

FINANCIAL ASSISTANCE POLICY
Attachment C

LRGHealthcare

Updated 2/2008, 7/2008, 09,12/2009,10/2010,4/2011,9/2011,
 11/2011, 12/2011, 3/2012.02/2013

EFFECTIVE 03/2012

HEALTHLINK ASSISTANCE SERVICE CATEGORY PLAN % of Federal Poverty Level	Plan A 0%-185% FPL	Plan B 186%-225% FPL	Plan C 225%-300% FPL
Hospital Inpatient Services -	\$200.00	\$500.00	10% up to \$1200/visit
Hospital Outpatient Surgical/Short Stay Services-	\$100.00	\$250.00	25% up to \$1000/visit
Hospital Outpatient Services-	Lesser of Actual Charge or \$50.00/visit	Lesser of Actual Charge or \$125.00/visit	50% up to \$500/visit
Hospital Emergency Services -	\$120.00	\$160.00	\$200.00
Therapy- PT, OT, ST, Cardiac, Pulmonary, Coumadin	\$50.00	\$50.00	\$50.00

UNINSURED PATIENTS (SELF PAY)

Physician Services- Primary Care Providers (includes Family Practice, Internal Medicine and Pediatrics) and Specialty Care Providers (LRGHealthcare Providers)	Discounted Payment (Patient Advantage Program Does Not Apply to these Payments)
Office Visit	\$75.00
Physical	\$100.00
Office Consult	\$125.00
Office/ASC Procedures	\$200.00
Hospital Admissions/Consults/Visits	\$150.00
Hospital Procedures	\$500.00
Hospital Procedures(multiple providers)	\$1,000.00
Anesthesiology	\$500.00

INSURED PATIENTS

Physician Services- Primary Care Providers (includes Family Practice, Internal Medicine and Pediatrics) and Specialty Care Providers (LRGHealthcare Providers)	Patient responsible for Insurance Benefit (Patient Advantage Program Applies to these Payments)

Dental Services	Discounted Payment (Patient Advantage Program Does Not Apply to these to these Payments)
Hygienist	\$50.00
Dentist Exams (excludes dentures and crowns)	\$100.00
Denture, Denture Reline, Repairs, Crown, Bridge	50% of charge