

GOV-2 – Financial Assistance Policy

Key Points

- University Hospitals (UH) is a charitable organization that provides care to individuals regardless of their ability to pay; all individuals are treated with respect, regardless of their individual financial circumstances.
- UH provides charity care, referred to in this Policy as, financial assistance, 100% discounted care, or discounted care, to individuals who are patients at UH hospital facilities ("Hospital Facilities")¹ based on this Policy. This Policy applies to emergency room and other medically necessary² care provided by the Hospital Facilities listed in Addendum 3 and the Providers identified in Addendum 4.
- UH Hospital Facilities will provide, without discrimination, emergency medical care consistent with Section 1867 of the Social Security Act (EMTALA) and the UH Emergency Medical Care policy, to individuals regardless of their eligibility under this Financial Assistance Policy (this "Policy"). Actions that discourage individuals from seeking emergency medical care, such as by demanding patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency medical care, are prohibited. UH Hospital Facilities will provide financial assistance, including 100% Discounted Care³ or Discounted Care⁴ to individuals who meet the following eligibility criteria:
 - Insured or uninsured with a household income of 0%-400% of the Federal Poverty Guidelines as described in Addendum 1, Exhibit A
- Individuals must also:
 - Have had emergency or other medically necessary care at a participating Facility or Provider; and
 - Provide the documentation required by this Policy and the financial assistance application.
- Individuals may apply for financial assistance at any time and up to two hundred forty (240) days after the date of their first post-discharge billing statement.
- Individuals must complete an application for every inpatient admission.
- For Hospital Care Assurance Program (HCAP) approvals, individuals must complete an application every 3 months for outpatient services to maintain application approval.
- For all other financial assistance approvals, individuals must complete an application every 9 months for outpatient services to maintain application approval.
- UH will make every effort to process financial assistance applications within 45 days of submission

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 1 of 34

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- If an individual fails to apply for financial assistance, UH may conduct a presumptive eligibility analysis to determine if the individual qualifies for financial assistance.
- UH may grant financial assistance at any time during the care process and until all accounts are resolved.
- Participating Facilities shall take measures to widely publicize this Policy and a plain language summary of this Policy as described herein.
- If an individual does not qualify under this Policy for financial assistance, they may request that their case be reviewed by a UH financial counselor.
- This Policy applies to services provided by and billed for by Facilities and Providers listed in Addendums 3 and 4

Policy

1. Individuals may apply for financial assistance at any time up to two hundred and forty (240) days after the date of their first post-discharge billing statement.
2. Financial assistance will be determined in accordance with this Policy. Such determination will be evaluated using the following tools:
 1. Financial assistance application form - the individual or the individual's guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Instructions regarding how to complete the financial assistance application form can be found on the application form. A financial assistance application form may be obtained at <https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-medical-records/pay-your-bill/financial-assistance> and
 2. Documentation of household income –Household income may be verified using any or all of these items; W2's, credit score, current state or federal tax return, and payroll stubs.
 3. Prior to evaluating any application to determine if an uninsured individual meets the requirements for financial assistance, the individual is required to show proof that he or she, if eligible, and has applied for Medicaid coverage. UH financial assistance counselors or others as designated by UH, will assist individuals with applying for Medicaid and will subsequently assist those same individuals with applying for financial assistance.
3. UH may not deny financial assistance under this Policy based on an individual's failure to provide information or documentation that is not clearly described in this Policy or the financial assistance application.
4. Participating Facilities and Providers will provide financial counseling for individuals needing assistance in completing the financial assistance application. Individuals requiring assistance from a UH Finance Counselor may contact 866-771-7266 Monday through Friday 9 AM to 4 PM EST.
5. Individuals qualify for financial assistance under this Policy if they meet the following eligibility criteria and have had or are seeking emergency care or medically necessary services at a UH Facility or Provider:
 1. 100% Discounted Care to uninsured, underinsured, or insured individuals whose

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 2 of 34

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household income is less than or equal to 250% of the current Federal Poverty Guidelines;

2. Discounted Care to uninsured, underinsured, or insured individuals with a household income between 251% and 400% of the current Federal Poverty Guidelines. UH will not charge any FAP-eligible individual more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care. The AGB discount is set forth in Addendum 2.
3. UH reserves the right to provide financial assistance to any individual experiencing exceptional medical circumstances (i.e. terminal illness, excessive medical bills and/or medications, etc.) who may fall outside of the criteria set forth in this Policy, if approved by the Chief Financial Officer of UH.
4. Individuals must reside in the State of Ohio to receive assistance under this Policy.
5. Interest free payment plans are available to all patients as outlined in Gov-11 Hospital Credit and Collections Policy and RC – 6 Collections and Payment Options for Revenue Cycle Management.
6. Presumptive Eligibility.
 1. University Hospitals recognizes that not all patients and Guarantors are able to complete the Financial Assistance Application (FAA) or provide requisite documentation. For patients and guarantors who are unable to provide required documentation, UH may grant Presumptive Financial Assistance based on information obtained from other sources. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 1. Homeless
 2. Patient is deceased with no known spouse or known estate
 2. UH may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility.
 3. An individual who is found to be presumptively eligible for financial assistance, shall receive a 100% discount.
7. Widely Publicized Policy.
 1. Participating Facilities shall make this Policy, financial assistance applications, and additional information about financial assistance available in the following ways:
 1. The financial assistance application form and plain language summary of this form may be obtained at <https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-medical-records/pay-your-bill/financial-assistance>.
 2. Paper copies of this Policy, financial assistance application form, and plain language summary of this Policy will be available upon request, without charge, both by mail and in public locations at participating Facilities, in the emergency room, admissions areas,

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 3 of 34

Uncontrolled document – printed version only reliable for 24 hours

- hospital registration areas, financial counseling areas, and financial assistance offices;
3. Information about this Policy will be distributed to members of the community served by the Hospital Facilities in a way designed to reach community members who are most likely to require financial assistance from a Facility;
 4. Paper copies of the plain language summary of this Policy will be offered to individuals as part of the patient intake or discharge process;
 5. Information about how to apply for financial assistance can be found on all participating Facility billing statements, including a telephone number for the participating Facility office or department that can provide information about this Policy, the application process, the direct UH website address, and locations where copies of this Policy, financial assistance applications, and plain language summaries may be obtained;
 6. Public displays about the UH Financial Assistance Program shall be prominently displayed in the emergency and admissions areas at each Hospital Facility;
 7. Hospital Facilities will provide financial counseling for individuals needing assistance in completing the financial assistance application. Individuals requiring assistance from a UH Financial Counselor may contact
866-771-7266 Monday through Friday 9 AM to 4 PM EST.
8. Providers Who Are Providing Financial Assistance under This Policy.
1. A list of providers at the UH Facilities who offer financial assistance under this Policy are listed in Addendum 4. The list of providers is accurate as of the date listed on Addendum 4, which shall be updated, if necessary, but no less frequently than quarterly.
9. Providers Who Are Not Providing Financial Assistance under This Policy.
1. A list of providers at the UH Facilities who do not offer financial assistance under this policy are listed in Addendum 5. The list of providers is accurate as of the date listed on Addendum 5, which shall be updated, if necessary, but no less frequently than quarterly.
10. Billing and Collections
1. The actions that may be taken by UH Facilities in the event of nonpayment are described in a separate Billing and Collections Policy (Gov 11). Members of the public may obtain free copies of the Gov-11 Billing and Collections Policy by accessing
<https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-medical-records/pay-your-bill/financial-assistance>
 2. or contacting a UH Finance Counselor at 866-771-7266 Monday through Friday 9 AM to 4 PM EST.
11. Addendum 4 and Addendum 5 to this policy shall be updated on a quarterly basis, and Addendum 2 shall be updated annually. These updates shall be

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 4 of 34

Uncontrolled document – printed version only reliable for 24 hours

done in the frequency and manner as required by law to comply with Treas. Reg. § 1.501(r). These changes shall not require approval by the UH Governance and Community Benefits Committee or UH Board of Directors.

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 5 of 34

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Addendum 1

Financial Assistance & Medical Indigence

Exhibit A

Financial Assistance Grid – Uninsured, Underinsured, and Insured *

Federal Poverty Guideline	0-250%	251-400%			
Discount	100%	AGB			

- Ohio HCAP Law is a 100% discount for individuals with a household income of 0-100%.

Exhibit B

Patients who do not qualify under Exhibit A above may still qualify for financial assistance if they can demonstrate that their medical expenses exceed an established percentage of their family income outlined below.

Expenses must have occurred within the calendar year and be considered medically necessary or be emergency hospital and physician services, pharmaceutical drugs, or durable medical equipment.

Patients wishing to be considered for discounts under this policy must provide requested documentation of income, residence and qualifying medical expenses in a timely manner.

Medical Indigence**

FPL	401-600%	≥ 601%
Max Liability as a % Household Income	10%	15%

- * At no time will the Max Liability as a % of Household Income exceed AGB.

Addendum 2

Amounts Generally Billed

Per Treasury Regulation §1.501(r), hospitals may not charge an individual who qualifies under this Financial Assistance Policy more than the discount determined under this policy (including Addendum 1) and at no time greater than the Amounts Generally Billed (AGB) to

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 6 of 34

Uncontrolled document – printed version only reliable for 24 hours

Commercial carriers and Medicare.

UH's 2024 and 2025 Amounts Generally Billed Rate by Facility:

Facility	2024 Rate	2025 Rate
Ahuja	29%	26%
Cleveland Medical Center	34%	30%
Conneaut	42%	46%
Elyria	26%	23%
Geauga - Regionals	32%	30%
Geneva	36%	36%
Parma	25%	23%
Portage	27%	25%
Samaritan	45%	43%
St John	29%	27%
UH Home Care Services	72%	54%
UH Lake Health	27%	24%
UH Medical Practices	61%	58%
UH Regional Practices	70%	68%
UH Medical Group	42%	44%

UH Facilities 2024-AGB rates cover the dates of services during the period of: January 1, 2024 – December 31, 2024

UH Facilities 2025-AGB rates cover the dates of services during the period of: January 1, 2025 – December 31, 2025

Only accounts that were adjudicated during the calculation period are included in the

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 7 of 34

Uncontrolled document – printed version only reliable for 24 hours

calculation.

The calculation will be refreshed in the 4th quarter of every year and put into effect on January 1 of the following year and that calculation will be used to adjust charges for services for the next fiscal year.

The calculation of AGB is the percentage of Expected Reimbursement (the amount allowed by the insurer) divided by total charges as noted below. Each UH Facility's AGB percentage has been calculated separately. For example:

Total Charges \$10,000

Expected
Reimbursement \$ 3,800

AGB Rate = 38%

Expected reimbursement is defined as the payment amount expected to receive for a given service based on the amount agreed upon between UH and the insurance payer.

Insurance categories included in the calculation are Medicare, Medicare Advantage and Contracted Commercial Insurers.

Insurance categories specifically excluded from the calculation are Medicaid, Medicaid HMOs, Other Expected Self Pay Plans, Other Government Payers, and Patient Self Pay.

For any patient who has paid for services outside of the financial assistance and is later determined to be eligible for the patient financial assistance policy, UH will refund the difference (regardless of whether that patient's account is outstanding or closed).

Addendum 3

Hospital Facilities Providing Financial Assistance

- Avon RH, LLC d/b/a University Hospitals Avon Rehabilitation Hospital
- Beachwood RH, LLC. d/b/a University Hospitals Rehabilitation
- Robinson Health System, Inc. d/b/a University Hospitals Portage Medical Center
- Samaritan Regional Health System d/b/a University Hospitals Samaritan Medical Center
- The Parma Community General Hospital Association d/b/a University Hospitals Parma Medical Center
- University Hospitals Ahuja Medical Center
- University Hospitals Cleveland Medical Center
- University Hospitals Conneaut Medical Center
- University Hospitals EMH Regional Medical Center d/b/a University Hospitals Elyria Medical Center
- University Hospitals Geneva Medical Center
- University Hospitals Beachwood Medical Center
- University Hospitals Lake West Medical Center
- University Hospitals Rainbow Babies & Children's Hospital
- University Hospitals Regional Hospitals (Geauga Medical Campus)
- University Hospitals St. John Medical Center
- University Hospitals Tripoint Medical Center

Addendum 4

Providers Who Provide Financial Assistance under this Policy

- Lake Health Allied Health Professionals
- Lake Health Home Care Services
- Lake Health Physician Group
- Samaritan Regional Pain Management, LLC
- University Hospitals Home Care Services, Inc.
- University Hospitals Laboratory Services Foundation
- University Hospitals Medical Group, Inc.
- University Hospitals Regional Practices (except for those practices and/or physicians listed in Addendum 5)
- University Primary Care Practices, Inc. d/b/a University Hospitals Medical Practices (except for those practices and/or physicians listed in Addendum 5)

Addendum 5

Providers Who Do Not Provide Financial Assistance under this Policy

2025 Providers

- 4M Emergency
- Anesthesia Associates
- Anesthesia Associates PLL
- Anesthesia Consultants, Inc.
- Ashland Anesthesia P.S.C., Inc.
- Associates in Neurology Inc.
- Behavioral Healthcare Association, Inc.
- Center for Dialysis Care
- Centers for Comprehensive Pain Care Inc
- Cleveland Clinic Foundation (Cardiac Perfusion)
- Cleveland Hearing and Speech Center
- Community Dialysis Center
- Community Intensivists
- Community Hospitalists, LLC
- Diversified Clinical Services
- Dr. Hill & Thomas Co.

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 10 of 34

Uncontrolled document – printed version only reliable for 24 hours

- Elsevier Inc
- Elyria Anesthesia
- Emergency Medicine Physicians of Lake County Ltd
- Geauga Anesthesia
- GMA Consultants
- Highland Springs
- Hill and Chapnick Inc.
- HNI Healthcare
- ID Consultants Inc.
- Innovation Health Services
- Island Medical Management
- Lake County and West EKG Associates
- Laurelwood Hospital
- Martin Healthcare Group
- Midwest Pathology
- Ohio Anesthesia Group
- Pediatrix Medical Group, Inc.
- Pharmacy Healthcare Solutions Ltd
- Physicians Emergency Services, Inc.
- Physicians Link Center, LLC

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 11 of 34

Uncontrolled document – printed version only reliable for 24 hours

- Physician Staffing, Inc.
- Portage Pathology Association, Inc.
- Premier Physicians
- Quest Diagnostics Inc.
- Ravenna Radiology, LLC
- Rocky Mounty Holdings, LLC d/b/a UHMedEvac (Air Methods Corporation)
- Roseline Okon MD, LLC
- Safe Anesthesia, LLC
- Samaritan Emergency Physicians, LLP
- Seeley Medical
- Sheffield Foot and Ankle
- Southwest Orthopedics
- Superior
- Team Health
- Tri County Ambulance
- UH Clinical Associates, LLC
- University Emergency Specialists, Inc
- University Hospitals Urgent Care by Wellstreet, LLC
- University Primary Care Practices, Inc. d/b/a University Hospitals Medical Practices specific to the following physicians:
 - Hassan Abbass, MD

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 12 of 34

Uncontrolled document – printed version only reliable for 24 hours

- Rami Abbass, MD
- Nabil Azar, MD
- Tamar Bejanishvili, MD
- Yelena Benyaminov, PA
- Jason DeRoulet, MD
- Sara Eapen, MD
- William Ervine, DO
- Samuel Friedlander, MD
- Riley Gurreri, DO
- Ildiko Kondray, MD
- Jill Kramer, AUD
- Marina Kras-PA-C
- Praveer Kumar, MD
- Seth Levine, DO
- Nadia Mansour, MD
- Rajendra Mehta, MD
- Anthony Miniaci, MD
- Yoram Moyal, MD
- Kevin Okapal, MD
- Irina Papirova, MD

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 13 of 34

Uncontrolled document – printed version only reliable for 24 hours

- Lauren Pike, AUD
- Dominic Sanniti, DO
- Eric Shapiro, MD
- John Sullivan, MD
- David Thomas, MD
- George Topalsky, MD
- Jennifer Williams-Reid, MD
- Dawn Zacharias, MD
- Alexander Namrow, M.D.
- Joseph Borus, M.D.
- Jennifer Cochran, M.D.
- Elizabeth Hellerstein, M.D.
- Kelly Joyce, M.D.
- James Leslie, M.D.
- Andrew Garner, M.D.
- Mary Kay Greenberg, M.D.
- Kathleen Grady, M.D.
- Joann Brewer, M.D.
- Saya Bery, M.D.
- Michele Carruozzo, M.D.

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 14 of 34

Uncontrolled document – printed version only reliable for 24 hours

- Ryan Vogelgesang, M.D
 - Julia Libecco, M.D.
 - Andrea Nikonchik, M.D.
 - Kristina DePaolo Carlin, D.O.
 - Kaitlyn Novak, CNP
-
- US Acute Care
 - West Branch Anesthesia Association, Inc.
 - W IB Medical Management LLC

Addendum 5

List of Independent Physicians

Abdulrahman M. Khalid, MD
 Abumeri H. Sana, MD
 Adamowicz J. Timothy, DO
 Adedipe A. Adebawale, MD
 Adhami Faisal, MD
 Adkins K. Kasie, DO
 Adkins M. Nicole, CNP
 Adornato C. Dominick, DDS
 Afari O. Margaret, PA-C
 Agarwal Rajesh, MD
 Agra G. Arlene, CRNA
 Agra J. Kaitlyn, PA-C

GOV-2 – Financial Assistance Policy
 Owner: UH Board of Directors
 Revised: July 2025
 Page 15 of 34
 Uncontrolled document – printed version only reliable for 24 hours

Al Saad M. Ahmad, DDS
Alalao Bashar, MD
Alalwani Mohamed, MD
Alamir Samer, MD
Alanzi Jaber, MD
Albright S. Rebecca, CNP
Aldrich Z. Nely, MD
Allen Carrie, SA
Alzoubi Hassan, MD
An Ying, DDS, PhD
Anders A. Peter, MD
Andersen D. Richard, DO
Anderson L. Jessica, CNP, CNS
Anderson D. Stacie, DPM
Andree J. Renee, CNP
Andresen C. Matthew, MD
Andrews L. Annette, MD
Angelo Erin, CNP
Annable L. William, MD
Anspach R. Ryan, PA-C
Anzalone T. Kathryn, CRNA
Arballo Olivia, DO
Archual G. Christopher, CRNA
Argekar A. Pushkar, MD
Armanazi Y. Mohammad, DDS
Armstrong Murphy A. Maria, MD
Asadi Tannaz, MD
Ascha Ahmad, MD
Assaf M. Hussein, DDS
Assaf R. Richard, MD
Avila R. Joseph, DO, MPH
Azem M. Jamal, MD
Azem May, MD
Azem M. Rami, MD
Bacevice E. Anthony, MD
Backoff B. Bradley, DPM
Bahner D. Jennifer, MD
Baig I. Mirza, MD
Bailey N. Shannon, CNP
Baker Liana, CNP
Balasubramanian Vijayalakshmi, MD
Bangayan P. James, DPM
Bansal Saurabh, MD
Baracz-Zimmerman A. Elizabeth,
DPM

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 16 of 34

Uncontrolled document – printed version only reliable for 24 hours

Barax Charles, MD
Barkoukis T. Michael, MD
Barnes E. Jacob, PA-C
Barnett Brennen, PA-C
Bartels J. Olivia, PA-C
Barton G. Edward, MD
Basali H. Ayman, MD
Baud B. Eric, MD
Bauer C. Dina, DPM
Baur A. Dale, DDS
Beard M. Jacqueline, DMD
Bearss J. Robert, CRNA
Bechtel P. Christopher, MD
Beck A. Augustus, MD
Beckett B. David, OD
Beckwith S. Rebecca, CNP
Beharry C. Nicole, MD
Bej D. Mark, MD
Benjamin S. Danny, MD
Benjamin E. Jaye, MD
Bennet B. John, MD
Bentley L. Nora, CRNA
Berardinelli L. Gina, CNP
Berg E. Jake, DO
Berkowitz J. Richard, DPM
Bernat R. John, MD
Berndt A. Tresa, CNP
Bernhard C. Matthew, MD
Bertone R. Taylor, CNP
Bescak M. George, DO
Betz B. William, MD
Beushausen G. Maximillian, DMD,
MD
Bhaiji Alok, MD
Bhalla Anita, MD
Bilderback C. Katherine, CNP
Bird P. Mariel, DO
Bischoff J. Alex, DPM
Bisen S. Vikram, MD
Blair D. Amber, MD
Blanchard M. Janet, MD
Blazer M. Marie, DPM
Bledsoe N. Alyssa, CNM
Bloch Daniel, MD
Blocker L. Douglas, MD

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 17 of 34

Uncontrolled document – printed version only reliable for 24 hours

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Brobbey K. Andrew, MD
Brown Delorise, MD
Brownlee R. Rosemary, MD
Bucchieri S. John, MD
Bullard P. Daniel, DPM
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Burgess Meghan, PA-C
Burke V. Janaya, CNP
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Camacho Ruiz Carolina, MD
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Candela L. Caryn, CNS
Carandang C. Edwin, SA
Carey E. Emily, DO
Carney L. Sherri, MD
Carpintero-Ramirez M. Cristina, MD
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Caserta A. Laura, MD
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Chagin J. Daniel, MD
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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 18 of 34

Uncontrolled document – printed version only reliable for 24 hours

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Cohn S. Monique, DO
Coito Sandra, SA
Collins O. John, MD
Concannon A. Blaine, MD
Coney M. Joseph, MD
Conner Morgan, PA-C
Constantino A. Joseph, CRNA
Cooper D. James, CNP
Corpus T. J., MD
Cortes Manuel, MD
Coverdale J. Philip, MD
Cox D. Diethra, MD
Craig B. Alexander, DPM
Craig C. Grace, DPM
Craig A. Heather, DPM
Crandell R. James, MD
Craven W. Paul, MD
Csernyik J. Eric, DO
Curry Sarah, DMD
D'Amico Louis, MD
D'Angelo L. Vanessa, CNP
Daroszewski C. Daniel, MD
Dasari R. Jayaprakash, MD
Dave D. Jaymini, CNP
Davidovic Mila, DPM
Davis J. Gregory, DO
Davis T. Susan, CRNA
Dean-Scott D. Rosanna, MD
Debiec Robert, DPM
DeBin A. John, MD, PhD
Debs E. Michael, MD
DeCarlo P. Donald, MD
Decato E. John, DPM
DeCesare R. Lyndsey, CNP
DeChellis M. Ann, CNP
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Delost L. Rachel, DO

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 19 of 34

Uncontrolled document – printed version only reliable for 24 hours

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Eighmy Ellen, CNP
Eippert A. Gregory, MD
El-Atassi S. Rafel, MD
El-Hitti A. Wassim, MD
Elbadawy H. Emad, MD
Elberts Samuel, MD
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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 20 of 34

Uncontrolled document – printed version only reliable for 24 hours

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Ferretti A. Gerald, DDS
Fill A. Lauren, DO
Finkel Miriam, MD
Flauto P. Ronald, DO
Fletcher E. Gwendolyn, MD
Flick M. Susan, CNP
Foglietti A. Mark, DO
Folk A. Julia, CNP
Foreit Emily, PA-C
Fostyk F. Alanna, DO
Fox L. Stanley, MD
Foyle A. Sarah, DPM
Francis W. William, DDS
Frانيا J. Stephen, DPM
Frazee T. David, DO
Freck L. Samantha, CNP
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Friedenberg A. Keith, MD
Friedhoff J. George, DO
Friedman M. Norman, MD
Fuenning R. Charles, MD
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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 21 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 22 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 23 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 24 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 25 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 26 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 27 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 28 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 29 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 30 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 31 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 32 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 33 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 34 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 35 of 34

Uncontrolled document – printed version only reliable for 24 hours

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GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

Revised: July 2025

Page 36 of 34

Uncontrolled document – printed version only reliable for 24 hours

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¹ This Policy applies to Hospital Facilities that are required to be registered with the Ohio Department of Health as a hospital.

²For the purposes of this Policy, a UH physician will determine if the care is medically necessary by using the same definition for medical necessity as the Ohio Medicaid definition found in the Ohio Administrative Code at 5160-1-01.

³"100% Discounted Care "means services that are billed at a 100% discount.

⁴"Discounted Care" means care that has been discounted to the rate set forth as the "Amount Generally Billed ("AGB") more fully described in Addendum 2.

GOV-2 – Financial Assistance Policy

Owner: UH Board of Directors

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Page 37 of 34

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