanned into Lifespan's LifeChart electronic health records system. All approved and denied applications are documented within LifeChart. If an application is approved for full, partial, or no financial assistance, the FPL table is updated to reflect the FAP outcome and the effective dates added for FAP approved coverage duration. PFAs, PFCs, and Patient Financial Services-Customer Service staff members are responsible for notifying all Lifespan Corporate Services pre-collection and collection agencies of the FAP approval for full or partial coverage.

**Time Limit for Approvals:** Approved applications are valid for a period of twelve (12) months going forward from the date of the application and six (6) months prior to the approved dates. Exceptions: applications that have balances after Medicare and Medical Assistance and the Immunology Clinic at TMH, special circumstances cases (e.g. chronic homelessness), approvals for these exceptions are valid for one year from the date of application. **Non-Rhode Island residents: application is valid for one ED Visit; one ED Admission.**

**Asset Guidelines:** Checking accounts, saving accounts, insurance policies (cash value), stocks, CD's and mutual fund accounts will need to be within the established saving guidelines for the affiliate hospital. If the saving accounts exceed the established guidelines, the patient needs to spend down the savings towards the affiliate hospital's bill until their savings are within the guidelines. Children over 18 years of age claimed as a dependent on their parents'/guardian's taxes the parents'/guardian's income are included to determine FAP eligibility.

## 7. **Special FAP Approvals with Limited Documentation:**

Below is a list of various scenarios in which FAP applications with extenuating circumstances are eligible for approval. Other scenarios garnering approval status may also arise.

- A patient is admitted but is unable to provide documents due to their health issues i.e., severe substance abuse and housing issues for individuals who are not associated with a homeless shelter;
- A Massachusetts resident who is admitted but expires prior to any Mass Health application being filed. Mass Health does not consider these applications and these patients would therefore fall under the purview of this FAP.

- For patients who are found eligible for Medicaid/Healthsource Rhode Island, eligibility under this FAP will be applicable retroactively six months from date of eligibility if patient does not comply with FAP documentation; (Medicaid/Healthsource Rhode Island will be billed for any qualifying retro accounts.)
- A Rhode Island resident patient expires and the patient's family does not apply for Rhode Island Medicaid;
- A patient is admitted as self-payor but is subsequently taken into state custody during their admission. In this circumstance the Rhode Island Adult Correctional Institutions (ACI) will pay from date of custody and onward. However, charges incurred up to six months prior to the custody date are covered under the FAP.

## 8. **Miscellaneous Items:**

- Insured Patients – Medicare Patients including Senior Products Waivers of cost-sharing amounts for financially needy Medicare Beneficiaries:

A discount offered to a Medicare beneficiary generally takes the form of a waiver of all or a portion of the Medicare program co-payment or deductible, that is, the portion of the bill that the beneficiary owes. While generally banning routine cost-sharing waivers of such "insurance" billing and the like, Congress recognized that some beneficiaries might not be able to afford coverage without these cost-sharing efforts. Lifespan makes an exception for waivers on the basis of financial need. While waivers may be granted, the following three conditions remain true:

- i. waivers are not routine
  - ii. waivers are not offered as part of any advertisement or solicitation
  - iii. waivers may only be made in good faith as evidenced by the completion of a FAP application
- The affiliate hospital will waive payments, in part or in full, for necessary medical services provided for eligible applicants.
  - PFA's/PFC's at Lifespan hospitals will explore sources of funds from special programs that may be available on an individual patient need basis.

- Eligibility for financial assistance above the automatic discount is available for qualifying applicants.
- Patient's with insurance that opt not to use it **do not** qualify for a discount.

9. **Appeals Process:** Patients have the right to appeal a denial of an application for FAP. The patient/guarantor must submit their request in writing as to why the patient/guarantor wants to appeal the decision. The completed application and the supporting documentation with the patient's request to appeal the decision will be forwarded to the Manager or Director of the PFAs/PFCs. The Manager/Director will review the appeal letter, the original application and supporting documentation for adherence to Lifespan's guidelines. If the patient's financial information has changed from the original application a new application will be completed with the supporting documentation. The Manager/Director will notify the patient of their decision within ten days of receiving the appeal letter. If the appeal is denied, the patient/guarantor can request a second appeal to the Vice President of Patient Financial Services. The patient/guarantor will be notified in writing of the Vice President's decision within ten days of receiving the second appeal letter. If additional documentation is required, the patient will receive a decision of the appeal within ten days after receipt of the documentation.
10. **Billing and Collections Policy:** The actions that Lifespan may take in the event of nonpayment is described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by requesting a mailed copy from the Lifespan's Patient Financial Services Office at (401) 444-6949. A copy of the policy is also available at:  
<https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/pfs/Billing-Collection-eng.pdf>.
11. **Interpretation:** Lifespan translates the FAP, FAP application form, and the plain language summary of its FAP into the primary languages of populations with limited English proficiency that constitute the lesser of 5% or 1,000 of the residents of the community served by the hospital facility. All information is available online at <https://www.lifespan.org/financial-assistance> or at the Lifespan hospital facilities listed previously.

For further assistance or questions please visit or call Lifespan's Patient Financial Services Department at 401-444-6966. If arriving in-person, please visit any of the Lifespan hospital facility locations listed above between the hours of 8:00am-4:00pm, Monday through Friday.

## Addendum II

### **Lifespan Financial Assistance Policy** **List of Providers Covered/Not Covered**

Treasury Regulation section 1.504(r)-4(b)(1)(iii)(F) specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by Lifespan's Financial Assistance Policy.

Please click on the links below associated with the physician groups providing emergency or medically necessary care at a Lifespan hospital to see a complete list of the medical providers employed at that medical practice. The listings are updated quarterly. If a medical provider is not listed or further information is needed, contact Lifespan Patient Financial Services at (401) 444-6949.

The lists are also available at each Lifespan-hospital Patient Advocate Office, in the emergency room, in admission areas, or from Lifespan Patient Financial Assistance staff.

#### **Medical Providers Covered Under Lifespan's Financial Assistance Policy**

Emma Pendleton Bradley Hospital- <https://www.bradleyhospital.org/>  
Lifespan Physician Group, Inc.- <https://www.lifespan.org/centers-services/lifespan-physician-group>  
Newport Hospital- <https://www.newporthospital.org/>  
Rhode Island Hospital- <https://www.rhodeislandhospital.org/>  
Rhode Island Medical Imaging- <http://www.rimirad.com/>  
The Miriam Hospital- <https://www.miriamhospital.org/>  
University Emergency Medicine Foundation, Inc.- <https://brownem.org>  
University Orthopedics, Inc.- <http://universityorthopedics.com/>  
Gateway Healthcare, Inc.- <https://www.gatewayhealth.org/>

#### **Medical Providers by Not Covered Under Lifespan's Financial Assistance Policy**

Brown Dermatology- <http://brownderm.org/>  
Brown Medicine- <http://www.umfmed.org/3/>  
Brown Urology- <http://www.urologyri.com>  
Brown Neurology- <https://theneurologyfoundation.org/>  
University Cardiovascular Surgical Associates, Inc.- <https://www.lifespan.org/find-a-doctor#q=cardiothoracic%20surgery>  
University Orthopedics, Inc.- (Adult patients only)- <http://universityorthopedics.com/>  
University Otolaryngology- <http://univoto.net/>  
University Surgical Associates Inc.- <http://usasurg.org/>

**Always have a conversation with your physician or their office staff regarding their fees.**

Rhode Island Hospital is proud of its commitment to provide quality care to all who need it. Rhode Island Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Rhode Island Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

## FULL CHARITY CARE

**We provide hospital care without charge to uninsured Rhode Island residents with income less than:**

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.*

## PARTIAL CHARITY CARE

**We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:**

Family Size	Federal Poverty	Family Size																	
		Low	High	1		2		3		4		5		6		7		8	
				O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P
1	12,490		24,980	Free	Free														
2	16,910	24,981	33,820	90%	80%	Free	Free												
3	21,330	33,821	42,660	82%	60%	90%	80%	Free	Free										
4	25,750	42,661	51,500	82%	40%	82%	60%	90%	80%	Free	Free								
5	30,170	51,501	60,340	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free						
6	34,590	60,341	69,180	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free				
7	39,010	69,181	78,020	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free		
8	43,430	78,021	86,860	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free
		86,861	95,700	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%
		95,701	104,540	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%
		104,541	113,380	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%
		113,381	122,220	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%
		122,221	131,060	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.*

To find out if you qualify for financial-aid, please contact a Patient Financial Advocate at 444-7850.

If you are denied financial-aid, you may appeal the decision. You may also request the appeal process from the contact above.

# FINANCIAL-AID CRITERIA

The Miriam Hospital is proud of its commitment to provide quality care to all who need it.

The Miriam Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. The Miriam Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

## FULL CHARITY CARE

**We provide hospital care without charge to uninsured Rhode Island residents with income less than:**

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.*

## PARTIAL CHARITY CARE

**We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:**

Family Size	Federal Poverty	Low	High	Family Size															
				1		2		3		4		5		6		7		8	
				O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P
1	12,490		24,980	Free	Free														
2	16,910	24,981	33,820	90%	80%	Free	Free												
3	21,330	33,821	42,660	82%	60%	90%	80%	Free	Free										
4	25,750	42,661	51,500	82%	40%	82%	60%	90%	80%	Free	Free								
5	30,170	51,501	60,340	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free						
6	34,590	60,341	69,180	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free				
7	39,010	69,181	78,020	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free		
8	43,430	78,021	86,860	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%	Free	Free
		86,861	95,700	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%	90%	80%
		95,701	104,540	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%	82%	60%
		104,541	113,380	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%	82%	40%
		113,381	122,220	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	20%
		122,221	131,060	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG	82%	DRG

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.*

To find out if you qualify for financial-aid, please contact  
a Patient Financial Advocate at 793-2206.

If you are denied financial-aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective October 1, 2019

**FINANCIAL-AID CRITERIA**

Effective October 1, 2019

Bradley Hospital is proud of its commitment to provide quality care to all who need it.

Bradley Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Bradley Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

**FULL CHARITY CARE**

**We provide hospital care without charge to uninsured Rhode Island residents with income less than:**

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.*

**PARTIAL CHARITY CARE**

**We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:**

Family Size	Federal Poverty	Family Size									
		Low	High	1	2	3	4	5	6	7	8
1	12,490		24,980	Free							
2	16,910	24,981	33,820	90%	Free						
3	21,330	33,821	42,660	75%	90%	Free					
4	25,750	42,661	51,500	60%	75%	90%	Free				
5	30,170	51,501	60,340	56%	60%	75%	90%	Free			
6	34,590	60,341	69,180	56%	56%	60%	75%	90%	Free		
7	39,010	69,181	78,020	56%	56%	56%	60%	75%	90%	Free	
8	43,430	78,021	86,860	56%	56%	56%	56%	60%	75%	90%	Free
		86,861	95,700	56%	56%	56%	56%	56%	60%	75%	90%
		95,701	104,540	56%	56%	56%	56%	56%	56%	60%	75%
		104,541	113,380	56%	56%	56%	56%	56%	56%	56%	60%
		113,381	122,220	56%	56%	56%	56%	56%	56%	56%	56%
		122,221	131,060	56%	56%	56%	56%	56%	56%	56%	56%

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.*

To find out if you qualify for financial-aid, please contact a Patient Financial Service Representative at 444-6526.  
If you are denied financial-aid, you may appeal the decision. You may also request the appeal process from the contact above.

**FINANCIAL-AID CRITERIA**

Newport Hospital is proud of its commitment to provide quality care to all who need it. Newport Hospital provides financial aid to patients without health insurance and who may not be able to pay for their care. Newport Hospital also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

**FULL CHARITY CARE**

**We provide hospital care without charge to uninsured Rhode Island residents with income less than:**

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.*

**PARTIAL CHARITY CARE**

**We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:**

Family Size	Federal Poverty	Low	High	Family Size															
				1		2		3		4		5		6		7		8	
				O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P
1	12,490		24,980	Free	Free														
2	16,910	24,981	33,820	90%	80%	Free	Free												
3	21,330	33,821	42,660	83%	60%	90%	80%	Free	Free										
4	25,750	42,661	51,500	83%	40%	83%	60%	90%	80%	Free	Free								
5	30,170	51,501	60,340	83%	20%	83%	40%	83%	60%	90%	80%	Free	Free						
6	34,590	60,341	69,180	83%	DRG	83%	20%	83%	40%	83%	60%	90%	80%	Free	Free				
7	39,010	69,181	78,020	83%	DRG	83%	DRG	83%	20%	83%	40%	83%	60%	90%	80%	Free	Free		
8	43,430	78,021	86,860	83%	DRG	83%	DRG	83%	DRG	83%	20%	83%	40%	83%	60%	90%	80%	Free	Free
		86,861	95,700	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	20%	83%	40%	83%	60%	90%	80%
		95,701	104,540	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	20%	83%	40%	83%	60%
		104,541	113,380	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	20%	83%	40%
		113,381	122,220	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	20%
		122,221	131,060	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG	83%	DRG

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.*

To find out if you qualify for financial-aid, please contact a Financial Counselor 401-864-6400.

If you are denied financial-aid, you may appeal the decision. You may also request the appeal process from the contact above.



**FINANCIAL-AID CRITERIA**

Gateway Healthcare, Inc. is proud of its commitment to provide quality care to all who need it.

Gateway Healthcare, Inc. provides financial aid to patients without health insurance and who may not be able to pay for their care. Gateway Healthcare, Inc. also offers discounts to uninsured patients who may have difficulty paying their full hospital bill. This free and discounted care applies to essential hospital services ONLY.

**FULL CHARITY CARE**

**We provide hospital care without charge to uninsured Rhode Island residents with income less than:**

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.*

**PARTIAL CHARITY CARE**

**We also provide discounted hospital care to uninsured Rhode Island residents with incomes between:**

Family Size	Federal Poverty	Family Size									
		Low	High	1	2	3	4	5	6	7	8
1	12,490		24,980	Free							
2	16,910	24,981	33,820	90%	Free						
3	21,330	33,821	42,660	75%	90%	Free					
4	25,750	42,661	51,500	60%	75%	90%	Free				
5	30,170	51,501	60,340	56%	60%	75%	90%	Free			
6	34,590	60,341	69,180	56%	56%	60%	75%	90%	Free		
7	39,010	69,181	78,020	56%	56%	56%	60%	75%	90%	Free	
8	43,430	78,021	86,860	56%	56%	56%	56%	60%	75%	90%	Free
		86,861	95,700	56%	56%	56%	56%	56%	60%	75%	90%
		95,701	104,540	56%	56%	56%	56%	56%	56%	60%	75%
		104,541	113,380	56%	56%	56%	56%	56%	56%	56%	60%
		113,381	122,220	56%	56%	56%	56%	56%	56%	56%	56%
		122,221	131,060	56%	56%	56%	56%	56%	56%	56%	56%

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.*

To find out if you qualify for financial-aid, please contact a Patient Financial Service Representative at 444-6526.  
If you are denied financial-aid, you may appeal the decision. You may also request the appeal process from the contact above.

Effective October 1, 2019

**FINANCIAL-AID CRITERIA**

Effective October 1, 2019

Lifespan Physician Group is proud of its commitment to provide quality care to all who need it. Lifespan Physician Group provides financial aid to patients without health insurance and who may not be able to pay for their care. Lifespan Physician Group also offers discounts to uninsured patients who may have difficulty paying their full bill. This free and discounted care applies to essential services ONLY for Lifespan Physician Group.

**FULL CHARITY CARE**

**We provide essential care without charge to uninsured Rhode Island residents with income less than:**

Size of Family Unit	1	2	3	4	5	6	7	8	each additional:
Annual Income Limits*	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for care without charge but may qualify for discounted care.*

**PARTIAL CHARITY CARE**

**We also provide discounted essential care to uninsured Rhode Island residents with incomes between:**

Family Size	Federal Poverty	Low	High	Family Size							
				1	2	3	4	5	6	7	8
1	12,490		24,980	Free							
2	16,910	24,981	33,820	90%	Free						
3	21,330	33,821	42,660	75%	90%	Free					
4	25,750	42,661	51,500	69%	75%	90%	Free				
5	30,170	51,501	60,340	69%	69%	75%	90%	Free			
6	34,590	60,341	69,180	69%	69%	69%	75%	90%	Free		
7	39,010	69,181	78,020	69%	69%	69%	69%	75%	90%	Free	
8	43,430	78,021	86,860	69%	69%	69%	69%	69%	75%	90%	Free
		86,861	95,700	69%	69%	69%	69%	69%	69%	75%	90%
		95,701	104,540	69%	69%	69%	69%	69%	69%	69%	75%
		104,541	113,380	69%	69%	69%	69%	69%	69%	69%	69%
		113,381	122,220	69%	69%	69%	69%	69%	69%	69%	69%
		122,221	131,060	69%	69%	69%	69%	69%	69%	69%	69%

*Applicants with assets worth MORE than \$9,400 for an individual (or \$14,100 for a family) may not qualify for the highest discount on care but may qualify for a lesser discount.*

To find out if you qualify for financial-aid, please contact  
a Patient Financial Advocate at 444-7850.

If you are denied financial-aid, you may appeal the decision. You may also request the appeal process from the contact above.