APPLICABILITY: This policy applies to the following entities (collectively referred to as “UNC Health Care System” in this policy):

| ✓ | UNC Health Care System/UNC Medical Center* | ✓ | Johnston Health Services |
| ✓ | UNC Physicians Network | ✓ | Henderson County Hospital (Pardee) |
| ✓ | UNC Physicians Network Group Practices | | Nash Healthcare System |
| ✓ | Rex Healthcare | | Lenoir Memorial Hospital |
| ✓ | Chatham Hospital | | Wayne Memorial Hospital |
| ✓ | Caldwell Memorial Hospital | | |
| ✓ | High Point Regional Health / Regional Physicians | | |

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I. Description

Policy for providing financial assistance to patients for services at the University of North Carolina Health Care System (UNCHCS). This policy applies to the following entities: UNC Hospitals (including Wakebrook and Hillsborough campuses), Chatham Hospital, Inc., High Point Regional Health, Regional Physicians, LLC, UNC Faculty Physicians (including Wakebrook and Hillsborough campuses), Rex Hospital, Inc., UNC Physicians Network, LLC, UNC Physicians Network Group Practices, LLC, Henderson County Hospital Corporation, doing business as Margaret R. Pardee Memorial Hospital, and Johnston Health Services Corporation doing business as Johnston Health (including Clayton campus), and Caldwell Memorial Hospital, Inc. In accordance with federal regulations, this policy includes as Appendix D a list generally identifying which providers at UNCHCS hospitals will honor this Financial Assistance Policy (FAP). This policy does not apply to the following Urgent Care locations: Fletcher Pardee Urgent Care and Hendersonville Pardee Urgent Care.

II. Rationale

As part of its mission, UNCHCS provides care for residents of North Carolina who are uninsured or underinsured and do not have the ability to pay for medically necessary health care services. The purpose of this policy is to use financial assistance resources available to UNCHCS to maximize the

* UNC Medical Center includes all UNC Hospitals’ facilities and the clinical patient care programs of the School of Medicine of UNC-Chapel Hill (including UNC Faculty Physicians).
Patient Financial Assistance

availability of health care services to the people of North Carolina in a consistent, equitable and effective manner.

This policy does not affect or limit UNCHCS’s dedication and obligation under EMTALA to treat patients with emergency medical conditions.

III. Policy

UNCHCS shall have an organized patient financial assistance program designed to help provide necessary health care for North Carolina residents to the extent that resources are available. For this purpose, a Financial Assistance Oversight Committee (FAOC) will oversee all aspects of the patient financial assistance program, including pharmacy financial assistance and transplant financial assistance. The policy in effect at the time of the approval/denial will be used to determine eligibility for financial assistance.

A summary of the policy’s baseline criteria, benefits and annual costs will be posted in service areas and on internet sites to include methods and contacts for application. The policy in its entirety may be obtained by contacting the Legal Department or the Office of Revenue Cycle Management.

Patient Financial Assistance consists of the following components:

A. Discounts for Uninsured Services
B. Charity Care
C. Catastrophic Charity Care
D. Presumptive Determinations
E. Dental Services
F. Psychiatry Psychotherapy Resident Clinic

A. Discounts for Uninsured Services

Persons who have no health insurance coverage, no coverage from any other third party (such as third party auto liability coverage), or who obtain services not covered by their health insurance will be eligible for a 40% discount on charges, except for Category 3 and 4 services in the Financial Assistance Exceptions Table (Appendix A). This discount will be given regardless of income or North Carolina residency.

The FAOC will review the discount amount on an interim basis to insure charge amount parity among all patients – those with insurance, those without insurance and those receiving financial assistance. Entities and affiliates not included in this policy may choose to adopt the 40% discount amount or a different amount.

Uninsured patients who ultimately become eligible for charity care and have previously received an uninsured discount adjustment will receive a charity care adjustment totaling the patient balance at the time of the charity care approval. The uninsured discount will not be reversed. As a result, the sum of the uninsured discount adjustment(s) and charity care adjustment(s) posted to the same account equals the total charity care adjustment for financial reporting purposes.

B. Charity Care

Charity Care is a benefit where 100% of the current patient’s balance owed after copayment in Appendix C will be written off except for limitations in the Financial Assistance Exceptions Table (Appendix A) and those balances covered by external funding sources. Given the 100% benefit, amounts generally billed (AGB) to determine the benefit does not apply. Charity Care is available for North Carolina residents who meet family income and residency criteria as defined in the Requirement Definitions for Charity Care (Appendix C). Any resident of North Carolina may apply for financial assistance and all applications will be considered without regard to race, color, gender, national origin or religious preference.

1. Availability
Patient Financial Assistance

a. A summary of this policy will be offered to all admitted patients, inpatient and outpatient. An application will be made available to anyone who requests it or is identified with a need AND meets eligibility screening criteria:
   i. The patient is a NC resident.
   ii. The patient’s household income is at or below 250% of the Federal Poverty Guidelines.

b. Patients may submit an application for Charity Care prior to their first visit to UNCHCS.

c. UNCHCS will post notices as required by law regarding the availability of financial assistance. Patients requiring financial assistance or thought to require such assistance will be referred to a Financial Counselor or Financial Assistance Specialist.

d. UNCHCS will affirmatively provide notices and brochures with contact information and how to obtain an application to community physicians and health centers. Community health centers that perform equivalent evaluations of applicants for financial assistance may be considered as a qualified extraordinary circumstance; whereby, an expedited application and application process is possible. See Section B3 Extraordinary Circumstances/Other Applicant Categories below.

e. The provisions of this policy notwithstanding, UNC Physicians Network Group Practices, LLC, and Rex Rehabilitation and Nursing Care Centers of Raleigh and Apex may decline to accept a new patient with no funding source, including a new Charity Care patient.

f. UNCHCS shall not refer a patient’s unpaid bill to an outside collection agency during the pendency of a patient’s application for financial assistance, not to exceed a period of 120 days. Patients will continue to receive informational statements during this time period. If the 120 days is reached prior to the final determination of the application or the application is denied, the statement cycle will resume after decrementing one cycle (30 days).

g. If a patient is deemed eligible for Charity Care, eligibility is valid at the affiliates of UNCHCS covered by this policy. Patients may only receive Charity Care after all other financial resources available to the patient have been exhausted AND the patient is without sufficient income to cover out-of-pocket expenses as defined by UNCHCS. Other financial resources include, but are not limited to, private health insurance, CHIP, agency funding, Medicare and/or Medicaid.

h. If the Charity Care application is approved, Charity Care will apply to balances after all third-party coverage has been collected. Whenever agency funding is available, whether or not the patient has been approved for Charity Care, agency funding must be secured prior to the service being scheduled and covered by Charity Care. If the service is scheduled prior to the completion of the agency funding process, the service must be flagged for exclusion from Charity Care.

i. As of January 1, 2015, a determination of eligibility for Charity Care will be effective for 18 months prospectively from the date of approval and retroactively for all patient balances incurred prior to the approved Charity Care application.

j. Charity Care covers only services deemed “medically necessary” by Medicare, Medicaid, or industry standards. All medically necessary services will be considered Category 1 unless approved as Category 2, 3 or 4 in the Financial Assistance Exceptions Table (Appendix A).

k. For services in Categories 2, 3, and 4 in the Financial Assistance Exceptions Table (Appendix A), medical necessity will be determined by the treating physician. In instances where medical necessity is unclear, the Financial Assistance Oversight Committee will make a final determination.

l. Patients actively eligible for Medicaid shall be eligible for Charity Care adjustments of patient balances as defined above except for services rendered in the Rex Rehabilitation and Nursing
Patient Financial Assistance

Confirmation of patient’s eligibility for Medicaid via an electronic Medicaid eligibility verification system is used in lieu of the Charity Care application.

m. Medicare patients who are eligible for the Medicaid programs MQB-B and MQB-E qualify for a Charity Care adjustment of the balance remaining after payment by Medicare and any other applicable third-party payer except for balances incurred in the Rex Rehabilitation and Nursing Care Centers. Confirmation of the patient’s eligibility for Medicaid MQB-B or MQB-E on the date of service via an electronic Medicaid eligibility verification system is used in lieu of the Charity Care application.

2. Rights and Responsibilities

a. UNC Health Care and its affiliated Network Entities comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. UNC Health Care and its affiliated Network Entities do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The full Notice of Nondiscrimination is found in Appendix E.

b. UNCHCS complies with the Emergency Medical Treatment and Labor Act (EMTALA) and emergency medical care provisions of Section 501(r) of the Internal Revenue Code. Accordingly, UNCHCS provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are FAP-eligible. UNCHCS does not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

c. If a patient does not have Medicaid or other private agency funding, but may qualify, the patient must cooperate with any available funding application process to be considered for Charity Care. If a patient does not cooperate, Charity Care will be denied or, if an active approval is on file, revoked, and the patient will be responsible for any balances.

d. Only patient balances will be considered for Charity Care write-off. Patient balance is the amount for which there is no third-party coverage or other funding available, or balances after insurance. Accounts in a Liability status are not eligible for Charity Care.

e. If the patient’s household income and assets minus a standard allowance for liabilities and expenses is less than or equal to 250% of the current Federal Poverty Guidelines for the patient’s family size, the patient may be eligible for Charity Care.

f. Once the final determination has been made regarding Charity Care eligibility, the patient will be notified in writing.

g. If a patient’s income or family size changes, a new Charity Care application may be submitted with supporting documentation for re-evaluation of Charity Care status.

h. Refunds will be issued where required by Federal guidelines.

i. The patient has the right to appeal a denied application for Charity Care. The appeal will be reviewed by the Financial Assistance Oversight Committee Clinical and/or Administrative Appeals Group. The patient will be notified in writing of the appeal outcome.

j. A patient with primary insurance coverage who has been approved for Charity Care shall not be eligible for the Charity Care benefit unless the patient has complied with the terms and requirements of his or her primary insurance coverage to maximize available insurance reimbursements. For example, if the patient’s primary insurance covers services only at designated in-network facilities or with in-network providers, UNCHCS will not provide Charity Care for those services if the patient chooses to use a facility or provider that is not in-network. In those circumstances, the patient will be required to pay in advance for non-emergent/urgent care if the patient chooses to use a non-network option.
Patient Financial Assistance

3. Extraordinary Circumstances/Other Applicant Categories

Qualification under extraordinary circumstances not outlined below requires approval by the Financial Assistance Oversight Committee.

a. Homeless Persons – A homeless person is an individual who has no home or place of residence and depends on charity or public assistance. Such individuals will be eligible, even if they are unable to provide all of the documentation required for the Charity Care application. The Charity Care application needs to indicate in the address field that the patient is homeless, and the application must be signed by the patient.

b. TROSA Patients – A TROSA patient is an individual who resides at the TROSA facility and depends on that facility for all of his or her care and does not receive monies when outside of the facility. Written proof from TROSA that the patient is a resident, including date of entry, along with the completed and signed demographic section of the application shall suffice as a complete Charity Care application. TROSA patients are exempt from Charity Care copays.

c. Deceased Patients - The charges incurred by a patient who has died may still be considered eligible for Charity Care. For the Charity Care application, the deceased patient will count as a family member, but the deceased patient’s income will be zero. Accounts in an Estate status are not eligible for Charity Care.

d. Inmates – Charges incurred by a patient who has subsequently become incarcerated may still be considered eligible for Charity Care. His/her income will be deemed as zero for the purposes of the Charity Care application from the date of entry into the correctional facility until the date of release from the correctional facility. Written proof from the correctional facility that the patient is an inmate, including date of entry and proposed date of release, shall suffice as the Charity Care application. Note: All charges incurred during the incarceration are the responsibility of the correctional facility.

e. Transplant Services – are addressed in a separate Solid Organ Transplant Financial Policy.

f. Pharmacy Services – are addressed in a separate Pharmacy Assistance Policy.

g. International Patients – are not eligible for Traditional Charity Care, and are addressed in a separate International Patient Policy (ADMIN0236). An international patient is defined as one who is a citizen of a foreign country and has entered the United States by virtue of a Visa of any type, effective or expired.

h. Eating Disorders – North Carolina residents of Orange, Person, and Chatham counties may apply for traditional Charity Care. Otherwise, eating disorders treatments are addressed in a separate Eating Disorders Treatment Program Policy.

i. Project Access – Project Access, which resides in multiple counties throughout North Carolina, is comprised of physician groups that provide free care to the uninsured in their respective counties. A valid Project Access approval letter or card along with the completed and signed demographic section of the application shall suffice as a complete Charity Care application for the counties approved to participate. Current approved counties are Wake, Johnston, and Durham.

j. The Community Clinic of High Point, Inc. – The Community Clinic of High Point, Inc., is a physician group that provides free care to the uninsured of High Point. A valid Community Clinic approval letter or card along with the completed and signed demographic section of the application shall suffice as a complete Charity Care application.

k. Rex Rehabilitation and Nursing Care Centers - A patient who becomes unable to pay for his/her stay at Rex Rehabilitation and Nursing Care Centers during his/her stay must apply for Medicaid benefits and is not eligible for Charity Care under this policy. A patient who has an outstanding balance for a stay at Rex Rehabilitation and Nursing Care Centers and who is eligible for Charity Care under this policy may, at or after discharge, have Charity Care
Patient Financial Assistance

adjustments applied to the unpaid balance. The discount described above in Section III.A does not apply to services delivered to a patient admitted to Rex Rehabilitation and Nursing Care Centers.

I. Helping Hands Clinic – The Helping Hands Clinic in Lenoir is a clinic that provides care for a nominal copayment to the uninsured of Caldwell County. A valid Helping Hands approval letter or card along with the completed and signed demographic section of the application shall suffice as a complete Charity Care application.

m. Financial Assistance Application Backlog – When more applications are received than can be processed within 20 business days, adjudication of applications may use one or more of the following expedited methodologies:

i. Applicants with a UNC Charity Care approval on file within the prior 18 months from the receipt date of the new application may be approved as long as all pages of the application are complete and the application is signed and dated.

ii. Applicants that submit a complete, signed, and dated application and either (1) a current tax return or (2) letter of support, if taxes are not filed, may be approved without consideration to bank account balances if the tax return does not indicate the existence of secondary or rental property.

n. Effective April 2017, North Carolina Breast and Cervical Cancer Control Program – The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast and cervical cancer screenings and follow-up to women in North Carolina who are un- or underinsured without Medicare Part B or Medicaid and have a household income at or below 250% of the Federal Poverty Guideline. A valid BCCCP approval letter or card along with the completed and signed demographic section of the application shall suffice as a complete Charity Care application.

4. Notification

a. Once approved or denied, a notification letter will be sent to the patient’s address on file.

b. If additional information is required to reach a determination, a request for additional information will be sent to the patient’s address on file.

c. Patients approved for Charity Care will be required to pay a copay for each encounter. See Appendix B.

5. Changes to the Policy or Eligibility Criteria

Charity Care eligibility criteria will be reviewed periodically by the Financial Assistance Oversight Committee and is updated to reflect published changes in the Federal Poverty Guidelines. Revisions may be made at any time to the criteria or the policy based on changes in UNCHCS’s financial ability to provide financial assistance or changes in state or federal regulations.

6. Default Criteria Definition

In the absence of specific program description language defined in this policy, the current North Carolina Department of Health and Human Services, Division of Medical Assistance Medicaid Manual will be used as the default.

C. Limitation on Charges and Amounts Generally Billed

Section 501(r)(5)(A) of the Internal Revenue Code requires a hospital organization to limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under the organization’s FAP (FAP-eligible individuals) to not more than the amounts generally billed to individuals who have insurance covering such care (AGB).
Patient Financial Assistance

Section 501(r)(5)(B) prohibits the use of gross charges.

UNCHCS limits the amounts billed to FAP-eligible individuals to not more that the amounts generally billed to individuals who have insurance coverage.

UNCHCS utilizes the look-back method in determining amounts generally billed to individuals who have insurance coverage.

Under the look-back method for determining AGB, a hospital facility must determine AGB for any emergency or other medically necessary care provided to a FAP-eligible individual by multiplying the gross charges for that care by one or more percentages of gross charges, called AGB percentages. The hospital facility must calculate its AGB percentage(s) no less frequently than annually by dividing the sum of certain claims paid to the hospital facility by the sum of the associated gross charges for those claims. More specifically, these AGB percentages must be based on all claims that have been paid in full to the hospital facility for emergency and other medically necessary care by either Medicare fee-for-service alone or by Medicare fee-for-service and all private health insurers together as the primary payer(s) of these claims during a prior 12-month period. For these purposes, a hospital facility may include in all claims that have been paid in full both the portions of the claims paid by Medicare or the private insurer and the associated portions of the claims paid by Medicare beneficiaries or insured individuals in the form of co-insurance, copayments, or deductibles. A hospital facility must begin applying its AGB percentage(s) by the 45th day after the end of the 12-month period the hospital facility used in calculating the AGB percentage(s).

UNCHCS utilizes claims paid by Medicare Fee for Service (FFS) (i.e., Traditional Medicare) in determining the amounts generally billed. UNCHCS will calculate this amount generally billed annually as of 12/31 for claims paid in full or placed to bad debt for dates of service incurred in the preceding fiscal year. Please review Appendix F for UNCHCS’ latest ABG calculations.

Patients approved for financial assistance will have their balances adjusted to $0.00 balance and minimal co-pays applied ranging from $10 to $100. This percentage of gross charges is below the Amounts Generally Billed to our Medicare FFS patients.

D. Catastrophic Charity Care

1. Policy

The purpose of this policy is to use financial assistance resources available to UNCHCS to provide health care services needed by people who may incur a catastrophic medical event regardless of their residency status and to do so as consistently, equitably, and effectively as possible.

a. UNCHCS shall have a Catastrophic Charity Care Program designed to help provide necessary health care to the extent that resources are available.

b. The Financial Assistance Oversight Committee will oversee all aspects of the Catastrophic Charity Care Program.

c. The policy in effect at the time of the approval/denial will be used to determine eligibility for Catastrophic Charity Care.

2. Eligibility Criteria

a. Patients who are denied Traditional Charity Care based on income exceeding 250% of the Federal Poverty Guidelines or based on residency status will be considered for Catastrophic Charity Care. Any patient or guarantor thereof may be considered without regard to race, color, gender, national origin or religious preference.
Patient Financial Assistance

b. Existing patient balances of UNCHCS, after all other financial resources available to the patient have been exhausted, should produce a medical debt-to-income ratio of greater than or equal to 20%. For example, if a household of two has an annual income of $75,000, the combined balances after all other means of payment must be at least $15,000. Other financial resources include, but are not limited to, private health insurance, agency funding, Medicare and/or Medicaid.

c. If Catastrophic Charity Care is approved, Catastrophic Charity Care will apply to balances after all third-party coverage has been ruled out, including Medicaid and any private agency payers.

d. For approved Catastrophic Charity Care, the patient's medical debt after insurance will be reduced to 20% of the patient's income and assets minus a standard 6% expense and liability allowance. If a patient has no income, the patient's medical debt after insurance will be reduced by eighty four percent (84%).

e. Catastrophic Charity Care may be awarded once every 12 months from the date of last Catastrophic Charity Care approval. If financial and/or family size situations change, a new Charity Care Application must be submitted.

f. Balances in bad debt or already with collection agencies and/or the Attorney General’s Office will be considered. Prospective balances will not be considered.

g. The calculation of medical debt will include balances that may have been decreased due to the Uninsured Discount.

h. For Catastrophic Charity Care, all accounts for which the guarantor is responsible will be considered in the calculation of medical debt. Services otherwise excluded from Charity Care may be included in the Catastrophic calculation.

i. When Catastrophic Charity Care is approved, the approval date is recorded. If there are balances pending third-party payment, the adjustment of the balances will be postponed until all third-party coverage has paid. Any patient balances left that were from dates of service on or prior to the approval date will then be adjusted.

j. For patients pending Medicaid, Catastrophic Charity Care determination will be postponed until after final Medicaid disposition to allow for full and accurate accumulation of charges.

E. Presumptive Determinations

1. Policy

a. To assist patients who may be eligible for financial assistance, but circumstances prevent completion of a full application, a presumptive determination may be utilized.

b. Presumptive determinations are performed on individual accounts where no other funding source is available AND after a full 120-day billing cycle having generated three (3) statements to the patient.

c. A scoring methodology that represents a patient’s ability to pay based on criteria such as, but not limited to, asset ownership, debt payment tendencies, and available credit, is used to determine eligibility.

d. Scores that qualify for a presumptive adjustment are relative to the scores for patients who would otherwise qualify for Charity Care if a full application were submitted.

e. Upon qualification, the individual account will be adjusted to $0 using an adjustment code which identifies the adjustment as a presumptive determination, separate and distinct from Charity Care. Presumptive determinations, because they have been through a full 120-day billing cycle having generated three (3) statements to the patient, may be classified as Medicare Bad Debt, but NOT Medicare Charity for Medicare cost reporting. Only approved
Patient Financial Assistance

applicants who submitted a full paper application with all applicable verifications to determine income, assets, liabilities, and expenses may be classified as Medicare Charity.

F. Dental Services

1. Policy

   a. This section of the policy is for UNCH and UNCFP balances only. This section of the policy does not apply to any other UNC affiliate.

   b. In order to be eligible for financial assistance for dental services, the patient must be approved for UNCHCS financial assistance.

   c. Dental services that are eligible for full charity care coverage are those that would be covered by Medicare. Charity care coverage includes the following:

      i. When the severity of the underlying illness requires hospitalization.

      ii. A secondary service that is integral and necessary to treat a non-dental condition, such as tumor removal, and is provided at the same time as the primary service and by the same physician/dentist.

      iii. The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease.

      iv. An oral or dental examination performed on an inpatient basis as part of a comprehensive work-up prior to renal transplant surgery or performed in a RHC/FQHC prior to heart valve replacement.

G. Psychiatry Psychotherapy Resident Clinic

The UNC Psychiatry Resident Psychotherapy clinics serve a training mission of providing psychiatry residents with the experience of learning to conduct long-term weekly psychotherapy. The patients’ out-of-pocket expense for psychotherapy sessions reflects this training focus and is currently set at $25 per session, regardless of whether the patient has insurance or receives charity care from UNCHCS.

IV. Exclusions

Services appearing in Appendix A as exclusions are not eligible for financial assistance under this policy. Residential and related services at Rex Rehabilitation and Nursing Care Centers of Raleigh and Apex not covered by Medicare, Medicaid or third-party insurance by virtue of coverage limitation, benefit exhaustion and/or medical necessity are not eligible for consideration for the uninsured discount or Charity Care. Consideration may be granted for Rex Rehabilitation and Nursing Care Centers of Raleigh and Apex, residents’ out-of-pocket deductible, co-insurance and/or co-pay amounts up to an individually determined annual maximum which takes into consideration Medicaid spend-down requirements and resource limits.
## Appendix A
### Financial Assistance Exceptions Table

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Program Eligibility</th>
<th>Service Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1</strong></td>
<td>Medically Necessary</td>
<td>Discount: Y, Charity Care: Y</td>
<td>Most Services</td>
</tr>
<tr>
<td><strong>Category 2</strong></td>
<td>High Cost Treatment; Other Alternatives Usually Available</td>
<td>Discount: Y, Charity Care: N</td>
<td>Cochlear implant, Elective infant circumcision, LDL apheresis, Transplants, Bariatric surgery, Deep brain stimulation, Penile or testicular implant, Vasectomy reversal, Left Ventricular Assist Device (see Transplant policy), Pediatric Hearing aids (ages to 21), Preservation reproductive opportunities after cancer treatment (IVF for PROACT), Services provided to Veterans Administration recipients who refuse transfer to a VA facility, Any other procedure which does not meet medical necessity criteria</td>
</tr>
<tr>
<td><strong>Category 3</strong></td>
<td>Excluded Services</td>
<td>Discount: N, Charity Care: N</td>
<td>Cosmetic surgery/procedures*, Infertility Evaluation and Treatment, Non-medically necessary obstetric ultrasound, Optical Shop products, Routine eye exams, Contact lenses or exams*, Hearing aids, Acupuncture, Non-medically necessary virtual colonoscopy, Non-medically necessary full body MRI, Ultrasound Tissue Characterization Scanning, Ultrasound Tissue characterization Evaluation</td>
</tr>
<tr>
<td><strong>Category 4</strong></td>
<td>Uninsured Discount</td>
<td>Discount: N, Charity Care: Y</td>
<td>Rex Rehabilitation and Nursing Care Centers of Raleigh and Apex in accordance with Section III.B.3.k, UNCH Hospital Dental Clinic</td>
</tr>
</tbody>
</table>

*Cosmetic surgery is not eligible for a payment plan. Full payment required prior to service.
Appendix B

Charity Care Copayments

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copayments traditionally associated with physician services:</strong></td>
<td></td>
</tr>
<tr>
<td>Primary Care Clinic Visit (per appointment even if on same day)</td>
<td>$10</td>
</tr>
<tr>
<td>(excludes Medical Center Children’s Primary Care – See “Medical Center Children’s Primary Care” below)</td>
<td></td>
</tr>
<tr>
<td>Specialty Care Clinic Visit (per appointment even if on same day)</td>
<td>$10</td>
</tr>
<tr>
<td>(includes Allied Health Hearing &amp; Communications, Wakebrook Crisis &amp; Assessment, and Wound if not billed as recurring)</td>
<td></td>
</tr>
<tr>
<td>(excludes Hospital Recurring – see “Recurring” below)</td>
<td></td>
</tr>
<tr>
<td>Urgent Care (Non-Specialty) (per visit even if on same day)</td>
<td>$35</td>
</tr>
<tr>
<td><strong>Copayments traditionally associated with hospital services:</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Department (ED)</td>
<td>$50</td>
</tr>
<tr>
<td>Inpatient Admission and Wakebrook Residential Unit Admission</td>
<td>$100</td>
</tr>
<tr>
<td>Ambulatory Surgery</td>
<td>$75</td>
</tr>
<tr>
<td>(includes day op, adult bronchoscopy, adult and peds cardiac cath and EP, Children’s short stay unit, cystoscopy, GI manometry, GI procedures, and VIR)</td>
<td></td>
</tr>
<tr>
<td>Ancillary (except PT/OT)</td>
<td>$10</td>
</tr>
<tr>
<td>Medical Center Children’s Primary Care</td>
<td>$10</td>
</tr>
<tr>
<td>Recurring (monthly by case)</td>
<td></td>
</tr>
<tr>
<td>• Cardiac/Pulmonary Therapy</td>
<td>$20</td>
</tr>
<tr>
<td>• Eating Disorders</td>
<td>$0</td>
</tr>
<tr>
<td>• PT/OT</td>
<td>$20</td>
</tr>
<tr>
<td>• Radiation Oncology</td>
<td>$75</td>
</tr>
</tbody>
</table>

*Primary care is defined as visits occurring in Family Medicine, Children’s Primary Care, or General Internal Medicine clinics.

When applicable, insured patients who are also eligible for Charity Care will pay their insurance carrier’s required copay, not the Charity Care copay.
Appendix C

Requirement Definitions for Charity Care

NC Residency – In order to meet North Carolina state residency requirements to be Medicaid eligible, an individual must be domiciled in North Carolina with the intention to remain here permanently or for an indefinite period or show that he entered North Carolina to seek employment or with a job commitment. A person is domiciled in North Carolina if North Carolina is his fixed, established, or permanent place of residence with the intention to remain there permanently or for an indefinite period.

REQUIREMENT: To verify residency, two documents from two of the categories below need to be provided. This means a document or proof must be from two of the little letters below. Example: An item from c and d would be acceptable. Two documents in b are not acceptable. Applicants who do not have two of the documents must complete and sign the declaration on the back of this form, subject to prosecution, that they do not have two of the documents listed.

a. A valid North Carolina drivers' license or other identification card issued by the North Carolina Division of Motor Vehicles
b. A current North Carolina rent, lease, or mortgage payment receipt, two bank statements, or current utility bill in the name of the applicant or the applicant’s legal spouse, showing a North Carolina address.
c. A current North Carolina motor vehicle registration in the applicant’s name and showing the applicant’s current North Carolina address.
d. A document verifying that the applicant is employed in North Carolina.
e. One or more documents proving that the applicant’s home in the applicant’s prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
f. The tax records of the applicant or the applicant’s legal spouse, showing a current North Carolina address.
g. A document showing that the applicant has registered with a public or private employment service in North Carolina.
h. A document showing that the applicant has enrolled his children in a public or private school or a child care facility located in North Carolina.
i. A document showing that the applicant is receiving public assistance (such as Food Stamps) or other services which require proof of residence in North Carolina. Work First and Energy Assistance do not currently require proof of NC residency.
j. Records from a health department or other health care provider located in North Carolina which shows the applicant’s current North Carolina address.
k. A written declaration from an individual who has a social, family, or economic relationship with the applicant, and who has personal knowledge of the applicant’s intent to live in North Carolina permanently, for an indefinite period of time, or residing in North Carolina in order to seek employment or with a job commitment.
l. A current North Carolina voter registration card.
m. A document from the US Department of Veteran’s Affairs, US Military or the US Department of Homeland Security verifying the applicant’s intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
n. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant’s intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with a job commitment.
o. A document issued by the Mexican consular or other foreign consulate verifying the applicant’s intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
p. UNCHCS has the authority to determine what is considered satisfactory proof, and retains the right to deny eligibility and/or declare that the documents provided are unacceptable if UNCHCS believes that the documentation is false or otherwise finds the documentation to be unsatisfactory. UNCHCS can require the provision of additional supporting documentation.
North Carolina Residency Applicant Declaration

I, _________________________________________________________, verify that I cannot provide two North Carolina state residency verification documents.

I hereby declare that the above information is true and accurate. I understand that this declaration form is used to help verify that I meet North Carolina state residency requirements for UNC Health Care Charity Care. I understand that a false or misleading declaration by me may result in Charity Care adjustments for which I would not otherwise have qualified, and may subject me to civil and criminal penalties.

___________________________________________
Signature

___________________________________________
Date

Address:____________________________________

____________________________________

Telephone No._______________________________
Patient Financial Assistance

*Third Party Coverage - All patients will be screened for third-party sources of coverage and assistance that may include, but are not limited to:*

1) Personal or Employee Sponsored Health Insurance
2) Medicare, Medicaid, CHIP, commercial, or any other third party coverage
3) Eligibility for public assistance programs
4) Third party coverage from an employer or family member’s employer
5) Workers’ Compensation

*Income/Employment Status – Income includes total cash receipts from all sources before taxes. Verification of income is not required for dependents under age 18.*

The following are considered income:

1) Wages and salaries before deductions
2) Self-employment income
3) Social security benefits
4) Pensions and retirement income/distribution
5) Unemployment compensation
6) Strike benefits from union funds
7) Workers’ Compensation
8) Veterans’ payments
9) Public Assistance payments
10) Training stipends
11) Alimony
12) Military family allotments
13) Income from dividends, royalties, & interest income
14) Income from estates and trusts
15) Income from legal settlements
16) Regular insurance or annuity payments
17) Support from an absent family member or someone not living in the household
18) Lottery winnings
19) Self Employment – includes meals, travel, gifts, entertainment, and up to $10,000 in depreciation obtained from Schedule C.

The following will not be considered income:

1) Food or rent received in lieu of wages
2) Non-cash benefits
3) Payments from student loans and grants
4) Child Support payments

The following may be used to prove income:

1) Federal and state income tax returns for the prior calendar year. Self-employed patients are to provide Schedule C of their federal income tax return. The following deductions will not be allowed in determining income:
   a. Depreciation
   b. Travel, Meals, & Entertainment
   c. Expenses listed as “Other” on Schedule C will be evaluated on an individual basis
2) W-2 Form(s), or other IRS income forms, included with the prior calendar year tax return filing.
3) Payroll check stubs covering the last six weeks are required. When check stubs are unavailable, telephone verification from employer verifying employment and income is acceptable. Telephone verification may only be performed by an authorized UNCHCS employee to the applicant’s Human
Patient Financial Assistance

Resource Representative, not vice-versa. The UNCHCS employee must document in the system and/or record the following:

a. Company name
b. Date, time of phone call
c. Phone number called
d. Person at applicant’s place of employment verifying income

4) Other current income from any source not directly related to employment, such as retirement or disability benefits, Social Security, or Veteran’s Benefits must be verified with check stubs or other documentation.

5) The most recent checking & savings account statements that identify the beginning balance, transactions, and ending balance.

6) Patients who are employed, but due to a temporary medical condition rendering them unable to work are not drawing an income, will have their annual income reduced by the period of inability to work. This pro-rated income will be used in determining the patient’s eligibility for financial assistance. Example: The income of a patient with an annual income of $40,000 who is unable to work for 12 weeks will have a pro-rated annual income of $30,000 for the purposes of determining eligibility for financial assistance.

7) In instances when the patient states that the above supporting documentation does not exist, the patient will be required to provide a statement attesting to their income.

Unemployment may be documented by presentation of:

1) North Carolina Employment Security Commission documents
2) Letters from state and local agencies on their letterhead
3) In the absence of any of the above, patients who are unemployed are required to document how their expenses are being paid. Credit reports will be obtained when additional information is needed. These requirements will be waived for patients of retirement age as published by Social Security.

The following calculations will be used to determine income:

1) Checking and Savings Accounts - Excluding deposits of income already calculated or excluded due to policy (child support, student loans or grants), take ending balance from each statement and add all other deposits. Add the three monthly subtotals and divide the amount by three to obtain a monthly average. The average amount is then added as a one-time amount to annual income.
2) Money Markets, Stocks, Bonds, and Certificates of Deposit - Add 100% of value toward annual income.
3) Individual Retirement Accounts - . When funds are being drawn, take amount received per month and multiply by number of months received in a year. Add to annual income.
4) Pay Stubs, Retirement Accounts, Social Security Disability (SSD), and Supplement Security Income (SSI) – Take amount received per month and multiply by number of months received in a year. If paystubs are hourly, take hourly amount and multiply by number of hours worked per week. Use table below to calculate monthly amount. Multiply monthly amount times the number of months worked per year. If salaried, use table below to calculate monthly amount, as needed. Multiply monthly amount times the number of months worked per year.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Conversion Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>Multiply by 4.3</td>
</tr>
<tr>
<td>Biweekly</td>
<td>Multiply by 2.15</td>
</tr>
<tr>
<td>Semimonthly</td>
<td>Multiply by 2</td>
</tr>
<tr>
<td>Monthly</td>
<td>Use the gross monthly amount</td>
</tr>
</tbody>
</table>

Converting income to a gross monthly amount

The following asset calculations will be performed to adjust income:
1) One third of liquid assets drawn down as a withdrawal from a bank. The most recent checking and savings account statements from the guarantor are required. Stocks, bonds and non-retirement investments are considered available liquid assets to be used for this calculation. Long-term retirement annuities are not included when considering liquid assets. Examples of liquid assets include, but are not limited to checking, saving, & money market accounts, CDs, and bonds.

2) Non-liquid assets as defined by requirements according to North Carolina Department of Health and Human Services’ Medicaid MA-2230 Financial Resources definition for countable real property will be considered in assessing financial assistance eligibility. A patient’s equity in real property, when compared to the tax value, plus any rental income profit/loss will be considered a non-liquid asset. The patient’s primary residence will be excluded.

3) Individual Retirement Accounts – Do not count when funds not being drawn.

4) Real Estate Owned (other than primary residence) - Take the tax value minus the remaining mortgage amount due to calculate the equity. Equity is then added to total annual income.

5) Expenses – Income will be reduced by an additional 6% as a standard expense allowance.

The following are considered liabilities:

1) Home Mortgage
2) Land Mortgage
3) Property Tax
4) Vehicle/Auto Payment
5) Child Support (paid)
6) Bank and/or Student Loans
7) Credit Cards

The following are considered expenses:

1) Rent
2) Home/Fire Insurance
3) Food
4) Electricity
5) Heat (gas, oil, wood, kerosene)
6) Water/Sewer/Garbage
7) Telephone
8) Cable TV
9) Internet
10) Health Insurance
11) Burial or Life Insurance
12) Child Care/Tuition
13) Transportation
14) Medicines/Supplies

The following expense and liability calculation will be used to adjust income:

1) Expenses and Liabilities – Income will be reduced by a standard expense and liability allowance of 6% of calculated income.

Family Size - A family is a group of two or more persons related by birth, marriage, or adoption that live together. All such related persons are considered as members of one family. Family members are defined as follows:

1) The patient and, if married, his/her spouse
2) Any natural, or adopted minor child of the patient, or spouse who has not been emancipated by a court and who is not, or has never been, married
3) Any minor for whom the patient or patient’s spouse has been given the legal responsibility by a court
4) Any person designated as “dependent” on the patient’s latest tax return
5) Any student over 18 years old who is dependent on the patient’s family income for over 50 percent support
6) Any other person dependent on the patient’s family income for over 50 percent support
7) Any minor child of a minor who is solely, or partially, supported by the minor who is a member of the patient’s family

Dependency is determined by one of the following documents that contain the patient’s or patient’s spouse’s name:

1) Current tax return
2) Court-ordered guardian/conservator ship
3) Birth certificate
4) Baptismal record
5) Social Security award letter
6) U.S. Immigration documentation
7) In the absence of any of the above, a signed affidavit from the patient witnessed by a UNCHCS representative attesting to the dependency of minor child or other family member
8) A minor is one who has not reached his/her eighteenth (18th) birthday and who is not and has never been married. When the marital status of the minor cannot be determined, or when there is no documentation indicating the patient is an emancipated minor, the parents or legal guardian should be designated as the responsible party. The parents or guardian’s income and residence should be used to determine eligibility for financial assistance. Legal guardianship must be supported by fully executed and valid legal documents.

Proof of family size will be based on the most current filed Federal Tax form in accordance with the IRS tax laws. A birth certificate(s) must be presented to validate an increase in the family unit above the total claimed on the most recent tax return. If no tax return is provided, the family size will be calculated as one (1).
Appendix D
Provider Exceptions by Entity

Appendix D-1: UNC Hospitals

1. Providers at UNC Hospitals that are covered by the FAP

Generally, all health care providers evaluating and treating patients at UNC Hospitals honor the FAP. Any exceptions will be identified below.

2. Providers at UNC Hospitals that are not covered by and do not honor the FAP

Ambulance and other services providing transportation to and from UNC Hospitals, other than Carolina AirCare. For example, ambulance services provided by local governments, private ambulance companies, or other health systems are not included in the FAP.

Medical transportation services provided by entities other than Carolina AirCare, such as JAS, Elite Medical Transport, First Choice Medical, North State, and Samaritan Ambulance Service

Women’s Birth and Wellness Center, and all midwives associated with the Women’s Birth and Wellness Center

Outside laboratories that provide laboratory reference testing

Dentists from the School of Dentistry at the University of North Carolina at Chapel Hill

Dr. Steven Spillers, who may provide neurology services by reading Intra Operative Monitoring outside of regular business hours

Providers providing Home Hospice services

Providers providing Home Infusion services

Providers providing Durable Medical Equipment ("DME") to patients

Providers providing Home Health services

Atlantic Prosthetic and Orthotics who provides prosthetic and orthotic services

Greensboro Radiology, who provides radiology services to patients at the Hayworth Cancer Center, a service of UNC Hospitals, in High Point

North State Pathology Associates, PA, who provides pathology services to patients at the Hayworth Cancer Center, a service of UNC Hospitals, in High Point

Please note that for all providers identified in Section 2 above, the patient may receive a separate bill for the professional and/or technical services provided.
Appendix D-2: Rex Hospital

1. Providers at Rex Hospital that are covered by the FAP

These providers follow this Financial Assistance Policy when they provide professional services at Rex Hospital or any of the locations also listed in this Section 1:

- North Carolina Heart and Vascular
- Rex Cardiac Surgical Specialists
- Rex Ear, Nose & Throat Specialists
- Rex Ear, Nose & Throat Specialists at Wakefield
- Rex Hematology Oncology Associates
- Rex Hospitalists
- Rex Neonatologists
- Rex Neurosurgery and Spine Specialists
- Rex Palliative Care Specialists
- Rex Pulmonary Specialists
- Rex Surgical Specialists
- Rex Thoracic Surgical Specialists
- Rex Vascular Specialists
- UNC School of Medicine Faculty Physicians (Some Neonatologists, Radiation Oncologists, and Psychiatrists)

In addition to Rex Hospital, all other departments of Rex Hospital, except those listed in Section 2 below, follow this Financial Assistance Policy, including but not limited to, Rex Express Cares, Rex Outpatient Rehabilitation/Therapy, Rex Infusion, Rex Diabetes Education, Rex Nutrition Services, Rex Pain Management, Rex Sleep Disorder Centers, Rex Wound Healing Centers, Rex Breast Care Center, Rex Laboratory Services, and Rex Diagnostic Services.

2. Providers at Rex Hospital that are not covered by and do not honor the FAP

You may receive care from physicians and other providers in the community who have privileges to provide care to you at Rex Hospital but are not listed in Section 1 above. These physicians and other providers do not follow our Financial Assistance Policy, even when they provide care at Rex Hospital.

Additionally, Rex Hospital provides certain services through independent contractors who do not follow this Financial Assistance Policy. For example, these providers do not follow this Financial Assistance Policy:

- Emergency room physicians, nurse practitioners, and physician assistants
- OBHG North Carolina, P.C. (Rex OB ED Hospitalists)
- Anesthesiologists and certified registered nurse anesthetists (CRNAs)
- Pathologists
- Psychiatrists
- Pain Management Physicians

Finally, the following locations do not follow this Financial Assistance Policy:

- Rex Rehabilitation and Nursing Care Center (Raleigh)
- Rex Rehabilitation and Nursing Care Center of Apex

Please note that for all providers identified in Section 2 above, the patient may receive a separate bill for the professional and/or technical services provided.
Appendix D-3: Chatham Hospital

1. Providers at Chatham Hospital that are covered by the FAP

Generally, all health care providers evaluating and treating patients at Chatham Hospital honor the FAP. Any exceptions will be identified below.

2. Providers at Chatham Hospital that are not covered by and do not honor the FAP

Ambulance and other services providing transportation to and from Chatham Hospital, other than Carolina AirCare. For example, ambulance services provided by local governments, private ambulance companies, or other health systems are not included in the FAP.

Medical transportation services provided by entities other than Carolina AirCare, such as JAS, Elite Medical Transport, First Choice Medical, North State, and Samaritan Ambulance Service

Dr. Ajay Ajmani, Rheumatology
Pediatricians from Chatham Pediatrics
Dr. Frank Hancock, Pathology
Podiatrists from Greensboro Podiatry
Elizabeth Anton, PsyD
All radiologists from Greensboro Radiology providing radiology services
All dentists providing dental services
Orthopaedic surgeons from Central Carolina Orthopaedics
Ashley Walker, NP
William Scott Boyd, PA
Aaron Freuler, PA
Charles Pulliam, PA
Outside laboratories that provide laboratory reference testing
Providers providing Home Hospice services
Providers providing Home Infusion services
Providers providing Durable Medical Equipment (“DME”) to patients
Providers providing Home Health services

Please note that for all providers identified in Section 2 above, the patient may receive a separate bill for the professional and/or technical services provided.
Appendix D-4: Caldwell Memorial Hospital

1. Providers at Caldwell Memorial Hospital that **are** covered by the FAP

   Anderson Medical Park
   Blowing Rock Medical Park
   Digestive Health Center
   Foothills Dialysis Access
   Laurel Park Women’s Health
   Mulberry Pediatrics
   PLUS Urgent Care
   Robbins Cardiology
   Robbins Ear, Nose, Throat & Allergy
   Robbins Medical Park
   Robbins Pulmonology
   Robbins Surgical
   Southfork Medical Park
   The Falls Medical Park
   The Falls Pediatrics
   Westpointe Medical Practice
   Caldwell Acute Care Specialists

2. Providers at Caldwell Memorial Hospital that **are not** covered by and **do not** honor the FAP

   Ambulance and other services providing transportation to and from Caldwell Memorial Hospital. For example, ambulance services provided by local governments, private ambulance companies, or other health systems are not included in the FAP.

   Medical transportation services
   Caldwell Community Pharmacy
   HealthWorks
   Quest4Life Wellness Center
   Unifour Anesthesia Associates, P.A.
   Catawba Radiological Associates
   Caldwell Emergency Physicians, P.A
   Piedmont Pathology
Appendix D-5: High Point Regional Health

1. Providers at HPRH that are covered by the FAP

UNC Regional Physicians – Hospital Medicine
UNC Regional Physicians – Carolina Cardiology
UNC Regional Physicians – Neurosciences Center
UNC Regional Physicians – Women’s Health
UNC Regional Physicians – Orthopedic and Sports Medicine
UNC Regional Physicians – Cardiothoracic Surgery
UNC Regional Physicians – Hematology and Oncology
UNC Regional Physicians – Obstetrics and Gynecology
UNC Regional Physicians – Urology
UNC Regional Physicians – Pediatrics
UNC Regional Physicians – Reproductive Medicine
UNC Regional Physicians – Endocrinology
UNC Regional Physicians – Gynecology
UNC Regional Physicians – Neurosurgery
UNC Regional Physicians – Surgical Associates
UNC Regional Physicians – Physical Medicine and Rehabilitation
UNC Regional Physicians – Wound Care Center
UNC Regional Physicians – Bariatrics and Weight Loss Center
UNC Regional Physicians – Critical Care
UNC Regional Physicians – Infectious Diseases (effective 7/1/2016)
UNC Regional Physicians – ENT Associates (effective 7/1/2016)
UNC Department of Surgery; Jaycee Burn Center
UNC Department of Radiation Oncology
UNC Liver Center
UNC Cardiac Surgery at High Point
UNC Department of Pediatrics (Pediatric Cardiology)

2. Providers at HPRH that are not covered by and do not honor the FAP

You may receive care from physicians and other providers in the community who have privileges to provide care to you at HPRH but are not listed in Section 1 above. These physicians and other providers do not follow our Financial Assistance Policy, even when they provide care at HPRH, including the following:

Greensboro Radiology
Regional Emergency Physicians
North State Pathology Associates
Carolina Anesthesiology
Regional Psychiatric Associates

Please note that for all providers identified in Section 2 above, the patient may receive a separate bill for the professional and/or technical services provided.
Appendix D-6: Johnston Health Services Corporation

1. Providers at Johnston Health that are covered by the FAP

These providers follow this Financial Assistance Policy when they provide professional services at Johnston Health Services Corporation or any of the locations also listed in this Section 1:

- Johnston Hospitalists
- Johnston Medical Associates Clayton
- Johnston Medical Associates Kenly
- Johnston Medical Associates Internal Medicine
- Johnston Medical Associates Urgent Care
- Johnston Medical Associates Specialty Clinic
- Any UNC School of Medicine Faculty Physicians

In addition to Johnston Health Services Corporation, all other departments of Johnston Health Services Corporation, except those listed in Section 2 below, follow this Financial Assistance Policy.

2. Providers at Johnston Health that are not covered by and do not honor the FAP

You may receive care from physicians and other providers in the community who have privileges to provide care to you at Johnston Health Services Corporation but are not listed in Section 1 above. These physicians and other providers do not follow our Financial Assistance Policy, even when they provide care at Johnston Health.

Additionally, Johnston Health provides certain services through independent contractors who do not follow this Financial Assistance Policy. For example, these providers do not follow this Financial Assistance Policy:

- Emergency room physicians, nurse practitioners, and physician assistants
- Anesthesiologists and certified registered nurse anesthetists (CRNAs)
- Pathologists
- Radiologists
- Psychiatrists

Please note that for all providers identified in Section 2 above, the patient may receive a separate bill for the professional and/or technical services provided.
NOTICE OF NONDISCRIMINATION

UNC Health Care and its affiliated Network Entities comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. UNC Health Care and its affiliated Network Entities do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

A. Free Aids and Services

UNC Health Care and its affiliated Network Entities:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need to receive these services, contact the individual identified below (Section C), for the Network Entity location where you are receiving services.

B. Grievances

If you believe that UNC Health Care or an affiliated Network Entity 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 with the following individuals (Section C), depending on where you are receiving services. You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the individual identified below, for the Network Entity location where you are receiving services, is available to help you.

C. Contacts

<table>
<thead>
<tr>
<th>Network Entity</th>
<th>Person to Assist with Free Aids and Services</th>
<th>Person to Assist with Grievances</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNC Medical Center (UNC Hospitals; UNC Faculty Physicians; UNC Health Care Shared Services Pharmacy; UNC Homecare; and UNC Home Health)</td>
<td>Director of Patient Relations Patient Relations Department 101 Manning Drive Chapel Hill, NC 27514 Phone: (984) 974-5006 Fax: (984) 974-8895 E-mail: <a href="mailto:patrel1@unchealth.unc.edu">patrel1@unchealth.unc.edu</a></td>
<td>Director of Patient Relations Patient Relations Department 101 Manning Drive Chapel Hill, NC 27514 Phone: (984) 974-5006 Fax: (984) 974-8895 E-mail: <a href="mailto:patrel1@unchealth.unc.edu">patrel1@unchealth.unc.edu</a></td>
</tr>
<tr>
<td>Caldwell Memorial Hospital, Inc.</td>
<td>Patient Care Coordinator 321 Mulberry Street SW P.O. Box 1890 Lenoir, NC 28645 Phone: (828) 757-5100</td>
<td>Risk &amp; Regulatory Department 321 Mulberry Street SW P.O. Box 1890 Lenoir, NC 28645 Phone: (828) 757-5555 Fax: (828) 759-4984 E-mail: <a href="mailto:RiskMgtUNCCaldwell@unchealth.unc.edu">RiskMgtUNCCaldwell@unchealth.unc.edu</a></td>
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### Patient Financial Assistance

<table>
<thead>
<tr>
<th>Hospital System</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chatham Hospital, Inc. and Chatham Imaging Services of Pittsboro, LLC</strong></td>
<td>Interpreting Services Director&lt;br&gt;Interpreting Services&lt;br&gt;Chatham Hospital&lt;br&gt;475 Progress Boulevard&lt;br&gt;Siler City, NC 27344&lt;br&gt;Phone: (919) 799-4770</td>
</tr>
<tr>
<td><strong>High Point Regional Health</strong>&lt;br&gt;(including Regional Physicians, LLC; High Point Surgery Center, LLC; Premier Surgery Center, LLC; and Premier Imaging, LLC)</td>
<td>Language Services&lt;br&gt;Language Services&lt;br&gt;High Point Regional Health&lt;br&gt;601 N. Elm Street&lt;br&gt;P.O. Box HP-5, High Point, NC 27262&lt;br&gt;Phone: (336) 878-6860&lt;br&gt;Fax: (336) 878-6367</td>
</tr>
<tr>
<td><strong>Johnston Health Services Corp. (d/b/a Johnston Health)</strong></td>
<td>Telephone Operator&lt;br&gt;Telephone Operator&lt;br&gt;Johnston Health&lt;br&gt;509 N. Bright Leaf Boulevard&lt;br&gt;P.O. Box 1376&lt;br&gt;Smithfield NC 27577&lt;br&gt;Phone: (919) 934-8171</td>
</tr>
<tr>
<td><strong>Henderson County Hospital Corp. (d/b/a Margaret R. Pardee Memorial Hospital)</strong></td>
<td>Interpreter Services&lt;br&gt;Interpreter Services&lt;br&gt;Margaret R. Pardee Memorial Hospital&lt;br&gt;800 North Justice Street&lt;br&gt;Hendersonville, NC 28791&lt;br&gt;Phone: (828) 696-4644&lt;br&gt;Fax: (828) 696-4657</td>
</tr>
<tr>
<td><strong>UNC REX Healthcare</strong>&lt;br&gt;(Rex Hospital, Inc.; Rex Surgery Center of Wakefield, LLC; Rex Surgery Center of Cary, LLC; Rex Wakefield Wellness, LLC; and Rex Radiation Oncology, LLC)</td>
<td>Director of Patient Relations&lt;br&gt;Patient Relations Department&lt;br&gt;UNC Medical Center&lt;br&gt;101 Manning Drive&lt;br&gt;Chapel Hill, NC 27514&lt;br&gt;Phone: (984) 974-5006&lt;br&gt;Fax: (984) 974-8895&lt;br&gt;E-mail: <a href="mailto:patrel1@unchealth.unc.edu">patrel1@unchealth.unc.edu</a></td>
</tr>
<tr>
<td><strong>UNC Physicians Network, LLC; and UNC Physicians Network Group Practices, LLC</strong></td>
<td>Director of Patient Relations&lt;br&gt;Patient Relations Department&lt;br&gt;UNC Medical Center&lt;br&gt;101 Manning Drive&lt;br&gt;Chapel Hill, NC 27514&lt;br&gt;Phone: (984) 974-5006&lt;br&gt;Fax: (984) 974-8895&lt;br&gt;E-mail: <a href="mailto:patrel1@unchealth.unc.edu">patrel1@unchealth.unc.edu</a></td>
</tr>
</tbody>
</table>

D. Attention

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al:

- ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le:

- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số:

- 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:

- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer:

- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 연락처:

- 注意: 如果您使用簡體中文, 您可以免費獲得語言援助服務。請致電:

- 注意: 如果您使用日語, 您可以獲得免費的語言支援服務。連絡電話:

- 注意: 如果您使用阿拉伯語, 您可以獲得免費的語言支援服務。連絡電話:

- ATENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero:

---

UNC Medical Center (UNC Hospitals, UNC Faculty Physicians, UNC Shared Services Center Pharmacy, UNC Homecare, and UNC Home Health):
1-984-974-5006

Caldwell Memorial Hospital:
1-828-757-5100

Chatham Hospital and Chatham Imaging Services of Pittsboro:
1-984-974-5006

High Point Regional Health (including Regional Physicians; High Point Surgery Center; Premier Surgery Center, LLC; and Premier Imaging)
1-336-878-6860

Johnston Health:
1-919-934-8171

Margaret R. Pardee Memorial Hospital:
1-828-696-4644

UNC REX Healthcare (Rex Hospital; Rex Surgery Center of Wakefield; Rex Surgery Center of Cary; Rex Wakefield Wellness; and Rex Radiation Oncology):
1-984-974-5006

UNC Physicians Network (UNCPN) and UNC Physicians Network Group Practices (UNCPN GP):
1-984-974-5006
Appendix F

Amounts Generally Billed

As indicated in the below Amount Generally Billed grid, the amounts generally billed to Medicare FFS patients ranges from 19.10% to 36.39%.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Inpatient Rate</th>
<th>Outpatient Rate</th>
<th>Total Rate</th>
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<tbody>
<tr>
<td>UNC Medical Center</td>
<td>33.99%</td>
<td>20.32%</td>
<td>27.58%</td>
</tr>
<tr>
<td>Rex Health Care</td>
<td>27.22%</td>
<td>19.15%</td>
<td>23.33%</td>
</tr>
<tr>
<td>Chatham Hospital</td>
<td>41.51%</td>
<td>34.86%</td>
<td>36.39%</td>
</tr>
<tr>
<td>Caldwell Memorial Hospital</td>
<td>30.15%</td>
<td>19.67%</td>
<td>24.48%</td>
</tr>
<tr>
<td>High Point Regional Health</td>
<td>30.72%</td>
<td>16.88%</td>
<td>25.89%</td>
</tr>
<tr>
<td>Henderson County (Pardee)</td>
<td>31.94%</td>
<td>22.64%</td>
<td>26.19%</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johnston Health</td>
<td>25.62%</td>
<td>13.88%</td>
<td>19.10%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>30.65%</strong></td>
<td><strong>19.54%</strong></td>
<td><strong>25.23%</strong></td>
</tr>
</tbody>
</table>

**Note:** Collection rates are derived utilizing the Look-Back Method on accounts for which the balances have been paid in full (History) and/or placed to bad debt as of 12/31 for service provided during the prior fiscal year.