POLK MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT FINANCIAL SERVICES

TITLE: Financial Assistance Policy (FAP)	Policy No.: P-FC-016
Purpose: To set forth the eligibility criteria and process relating to Polk Medical Center's provision of financial assistance to qualifying patients for emergency and other medically necessary care**.**	**Developed Date:** 03/25/2013 **Review Date:** 03/17/2021 **Revised Date:** 11/10/2017, 4/6/2018, 7/30/19, 4/2020, 03/17/2021 **Review Responsibility:** Revenue Cycle
Reference Standards: IRC § 501(r)	

Policy:
Polk Medical Center will provide to qualifying patients free or discounted emergency and other medically necessary care in accordance with the eligibility criteria and determination processes set forth in this Policy. In addition, following a determination of a patient's eligibility for financial assistance, Polk Medical Center will not charge the patient more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care, as determined in accordance with this Policy.

As further described below, this Financial Assistance Policy:

1. Includes the eligibility criteria for financial assistance and sets forth the circumstances in which a patient will qualify for free or discounted care.

2. Describes the basis for calculating amounts charged to patients eligible for financial assistance under this Policy, as well as the amounts to which discounts will be applied.

3. Limits the amounts that Polk Medical Center will charge for emergency or other medically necessary care provided to patients eligible for financial assistance to no more than the amount generally billed to individuals who have insurance covering such care.

4. Describes the method by which Polk Medical Center determines the Amounts Generally Billed to individuals who have insurance.

5. Describes the method by which patients may apply for financial assistance.

6. States that the actions Polk Medical Center may take in the event of nonpayment are described in a separate Billing and Collection Policy and explains how an individual may readily obtain a free copy of the Billing and Collection Policy.

7. States that Polk Medical Center maintains as a separate document a list specifying which providers (other than Polk Medical Center itself) delivering emergency or other medically necessary care in the hospital are covered by this Policy and which are not and explains how an individual may readily obtain a free copy of the list.

Please note that financial assistance provided under this Policy applies only to charges of Polk Medical Center. Polk Medical Center cannot offer financial assistance for the charges of any private physician practices, including those offering services at Polk Medical Center, and patients will need to make payment arrangements directly with these physician practices.

As required by the Emergency Medical Treatment and Active Labor Act (EMTALA), Polk Medical Center provides emergency care to all patients, regardless of ability to pay.

DEFINITIONS

Amounts Generally Billed
Polk Medical Center will apply the "look-back method" for determining Amounts Generally Billed (AGB). In particular, Polk Medical Center will determine the Amounts Generally Billed for emergency or other medically necessary care by multiplying the Gross Charges for that care by the AGB Percentage.

AGB Percentage
Polk Medical Center will calculate the AGB Percentage at least annually by dividing the sum of all claims that have been allowed for emergency and other medically necessary care by Medicare fee-for-service and all private health insurers together during a prior twelve (12)-month period by the sum of the associated Gross Charges for those claims. For these purposes, Polk Medical Center will include in the amount "allowed" both the amount to be reimbursed by Medicare or the private insurer and the amount (if any) the Medicare beneficiary or insured individual is personally responsible for paying (in the form of co-insurance, copayments or deductibles), regardless of whether and when the individual actually pays all or any of his or her portion, and disregarding any discounts applied to the individual's portion (under this Policy or otherwise).

Federal Poverty Guidelines
The current Federal Poverty Income Guidelines as published in the *Federal Register* from time to time by the U.S. Department of Health and Human Services.

Financial Assistance
Free or discounted emergency or other medically necessary services provided by Polk Medical Center to patients who satisfy Polk Medical Center's criteria for financial assistance and who are unable to pay for all or a portion of the services.

Gross Charges
Polk Medical Center's full established rates for the provision of healthcare items and services.

Household Assets
The combined assets (other than Household Income) of the patient, all account guarantors and members of the patient's household, as adjusted in accordance with this Policy. Household Assets include, without limitation, monies held in bank accounts and investment accounts, bonds, certificates of deposit, non-homeplace real property, and trust assets. Excluded from Household Assets are: pension plan assets (including 401(k) plans) provided by an employer if the individual is still employed under the plan and if termination of employment is required in order to receive benefits or a penalty would be imposed for early withdrawal; property (including vehicles) used to produce income; one vehicle per household member of driving age; assets jointly owned by the patient and an individual who is not a member of the household, but only if the patient's access to the asset is solely for the benefit of the non-household member. Applicants for financial assistance may be required to provide documentation regarding the value of Household Assets.

Household Income
The combined amount, before taxes, for all account guarantors and members of the patient's household from earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Emergency and Medically Necessary
Emergency care is defined as medical services required for the immediate diagnosis and treatment of medical conditions which, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death. Medically Necessary service as defined by Medicare (*i.e.*, services or items reasonable and necessary for the diagnosis or treatment of illness or injury). Any dispute as to the status of Emergency or Medically Necessary services will reviewed by the Senior Vice President and Chief Medical Officer to make a final determination.

Guarantor
An individual other than the patient who is responsible for payment of the patient's bill.

ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

A patient is not eligible for financial assistance if Household Assets of the patient and any guarantor are valued at $25,000 or more, regardless of the patient's or the guarantor's income.

A patient may qualify under this Policy for ***free*** emergency or other medically necessary care when the aggregate Household Income of the patient and any guarantor are equal to or less than 125% of the current Federal Poverty Guidelines and the aggregate Household Assets of the patient and all guarantors are valued at less than $25,000.

An ***uninsured*** patient is defined as a patient with no health insurance or other third party payor coverage and may qualify under this Policy for ***discounted*** emergency or other medically necessary care when both (i) the aggregate Household Assets of the patient and any guarantor are valued at less than $25,000 and (ii) the aggregate Household

Income of the patient and any guarantor is in excess of 125% but equal to or lower than 400% of the Federal Poverty Guidelines.

An ***insured*** patient may qualify under this Policy for ***discounted*** emergency or other medically necessary care when both (i) the aggregate Household Assets of the patient and any guarantor are valued at less than $25,000 and (ii) the aggregate Household Income of the patient and any guarantor is in excess of 125% but equal to or lower than 400% of the Federal Poverty Guidelines.

Financial Assistance is not applicable to an insurance company's or benefit plan's payment responsibility under a health benefits plan or any third party payor responsibility for the medical services, regardless of whether the insurance company or plan has made payment to the patient or to Polk Medical Center.

In addition to meeting the Household Income and Available Household Assets criteria set forth above, in order to be eligible for Financial Assistance under this Policy, a patient also must:

- Complete the Financial Assistance Application provided by Polk Medical Center;
- Supply all documentation requested by Polk Medical Center in accordance with this Policy and the Financial Assistance Application form;
- Apply for all public assistance programs requested by Polk Medical Center including, for example, Medicaid, Social Security, disability, Victims of Crime, etc.; and
- Cooperate with Polk Medical Center in determining whether or not the patient is eligible for Financial Assistance under this Policy.

Polk Medical Center will provide reasonable assistance to patients in pursuit of public benefits for which they may qualify (such as, for example, Georgia Medicaid, Social Security, Victims of Crime, etc.) and any third party payor coverage (such as, for example, worker's compensation or auto/personal liability insurance). Polk Medical Center may use the services of outside vendors to assist patients in seeking these benefits. It is imperative that patients or patients' guarantors comply with the application process for any public benefits or assistance in obtaining any third party payor responsible for the bill. Those who do not cooperate will be denied Floyd financial assistance

Insured Patients with Copayment and Deductible qualify for Charity:

Patients whom are underinsured or cannot pay the patient portion of the bill (copayment and deductible) and they qualify for financial assistance, may have that portion of the bill written off to Charity. The manager of patient financial services will run a quarterly report to identify the co-insurance and deductible amounts that were adjusted to Charity.

Non-Covered Medicaid Charges:

Medicaid non-covered charges will be included as Charity Care Charges for patients whom qualify for financial assistance. Medicaid patients are indigent by definition. On a quarterly

basis, the manager of patient financial services will request a Summary Hospital Statistical Report from Medicaid. A journal entry will made with a reclassification of Medicaid contractual to Medicaid non-covered charity account on the general ledger.

Bankruptcy:

Patients whom file for bankruptcy are too be considered indigent. The write-off of all patient balances or a commercial insurance balance related to the Hospital service should be taken as a charity transaction code. The documentation for Chapter 7 or Chapter 11 will be obtained from the Bankruptcy Court that is applicable to the situation.

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

Polk Medical Center will not charge patients eligible for Financial Assistance under this Policy for emergency or other medically necessary care more than the Amounts Generally Billed to individuals who have insurance covering such care (*i.e.,* Polk Medical Center will not charge patients eligible for Financial Assistance under this Policy for emergency or other medically necessary care more than the Gross Charges for such care multiplied by the AGB Percentage.) Individuals may request the AGB Percentage in effect at any particular time by contacting the Financial Counseling Department or the Billing Office at the addresses and phone numbers listed below.

In addition, Polk Medical Center will provide free or discounted emergency or other medically necessary care to patients eligible for Financial Assistance under this Policy in accordance with the chart attached to this Policy as ***Exhibit A***. The discount percentages shown on ***Exhibit A*** shall be applied to the Gross Charges for such care multiplied by the AGB Percentage. For insured patients, the discounted Gross Charges will be used to calculate only the patient's financial responsibility under the applicable health benefits plan. The health plan's financial responsibility will be based on the plan's terms and Polk Medical Center's agreed rates without further adjustment, regardless of whether the health plan has made payment to the patient or to Polk Medical Center. The dollar amounts on ***Exhibit A*** will be updated from time to time as necessary to reflect the then- current Federal Poverty Guidelines amounts.

Polk Medical Center will charge patients eligible for financial assistance under this Policy less than Gross Charges for services other than emergency or other medically necessary care.

METHOD BY WHICH PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE

To apply for Financial Assistance, patients or their guarantors must complete the Financial Assistance Application provided by Polk Medical Center and provide all documentation requested by Polk Medical Center in accordance with this Policy. In particular, all applicants for Financial Assistance must provide proof of Household Income and Household Assets by providing copies of all of the following that are applicable:

- Paycheck stubs for at least the last four weeks or a statement from employer verifying gross wages
- IRS Form W-2 issued during the past year

- Most recent IRS Form 1040
- Most recent two months of bank statements for each checking, savings, money market or other bank or investment account
- Written statements for the most recent two months for all other income (*e.g.,* unemployment compensation, disability, retirement, student loans, etc.)
- Unemployment compensation denial letter
- Documentation of asset values, including, without limitation, property tax statements
- Contribution statements from individuals who contribute income or in-kind assistance to the patient

If an applicant does not have any of the listed documents to demonstrate Household Income or Household Assets, the applicant may call the Financial Counseling Department or the Billing Office at the phone numbers listed below and discuss other evidence that may be provided to demonstrate eligibility.

Polk Medical Center generally will render a decision in writing regarding whether an individual qualifies for Financial Assistance within five business days after its receipt of a complete Financial Assistance Application. The written notice will include how the patient may receive a more generous discount through prompt payment guidelines described in the Payment Arrangements Policy PFS-030.

Incomplete applications and those lacking supporting data will be returned to the applicant along with a written description of the additional information and/or documentation required in order for the individual to complete the application.

Polk Medical Center will make financial counselors reasonably available to provide assistance with the Financial Assistance Application.

Approval of Financial Assistance in the form of free care or discounts, as applicable, will apply only to the episode of care for which the patient has submitted a complete Financial Assistance Application and Polk Medical Center has found the patient to be eligible.

ACTIONS POLK MEDICAL CENTER MAY TAKE IN THE EVENT OF NON-PAYMENT

The actions that Polk Medical Center may take in the event of non-payment are described in Polk Medical Center's Billing and Collections Policy. Individuals may obtain a copy of the Billing and Collections Policy on Polk Medical Center's website at www.polkhospital.org, in both English and Spanish.

WHERE TO FIND FURTHER INFORMATION REGARDING POLK MEDICAL CENTER'S FINANCIAL ASSISTANCE

Polk Medical Center makes this Financial Assistance Policy, the Financial Assistance Policy Application form and a plain language summary of this Financial Assistance Policy widely available on its website at www.polkhospital.org, in both English and Spanish. In addition, Polk Medical Center makes paper copies of this Financial Assistance Policy, the Financial Assistance Application, list of covered and non-covered providers (**Exhibit B**), List of Covered and Non-covered services (**Exhibit C**), and a plain language summary of this Financial Assistance Policy available, upon request and without charge, in Admissions and Registration areas and, during normal business hours, at the following locations:

Financial Counseling Department
Polk Medical Center
2360 Rockmart Highway
Cedartown, Georgia 30125
770-749-4284

Billing Office
Floyd Medical Center Corporate Support
420 E. Second Avenue
Suite 102
Rome, Georgia 30161
706-509-6000

Individuals may also receive a copy of these documents by mail by contacting the Financial Counseling Department and Billing Office listed above.

POLK **INSURED** DISCOUNT SCALE 2021

Annual Pay

HH Size	Percent of Federal Poverty Guidelines 2021 Annual														
	100%	125%	150%	175%	185%	200%	225%	235%	250%	275%	300%	325%	350%	375%	400%
Discount	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	57%	57%	57%	57%	57%
1	**$12,880**	**$16,100**	**$19,320**	**$22,540**	**$23,828**	**$25,760**	**$28,980**	**$30,268**	**$32,200**	**$35,420**	**$38,640**	**$41,860**	**$45,080**	**$48,300**	**$51,520**
2	**$17,420**	**$21,775**	**$26,130**	**$30,485**	**$32,227**	**$34,840**	**$39,195**	**$40,937**	**$43,550**	**$47,905**	**$52,260**	**$56,615**	**$60,970**	**$65,325**	**$69,680**
3	**$21,960**	**$27,450**	**$32,940**	**$38,430**	**$40,626**	**$43,920**	**$49,410**	**$51,606**	**$54,900**	**$60,390**	**$65,880**	**$71,370**	**$76,860**	**$82,350**	**$87,840**
4	**$26,500**	**$33,125**	**$39,750**	**$46,375**	**$49,025**	**$53,000**	**$59,625**	**$62,275**	**$66,250**	**$72,875**	**$79,500**	**$86,125**	**$92,750**	**$99,375**	**$106,000**
5	**$31,040**	**$38,800**	**$46,560**	**$54,320**	**$57,424**	**$62,080**	**$69,840**	**$72,944**	**$77,600**	**$85,360**	**$93,120**	**$100,880**	**$108,640**	**$116,400**	**$124,160**
6	**$35,580**	**$44,475**	**$53,370**	**$62,265**	**$65,823**	**$71,160**	**$80,055**	**$83,613**	**$88,950**	**$97,845**	**$106,740**	**$115,635**	**$124,530**	**$133,425**	**$142,320**
7	**$40,120**	**$50,150**	**$60,180**	**$70,210**	**$74,222**	**$80,240**	**$90,270**	**$94,282**	**$100,300**	**$110,330**	**$120,360**	**$130,390**	**$140,420**	**$150,450**	**$160,480**
8	**$44,660**	**$55,825**	**$66,990**	**$78,155**	**$82,621**	**$89,320**	**$100,485**	**$104,951**	**$111,650**	**$122,815**	**$133,980**	**$145,145**	**$156,310**	**$167,475**	**$178,640**
*	**$4,540**	**$5,675**	**$6,810**	**$7,945**	**$8,399**	**$9,080**	**$10,215**	**$10,669**	**$11,350**	**$12,485**	**$13,620**	**$14,755**	**$15,890**	**$17,025**	**$18,160**

* add for each additional family member.

POLK **UNINSURED** DISCOUNT SCALE 2021

HH Size	Percent of Federal Poverty Guidelines 2021 Annual														
	100%	125%	150%	175%	185%	200%	225%	235%	250%	275%	300%	325%	350%	375%	400%
Discount	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	57%	57%	57%	57%	57%
1	**$12,880**	**$16,100**	**$19,320**	**$22,540**	**$23,828**	**$25,760**	**$28,980**	**$30,268**	**$32,200**	**$35,420**	**$38,640**	**$41,860**	**$45,080**	**$48,300**	**$51,520**
2	**$17,420**	**$21,775**	**$26,130**	**$30,485**	**$32,227**	**$34,840**	**$39,195**	**$40,937**	**$43,550**	**$47,905**	**$52,260**	**$56,615**	**$60,970**	**$65,325**	**$69,680**
3	**$21,960**	**$27,450**	**$32,940**	**$38,430**	**$40,626**	**$43,920**	**$49,410**	**$51,606**	**$54,900**	**$60,390**	**$65,880**	**$71,370**	**$76,860**	**$82,350**	**$87,840**
4	**$26,500**	**$33,125**	**$39,750**	**$46,375**	**$49,025**	**$53,000**	**$59,625**	**$62,275**	**$66,250**	**$72,875**	**$79,500**	**$86,125**	**$92,750**	**$99,375**	**$106,000**
5	**$31,040**	**$38,800**	**$46,560**	**$54,320**	**$57,424**	**$62,080**	**$69,840**	**$72,944**	**$77,600**	**$85,360**	**$93,120**	**$100,880**	**$108,640**	**$116,400**	**$124,160**
6	**$35,580**	**$44,475**	**$53,370**	**$62,265**	**$65,823**	**$71,160**	**$80,055**	**$83,613**	**$88,950**	**$97,845**	**$106,740**	**$115,635**	**$124,530**	**$133,425**	**$142,320**
7	**$40,120**	**$50,150**	**$60,180**	**$70,210**	**$74,222**	**$80,240**	**$90,270**	**$94,282**	**$100,300**	**$110,330**	**$120,360**	**$130,390**	**$140,420**	**$150,450**	**$160,480**
8	**$44,660**	**$55,825**	**$66,990**	**$78,155**	**$82,621**	**$89,320**	**$100,485**	**$104,951**	**$111,650**	**$122,815**	**$133,980**	**$145,145**	**$156,310**	**$167,475**	**$178,640**
*	**$4,540**	**$5,675**	**$6,810**	**$7,945**	**$8,399**	**$9,080**	**$10,215**	**$10,669**	**$11,350**	**$12,485**	**$13,620**	**$14,755**	**$15,890**	**$17,025**	**$18,160**

* add for each additional family member.

Effective 08-31-2021

POLK INSURED DISCOUNT SCALE 2021

HH Size	Percent of Federal Poverty Guidelines 2021 Monthly														
	100%	125%	150%	175%	185%	200%	225%	235%	250%	275%	300%	325%	350%	375%	400%
Discount	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	57%	57%	57%	57%	57%
1	**$1,073**	**$1,342**	**$1,610**	**$1,878**	**$1,986**	**$2,147**	**$2,415**	**$2,522**	**$2,683**	**$2,952**	**$3,220**	**$3,488**	**$3,757**	**$4,025**	**$4,293**
2	**$1,452**	**$1,815**	**$2,178**	**$2,540**	**$2,686**	**$2,903**	**$3,266**	**$3,411**	**$3,629**	**$3,992**	**$4,355**	**$4,718**	**$5,081**	**$5,444**	**$5,807**
3	**$1,830**	**$2,288**	**$2,745**	**$3,203**	**$3,386**	**$3,660**	**$4,118**	**$4,301**	**$4,575**	**$5,033**	**$5,490**	**$5,948**	**$6,405**	**$6,863**	**$7,320**
4	**$2,208**	**$2,760**	**$3,313**	**$3,865**	**$4,085**	**$4,417**	**$4,969**	**$5,190**	**$5,521**	**$6,073**	**$6,625**	**$7,177**	**$7,729**	**$8,281**	**$8,833**
5	**$2,587**	**$3,233**	**$3,880**	**$4,527**	**$4,785**	**$5,173**	**$5,820**	**$6,079**	**$6,467**	**$7,113**	**$7,760**	**$8,407**	**$9,053**	**$9,700**	**$10,347**
6	**$2,965**	**$3,706**	**$4,448**	**$5,189**	**$5,485**	**$5,930**	**$6,671**	**$6,968**	**$7,413**	**$8,154**	**$8,895**	**$9,636**	**$10,378**	**$11,119**	**$11,860**
7	**$3,343**	**$4,179**	**$5,015**	**$5,851**	**$6,185**	**$6,687**	**$7,523**	**$7,857**	**$8,358**	**$9,194**	**$10,030**	**$10,866**	**$11,702**	**$12,538**	**$13,373**
8	**$3,722**	**$4,652**	**$5,583**	**$6,513**	**$6,885**	**$7,443**	**$8,374**	**$8,746**	**$9,304**	**$10,235**	**$11,165**	**$12,095**	**$13,026**	**$13,956**	**$14,887**
*	**$378**	**$473**	**$568**	**$662**	**$700**	**$757**	**$851**	**$889**	**$946**	**$1,040**	**$1,135**	**$1,230**	**$1,324**	**$1,419**	**$1,513**

* add for each additional family member.

Monthly Pay

POLK UNINSURED DISCOUNT SCALE 2021

HH Size	Percent of Federal Poverty Guidelines 2021 Monthly														
	100%	125%	150%	175%	185%	200%	225%	235%	250%	275%	300%	325%	350%	375%	400%
Discount	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	57%	57%	57%	57%	57%
1	**$1,073**	**$1,342**	**$1,610**	**$1,878**	**$1,986**	**$2,147**	**$2,415**	**$2,522**	**$2,683**	**$2,952**	**$3,220**	**$3,488**	**$3,757**	**$4,025**	**$4,293**
2	**$1,452**	**$1,815**	**$2,178**	**$2,540**	**$2,686**	**$2,903**	**$3,266**	**$3,411**	**$3,629**	**$3,992**	**$4,355**	**$4,718**	**$5,081**	**$5,444**	**$5,807**
3	**$1,830**	**$2,288**	**$2,745**	**$3,203**	**$3,386**	**$3,660**	**$4,118**	**$4,301**	**$4,575**	**$5,033**	**$5,490**	**$5,948**	**$6,405**	**$6,863**	**$7,320**
4	**$2,208**	**$2,760**	**$3,313**	**$3,865**	**$4,085**	**$4,417**	**$4,969**	**$5,190**	**$5,521**	**$6,073**	**$6,625**	**$7,177**	**$7,729**	**$8,281**	**$8,833**
5	**$2,587**	**$3,233**	**$3,880**	**$4,527**	**$4,785**	**$5,173**	**$5,820**	**$6,079**	**$6,467**	**$7,113**	**$7,760**	**$8,407**	**$9,053**	**$9,700**	**$10,347**
6	**$2,965**	**$3,706**	**$4,448**	**$5,189**	**$5,485**	**$5,930**	**$6,671**	**$6,968**	**$7,413**	**$8,154**	**$8,895**	**$9,636**	**$10,378**	**$11,119**	**$11,860**
7	**$3,343**	**$4,179**	**$5,015**	**$5,851**	**$6,185**	**$6,687**	**$7,523**	**$7,857**	**$8,358**	**$9,194**	**$10,030**	**$10,866**	**$11,702**	**$12,538**	**$13,373**
8	**$3,722**	**$4,652**	**$5,583**	**$6,513**	**$6,885**	**$7,443**	**$8,374**	**$8,746**	**$9,304**	**$10,235**	**$11,165**	**$12,095**	**$13,026**	**$13,956**	**$14,887**
*	**$378**	**$473**	**$568**	**$662**	**$700**	**$757**	**$851**	**$889**	**$946**	**$1,040**	**$1,135**	**$1,230**	**$1,324**	**$1,419**	**$1,513**

* add for each additional family member.

Effective 08-31-2021

Exhibit B
Covered and Non-Covered Providers

Emergency and medically necessary care provided by Polk Medical Center and Polk Medical Center employed providers will be covered by this Policy. Services provided by other entities, such as noted below are not covered by this policy.

Covered	Non-Covered
Polk Medical Center	The Harbin Clinic
Floyd EMS (Emergency Services)	The Harbin Clinic Physicians
The Brest Center at Floyd	Apollo Anesthesia
	In Compass Health, Inc.
	Heyman Hospice Care
	Rome Radiology
	Floyd EMS (Non-Emergent Transportations)
	Floyd Primary Care
	Floyd Urgent Care
	Southeastern Pathology
	Nursing Homes
	Etowah Emergency Physicians

Exhibit C
Covered and Non-Covered Services

Covered Services	Non Covered Services
Anesthesia	Physician Professional Services
Cardiology/Cath Echo	Hospice
Diabetes Education	Non-emergency Transport Services
ECC	Primary Care Offices
EMS	Urgent Care Facilities
Pharmacy	Nursing Home Services
Mobile Mammography	
Laboratory	
Floyd Behavioral	
Out Patient Services	
Wound Care	
Physical Therapy	
Inpatient Services	
Imaging and Radiology	