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## MAH Financial Assistance Policy

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**Applicable To** This policy applies to Mount Auburn Hospital (“MAH,” the “hospital” or the “Hospital”), with respect to the hospital it operates and any substantially related entity (as defined in the Department of Treasury section 501(r) regulations) and providers employed by or affiliated with MAH (see Appendix Five (5) for the complete list of providers covered under this policy).

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### References

EMTALA: Collection of Financial Information  
Credit & Collections Policy  
Federal Poverty Guidelines, US Dept. of Health and Human Services  
IRS Notice 2015-46 and 29 CFR §§1.501(r)-(4)-(6)  
Appendix 1: Financial Assistance Application for Charity Care  
Appendix 2: Financial Assistance Application for Medical Hardship  
Appendix 3: Discount Chart Based on Income and Asset Thresholds  
Appendix 4: Amounts Generally Billed (AGB)  
Appendix 5: Providers and Departments—Covered and Uncovered  
Appendix 6: Public Access to Documents

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**Purpose**

Our mission is to distinguish ourselves through excellence in patient care, education, research and through improved health in the communities we serve.

MAH is dedicated to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Emergency Care, Urgent Care, or other Medically Necessary Care based on their individual financial situation. This Financial Assistance Policy is intended to be in compliance with applicable federal and state laws for our service area. Patients eligible for Financial Assistance will receive discounted care received from qualifying MAH providers. Patients determined to be eligible for Financial Assistance from an affiliated hospital (including Addison Gilbert Hospital; Anna Jaques Hospital; BayRidge Hospital; Beth Israel Deaconess Medical Center; Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Needham; Beth Israel Deaconess Hospital – Plymouth; Beverly Hospital; Lahey Hospital & Medical Center, Burlington; Lahey Medical Center, Peabody; New England Baptist Hospital; and Winchester Hospital) will not be required to reapply for Financial Assistance from MAH during the Qualification Period.

Financial Assistance provided under this policy is done so with the expectation that patients will cooperate with the policy's application process and those of

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public benefit or coverage programs that may be available to cover the cost of care.

We will not discriminate based on the patient's age, gender, race, creed, religion, disability, sexual orientation, gender identity, national origin or immigration status when determining eligibility.

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**Definitions**

The following definitions are applicable to all sections of this policy.

Classification of emergency and nonemergency services is based on the following general definitions, as well as the treating clinician's medical determination. The definitions of Emergency Care and Urgent Care provided below are further used by the Hospital for purposes of determining allowable emergency and urgent bad debt coverage under the hospital's Financial Assistance program, including the Health Safety Net.

**Amounts Generally Billed (AGB):** AGB is defined as the amounts generally billed for Emergency Care, Urgent Care, or other Medically Necessary Care to individuals who have insurance covering such care. MAH uses the “LookBack” method described in 29 CFR § 1.501(r)-5(b)(3) to determine its AGB percentage. The AGB percentage is calculated by dividing the sum of the amounts of all of MAH’s claims for Emergency Care, Urgent Care, and other Medically Necessary Care that have been allowed by private insurers and Medicare Fee-for-Service during the prior fiscal year (October 1 – September 30) (including coinsurance, copays and deductibles) by the sum of the associated Gross Charges for those claims. The AGB is then determined by multiplying the AGB percentage against the Gross Charges for care provided to the patient. MAH uses only one single AGB percentage and does not calculate a different one for different types of care. The AGB percentage will be calculated annually by the 45<sup>th</sup> day following the close of the prior fiscal year, and implemented by the 120<sup>th</sup> day following the close of the fiscal year. Following a determination that an individual is eligible for Financial Assistance under this policy, such individual may not be charged more than the AGB for Emergency Care, Urgent Care, or other Medically Necessary Care.

For more information, see Appendix Four (4).

**Application Period:** The period in which applications will be accepted and processed for Financial Assistance. The application period begins on the date that the first post-discharge billing statement is provided and ends on the 240<sup>th</sup> after that date.

**Assets:** Consists of:

- Savings accounts
- Checking accounts
- Health savings accounts (HSA)\*
- Health reimbursement arrangements (HRA)\*
- Flexible spending accounts (FSA)\*

\*If a patient/Guarantor has an HSA, HRA, FSA or similar fund designated for Family medical expenses, such individual is not eligible for assistance under this policy until such assets are exhausted.

**Charity Care:** Patients, or their Guarantors, with annualized Family Income at or below 400% of the FPL, who otherwise meet other eligibility criteria set forth in this policy, will receive a 100% waiver of patient responsible balance for eligible medical services provided by MAH.

**Elective Service:** A hospital service that does not qualify as Emergency Care, Urgent Care, or other Medically Necessary Care (as defined below).

**Emergency Care:** Items or services provided for the purpose of evaluation, diagnosis, and/or treatment of an Emergency Medical Condition.

**Emergency Medical Condition:** As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term “Emergency Medical Condition” means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of medical care could be reasonably expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions:
  - a. There is inadequate time to effect a safe transfer to another hospital for delivery; and
  - b. That transfer may pose a threat to the health or safety of the woman or unborn child.

**Family:** as defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility for this policy.

**Family Income:** an applicant's Family Income is the combined gross income of all adult members of the Family living in the same household and included on the most recent federal tax return. For patients under 18 years of age, Family Income includes that of the parent, or parents, and/or step-parents, or caretaker relatives. Family Income is determined using the Census Bureau definition as follows when computing Federal Poverty Guidelines:

1. Includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational stipends, alimony and child support
2. Noncash benefits (such as food stamps and housing subsidies) do not count
3. Determined on a before tax (gross) basis
4. Excludes capital gains and losses

**Federal Poverty Level:** The Federal Poverty Level (FPL) uses the income thresholds that vary by Family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of the subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <https://aspe.hhs.gov/povertyguidelines>.

**Financial Assistance:** Assistance, consisting of Charity Care and Medical Hardship, provided to eligible patients, who would otherwise experience financial hardship, to relieve them of a financial obligation for Emergency Care, Urgent Care, or other Medically Necessary Care provided by MAH.

**Guarantor:** A person other than the patient who is responsible for the patient's bill.

**Gross Charges:** Total charges at the full established rate for the provision of patient care services before deductions from revenue are applied.

**Homeless:** As defined by the Federal government, and published in the Federal Register by HUD: "An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately run shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided

in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.”

**In-Network:** MAH and its affiliates are contracted with the patient’s insurance company for reimbursement at negotiated rates.

**Medical Hardship:** Financial Assistance provided to eligible patients whose medical bills are greater than or equal to 25% of their Family Income.

**Medically Necessary Care:** Medically necessary items or services, such as inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury or illness. In addition to meeting clinical criteria, such items or services are typically defined as covered by Medicare Fee-for-Service, Private Health Insurers, or other third party insurance.

**Medicare Fee-for-Service:** Health insurance offered under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c-1395w-5).

**Out-of-Network:** MAH and its affiliates are not contracted with the patient’s insurance company for reimbursement at negotiated rates, typically resulting in higher patient responsibility.

**Payment Plan:** A payment plan that is agreed to by either MAH, or a third party vendor representing MAH, and the patient/Guarantor for out of pocket fees. The Payment Plan will take into account the patient’s financial circumstances, the amount owed and any prior payments.

**Presumptive Eligibility:** Under certain circumstances, Uninsured Patients may be presumed or deemed eligible for Financial Assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

**Private Health Insurer:** Any organization that is not a government unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

**Qualification Period:** Applicants determined to be eligible for Financial Assistance will be granted assistance for a period of six months from the date of approval. Patients who qualify for Financial Assistance may attest that there have been no changes to their financial situation at the end of the six (6) month qualification period to extend eligibility for another six (6) months.



**Uninsured Discount:** Discount applied to uninsured patients (see definition below) for medically necessary services. Exclusions to this discount apply and are contained within this policy.

**Uninsured Patient:** A patient with no third party coverage provided by a Private Health Insurer, an ERISA insurer, a Federal Healthcare Program (including without limitation Medicare Fee-for-Service, Medicaid, SCHIP, and

CHAMPUS), workers' compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses. This would include services that are not covered due to network limitations, exhausted insurance benefits, or other non-covered services

**Underinsured Patients:** Any individual with private or government coverage for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by MAH.

**Urgent Care:** Medically Necessary Care provided in an acute hospital after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably result in placing a patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part.

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**Eligibility for Services** eligible for Financial Assistance must be clinically appropriate and **Financial** within acceptable medical practice standards, and include:

**Assistance from  
MAH**

1. In-Network and Out-of-Network facility charges for Emergency Care as defined above.
2. In-Network and Out-of-Network professional fees for Emergency Care as defined above, rendered by providers employed by MAH and its affiliates, as listed in Appendix Five (5).
3. In-Network facility charges for Urgent Care, as defined above.
4. In-Network facility charges for Medically Necessary Care, as defined above.
5. In-Network professional fees for Urgent Care and Medically Necessary Care rendered by providers employed by MAH and its affiliates, as listed in Appendix Five (5).

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**Services Not**

Services not eligible for Financial Assistance include:

**Eligible for  
Financial  
Assistance from  
MAH**

1. Professional fees and facility charges for Elective Services, as defined above.
  2. Professional fees for care rendered by providers who do not follow the Financial Assistance Policy (e.g. private or non-MAH medical or physician professionals, ambulance transport, etc.), as listed in Appendix Five (5). Patients are encouraged to contact these providers directly to see if they offer any financial assistance and to make payment arrangements. See Appendix Five (5) for a full listing of providers not covered under this policy.
  3. Out-of-Network facility charges and professional fees for Urgent Care and Medically Necessary Care that is not Emergency Care, as defined above.
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**Available  
Assistance**

MAH offers patients assistance with applying for public assistance programs and hospital Financial Assistance, as described in greater detail, below.

MAH will make diligent efforts to collect the patient's insurance status and other information in order to verify coverage for the emergency, inpatient or outpatient health care services to be provided by the Hospital. All information will be obtained prior to the delivery of any items or services that does not constitute Emergency Care or Urgent Care. The Hospital will delay any attempt to obtain this information during the delivery of any EMTALA-level Emergency Care or Urgent Care, if the process to obtain this information will delay or interfere with either the medical screening examination or the services undertaken to stabilize an Emergency Medical Condition.

The hospital's reasonable due diligence efforts to investigate whether a third party insurance or other resource may be responsible for the cost of services provided by the hospital shall include, but not be limited to, determining from the patient if there is an applicable policy to cover the cost of the claims, including: (1) motor vehicle or home owner's liability policy, (2) general accident or personal injury protection policy, (3) workers' compensation programs, and (4) student insurance policies, among others. If the hospital is able to identify a liable third party or has received a payment from a third party or another resource (including from a private insurer or another public program), the hospital will report the payment to the applicable program and offset it, if applicable per the program's claims processing requirements, against any claim that may have been paid by the third party or other resource. For state public assistance programs that have actually paid for the cost of services, the hospital is not required to secure assignment on a patient's right to third party coverage of services. In these cases, the patient should be aware that the applicable state program may attempt to seek assignment on the costs of the services provided to the patient.

MAH will check the Massachusetts Eligibility Verification System (EVS) to ensure that the patient is not a Low Income Patient and has not submitted an application for coverage for either MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, or Health Safety Net, prior to submitting claims to the Health Safety Net Office for bad debt coverage.

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**Public  
Assistance  
Programs**

For Uninsured Patients or Underinsured Patients, the hospital will work with such patients to assist them in applying for public assistance programs that may cover some or all of their unpaid hospital bills. In order to help Uninsured

Patients and Underinsured Patients find available and appropriate options, the hospital will provide all individuals with a general notice of the availability of public assistance programs during the patient's initial in-person registration at a hospital location for a service, in all billing invoices that are sent to a patient or Guarantor, and when the provider is notified, or through its own due diligence becomes aware, of a change in the patient's eligibility status for public or private insurance coverage.

Hospital patients may be eligible for free or reduced cost of health care services through various state public assistance programs (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net). Such programs are intended to assist low-income patients taking into account each individual's ability to contribute to the cost of his or her care. For Uninsured Patients or Underinsured Patients, the hospital will, when requested, help them with applying for coverage through public assistance programs that may cover all or some of their unpaid hospital bills.

The Hospital is available to assist patients in enrolling into state health coverage programs. These include MassHealth, the premium assistance payment program operated by the state's Health Connector, and the Children's Medical Security Plan. For these programs, applicants can submit an application through an online website (which is centrally located on the state's Health Connector Website), a paper application, or over the phone with a customer service representative located at either MassHealth or the Connector. Individuals may also ask for assistance from hospital financial counselors (also called certified application counselors) with submitting the application either on the website or through a paper application.

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**Assistance  
through Health  
Safety Net**

Through its participation in the Massachusetts Health Safety Net, the Hospital also provides financial assistance to low-income Uninsured Patients and Underinsured Patients who are Massachusetts residents and who meet income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low income Uninsured Patients and Underinsured Patients through free or discounted care across acute hospitals in Massachusetts. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for Uninsured Patients and Underinsured Patients with incomes under 300% of the Federal Poverty Level.

Low-income patients receiving services at the Hospital may be eligible for financial assistance through the Health Safety Net, including free or partially free care for Health Safety Net eligible services defined in 101 CMR 613.00.

*(a) Health Safety Net - Primary*

Uninsured Patients who are Massachusetts residents with verified MassHealth MAGI Household Income or Medical Hardship Family Income, as described in 101 CMR 613.04(1), between 0-300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.

The eligibility period and type of services for *Health Safety Net - Primary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net - Primary*.

*(b) Health Safety Net – Secondary*

Patients that are Massachusetts residents with primary health insurance and MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), between 0 and 300% of the FPL may be determined eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net - Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Secondary*.

*(c) Health Safety Net - Partial Deductibles*

Patients that qualify for *Health Safety Net – Primary* or *Health Safety Net – Secondary* with MassHealth MAGI Household Income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL may be subject to an annual deductible if all members of the Premium Billing Family Group (PBF) have an income that is above 150.1% of the FPL. This group is defined in 130 CMR 501.0001.

If any member of the PBF has an FPL below 150.1% there is no deductible for any member of the PBF. The annual deductible is equal to the greater of:

1. the lowest cost Premium Assistance Payment Program operated by the Health Connector premium, adjusted for the size of the PBF proportionally to the MassHealth FPL income standards, as of the beginning of the calendar year; or
2. 40% of the difference between the lowest MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as

described in 101 CMR 613.04(1), in the applicant's PBFG and 200% of the FPL.

*(d) Health Safety Net - Medical Hardship*

A Massachusetts resident of any income may qualify for *Health Safety Net – Medical Hardship (Medical Hardship)* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's Countable Income defined in 101 CMR 613.

The applicant's required contribution is calculated as the specified percentage of Countable Income in 101 CMR 613.05(1)(b) based on the *Medical Hardship* Family's FPL multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible. Further requirements for *Medical Hardship* are specified 101 CMR 613.05.

A hospital may request a deposit from patients eligible for Medical Hardship. Deposits will be limited to 20% of the Medical Hardship contribution up to \$1,000. All remaining balances will be subject to the payment plan conditions established in 101 CMR 613.08(1)(g).

For Medical Hardship, the hospital will work with the patient to determine if a program like Medical Hardship would be appropriate and submit a Medical Hardship Application to the Health Safety Net. It is the patient's obligation to provide all necessary information as requested by the hospital in an appropriate timeframe to ensure that the hospital can submit a completed application.

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**Role of the  
Financial  
Assistance  
Counselor**

The hospital will help Uninsured Patients and Underinsured Patients apply for health coverage through a public assistance program (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, and the Children's Medical Security Program), and work with individuals to enroll them as appropriate. The hospital will also help patients that wish to apply for financial assistance through the Health Safety Net.

The hospital will:

- a) provide information about the full range of programs, including MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net;



- b) help individuals complete a new application for coverage or submit a renewal for existing coverage;
- c) work with the individual to obtain all required documentation;
- d) submit applications or renewals (along with all required documentation);
- e) interact, when applicable and as allowed under the current system limitations, with the programs on the status of such applications and renewals;
- f) help to facilitate enrollment of applicants or beneficiaries in insurance programs; and
- g) offer and provide voter registration assistance.

The hospital will advise the patient of their obligation to provide the hospital and the applicable state agency with accurate and timely information regarding their full name, address, telephone number, date of birth, social security number (if available), current insurance coverage options (including home, motor vehicle, and other liability insurance) that can cover the cost of the care received, any other applicable financial resources, and citizenship and residency information. This information will be submitted to the state as part of the application for public program assistance to determine coverage for the services provided to the individual.

If the individual or Guarantor is unable to provide the necessary information, the hospital may (at the individual's request) make reasonable efforts to obtain any additional information from other sources. Such efforts also include working with individuals, when requested by the individual, to determine if a bill for services should be sent to the individual to assist with meeting the onetime deductible. This will occur when the individual is scheduling their services, during pre-registration, while the individual is admitted in the hospital, upon discharge, or for a reasonable time following discharge from the hospital. Information that the hospital obtains will be maintained in accordance with applicable federal and state privacy and security laws.

The hospital will also notify the patient during the application process of their responsibility to report to both the hospital and the state agency providing coverage of healthcare services any third party that may be responsible for paying claims, including a home, auto, or other insurance liability policy. If the patient has submitted a third party claim or filed a lawsuit against a third party, the hospital will notify the patient of the requirement to notify the provider and the state program within 10 days of such actions. The patient will also be informed that they must repay the appropriate state agency the amount of the healthcare covered by the state program if there is a recovery on the claim, or assign rights to the state to allow it to recover its applicable amount.

When the individual contacts the hospital, the hospital will attempt to identify if an individual qualifies for a public assistance program or for Financial Assistance from the hospital. An individual who is enrolled in a public assistance program may qualify for certain benefits. Individuals may also qualify for additional assistance based on the hospital's Financial Assistance program based on the individual's documented income, Assets and allowable medical expenses.

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**Patient**

**Obligations** Prior to the delivery of any health care services (except for services that are provided to stabilize a patient determined to have an Emergency Medical Condition or needing Urgent Care), the patient is expected to provide timely and accurate information on their current insurance status, demographic information, changes to their Family Income or group policy coverage (if any), and, if known, information on deductibles, co-insurance and co-payments that are required by their applicable insurance or financial program. The detailed information for each item should include, but not be limited to:

- Full name, address, telephone number, date of birth, social security number (if available), current health insurance coverage options, citizenship and residency information, and the patient's applicable financial resources that may be used to pay their bill;
- If applicable, the full name of the patient's Guarantor, their address, telephone number, date of birth, social security number (if available), current health insurance coverage options, and their applicable financial resources that may be used to pay for the patient's bill; and
- Other resources that may be used to pay their bill, including other insurance programs, motor vehicle or homeowners insurance policies if the treatment was due to an accident, workers' compensation programs, student insurance policies, and any other Family Income such as an inheritances, gifts, or distributions from an available trust, among others.

The patient is responsible for keeping track of their unpaid hospital bill, including any existing co-payments, co-insurance, and deductibles, and contacting the hospital should they need assistance in paying their bill. The patient is further required to inform either their current health insurer (if they have one) or the state agency that determined the patient's eligibility status in a public program of any changes in Family Income or insurance status. The hospital may also assist the patient with updating their eligibility in a public program when there are any changes in Family Income or insurance status provided that the patient informs the hospital of any such changes in the patient's eligibility status.

Patients are also required to notify the hospital and the applicable program in which they are receiving assistance (e.g., MassHealth, Connector, or Health Safety Net), of any information related to a change in Family Income, or if they are part of an insurance claim that may cover the cost of the services provided by the hospital. If there is a third party (such as, but not limited to, home or auto insurance) that is responsible to cover the cost of care due to an accident or other incident, the patient will work with the hospital or applicable program (including, but not limited to, MassHealth, Connector, or Health Safety Net) to assign the right to recover the paid or unpaid amount for such services.

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**Hospital  
Financial  
Assistance**

Financial Assistance will be extended to Uninsured Patients, Underinsured Patients and their respective Guarantors who meet specific criteria as defined below. These criteria will assure that this Financial Assistance Policy is applied consistently across MAH. MAH reserves the right to revise, modify or change this policy as necessary or appropriate. MAH will help individuals apply for hospital Financial Assistance by completing an application (see Appendix 1 and Appendix 2).

Payment resources (insurance available through employment, Medicaid, Indigent Funds, Victims of Violent Crime, etc.) must be reviewed and evaluated before a patient is considered for Financial Assistance. If it appears that a patient may be eligible for other assistance, MAH will refer the patient to the appropriate agency for assistance in completing the applications and forms or assist the patient with those applications. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for hospital Financial Assistance, including applying to public assistance programs and the Health Safety Net, as described above.

Financial Assistance applicants are responsible for applying to public programs and pursuing private health insurance coverage. Patients/Guarantors choosing not to cooperate in applying for programs identified by MAH as possible sources of payment may be denied Financial Assistance. Applicants are expected to contribute to the cost of their care based on their ability to pay as outlined in this policy.

Patients/Guarantors that may qualify for Medicaid or other health insurance must apply for Medicaid coverage or show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace within the previous six (6) months of applying for MAH Financial Assistance. Patients/Guarantors must cooperate with the application process outlined in this policy in order to qualify for Financial Assistance.

The criteria to be considered by MAH when evaluating a patient's eligibility for hospital Financial Assistance include:

- Family Income
- Assets
- Medical obligations
- Exhaustion of all other available public and private assistance

MAH's Financial Assistance program is available to all patients meeting the eligibility requirements set forth in this policy, regardless of geographic location or residency status. Financial Assistance will be granted to patients/Guarantors based on financial need and in compliance with state and federal law.

Financial Assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with the insurer's contractual agreement. Financial Assistance is generally not available for patient copayment or balances in the event the patient fails to comply with the insurance requirements.

Patients with a Health Savings Account (HSA), Health Reimbursement Account (HRA), or a Flexible Spending Account (FSA) will be expected to utilize account funds prior to being considered eligible for hospital Financial Assistance. MAH reserves the right to reverse the discounts described in this policy in the event that it reasonably determines that such terms violate any legal or contractual obligation of MAH.

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### **Financial Assistance Discounts**

Based on an assessment of an applicant's Family Income, Assets and medical obligations, patients may receive one of the discounts listed below. All discounts noted are with respect to patient responsible balance. Out-of-Network co-payments, coinsurance and deductibles are not eligible for Financial Assistance. Likewise, insured patients who opt to not utilize available third party coverage ("voluntary self-pay") are not eligible for Financial Assistance for the amount owed on any account registered as voluntary self-pay. In no case, however, will a patient determined to be eligible for hospital Financial Assistance be charged more than the AGB.

**Charity Care:** MAH will provide care at 100% discount under this policy for patients/Guarantors whose Family Income is at or below 400% of the current FPL, who otherwise meet other eligibility criteria set forth in this policy.

**Medical Hardship:** A 100% discount will be provided for eligible patients whose medical debt is greater than or equal to 25% of their Family Income, who otherwise meet other eligibility criteria set forth in this policy.

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**Financial  
Assistance  
Policy**

Information regarding MAH's Financial Assistance Policy, Plain Language Summary and Financial Assistance Application are available, free of charge, on MAH's website, posted in hospital and clinic locations and will be translated

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into any language that is the primary language spoken by the lesser of 1,000 people or 5% of the residents in the community served by MAH.

In addition, MAH references payment policies and Financial Assistance on all printed monthly patient statements and collection letters. Information on the Financial Assistance Policy is available, at any time, upon request.

1. Patients/Guarantors may apply for Financial Assistance at any time during the Application Period.
2. In order to be considered for Financial Assistance, patients/Guarantors are required to cooperate and supply financial, personal or other documentation relevant to making a determination of financial need. A Financial Assistance Application Form can be obtained in any of the following ways:
  - a. On the MAH public website:  
<https://www.mountauburnhospital.org/patients-visitors/billinginsurance/billing-policies/>
  - b. In person at the Financial Counseling Unit  
Mount Auburn Hospital Financial Assistance Department  
330 Mount Auburn Street, Clark Building, 2nd Floor  
Cambridge, MA 02138  
Phone: (617) 499-5560
  - c. Call the number above to request a copy to be mailed
  - d. Call the number above to request an electronic copy
3. Patients/Guarantors are required to provide an accounting of financial resources readily available to the patient/Guarantor.  
Family Income may be verified using any or all of the following:
  - a. Current Forms W-2 and/or Forms 1099
  - b. Current state or federal tax returns
  - c. Four (4) most recent payroll stubs
  - d. Four (4) most recent checking and/or savings statements
  - e. Health savings accounts
  - f. Health reimbursement arrangements
  - g. Flexible spending accounts

4. Prior to evaluating eligibility for Financial Assistance, the patient/Guarantor must show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace, and must provide documentation of any existing third party coverage.
  - a. MAH financial counselors will assist patient/Guarantors with applying for Medicaid and will subsequently assist those same individuals with applying for Financial Assistance.
  - b. If an individual applies for Financial Assistance during the Federal Health Insurance Marketplace open enrollment, such individual is required to seek coverage prior to MAH's evaluation of any Financial Assistance Application.
5. MAH 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.
6. MAH will determine final eligibility for Financial Assistance within thirty (30) business days upon receipt of a completed application.
7. Documentation of the final eligibility determination will be made on all current (open balance) patient accounts retroactive to 6 months from the application. A determination letter will be sent to the patient/Guarantor.
8. If a patient/Guarantor submits an incomplete application, a notification will be sent to the patient/Guarantor explaining what information is missing. The patient/Guarantor will have thirty (30) days to comply and provide the requested information. Failure to complete the application will result in the Financial Assistance being denied.
9. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application will remain valid for the Qualification Period for all eligible medical services provided, and will include all outstanding receivables for the previous six (6) months including those at bad debt agencies. Patients who have been determined to be eligible for Financial Assistance by MAH or an affiliated hospital within the Qualification Period will automatically be considered eligible for hospital Financial Assistance for the 6-month period from the date of that eligibility determination. It is the patient/Guarantors responsibility to notify MAH of any financial change during the Qualification Period. Failure to do so may result in the loss of eligibility.
10. Patients that are eligible for Financial Assistance will receive a refund for any payments made that exceed the amount the individual is personally responsible for paying.

**Reasons for MAH** may deny a request for Financial Assistance for a variety of reasons **Denial** including, but not limited to:

- Sufficient Family Income
  - Sufficient Asset level
  - Patient uncooperative or unresponsive to reasonable efforts to work with the patient/Guarantor
  - Incomplete Financial Assistance Application despite reasonable efforts to work with the patient/Guarantor
  - Pending insurance or liability claim
  - Withholding insurance payment and/or insurance settlement funds, including payments sent to the patient/Guarantor to cover services provided by MAH, and personal injury and/or accident related claims
- 

**Presumptive Eligibility**

MAH understands that not all patients are able to complete a Financial Assistance Application or comply with requests for documentation. There may be instances in which a patient/Guarantor's qualification for Financial Assistance is established without completing the application form. Other information may be used by MAH to determine whether a patient/Guarantor's account is uncollectible and this information will be used to determine Presumptive Eligibility.

Presumptive Eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

- Patients/Guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy is discharged will be written off.
- Patients/Guarantors who are deceased with no estate in probate.
- Patients/Guarantors determined to be Homeless.
- Accounts returned by the collection agency as uncollectible due to any of the reasons above and no payment has been received.
- Patients/Guarantors who qualify for state Medicaid programs will be eligible for Financial Assistance for any cost sharing obligations associated with the program or non-covered services.

Patient accounts granted Presumptive Eligibility will be reclassified under the Financial Assistance Policy. They will not be sent to collection nor will they be subject to further collection actions.

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**Uninsured Discount Amount and Exclusions** Patients/Guarantors who do not have health insurance and do not qualify for Masshealth or Financial Assistance, will have a 40% discount applied to the hospital and physician services as listed in Appendix 5 of the Financial Assistance Policy.

This discount is not available for the following services:

- Cosmetic Services
- Self-Pay Elect services (services in which there is already a dedicated self-pay fee schedule)
- Infertility Services
- Motor Vehicle Claims
- Gastric Bypass Services absent of a payers determination of medically necessity
- Items such as lens, hearing aids, implants and any other specialty purchased products
- Patient Convenience Items such as overnight stays which are not medically necessary

The Uninsured Discount will be applied at time of billing and is included in any estimate.

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**Emergency Medical Services**

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patient is to be screened for Financial Assistance or payment information prior to the rendering of services in an emergency situation. MAH may request that patient cost sharing payments (i.e. copayments) be made at the time of service, provided such requests do not cause delay in the screening examination or necessary treatment to stabilize the patient in an emergency situation. MAH will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they are eligible under this policy. MAH will not engage in actions that discourage individuals from seeking Emergency Care.

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**Credit and Collections**

The actions that may be taken by MAH in the event of non-payment are described in a separate Credit and Collections Policy.

Members of the public may obtain a free copy by:

- a. Going to the MAH public website:  
<https://www.mountauburnhospital.org/patients-visitors/billinginsurance/billing-policies/>
- b. Visiting the Financial Counseling Unit located at:  
Mount Auburn Hospital Financial Assistance Department  
330 Mount Auburn Street, Clark Building, 2nd Floor  
Cambridge, MA 02138  
Phone: (617) 499-5560
- c. Calling the number above to request a copy to be mailed
- d. Calling the number above to request an electronic copy

**Regulatory Requirements**

MAH will comply with all federal, state and local laws, rules and regulations, and reporting requirements that may apply to activities pursuant to this policy. This policy requires that MAH track Financial Assistance provided to ensure accurate reporting. Information on the Financial Assistance provided under this policy will be reported annually on the IRS form 990 Schedule H. MAH will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements.

**Appendix 1**

**Charity Care Application Form**

**Financial Assistance Application for Charity Care**

Please Print

Today's Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Apt. Number  
\_\_\_\_\_  
City State Zip Code

Date of Hospital Services: \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Did the patient have health insurance or Medicaid\*\* at the time of hospital service?  
Yes  No

If “Yes”, attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

\*\*Prior to applying for financial assistance, you must have applied for Medicaid in the past 6 months and will need to show proof of denial.

*Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.*

**To apply for financial assistance complete the following:**

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				
3.				
4.				

In addition to the Financial Assistance Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current Forms W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

By my signature below, I certify that I have carefully read the Financial Assistance Policy and Application and that everything I have stated or any documentation I have attached is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly submit false information to obtain financial assistance.

Applicant's Signature: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_  
\_\_\_\_\_

Date Completed: \_\_\_\_\_

If your income is supplemented in any way or you reported \$0.00 income on this application, have the Support Statement below completed by the person(s) providing help to you and your family.

**Support Statement**

I have been identified by the patient/responsible party as providing financial support. Below is a list of services and support that I provide.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify and verify that all of the information given is true and correct to the best of my knowledge. I understand that my signature will not make me financially responsible for the patient's medical expenses.

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, financial assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Staff Only.	
Application Received by:	
AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

## Appendix 2

### Medical Hardship Application

### Financial Assistance Application for Medical Hardship

Please Print

Today's Date: \_\_\_\_\_

Social Security# \_\_\_\_\_ Medical

Record Number: \_\_\_\_\_

Patient Name:

\_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Address:

_____	_____	
Street	Apt. Number	
_____	_____	_____
City	State	Zip Code

Did the patient have health insurance or Medicaid at the time of hospital service(s)?

Yes  No

If "Yes", attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

*Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.*

**To apply for Medical Hardship assistance, complete the following:**

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				
3.				
4.				

In addition to the Medical Hardship Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts
- Copies of all medical bills

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

List all medical debt and provide copies of bills incurred in the previous twelve months:

Date of service	Place of Service	Amount owed
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a brief explanation of why paying these medical bills will be a hardship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I certify all of the information submitted in the application is true to the best of my knowledge, information and belief.

Applicant's Signature:

\_\_\_\_\_

Relationship to

Patient: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Staff Only.	
Application Received by:	
AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

## Appendix 3

Based on  
Income and  
Asset  
Thresholds

### Discount Chart

**Prompt Pay Discount:** Patients that do not qualify for public assistance or **Discounts for Financial Assistance and Medical Hardship are applied to a patient's responsible balance for eligible medical services as described in the policy.**

### Financial Assistance Discount for Eligible Patients:

#### Charity Care

Income Level	Discount
Less than or equal to 400% FPL	100%

#### Medical Hardship

Patients will be determined as eligible for Medical Hardship if the medical bills are greater than or equal to 25% of Family Income and will receive a 100% discount.



## Appendix 4

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**Amounts  
Generally  
Billed (AGB)**

See the definition of Amounts Generally Billed in the policy, above, for a description of how the AGB is calculated using the “Look-Back” method.

MAH’s current AGB percentage based on claims for fiscal year 2024 equals 41.84%

The AGB is subject to change at any time due to the following reasons:

- Private Health Insurer and Medicare Fee-for-Service contract changes
- Settlements received by Private Health Insurer plans and Medicare Fee-for-Service

Updated 01/2025

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## Appendix 5

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**Providers and  
Clinics—  
Covered and  
Uncovered**

**This Financial Assistance Policy covers all Hospital (Facility) charges at the following MAH locations:**

- Mount Auburn Hospital – 330 Mount Auburn Street, Cambridge, MA 02138
- Mount Auburn Hospital Radiology at Arlington – 22 Mill Street, Suite 106, Arlington, MA 02476
- Mount Auburn Hospital MRI Center – 725 Concord Avenue, Ground Floor, Cambridge, MA 02138
- Mount Auburn Hospital Rehabilitation Services – Outpatient Physical and Occupational Therapy – 625 Mount Auburn Street, 1st Floor, Cambridge, MA 02138
- Mount Auburn Hospital Mobile PET Unit – 799 Concord Avenue, 1st Floor, Cambridge, MA 02138
- Mount Auburn Hospital Occupational Health & Rehabilitation Services – 725 Concord Avenue, Suite 511, Cambridge, MA 02238
- Mount Auburn Hospital Imaging & Specimen Collection – 355 Waverly Oaks Road, Waltham, MA 02452

**If the Provider’s FAP Coverage Status is listed as “Covered by FAP” below, then the provider or provider practice’s care (rendered at the hospital facility) is covered under this Financial Assistance Policy. If the provider’s FAP Coverage Status is listed as “Not Covered by FAP” below, then the provider or provider practice’s care (rendered at the hospital facility) is not covered under this Financial Assistance Policy.**

<b>Provider Name or Provider Office Name</b>	<b>Provider's Address</b>	<b>Provider's City</b>	<b>FAP Coverage Status</b>
Arlington Family Practice, PC	22 Mill Street, Suite 101	Arlington	Not Covered by FAP
Belmont Medical Associates	725 Concord Avenue, Suite 4100	Cambridge	Covered by FAP
Belmont Oral and Maxillofacial Surgery	68 Leonard Street	Belmont	Not Covered by FAP
Beth R. Hardiman, M.D.	300 Mount Auburn Street, Suite 507	Cambridge	Not Covered by FAP
Boston Common Podiatry	264 Beacon Street, 2nd Floor	Boston	Not Covered by FAP
Boston Orthopedic Sports Medicine, Inc.	33 Lantern Lane	Weston	Not Covered by FAP
Boston Urogynecology Associates	725 Concord Avenue, Suite 3500	Cambridge	Covered by FAP
Briarwood Healthcare & Rehabilitation Center	150 Lincoln Street	Needham	Not Covered by FAP
Burton D. Rabinowitz, M.D.	300 Mount Auburn Street, Suite 511	Cambridge	Not Covered by FAP
Cambridge Digestive Health	300 Mount Auburn Street, Suite 405	Cambridge	Not Covered by FAP
Cambridge Medical Associates	625 Mount Auburn Street, Suite 104	Cambridge	Covered by FAP
Cambridge Neurosurgical SpineCare, LLC	725 Concord Avenue, Suite 2300	Cambridge	Not Covered by FAP
Cambridge Otolaryngology	300 Mount Auburn Street, Suite 308	Cambridge	Not Covered by FAP
Cambridge Pediatrics	1493 Cambridge Street	Cambridge	Not Covered by FAP
Cambridge Podiatry Network, P.C.	678 Massachusetts Avenue, Suite 902	Cambridge	Not Covered by FAP
Cambridge Urological Associates, Inc.	300 Mount Auburn Street, Suite 302	Cambridge	Covered by FAP
Camp Erin Boston	17 Old County Road	Amesbury	Not Covered by FAP
CareGroup Parmenter Home Care & Hospice, Inc.	One Arsenal Marketplace	Watertown	Covered by FAP
CareGroup Parmenter Home Care & Hospice, Inc. - Wayland	268 Cochituate Road	Wayland	Not Covered by FAP
Center for Women - Mount Auburn Hospital	330 Mount Auburn Street	Cambridge	Covered by FAP
CHA - Medical Specialties - Cambridge Campus	1493 Cambridge Street	Cambridge	Not Covered by FAP

Charles River Community Health - Brighton - Ob/Gyn	495 Western Avenue	Brighton	Covered by FAP
Charles River Community Health - Waltham - Ob/Gyn	43 Foundry Ave.	Waltham	Covered by FAP
Commonwealth Oral and Maxillofacial Surgery	2353 Massachusetts Avenue	Cambridge	Not Covered by FAP
Crimson Foot and Ankle Specialists	725 Concord Avenue, Suite 3600	Cambridge	Not Covered by FAP
Davis Square Family Practice	260 Elm Street, Suite 105	Somerville	Not Covered by FAP
Department of Psychiatry	330 Mount Auburn Street, Clark One	Cambridge	Covered by FAP

Dermatology Associates of Concord	355 Waverley Oaks Road	Waltham	Not Covered by FAP
Dermatology Associates of Concord, Inc.	625 Mount Auburn Street	Cambridge	Not Covered by FAP
Dermatology Associates of Concord, Inc.	290 Baker Avenue	Concord	Not Covered by FAP
Division of Endocrinology and Metabolism	355 Waverley Oaks Road, Suite 100	Waltham	Covered by FAP
Division of Neurology	330 Mount Auburn Street, Suite 316	Cambridge	Covered by FAP
Donald Meyer, M.D.	1105 Massachusetts Avenue, Suite 11 E	Cambridge	Not Covered by FAP
ENT Surgery Associates, LLC	725 Concord Avenue, Suite 2300	Cambridge	Not Covered by FAP
Everest Healthcare Specialists, PLLC	22 Mill Street, Suite 207	Arlington	Not Covered by FAP
Family Practice Group, P.C.	11 Water Street, Suite 1-A	Arlington	Not Covered by FAP
Mount Auburn Practice for Women at Fresh Pond	725 Concord Avenue, Suite 1200	Cambridge	Covered by FAP
Gastroenterology and Hepatology Associates, P.C.	300 Mount Auburn Street, DOB 406	Cambridge	Not Covered by FAP
Genetics and Cancer Prevention Clinic	330 Mount Auburn Street, Wyman Three	Cambridge	Covered by FAP
Guy Rochman, M.D.	300 Mount Auburn Street, Suite 511	Cambridge	Not Covered by FAP
Harvard Medical Faculty Physicians	375 Longwood Avenue	Boston	Covered by FAP
Harvard Neurosurgical Associates at Mount Auburn	300 Mount Auburn Street, Suite 416	Cambridge	Not Covered by FAP

Harvard Vanguard Medical Associates	254 Second Avenue	Needham	Not Covered by FAP
Harvard Vanguard Medical Associates	133 Brookline Avenue	Boston	Not Covered by FAP
Harvard Vanguard Medical Associates	485 Aresenal Street	Watertown	Not Covered by FAP
Harvard Vanguard Medical Associates	26 City Hall Mall	Medford	Not Covered by FAP
Harvard Vanguard Medical Associates	40 Holland Street	Somerville	Not Covered by FAP
Harvard Vanguard Medical Associates	1611 Cambridge Street	Cambridge	Not Covered by FAP
Harvard Vanguard Medical Associates - Podiatry	111 Grossman Drive	Braintree	Not Covered by FAP
Helena Taylor, M.D.	300 Mount Auburn St , Ste 304	Cambridge	Not Covered by FAP

Herzstein Wellness Center	330 Mount Auburn Street, Wyman Three	Cambridge	Not Covered by FAP
Hospice Residence Parlin House	10 Green Way	Wayland	Not Covered by FAP
Integrated Health and Fitness Associates	36 Spinelli Place, Suite B	Cambridge	Not Covered by FAP
Jean J. Kim, M.D.	300 Mount Auburn Street, Suite 509	Cambridge	Covered by FAP
John H. Chaglassian, M.D.	1021 Massachusetts Avenue	Arlington	Not Covered by FAP
John V. Chobanian, M.D.	300 Mount Auburn Street, Suite 513	Cambridge	Not Covered by FAP
Kinnari Rahul Kher, M.D.	300 Mount Auburn Street, Suite 405	Cambridge	Not Covered by FAP
Larry A. Weinrauch, M.D.	521 Mount Auburn Street, Suite 204	Watertown	Not Covered by FAP
Lexington Podiatry	76 Bedford Street, Suite 31	Lexington	Not Covered by FAP
Longfellow Primary Care, P.C.	625 Mount Auburn Street, Suite 101A	Cambridge	Not Covered by FAP
Longwood Plastic Surgery	235 Cypress Street, Suite 210	Brookline	Not Covered by FAP
Marino Center for Intergrated Health	2500 Massachusetts Avenue	Cambridge	Covered by FAP
Massachusetts Eye Research and Surgery Institution	1440 Main Street (Rt. 117), Suite 201	Waltham	Not Covered by FAP

Metropolitan Urological Associates, P.C.	300 Mount Auburn Street, Suite 413	Cambridge	Not Covered by FAP
MIT Medical Department	25 Carleton Street	Cambridge	Not Covered by FAP
MIT Medical Department	77 Massachusetts Avenue	Cambridge	Not Covered by FAP
MIT Medicine/OB-GYN Service	25 Carleton Street, E23	Cambridge	Not Covered by FAP
Mount Auburn Cardiology Services, Inc.	300 Mount Auburn Street, Suite 310	Cambridge	Not Covered by FAP
Mount Auburn Gastroenterology Associates	300 Mount Auburn Street, Suite 414	Cambridge	Covered by FAP
Mount Auburn Healthcare at Arlington	22 Mill Street, Suite 208	Arlington	Covered by FAP
Mount Auburn Healthcare at Lexington	57 Bedford Street, Suite 130	Lexington	Covered by FAP
Mount Auburn Healthcare at Waltham	355 Waverley Oaks Road	Waltham	Covered by FAP
Mount Auburn Healthcare at Waltham - Primary Care	355 Waverley Oaks Road, Suite 200	Waltham	Covered by FAP
Mount Auburn Healthcare Radiology Department	355 Waverley Oaks Road, Suite 150	Waltham	Covered by FAP

Mount Auburn Healthcare Radiology Department	22 Mill Street, Suite 106	Arlington	Covered by FAP
Mount Auburn Hematology/Oncology Associates	330 Mount Auburn Street, Wyman 3	Cambridge	Covered by FAP
Mount Auburn Hospital - Dept. of Psychiatry	330 Mount Auburn Street, Wyman 2	Cambridge	Covered by FAP
Mount Auburn Hospital - Division of Nephrology	300 Mount Auburn Street, Suite 515	Cambridge	Covered by FAP
Mount Auburn Hospital - Sleep Clinic	330 Mount Auburn Street, South 4	Cambridge	Covered by FAP
Mount Auburn Hospital - Stroke Service	300 Mount Auburn Street, Suite 316	Cambridge	Covered by FAP
Mount Auburn Hospital - Travel Medicine Center	330 Mount Auburn Street, South 1	Cambridge	Covered by FAP
Mount Auburn Hospital - Walk-In Center	330 Mount Auburn Street	Cambridge	Covered by FAP
Mount Auburn Hospital Emergency Department	330 Mount Auburn Street	Cambridge	Covered by FAP
Mount Auburn Hospital Infectious Disease Dept.	330 Mount Auburn Street, Needham 2	Cambridge	Covered by FAP
Mount Auburn Hospital Laboratory Drawing Station	725 Concord Avenue, Suite 1200	Cambridge	Covered by FAP
Mount Auburn Hospital Laboratory Drawing Station	300 Mount Auburn Street, Suite 512	Cambridge	Covered by FAP

Mount Auburn Hospital Laboratory Drawing Station	57 Bedford Street, Suite 130	Lexington	Covered by FAP
Mount Auburn Hospital Laboratory Drawing Station	22 Mill Street, Suite 301	Arlington	Covered by FAP
Mount Auburn Hospital Laboratory Drawing Station	330 Mount Auburn Street, South 1	Cambridge	Covered by FAP
Mount Auburn Hospital Laboratory Drawing Station	355 Waverley Oaks Road, Suite 250	Waltham	Covered by FAP
Mount Auburn Hospital Newborn Services	330 Mount Auburn Street	Cambridge	Covered by FAP
Mount Auburn Hospital Rehabilitation Services	725 Concord Avenue, Suite 5100	Cambridge	Covered by FAP
Mount Auburn Hospital Rehabilitation Services	625 Mount Auburn Street, First Floor	Cambridge	Covered by FAP
Mount Auburn Medical Associates	521 Mount Auburn Street, Suite 202	Watertown	Covered by FAP
Mount Auburn Pathologists	P.O. Box 380391	Cambridge	Not Covered by FAP
Mount Auburn Professional Services - Cardiology	300 Mount Auburn Street, Suite 418	Cambridge	Covered by FAP
Mount Auburn Professional Services at Reservoir Medical Associates	725 Concord Avenue, Suite 2000	Cambridge	Covered by FAP
Mount Auburn Pulmonary Consultants	300 Mount Auburn Street, Suite 419	Cambridge	Covered by FAP
Mount Auburn Radiation at Concord Ave.	725 Concord Avenue, Suite 3400	Cambridge	Covered by FAP

Mount Auburn Radiation Oncology	330 Mount Auburn Street, Wyman 3	Cambridge	Covered by FAP
Mount Auburn Surgical	300 Mount Auburn Street, Suite 417	Cambridge	Covered by FAP
Mt. Auburn Pathologists, Inc.	330 Mount Auburn Street	Cambridge	Not Covered by FAP
New England Comprehensive Foot & Ankle Group, LLC	2211 Massachusetts Avenue, Suite 1	Cambridge	Not Covered by FAP
New England Eye Center at Mt. Auburn Hospital	725 Concord Ave., Suite 2200	Cambridge	Not Covered by FAP
Northeast Surgery Center, LLC	22 Mill Street, Suite 304	Arlington	Not Covered by FAP
Occupational Health Services	725 Concord Avenue, Suite 5100	Cambridge	Covered by FAP
Physician Associates at Mount Auburn	300 Mount Auburn Street, Suite 410	Cambridge	Covered by FAP
Presbyterian Church	330 Concord Street	Sudbury	Not Covered by FAP
Primary Care Center	330 Mount Auburn Street	Cambridge	Covered by FAP
Pro Sports Orthopedics, Inc.	300 Mount Auburn Street, Suite 505	Cambridge	Not Covered by FAP
Reservoir Medical Associates	725 Concord Avenue, Suite 2000	Cambridge	Not Covered by FAP
Robert M. Levin, M.D., MPH	113 Belmont Street	Belmont	Not Covered by FAP
Schatzki Associates, Inc.	330 Mount Auburn Street	Cambridge	Not Covered by FAP
Somerville Family Practice	1020 Broadway	Somerville	Not Covered by FAP
Stephen Sullivan, M.D.	300 Mount Auburn Street, Suite 304	Cambridge	Not Covered by FAP
Susan Elaine Pories, M.D.	300 Mount Auburn Street, Suite 313	Cambridge	Covered by FAP
The Boston Wellesley Plastic Surgery Center	332 Washington Street, Suite 205	Wellesley	Not Covered by FAP
The Boston Wellesley Plastic Surgery Center	1153 Centre Street, Suite 54	Boston	Not Covered by FAP
The Hoffman Breast Center	330 Mount Auburn Street	Cambridge	Covered by FAP
The Pain Management Center	330 Mount Auburn Street, Wyman Ground	Cambridge	Covered by FAP
Torre Morgan, M.D.	300 Mount Auburn Street, Suite 513	Cambridge	Covered by FAP
Virginia S. Hung, M.D.	300 Mount Auburn Street, Suite 510	Cambridge	Not Covered by FAP



Vladimir Birjiniuk, M.D.	300 Mount Auburn Street, Suite 510	Cambridge	Covered by FAP
Waverley Primary Care	268 Trapelo Road	Belmont	Covered by FAP
Women's Healthcare at Arlington	22 Mill Street, Suite 204	Arlington	Covered by FAP
Women's Healthcare at Waltham	355 Waverley Oaks Road, Suite 275	Waltham	Covered by FAP
Yogman Pediatric Associates, P.C.	575 Mount Auburn Street, Suite 202	Cambridge	Not Covered by FAP
Mount Auburn Pediatrics	575 Mount Auburn Street, Suite 202	Cambridge	Covered by FAP

Updated 04/2025

**The following locations are reimbursable under the Health Safety Net Program for Mount Auburn Hospital Facility charges:**

- Mount Auburn Hospital - Dept. of Psychiatry
- Mount Auburn Hospital - Division of Nephrology
- Mount Auburn Hospital - Sleep Clinic
- Mount Auburn Hospital - Stroke Service
- Mount Auburn Hospital - Travel Medicine Center □ Mount Auburn Hospital Emergency Department □ Mount Auburn Hospital Infectious Disease Dept.
- Mount Auburn Hospital Laboratory Drawing Station
- Mount Auburn Hospital Newborn Services
- Mount Auburn Hospital Rehabilitation Services

## Appendix 6

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**Public Access** Information on the MAH Financial Assistance Policy, Plain Language to Documents Summary, Financial Assistance Application, Medical Hardship Application and the MAH Credit and Collection Policy will be made available to patients and the community served by MAH through a variety of sources, free of charge:

1. Patients and Guarantors may request copies of all documents pertaining to Financial Assistance and Credit and Collections, and may request assistance in completing both the Financial Assistance and Medical Hardship Applications, via phone, mail or in person at:

2.

Mount Auburn Hospital  
Financial Assistance Department  
330 Mount Auburn Street, Clark Building, 2<sup>nd</sup> Floor  
Cambridge, MA 02138  
(617) 499-5560

3. Patients and Guarantors may download copies of all documents pertaining to Financial Assistance and Credit and Collection Policy via the MAH public website:  
<https://www.mountauburnhospital.org/patients-visitors/billinginsurance/billing-policies/>

The Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and Credit and Collection Policy will be translated into any language that is the primary language spoken by the lessor of 1,000 people or 5% of the residents in the community served by MAH.

MAH has posted notices (signs) of availability of Financial Assistance as outlined in this policy in the following locations:

1. General admissions, patient access, waiting/registration areas, or equivalent, including, for the avoidance of doubt, the emergency department's waiting/registration area;
2. Waiting/registration areas or equivalent of off-site hospital-licensed facilities; and
3. Patient financial counselor areas.

Posted signs are clearly visible (8.5" x 11") and legible to patients visiting these areas. The signs read:

**Mount Auburn Hospital Financial Counseling Service**

The Financial Counseling Service provides assistance in applying for MassHealth, Children's Medical Security Plan, Connector Care Plans, Premium Tax Credits and HSN (FREE CARE). We endeavor to work with you to explore the best options available that will meet your needs, including the arrangement of reasonable periodic payments of your Hospital bill(s). Our services are completely confidential and our staff is committed to providing the highest level of personalized service. For more information about our Financial Counseling Service or to schedule an appointment, please call us at 617-499- 5560, Monday through Friday, 8:00 a.m. – 4:30 p.m.

**Policy History**

<b>Date</b>	<b>Action</b>
September 2016	Policy approved by the Board of Directors
October 2023	Provider List Updated
August 2020	Revised Policy approved by BILH EVP/CFO and MAH Board Treasurer as Authorized Body of the Board
April 2024	Revised Policy approved by BILH EVP/CFO and MAH Board Treasurer as Authorized Body of the Board