

**Saint Agnes Medical Center No. 1****Trinity Health Mirror Policy:  
Finance Policy No. 1**

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**EFFECTIVE DATE: February 20, 2025****POLICY TITLE:*****Financial Assistance and  
Discounted Payment to Patients******To be reviewed every three years  
by: Ministry Board of  
Directors*****REVIEW BY: March 1, 2027**

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**POLICY**

It is the policy of the Ministry (and each Trinity Health Ministry) to address the need for Financial Assistance, discount payment eligibility and payment plan options in support of patients for emergency and all medically necessary services provided under applicable state or federal law. Eligibility for Financial Assistance and discount payment eligibility and support from the Ministry is determined on an individual basis using detailed criteria along with evaluation and assessment of the patient's and/or family's health care needs, financial resources and obligations. Trinity Health expects payment for services from individuals Able to Pay (as defined in this Policy).

**I. Eligibility Criteria for Financial Assistance Discount Payment Eligibility**

Financial Assistance and discount payment eligibility described in this section is provided to patients. Additionally, the Ministry will provide Financial Assistance and discount payment eligibility to patients who qualify under the Ministry Financial Assistance Policy (FAP) and who present with an emergent or life-threatening condition and receive Emergency Medical Care.

Trinity Health will provide Financial Assistance and discount payment eligibility for services in a hospital facility and the Ministry will provide Financial Assistance and discount payment eligibility for the following services:

- A. All Medically Necessary Care and Emergency Medical Care for
  - 1. self-pay patients who apply for and are determined to be eligible for Financial Assistance and discount payment eligibility, and
  - 2. patients presumptively eligible for financial assistance and discount payment eligibility.

Certain payments due from patients with coverage from a payer/insurer with whom the Ministry participates/contracts as described in this Policy. Emergency Medical Care services will be provided to all patients who present to the Ministry's hospital emergency department, regardless of the patient's ability to pay or source of payment. Such medical care will continue until the patient's condition has been stabilized, prior to any determination of payment arrangements.

As set forth in California Health and Safety Code section 127405(a)(1)(B), an emergency physician who provides emergency medical services in a hospital that provides emergency care is also required to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

## **II. Services not Eligible for Financial Assistance or Discounted Payments.**

The following services are not eligible for financial assistance, discount payment or payment plans from Trinity Health:

- A. Cosmetic services and other elective procedures and services that are not Medically Necessary Care.
- B. Services not provided and billed by the Ministry (e.g., independent physician services, private duty nursing, ambulance transport, etc.).
- C. The Ministry may exclude services that are out network with Trinity Health and/or Saint Agnes and not medically necessary; provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.

## **III. Eligibility for Financial Assistance and Discount Payment**

The following patients are eligible for Financial Assistance and discount payment eligibility from Trinity Health:

- A. Uninsured Patients whose Family Income is at or below 200% of the Federal Poverty Level (FPL) will be eligible for a 100% discount on the charges for services received.
- B. Uninsured Patients and Insured Patients receiving services in states with higher Family Income discount percentages also will be eligible for a discount on the charges for services received.
- C. Patients whose Family Income is above 200% of the FPL and does not exceed 400% of the FPL (or the higher % required by state law, if applicable) will be eligible for a discount on the charges for services received. A patient eligible for this level of Financial Assistance or discounted payment will not be charged more than expected, in good faith, to received services from Medicare or Medi-Cal, whichever is greater. (Amount Generally Billed AGB)
- D. Patients whose Family Income is at or below 400% of the FPL will be eligible for Financial Assistance for co-pay, deductible, and co-insurance amounts.

- E. Financial Assistance and discount payment eligibility is also provided for medically

indigent patients. A medically indigent patient is an insured patient who applies for Financial Assistance and discount payment, and due to catastrophic circumstances medical expenses for an episode of care exceed 20% of Family Income. The amount in excess of 20% of Family Income (or the lower % required by state law, if applicable) will qualify the insured patient's co-pays, co-insurances, and deductibles for Financial Assistance and discount payment eligibility. A patient eligible for this level of Financial Assistance or discounted payment will not be charged more than expected, in good faith, to received services from Medicare or Medi-Cal, whichever is greater. (Amount Generally Billed AGB)

#### **IV. Payment Plans:**

All patients will be eligible for an extended payment plan on any balances. Payment plans will be managed internally through the Trinity Health Customer Service Department. Patients may apply for a limited payment plan through MyChart or if a longer term is needed by calling the Patient Business Services Center at 800-494-5797. A health savings account held by the patient or the patient's family may be considered when negotiating payment plans.

In addition, Hospitals may require a patient or guarantor to pay the hospital any amounts sent directly to the patient by third-party payors, including from legal settlements, judgements, or awards.

#### **V. Basis for Calculating Amounts Charged to Patients**

- A. Patients eligible for Financial Assistance and discount payment eligibility will not be charged more than expected, in good faith, to received services from Medicare or Medi-Cal, whichever is greater. (Amount Generally Billed AGB)

for emergency and other medically necessary care. Trinity Health uses a look-back method to calculate the AGB by dividing the sum of paid Medicare claims by the total of gross charges submitted, in accordance with Internal Revenue Code Section 501(r).

A copy of the AGB calculation description and percentage(s) may be obtained, free of charge, on the Ministry's website or by calling the Patient Business Services Center at 800-494-5797.

#### **VI. Method for Applying for Financial Assistance and Discount Payment Eligibility**

A patient may qualify for Financial Assistance, discount payment eligibility or payment plan by submitting a FAP Application, or through presumptive scoring eligibility. Eligibility is based on evaluation and assessment of the patient's and/or family's health care needs, financial resources and obligations on the date of service. A patient determined to be eligible will be eligible for financial assistance and discount payment eligibility for six months from the first date of service for which the patient is determined to be eligible for financial assistance and discount payment eligibility.

Eligibility for Financial Assistance and discount payment eligibility requires the complete cooperation of the patient, during the application process, if applicable, including completion of the FAP Application, including the submission of all required documents. The Ministry will

make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services. The Ministry may consider offering Premium assistance for a limited period of time if a patient would otherwise be approved to receive Financial Assistance and discount payment eligibility.

The Ministry will notify patients that submit an incomplete FAP Application and specify the additional information and/or documentation needed to complete the application process, which must be provided within 30 days.

The Ministry reserves the right to deny Financial Assistance and discount payment eligibility if the FAP Application the patient does not cooperate.

Patients who want to apply for Financial Assistance and discount payment eligibility may obtain a free copy of the FAP Application as follows:

- A. Request a copy of the FAP Application from Admissions, the Emergency Department, or a Financial Counselor at the location service was provided.
- B. Download and print the FAP Application from the Ministry's website.
- C. Submit a written request to the Patient Business Services Center at the current address posted on the website and included in notices and applications for the FAP; or
- D. Call the Patient Business Services Center at 800-494-5797 or the current phone number posted on the website and included in notices and applications for the FAP.

## **VII. Eligibility Determinations**

Trinity Health will utilize a predictive model to qualify patients for Financial Assistance and discount payment eligibility presumptively. Presumptive eligibility for Financial Assistance and discount payment eligibility may be determined at any point in the revenue cycle.

If a patient is determined not to be eligible for Financial Assistance and discount payment eligibility or eligible for less than the most generous assistance available under the FAP, Trinity Health will:

- A. Notify the patient regarding the basis for eligibility determination and how the patient may appeal or apply for more generous assistance available under the FAP.
- B. Inform the patient that he/she may appeal within 30 days of being notified of any adverse determination, or apply for more generous assistance, by sending his/her appeal request in writing to the address where Financial Assistance Applications are received.
- C. forward any appeal received from a patient Forward any appeal requests to the attention of: *Trinity Health Financial Assistance Manager, Financial Assistance Eligibility Dispute/Appeals*; eligibility disputes may also be faxed to 312-871-3350.
- D. Once received, the disputes will be adjudicated by Trinity Health's Regional Director of Patient Access and referred to the specific Ministry's Chief Financial Officer for final determination.
- E. Process any complete FAP Application the patient submits.

- F. Confirmed eligibility for any public assistance program may automatically qualify a patient for charity/discount care without further documentation

## **VII. Effective Communications**

The Ministry will post signs and display brochures that provide basic information about the Ministry's FAP in public locations in the Ministry. The Ministry will post the FAP, a plain language summary, and an application form on the Ministry's website and make the Ministry's FAP, plain language summary and application form available to patients upon request.

## **VIII. Billing and Collection Procedure**

The Ministry will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations. Actions Trinity Health may take in the event of non-payment are described in a separate Billing and Collection Procedure. A copy of the Billing and Collection Procedure may be obtained, free of charge by calling the Patient Business Services Center at 800-494-5797 or by email request. Trinity Health complies with 501(r) and applicable state law regarding prohibitions regarding extraordinary collection actions against individuals determined to be eligible for financial assistance and discount payment eligibility. In addition, unless the individual is Able to Pay, Trinity Health will not pursue legal action to collect a judgement, place a lien on an individual's property or report the individual to a credit bureau.

Trinity Health will refund amounts paid more than the amounts due following financial assistance or discount for which the patient is determined to be eligible, including interest as applicable.

## **IX. List of Providers**

A list of the providers who are delivering Emergency Medical Care or Medically Necessary Care in the hospital facility that specifies which providers offer financial assistance, discount payment and payment plans, as described in the FAP, and those who do not, is maintained separately from this FAP. A copy of the Provider List may be obtained, free of charge, on the Ministry's website or by calling the Patient Business Services Center at 800-494-5797.

## **X. Other Discounts**

Patients who are not eligible for financial assistance and discount payment eligibility, as described in this Policy, and who receive emergency or other medically necessary/non-elective care, may qualify for other types of assistance offered by the Ministry. The other types of assistance are not need-based and are not part of the financial assistance Policy and discount payment eligibility and provided at the discretion of the Ministry.

## **SCOPE/APPLICABILITY**

This is a Trinity Health Mirror Policy. Therefore, this Mirror Policy shall be adopted by each Ministry and Subsidiary within the System that provides or bills for hospital patient care. This Mirror Policy mirrors the provisions of Finance Policy 1, the Trinity Health systemwide financial assistance policy and discount payment eligibility. Trinity Health organizations that provide or bill for other types of patient care shall adopt a financial assistance policy and discount payment

eligibility to meet the needs of the community served and that provides financial assistance and discount payment eligibility to individuals who need financial assistance and discount payment eligibility and support.

State law shall supersede the systemwide procedures and the Ministry shall act in conformance with applicable state law.

The Policy is intended to fulfill the Ministry's commitment to:

- Providing access to quality health care services with compassion, dignity, and respect for those we serve, particularly the poor and the underserved in our communities.
- Caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive.

The Ministry is a community of persons serving together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Aligned with our Core Values, in particular that of "Commitment To Those Experiencing Poverty," we provide care for persons who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the health care expenses incurred.

## **DEFINITIONS**

### **Able to Pay means**

- a. An individual who has been determined ineligible for Medicaid through a Medicaid application screening process or who has received a State Medicaid Program denial for Medicaid benefits.
  - Trinity Health does not require that an individual apply for Medicaid as a pre-requisite for financial assistance and discount payment eligibility.
- b. An individual who has been determined ineligible for financial assistance and discount payment eligibility after review of the Application.
- c. An individual who has refused to complete an application or cooperate in the Financial Assistance Application and discount payment eligibility process.

**Amounts Generally Billed ("AGB")** means the amounts generally billed for emergency or other medically necessary care to patients who have insurance covering such care, the Ministry's acute and physician AGB will be calculated utilizing the look back of calculating the sum of paid Medicare and Medicaid claims, whichever is greater.

**Application Period** begins the day that care is provided Charity Care is defined as free care,

Discounted Payments is defined as any charge for care that is reduced but not free

**Emergency Medical Care** as defined within Section 1867 of the Social Security Act. Patients seeking care for an emergency medical condition at a Trinity Health hospital shall be treated

without discrimination and without regard to a patient's ability to pay for care. The Ministry shall operate in accordance with all federal and state requirements for emergency care, including screening, treatment, and transfer requirements under the federal Emergency Medical Treatment and Labor Act (EMTALA).

**Family Income** means a person's Family Income includes the Income of all adult family members in the household from the tax year in which the patient was first billed or 12 months prior to when the patient was first billed or paystubs in a 6 month before or after when the patient was first billed by the hospital. In the case of Pre-service when the application was submitted

**Financial Assistance** and discount payment means support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Trinity Health who meet the eligibility criteria for such assistance.

**Financial Assistance and Discount Policy ("FAP")** means a written policy and procedure that meets the requirements described in §1.501(r)-4(b).

**Financial Assistance Policy Application ("FAP Application")** means the information and accompanying documentation that a patient submits to apply for Financial Assistance and/or discount payment and/or payment plans under a Ministry's FAP. The Ministry may obtain information from an individual in writing or orally (or a combination of both).

**Income** includes gross wages, salaries, salary and 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.

**Medical Debt** means a debt owed by a consumer to a person whose primary business is providing "medical services, products, or devices," or to that person's agent or assignee, for the provision of medical services, products, or devices. Medical debt includes, but is not limited to, medical bills that are not past due or that have been paid

**Medically Necessary Care** means any healthcare services or products provided by a Trinity Ministry reasonably determined by a provider, to be necessary to prevent, diagnose, or treat an illness, injury, disease or its symptoms.

**Medical Service, Product or device** does not include cosmetic surgery, but does include, without limitation, all the following: • Any service, drug, medication, product, or device sold, offered, or provided to a patient by licensed health care facilities or providers. • Initial or subsequent reconstructive surgeries, and follow-up care deemed necessary by the attending physician and surgeon. • Initial or subsequent prosthetic devices, and follow-up care deemed necessary by the attending physician and surgeon. • A mastectomy

**Ministry** (sometimes referred to as Health Ministry) means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Ministry may be based on a geographic market or dedication to a service line or business. Ministries include Mission Ministries, National Ministries, and Regional Ministries.

**Mirror Policy** means a model policy approved by Trinity Health and that each Ministry is required to adopt as an identical policy, if appropriate and applicable to its operations, but may modify the format to reflect local style preferences or, subject to approval by the ELT member accountable for such Mirror Policy, to comply with applicable state or local laws and regulations or licensing and accreditation requirements.

**Out of Pocket Costs and Expenses** mean any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

**Payment Plan** means if a patient cannot pay a discounted rate in full, an extended interest free payment plan may be requested. Payment plan terms may be negotiated taking into consideration family income and essential living expenses. If the Ministry and a patient cannot agree upon a payment plan, a reasonable payment plan will be created where monthly payments shall not exceed more than 10% of the family monthly income, excluding deductions for essential living expenses.

**Patient Family** include dependent children of any age, and to account for the inclusion of parents when the patient is a dependent child who is not a minor. For patients 18 years of age and older, includes dependent children of any age if those children are disabled. Patient Family includes other dependent children of the patient's parents or caretaker relatives if those other children are disabled.

**Policy** means a statement of high-level direction on matters of importance to Trinity Health, its Ministries and Subsidiaries or a statement that further interprets Trinity Health's, its Ministries' and Subsidiaries' governing documents. Policies may be either stand alone, Systemwide or Mirror Policies designated by the approving body.

**Procedure** means a document designed to implement a policy or a description of specific required actions or processes.

**Service Area** means the primary markets served by the Ministries. This is demonstrated by a list of zip codes in which the patients reside.

**Standards or Guidelines** mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

**Subsidiary** means a legal entity in which a Trinity Ministry is the sole corporate member or sole shareholder.

**Uninsured Patient** means an individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third-party assistance to cover all or part of the cost of care.

## **RESPONSIBLE DEPARTMENT**

Further guidance concerning this Mirror Policy may be obtained from the executive leadership of the Ministry.



## **APPROVALS**

**Initial Approval:** June 14, 2014, Stewardship Committee of the Trinity Health Board of Directors

**Subsequent Review/Revision(s):** September 18, 2014; July 1, 2017; December 8, 2021, December 6, 2023, February 20, 2024

### **Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-559-450-3000 (TTY: 1-559-450-3233).

### **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-559-450-3000 (TTY: 1-559-450-3233).

### **Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-559-450-3000 (TTY: 1-559-450-3233)。

### **Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-559-450-3000 (TTY: 1-559-450-3233).

### **Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. )번으로 전화해 주십시오. 1-559-450-3000 (TTY: 1-559-450-3233).

### **Armenian**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք 1-559-450-3000 (TTY: 1-559-450-3233).

### **Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните . 1-559-450-3000 (TTY: 1-559-450-3233).

### **Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। ) पर कॉल करें। 1-559-450-3000 (TTY: 1-559-450-3233).

### **Japanese**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます)まで、お電話にてご連絡ください。1-559-450-3000 (TTY: 1-559-450-3233).

### **French**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le . 1-559-450-3000 (TTY: 1-559-450-3233).

### **Panjabi**

ਧਿਆਨ ਦੇਣ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ) 'ਤੇ ਕਾਲ ਕਰੋ। 1-559-450-3000 (TTY: 1-559-450-3233).

### **Portugese**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para . 1-559-450-3000 (TTY: 1-559-450-3233).

### **German**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: . 1-559-450-3000 (TTY: 1-559-450-3233).

### **Farsi**

امش یارب ناگیار تروصب ینابز تالی هست، دینک یم وگتفگ یراف نابز هب رگا: هجوت دیری گب سامت اب. دشاب یم مهارف 1-559-450-3000 (TTY: 1-559-450-3233)

### **Cambodian**

ប្រយ័ត្ន៖ លើសិនអ្នកនិយាយ ខ្មែរ, សូមជំនួយផ្នែកខ្មែរ លើយមិនគិតឈ្នួល គឺធុនសំបាប់លើអ្នក។ ចូរ ទូរស័ព្ទ ។ 1-559-450-3000 (TTY: 1-559-450-3233).

### **Thai**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-559-450-3000 (TTY: 1-559-450-3233).

### **Lao**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-559-450-3000 (TTY: 1-559-450-3233).

### **Arabic**

1 مقرب لصتا. ن ا ج م ل اب كل ر ف ا و ت ت ة ي و غ ل ل ا ة د ع ا س م ل ا ت ا م د خ ن ا ف ، ة غ ل ل ا ر ك ذ ا ث د ح ت ت ن ك ا ذ ا : ة ظ و ح ل م - ) 11-559-450-3000 (TTY: 1-559-450-3233). م ك ب ل ا و م ص ل ا ف ت ا ه .-

### **Hmong**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 559-450-3000 (TTY: 1-559-450-3233).

### **Samoan**

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se todogi, mo oe, Telefoni mai: 1-559-450-3000 (TTY: 1-559-450-3233).

### **Hawaiian**

E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe. E kelepona iā 1- 1-559-450-3000 (TTY: 1-559-450-3233).

## EXHIBIT A

### NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

**Saint Agnes Medical Center, honor the sacredness and dignity of every person, complies with applicable Federal Civil Rights laws, and does not discriminate on the basis of protected classes, including but not limited to, race, color, national origin, age, disability or sex.**

**Saint Agnes Medical Center: Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language and interpreters' services through video and audio interpreter system network.
- Written information in other formats such as large print, audio, accessible electronic and other formats.

**Provide free language services to people whose primary language is not English, such as:**

- Qualified interpreters' services
- Information written in other languages

If you need these services, please contact us at (559) 450-3000 TTY (559) 450-3233 for assistance.

If you believe that Saint Agnes Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person, by mail, fax or email to:

Saint Agnes Medical Center  
Attn: Risk Management  
1303 E. Herndon Ave.  
Fresno, CA 93720  
559-450-7475  
Email: [Information@samc.com](mailto:Information@samc.com)

You can also file a civil rights complaint with the US Department of Health & Human Services, Office of Civil Rights electronically via web, by mail or phone to :

Department of Health & Human Services  
200 Independence Avenue, SW, Room  
a509F,  
HHH Building, Washington, DC 20201  
Web <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Phone 1-800-368-1019 TTY 1-800-537-7697

## EXHIBIT B

### Provider List

All physicians, providers and practice groups listed are independent contractors and are not employed by Saint Agnes Medical Center and will bill separately and are not covered by the hospital FAP.

#### Anesthesia Consultants of Fresno

Aiken, Melanie M, MD  
Ali, Mustafa, MD  
Athwal, Sukhdeep S, DO  
Cepero, Oscar A, MD  
Chae, Sung M, MD  
Christensen, Cory C, DO  
Chung, Byung J, MD  
Corbin, John F, MD  
Cyrus, Maurice D, CRNA  
Etiz, William, DO  
Fellows, Jason, MD  
Foelschow, James, MD  
Habeeb, Rizwan H, MD  
Hadfield, Brian G, DO  
Hutchins, Ty W, MD  
Hynes-Harris, James, MD  
Ikemiya, Kenneth A, MD  
Jin, John Y, MD  
Kielmeyer, Rory, CRNA  
Kim, Yang J, MD  
Larsen, Lance, MD  
LeRoy, Brandon J, CRNA  
Madsen, Joshua S, MD  
Maxwell, Elisa O, MD  
Motie, Andre S, MD  
Mulder, Stephen D, MD  
Nielsen, Vernon C, CRNA  
OHara, Michael P, CRNA  
Patrick, Shannon K, CRNA  
Pearce, Scott, DO  
Pettus, Sonya D, MD  
Preston, Ryan K, MD  
Ritchey, William J, CRNA  
Shukla, Alok, MD  
Sufi, Kanwarjit S, MD  
Sung, Ik H, MD  
Tseng, Tony H, MD  
Van Putten, Clifton O, MD  
Wall, Andrew J, MD  
Wang, Natalie Y, MD  
Wiggins, Michael H, MD

#### Vituity

Alam, George A, MD  
Alhadi, Sameir A, MD  
Anaya, Andres M, MD  
Arabian, Jayme L, NP  
Beaird, Dallas T, MD  
Biltz, John H, NP  
Brix, Ronald D, MD  
Caldwell, Jonathan D, MD  
Cosgrove, Kathryn E, PA  
Donkor, Jimmy A, MD  
Dornhofer, Peter L, MD  
Fernandez, Sam E, NP  
Frye, Blair L, PA  
Gill, Navdeep S, MD  
Givertz, Alan, MD  
Givertz, Dessere H, PA  
Gustafson, Lauren E, MD  
Habibe, Michael N, MD  
Helm, Travis A, MD  
Hinton, Sylvia K, PA  
Irwin-Singh, Crystal L, DO  
Kaur, Pawandeep, NP  
Kellar, Jesse Z, MD  
Khara, Gagandeep K, NP  
Lam, Michelle K, NP  
Leveque, Eric A, DO  
Magana-Camacho, Yolanda, PA  
Manzo, Uriel, MD  
Mullen, John F, NP  
Ochoa, Cesar O, MD  
Paredes, Maria Cecilia, NP  
Patel, Chirag V, NP  
Pipkorn, Christina A, PA  
Pitcher, Tracy J, MD  
Polach, Jacqueline F, PA  
Richmond, Kali, PA  
Roberson, GERALYN A, NP  
Roberts, Mercedes, PA  
Schneider, Daniel P, DO  
Septer, Michelle D, NP  
Songey, Stephanie M, DO

**Anesthesia Consultants of Fresno - continued**

Yang, Susie T, MD  
Zupp, Richard R, MD

**c-CARE**

Arekapudi, Subramanyeswara, MD  
Aulakh, Amardeep S, DO  
Estrada, Dexter T, MD  
Gupta, Sachin, MD  
Hackett, Leonard T, MD  
Hager, Steven J, DO  
Haseeb, Abdul M, MD  
Jawien, William J, MD  
Lemon, Robert H, MD  
Parveez, Rabia, MD  
Pascuzzo, Joseph M, DO  
Rao, Ravi D, MD

**Forefront Radiology (X-ray, CT scan, MRI, Interventional Radiology)**

Alapati, Sampath K, MD  
Bailey, Lin H, MD  
Borst, Richard F, MD  
Clutson, Richard, MD  
DeStJeor, Larry J, MD  
Efird, Terril A, MD  
Forsythe, James C, MD  
Gasser, Tyler G, MD  
Gusdorff, Jonathan M, DO  
Kessler, Michael J, MD  
Mak, Ceayee, MD  
Pugmire, Brian S, MD  
Raines-Hepple, Robert P, MD  
Stanford, Steve R, MD  
Yang, Roberta, MD  
Rogers-Neufeld, Bonna, MD  
Balfour, Stephen A, MD  
Davis, Trevor Z, DO  
Kim, Stanley T, MD  
Ng, Brian B, MD  
Pruett, Benjamin J, DO  
Tower, Sean W, MD

**Valley Metabolic Imaging (Nuclear Medicine)**

Bernard, Mark S, MD  
Gould-Simon, Aron J, MD

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**Vituity - continued**

Sorensen, Camie, MD  
Thiesen, Jordan D, DO  
Vo, Daniel D, MD  
Wells, Jeff C, MD  
Zappa, Dane A, DO

**Quality Nighthawk Teleradiology Group**

Bryce, Thomas J, MD  
Chan, Brandon, MD  
Farooki, Aamer Z, MD  
Siddiqi, Saif H, MD  
Tseng, Ian K, MD  
Vaid, Rajesh R, MD  
Wei, Stephen C, MD

**OB ED Coverage**

Bedi, Kristopher, DO  
Dickinson, Wade A, MD  
Gade, Gopal Reddy, MD  
Grewal, Ajanamjot K, MD  
Hernandez, Daniel I, MD  
Holmes, Amie E, MD  
Marquez, Camilla L, MD  
Singleton, Chrystal, MD  
Vishwanath, Vasanth M, MD

**Saint Agnes Pathology Medical Group**

Chen, Tzen Kuang, MD  
Fang, Wei, MD/PHD  
Tschang, Tai-Po, MD  
Zhou, Fan, MD

**Sierra Imaging Associates (Radiology)**

Alson, Mark D, MD  
Azmoon, Leyla M, MD

**SAMP Hospitalists**

Almodovar, Kyle, DO  
Alvarado, Rudolph, MD  
Bajpai, Saurabh, DO  
Bhinder, Parambir, MD  
Kaur, Shaninder, MD  
Khan, Sidrah, MD  
Martinez-Cuellar, Jorge, MD  
Nareddy, Chinnapa, MD  
Onyeje, Ogonna, MD  
Palakodety, Naga Swati, MD  
Ramakuri, Monica, MD  
Reddy, Samathha R, MD  
Sattar, Subrina, MD  
Sevel, Garry, MD  
Shah, Maulik, MD  
Shurbaji, Adam, MD  
Singh, Navjit, MD  
Sivasubramanian, Anita, MD  
Smith, Christopher Bryan, MD  
Smith, Christopher Robert, MD  
Wang, Jiakun, MD

**Central California Hospital Medicine  
Group Inc.**

Baig, Nabil A, DO  
Bedrosian, Armen H, MD  
Gill, Gurjiwan K, DO  
Johal, Dharampal S, MD  
Narain, Gurinder P, MD  
Reddy, Manthani, MD  
Reddy, Venkataramana K, MD  
Shah, Udayan K, MD  
Sidhu, Gurcharan S, MD  
Sidhu, Sukhampal S, MD  
Singh, Ranjeet, MD  
Sood, Pawan K, MD  
Zadsalamat, Alireza, DO

**Intensivists**

Aftab, Waqas, MD  
Arab, Talal, MD  
Bharati, Pankaj, MD  
Chavez, Juan, MD  
Daniel, Vijai, MD  
Gill, Kuldeep, MD  
Nat, Amritpal, MD  
Nicola, Catalin, MD  
Pyreddy, Lovrdu, MD  
Rad, Seyed Ali Mohammadi, MD  
Rashid, Saqib, MD  
Shaikh, Mohammad, MD  
Warner, Gregory, MD

**Academic**

D'Morias, Linet, MD  
Elhassas, Mohammad, MD  
Hakimipour, Mehdi, MD  
Kaur, Jasleen, MD  
Mann, Rupinder, MD  
Moya, Michael, MD  
Rizvi, Bishara, MD  
Tevendale, Robert, MD

## EXHIBIT C

### Trinity Health West Region 2025 Federal Poverty Level (FPL) & Charity Adjustment Guidelines

#### Charity Write-off Guidelines in relation to Federal Poverty Income Levels

Effective January 16, 2025

	100%	138%	200%	201%	300%	350%	400%
Family Size	Income	Income to:	Income to:	Income to:	Income to:	Income to:	Income Over
1	\$15,650	\$21,597	\$31,300	\$31,457	\$46,950	\$54,775	\$62,600
2	\$21,150	\$29,187	\$42,300	\$42,512	\$63,450	\$74,025	\$84,600
3	\$26,650	\$36,777	\$53,300	\$53,567	\$79,950	\$93,275	\$106,600
4	\$32,150	\$44,367	\$64,300	\$64,622	\$96,450	\$112,525	\$128,600
5	\$37,650	\$51,957	\$75,300	\$75,677	\$112,950	\$131,775	\$150,600
6	\$43,150	\$59,547	\$86,300	\$86,732	\$129,450	\$151,025	\$172,600
7	\$48,650	\$67,137	\$97,300	\$97,787	\$145,950	\$170,275	\$194,600
8	\$54,150	\$74,727	\$108,300	\$108,842	\$162,450	\$189,525	\$216,600
Additional Persons, add	\$5,500	\$7,590	\$11,000	\$11,055	\$16,500	\$19,250	\$22,000
Charity Write-off Fresno	100%	100%	100%	76.80%	76.80%	76.80%	0%
Uninsured Discount	35%	35%	35%	35%	35%	35%	35%

Figures are for Gross Family income

#### Average Medicare Contractual Adjustment (Amount Generally Billed or AGB)

RHM	Inpatient		Outpatient		Total Facility	
	FY24	FY25	FY24	FY25	FY24	FY25
<b>Baker</b>	7.20%	26.29%	56.32%	54.26%	46.30%	49.3%
<b>Boise</b>	72.65%	74.19%	72.56%	72.74%	72.60%	73.6%
<b>Nampa</b>	76.84%	76.76%	74.95%	75.36%	75.80%	75.9%
<b>Ontario</b>	59.51%	64.08%	76.58%	76.56%	72.00%	73.3%
<b>Fresno</b>	75.35%	74.22%	81.00%	82.04%	77.10%	76.8%