

**TITLE:** Financial Assistance for Medically Indigent Patients  
**SECTION:** Finance (FIN)

**PURPOSE**

To assure that financial assistance options are available to all medically indigent patients and guarantors who are unable to pay for medically necessary services provided by Saint Luke's Health System ("Saint Luke's") while ensuring Saint Luke's compliance with State and Federal laws and regulatory guidance pertaining to charity care and financial assistance.

**POLICY**

Saint Luke's Health System provides financial assistance for medically indigent patients who meet eligibility criteria outlined in this Policy.

Situations where the provision of financial assistance will be considered include but are not limited to:

- Uninsured patients who do not have the ability to pay
- Insured patients who do not have the ability to pay for portions not covered by insurance
- Deceased patient with no estate, and no living trust
- Patients involved in catastrophic illness or injury

**DEFINITION(S)**

**Amounts Generally Billed** – The Amounts Generally Billed (AGB) is the amount generally allowed by Medicare fee for service and private health insurers for emergency and other medically necessary care. SLHS uses the look back method to determine AGB.

**Catastrophic Medical Expense** – A Catastrophic Medical Expense is defined as patient's financial responsibility exceeding 20% of the annual income and financial resources available to the patient and/or guarantor.

**Co Pay** – Minimum amount due from patients who qualify for financial assistance. Co pay does not exceed AGB.

**Federal Poverty Guidelines** - Federal Poverty Guidelines (FPL) means those guidelines issued by the Federal Government that describe poverty levels in the United States based on a person or family's household income. The Federal Poverty Guidelines are adjusted according to inflation and published in the Federal Register. For the purposes of this policy, the most current annual guidelines will be utilized.

**Look Back Method** – Look Back Method is a prior twelve (12) month period used when calculating Amounts Generally Billed.

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| <b>ISSUED BY:</b>                 | Vice President Mission & Community Services and Vice President Revenue Cycle  |
| <b>EFFECTIVE DATE:</b>            | 02/01/2019  |
| <b>SUPERSEDES EFFECTIVE DATE:</b> | 03/01/2002, 05/2003, 10/2004, 03/2005, 01/2006, 06/24/2006, 01/2008, 04/2008, 05/2008, 01/01/2009, 12/01/2010, 01/01/2011, 12/18/2013, 04/11/2014, 05/15/2015, 01/01/2016, 01/01/2017, 03/15/2017, 02/23/2018 |
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**Medically Necessary Services** - Medically necessary services are services that are reasonable and medically necessary for the prevention, diagnosis, or treatment of a physical or mental illness or injury; to achieve age appropriate growth and development; to minimize the progression of a disability; or to attain, maintain, or regarding functional capacity; in accordance with accepted standards of practice in the medical community of the area in which the physical or mental health services rendered; and service(s) is (are) furnished in the most appropriate setting. Medically necessary services are not used primarily for convenience and are not considered experimental or excessive form of treatment.

**Medically Indigent** - A medically indigent patient is defined as a person who has demonstrated that he/she is too impoverished to meet his or her medical expenses. The medically indigent patient may or may not have an income and may or may not be covered by insurance. Each patient's financial position will be evaluated individually using the Federal Poverty Limit as a guideline.

**PROCEDURE**

**Applying for Financial Assistance**

Medical indigence must be demonstrated through documentation, financial screening or by presumptive scoring. This determination can be made while the patient is in the hospital, shortly after dismissal, during the normal internal collection efforts and after placement with an outside collection agency. Requests for financial assistance are accepted for up to 1 year from the date of service.

Patients apply for financial assistance by completing a Statement of Financial Position form and providing supporting documents as requested. Patients may obtain a Statement of Financial Position form by requesting in writing or by contacting the business office by phone or email. The Statement of Financial Position form is also available on the Saint Luke's website [www.saintlukeshealthsystem.org/charity-care](http://www.saintlukeshealthsystem.org/charity-care). Supporting documentation may be required including items such as Federal Income Tax Return, IRS non filing letter, recent bank statements, recent pay check stubs, and letter from Medicaid eligibility office denying Medicaid coverage. Other documents that support the patient/household income, assets and financial position may be requested but not required. Patients at approved National Health Services Corps (NHSC) sites do not have to provide banking and asset information.

Under special circumstances the requirement to complete the Statement of Financial: position and/or provide additional documents may be waived with supervisor or manager approval. Examples of special circumstances include but are not limited to Medicaid eligible patients receiving non covered medically necessary or emergent services, patients that potentially qualify based on presumptive scoring, patients unable to provide documents, and homeless patients.

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Assistance with the application process is provided by billing office staff or hospital admitting staff. Assistance may be requested by phone or in person by calling or visiting the locations identified in the Request a Copy section.

Financial assistance applications are valid for six (6) months after approval date. Financial assistance may be extended for an additional six (6) months with affirmation of the household income or estimated income and household size. All patients must reapply after the initial twelve (12) month period is over.

**Financial Assistance Determination**

A patient's eligibility for financial assistance is not determined until activities to identify and secure payment from Medicare, Medicaid, Crime Victims, other government programs, other funded programs, medical insurance, auto insurance personal injury protection (PIP) or med pay, liability liens, estate claims or any other possible appropriate source for payment are exhausted. Reversal of financial assistance adjustments must be made if subsequent third party payments are received. Financial assistance is to be considered the adjustment of last resort.

Uninsured patients may receive an uninsured patient discount. If the patient qualifies for financial assistance, the uninsured discount is reversed and the financial assistance adjustment is posted.

A patient's eligibility for financial assistance is based on the household income at the time assistance is sought, expressed as a percentage of the Federal Poverty Guideline for family size.

Household Income is defined as:

Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse.

Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, and patient's parent(s) living in the home.

Household size is defined as:

Adults: In calculating the Household Size, include the patient, the patient's spouse, and any dependents (as defined by the Internal Revenue Code (IRC)).

Minors: In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father (as defined by IRC).

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Financial resources such as checking accounts, savings accounts, IRA's, CD's, retirement savings, and investments may be considered when determining a patient's ability to pay. In all cases the patient's and responsible party's overall financial position and household income are considered when determining financial assistance.

Financial assistance eligibility is based on the Federal Poverty Guideline and other financial resources. The Federal Poverty Guideline is used as a guideline and applied considering type of service and provider setting differences. The Federal Poverty Guideline as used for the purposes of determining financial assistance is outlined later in this policy.

For unscheduled inpatient or observation admissions, a co pay (minimum patient responsibility) per admission may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided for hospital services.

For emergency room visits that do not result in an admission, a co pay per emergency room visit may be due to the hospital. Financial assistance up to 100% of billed charges less the co pay may be provided.

For scheduled hospital services, including all scheduled inpatient and outpatient services, financial assistance is limited to no more than 75% of billed charges. See Patient Accounts Payment Policy for Scheduled Services for information regarding the financial screening and approval process as well as payment requirements for scheduled services

**Basis for Calculating Amounts Generally Billed –Hospital Accounts Only**

After the patient's account is reduced by the financial assistance adjustment based on this policy and guidelines, the patient is responsible for no more than amounts generally billed to individuals who have Medicare fee for service and private health insurers for emergency and other medically necessary care. The Look Back Method is used to determine AGB.

The AGB summary document describes the calculation and states the percentage used by the hospital. The Amounts Generally Billed summary is available on the Saint Luke's website.

[www.saintlukeshealthsystem.org/charity-care](http://www.saintlukeshealthsystem.org/charity-care)

Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the billing office. The hospital locations and hospital billing office contact information is provided under Request a Copy section of this policy.

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**Presumptive Eligibility**

SLHS critical access hospitals; Anderson County Hospital, Hedrick Medical Center, and Wright Memorial Hospital, do not use presumptive eligibility. Other SLHS entities may receive scoring from third parties who independently evaluate propensity to pay and probability of charity. SLHS may rely on that scoring for the basis of determining financial assistance when a patient does not complete a financial assistance application. Patients qualifying for presumptive eligibility may receive full or partial assistance. If partial assistance is approved, the patient receives a bill for the reduced amount owed. The patient is notified of partial approval and how they can apply for financial assistance to determine if additional assistance is available. If the patient applies for additional assistance, the application is reviewed and the patient is notified of the decision. Patients that are not approved for full financial assistance receive a statement.

**The FPL% guidelines are applied as follows:**

**Saint Luke's Hospital, Saint Luke's Northland Hospital, Saint Luke's South Hospital, Saint Luke's East Hospital, and Saint Luke's Cushing Hospital**

| <u>Income % of FPL</u>                            | <u>Charity</u>   | <u>Patient Responsibility</u>        |
|---|------------------|--------------------------------------|
| Unscheduled inpatient and observation admissions. |                  |                                      |
| 133% or less FPL                                  | 100%             | 0%                                   |
| 134% - 200% FPL                                   | 100% less co-pay | \$700 co-pay per admission/account   |
| 201% - 300% FPL                                   | 100% less co-pay | \$1,500 co-pay per admission/account |

For scheduled hospital services, including all scheduled inpatient and outpatient services, financial assistance is limited to no more than 75% of billed charges. See Patient Accounts Payment Policy for Scheduled Services for information regarding the financial screening and approval process as well as payment requirements for scheduled services.

Financial resources such as checking accounts, savings accounts, IRA's, CD's, retirement savings, and investments are considered when determining a patient's ability to pay

Patients with religious objections or American Indians with objections to insurance or government programs may owe greater amounts when approved for financial assistance but not exceeding AGB. The ability of the patient to pay along with ability of religious or tribal community to pay the bill is considered.

Emergency room visits not resulting in admission

|                    |                  |                        |
|--------------------|------------------|------------------------|
| Less than 300% FPL | 100% less co-pay | \$150 per visit co pay |
|--------------------|------------------|------------------------|

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Catastrophic medical expense is defined as patient responsibility exceeding 20% of annual income and financial resources available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense the patient financial responsibility after charity may be reduced to an amount equal to 20% of annual income and financial resources. The patient's financial responsibility after financial assistance will not exceed AGB.

**Saint Luke's Surgery Center Shoal Creek**

Partial charity for medically necessary services may be provided to patients under the scheduled services policy. Non-medically necessary services such as, but not limited to, cosmetic surgery are not eligible for financial assistance. Patients with FPL of 300% or less may qualify for partial charity up to 75% of billed charges. See Patient Accounts Payment Policy for Scheduled Services for information regarding the financial screening and approval process as well as payment requirements for scheduled services.

**Saint Luke's Regional Lab Accounts**

| <u>Income % of FPL</u> | <u>% Charity</u> | <u>% Patient Responsibility</u> |
|------------------------|------------------|---------------------------------|
| 133% or less           | 100%             | 0%                              |
| >133%                  | 0%               | 100%                            |

**Anderson County Hospital**  
**Hedrick Medical Center**  
**Wright Memorial Hospital**

Unscheduled inpatient and observation services including hospital, professional fees and ambulance.

| <u>Income % of FPL</u> | <u>% Charity</u> | <u>% Patient Responsibility</u> |
|------------------------|------------------|---------------------------------|
| 133% or less           | 100%             | 0%                              |
| 134% to 150%           | 75%              | 25%                             |
| 151% to 175%           | 50%              | 50%                             |
| 176% to 200%           | 30%              | 70%                             |
| >200%                  | 0%               | 100%                            |

For scheduled hospital services, including all scheduled inpatient and outpatient services, financial assistance is limited to no more than 75% of billed charges. See Patient Accounts Payment Policy for Scheduled Services for information regarding the financial screening and approval process as well as payment requirements for scheduled services.

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Financial resources such as checking accounts, savings accounts, IRA's, CD's, retirement savings, and investments are considered when determining a patient's ability to pay.

Patients with religious objections or American Indians with objections to insurance or government programs may owe greater amounts when approved for financial assistance but not exceeding AGB. The ability of the patient to pay along with ability of religious or tribal community to pay the bill is considered.

Emergency room visits not resulting in admission

Less than 200% FPL                      100% less co-pay                      \$150 per visit co-pay

Catastrophic medical expense is defined as patient responsibility exceeding 20% of annual income and financial resources available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense the patient financial responsibility after charity may be reduced to an amount equal to 20% of annual income and financial resources. The patient's financial responsibility after financial assistance will not exceed AGB.

Critical Access Hospitals and associated clinics may be approved sites for the National Health Services Corps (NHSC). When this situation exists, those Regional Hospitals and associated clinics will follow the guidelines as established and approved by the NHSC.

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**Professional medical services provided by physicians employed by a SLHS entity and by contracted physicians with revenue cycle managed by an SLHS entity. For unscheduled inpatient and observation facility settings.**

**Saint Luke's Physician Group**

Primary Care, Dermatology, Breast Radiology and Medical Plaza Imaging Associates:

| <u>Income % of FPL</u> | <u>% Charity</u> | <u>% Patient Responsibility</u> |
|------------------------|------------------|---------------------------------|
| 133% or less           | 75%              | 25%                             |
| 134% to 200%           | 50%              | 50%                             |
| 201% to 300%           | 25%              | 75%                             |

All other professional services except for Saint Luke's Neighborhood Clinics (dba Saint Luke's Convenient Care, Saint Luke's Multi Specialty clinics)

| <u>Income % of FPL</u> | <u>% Charity</u> | <u>% Patient Responsibility</u> |
|------------------------|------------------|---------------------------------|
| 133% or less           | 100%             | 0%                              |
| 134% to 200%           | 75%              | 25%                             |
| 201% to 300%           | 50%              | 50%                             |

**Approval**

Financial assistance may be approved by a patient account employee, supervisor, manager, director, vice president, controller or CFO. Management review and approval is required as defined in the Patient Account Adjustment and Action Approval Levels Policy (FIN-067).

Requests for financial assistance by Saint Luke's employees require the approval of the Vice President of Revenue Cycle and Chief Financial Officer for the entity holding the unpaid patient account.

**Patient Refunds**

The hospital will refund any amount the individual has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a financial assistance policy eligible individual, unless such amount is less than \$5 (or such other amount set by notice or other guidance published by the Internal Revenue Bulletin).

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**Financial Assistance Policy Availability to Patients**

Information about the availability of financial assistance appears on patient statements and is posted on signs in hospital registration areas. The financial assistance policy, plain language summary of policy and financial assistance application form with instructions are available on the Saint Luke's website.

[www.saintlukeshealthsystem.org/charity-care](http://www.saintlukeshealthsystem.org/charity-care)

Patients or members of the public may request a copy of this policy available at no charge at the hospital admitting office or by contacting the billing office by phone, mail, email, or in person. The hospital locations and hospital billing office contact information is provided under Request a Copy section of this policy.

**Patient Billing and Collection**

Statements are sent to patients to advise them of balances due. Balances are considered delinquent when the patient fails to make either acceptable payment or acceptable payment arrangements before the next statement. Patients are notified of delinquent balances by messages on the statements, by phone calls, by final notices or by collection letters. Delinquent accounts may be placed for collection if the patient fails to respond.

Presumptive eligibility may be used to determine eligibility for financial assistance. Presumptive eligibility is not used for Critical Access Hospitals. The estimated income and family size or likelihood of payment may qualify the patient for financial assistance. When presumptive eligibility results in 100% charity, the account is adjusted accordingly. When presumptive eligibility results in partial charity, the patient is notified in writing of partial charity and that they can apply for additional charity by completing an application. The patient is provided a reasonable time period in which to apply for additional assistance. Patients may apply for financial assistance before, during or after services are provided.

The Vice President of Revenue Cycle or Chief Financial Officer has the final authority or responsibility for determining that the hospital facility policies and procedures make a reasonable efforts to determine whether an individual is FAP eligible and therefore engage in ECAs against the individual.

Delinquent accounts are placed for collection. The policies and practices of the collection agency follow the Fair Debt Collection Practices Act. The agency demonstrates a patient relations approach in all its practices. The agency utilizes a variety of collection methods including letters and phone calls.

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**Collection Suit**

Saint Luke's Health System (SLHS), the collection agency and collection law firm (law firm) work with patients to avoid filing a suit for collections whenever possible. When settlement or payment arrangements are not agreed to and/or met, SLHS may file suit in an attempt to collect on delinquent accounts. When a patient applies for or is screened for financial assistance and is not approved, SLHS may file suit in an attempt to collect on delinquent accounts. An attempt to reach the patient by phone and advise them of the availability of financial assistance occurs prior to suit approval. No extraordinary collection actions including filing suit or garnishing wages occur prior to determining if patient is eligible for financial assistance. No extraordinary collection actions occur prior to 120 days after first billing date of the account. All requests for suit are approved by billing office or CFO.

If a patient is in contact with the collection agency or law firm prior to garnishment, an attempt is made to settle the account or negotiate a payment arrangement that is reasonable under the circumstances. As long as the patient makes timely payments as agreed under a negotiated arrangement, no garnishment will be requested. Garnishments are filed after judgment is received unless a court ordered stay is in place or a payment arrangement has been negotiated and has not been broken. If the law firm believes that the debtor's employment has been terminated, garnishment may be held until a place of employment is located.

Patients approved for partial financial assistance may owe a balance on the account. The patient receives a financial assistance partial approval letter that explains the amount approved for financial assistance and the amount the patient owes. The patient receives statements requesting payment. If payment is not made the account becomes delinquent and a final notice is sent. If the patient does not pay the balance, make payment arrangements or request additional financial assistance, the account may be placed with an agency for collection. After placement with an agency the delinquent account may be approved for collection suit. If judgment is obtained, the hospital or entity may garnish wages to recover payment to the extent allowed for in regulations.

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**Request a Copy**

The Financial Assistance for Medically Indigent Patients policy, Financial Assistance Application, or Plain Language Summary, are available free of charge on line at [www.saintlukeshealthsystem.org/charity-care](http://www.saintlukeshealthsystem.org/charity-care), in person at hospital admitting offices or by calling the billing office..

**Saint Luke's Health System Centralized Business Office**  
**816-932-5678 or 888-581-9401**

Saint Luke's Hospital of Kansas City  
4401 Wornall Road  
Kansas City, MO 64111

Saint Luke's East Hospital  
100 N. E. Saint Luke's Blvd.  
Lee's Summit, MO 64086

Saint Luke's North Hospital–Barry Road  
5830 N.W. Barry Road  
Kansas City, MO 64154

Saint Luke's North Hospital–Smithville  
601 S. 169 Highway  
Smithville, MO 64089

Saint Luke's South Hospital  
12300 Metcalf Ave.  
Overland Park, KS 66213

Saint Luke's Cushing Hospital  
711 Marshall St.  
Leavenworth, KS 66048

Crittenton Children's Center  
(A division of Saint Luke's Hospital)  
10918 Elm Ave  
Kansas City, MO 64134

Saint Luke's Surgery Center Shoal Creek  
8860 NE 82 Terrace  
Kansas City, MO 64158

**Critical Access Hospitals:**

Anderson County Hospital  
421 S Maple  
Garnett, KS 66032  
785-204-4002

Hedrick Medical Center  
2799 N. Washington St.  
Chillicothe, MO 64601  
660-214-8150

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Wright Memorial Hospital  
191 Iowa Blvd.  
Trenton, MO 64683  
660-358-5871

**Saint Luke's Health System Physicians Centralized Business Office 816-502-7000**

Saint Luke's Medical Group  
Medical Plaza Imaging Associates  
Midwest Ear Institute

Rockhill Orthopedic Specialists 816-246-4302  
Advanced Urologic Associates 816-251-5100

**Measures to Publicize the Financial Assistance Policy**

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

- Posting the Policy, Financial Assistance Application and plain language summary on the Saint Luke's website at the following location: [www.saintlukeshealthsystem.org/charity-care](http://www.saintlukeshealthsystem.org/charity-care).
- Copies of the Policy, Financial Assistance Application and plain language summary may be downloaded and print from [saintlukeshealthsystem.org/charity care](http://saintlukeshealthsystem.org/charity-care)
- Paper copies of the Policy, application and plain language summary are available to patients upon request and without charge. The patient may call to request or ask at the hospital business office or admitting department.
- Providing information when a patient calls the business office.
- Posting a notice in the emergency department and admitting areas of the hospitals.
- Including a message on hospital patient statements to notify and inform patients of the availability of financial assistance and where to call for information and application.
- Saint Luke's staff discusses when appropriate, in person or during billing and customer service phone contacts with patients.
- Informational notification included in selected SLHS publications going to community members.
- FAP information provided to local safety net providers.

|                                   |   |
|-----------------------------------|---|
| <b>ISSUED BY:</b>                 | Vice President Mission & Community Services and Vice President Revenue Cycle  |
| <b>EFFECTIVE DATE:</b>            | 02/01/2019  |
| <b>SUPERSEDES EFFECTIVE DATE:</b> | 03/01/2002, 05/2003, 10/2004, 03/2005, 01/2006, 06/24/2006, 01/2008, 04/2008, 05/2008, 01/01/2009, 12/01/2010, 01/01/2011, 12/18/2013, 04/11/2014, 05/15/2015, 01/01/2016, 01/01/2017, 03/15/2017, 02/23/2018 |
| <b>APPROVED BY:</b>               | Senior VP Finance & Administration/Chief Financial Officer  |
| <b>PAGE:</b>                      | 12 of 14  |

**TITLE:** Financial Assistance for Medically Indigent Patients  
**SECTION:** Finance (FIN)

**IN COLLABORATION WITH**

System Director Professional Fee Revenue Cycle  
SLHS Chief Compliance Officer  
Vice President of Taxation  
Vice President of Mission and Community Services  
Vice President of Revenue Cycle  
Chief Financial Officers

The Financial Assistance for Medically Indigent Patients policy (FIN-010) was approved by the Saint Luke's Health System Board of Directors on February 23, 2018.

**REFERENCES**

[Patient Accounts Adjustment and Action Approval Levels \(FIN-067\)](#)  
[Patient Accounts Payment Policy for Scheduled Services \(FIN-029\)](#)

**SEE ALSO**

Statement of Financial Position ([SYS 153 English](#) and [SYS 154 Spanish](#))  
[Financial Assistance Policy Plain Language Summary \(SYS-590\)](#)

**THIS DOCUMENT APPLIES TO:**

For the most recent list of covered and non covered providers please see [Saint Luke's Health System Financial Assistance Policy Covered and Non Covered Entities and Provider Group](#) list. The list is updated quarterly.

Anderson County Hospital (d/b/a for Saint Luke's Hospital of Garnett, Inc.)  
Hedrick Medical Center (d/b/a for Saint Luke's Hospital of Chillicothe)  
Kansas City Community Hospital (d/b/a for Saint Luke's Community Hospital)  
Saint Luke's Cushing Hospital  
Saint Luke's East Hospital  
Saint Luke's Home Care and Hospice  
Saint Luke's Hospital Midwest Ear Institute  
Saint Luke's Hospital of Kansas City  
Saint Luke's Hospital of Kansas City Crittenton Children's Center Campus  
Saint Luke's North Hospital  
Saint Luke's Radiation Therapy Liberty  
Saint Luke's South Hospital, Inc.

|                                   |   |
|-----------------------------------|---|
| <b>ISSUED BY:</b>                 | Vice President Mission & Community Services and Vice President Revenue Cycle  |
| <b>EFFECTIVE DATE:</b>            | 02/01/2019  |
| <b>SUPERSEDES EFFECTIVE DATE:</b> | 03/01/2002, 05/2003, 10/2004, 03/2005, 01/2006, 06/24/2006, 01/2008, 04/2008, 05/2008, 01/01/2009, 12/01/2010, 01/01/2011, 12/18/2013, 04/11/2014, 05/15/2015, 01/01/2016, 01/01/2017, 03/15/2017, 02/23/2018 |
| <b>APPROVED BY:</b>               | Senior VP Finance & Administration/Chief Financial Officer  |
| <b>PAGE:</b>                      | 13 of 14  |

**TITLE:** Financial Assistance for Medically Indigent Patients  
**SECTION:** Finance (FIN)

Wright Memorial Hospital (d/b/a for Saint Luke's Hospital of Trenton, Inc.)  
Saint Luke's Surgery Center Shoal Creek  
Advanced Urology Associates  
Rockhill Orthopedics  
Saint Luke's Physician Group

**Providers Not Covered by this Policy:**

For a the most recent list of covered and non covered providers please see [Saint Luke's Health System Financial Assistance Policy Covered and Non Covered Entities and Provider Group](#) list. The list is updated quarterly.

Physicians or medical professionals provide care to patients or assist with patient treatment by reading lab work, interpreting medical tests, performing medical tests and individual patient physician services. The physicians and medical professionals not employed by Saint Luke's Health System or its subsidiaries are not covered by this Policy.

**If you have questions about whether a specific provider is covered or not covered by this policy, please call 816-932-5678.**

**APPROVALS**



\_\_\_\_\_  
Chuck Robb, Senior Vice President and Chief  
Financial Officer

\_\_\_\_\_  
01/31/2019

Date

|                                   |   |
|-----------------------------------|---|
| <b>ISSUED BY:</b>                 | Vice President Mission & Community Services and Vice President Revenue Cycle  |
| <b>EFFECTIVE DATE:</b>            | 02/01/2019  |
| <b>SUPERSEDES EFFECTIVE DATE:</b> | 03/01/2002, 05/2003, 10/2004, 03/2005, 01/2006, 06/24/2006, 01/2008, 04/2008, 05/2008, 01/01/2009, 12/01/2010, 01/01/2011, 12/18/2013, 04/11/2014, 05/15/2015, 01/01/2016, 01/01/2017, 03/15/2017, 02/23/2018 |
| <b>APPROVED BY:</b>               | Senior VP Finance & Administration/Chief Financial Officer  |
| <b>PAGE:</b>                      | 14 of 14  |