Financial Assistance Policy

PURPOSE:

The purpose of this policy is to further the charitable mission of the Hospital and Medical Foundation of Paris Inc. (HMFP) (dba Horizon Health) by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with requirements of the Internal Revenue Code and implementing regulations.

SCOPE:

This policy is applicable to all Horizon Health's patients who live in our service area, which is defined as all of Edgar County and Clark County, and the following zip codes in surrounding areas:

61930 Hindsboro

61942 Newman

61912 Ashmore

61943 Oakland

61920 (Bushton and Rardin only)

61846 Georgetown

61850 Indianola

61870 Ridge Farm

61876 Sidell

61833 Tilton

61883 Westville and Belgium

61817 Catlin

61841 Fairmount

61841 - 61876 Jamaica Township

61844 Fithian

61857 Muncie

61858 Oakwood

61810 Allerton

Exceptions to the service area as follows:

1. All covered (insured) lives enrolled in our Horizon Health employee's health coverage

plan, regardless of county of residence.

- 2. Any employee who is uninsured or under insured through an outside health coverage plan, regardless of county of residence.
- 3. Patients who have recently moved out of our service area within the last six months.
- 4. Other circumstances as approved by the CFO.

POLICY:

I. ELIGIBILITY CRITERIA

The following classes of individuals and categories of care are eligible for financial assistance under this policy:

A. Financially In Need

To qualify as Financially In Need, the patient must be Uninsured or Under insured and have a Household Income of equal to or less than 250% of Federal Poverty Level. Assets will also be evaluated. The following definitions apply to such eligibility criteria:

"Uninsured": A patient who (i) has no health insurance or coverage under governmental health care programs, and (ii) is not eligible for any other third-party payment such as worker's compensation or claims against others involving accidents.

"Under insured": A patient who (i) has limited health insurance coverage that does not provide coverage for hospital services or other medically necessary services provided by Horizon Health or (ii) has exceeded the maximum liability under his/her insurance coverage.

"Household Income": The total income of all members living in the patient's household over the twelve (12) months prior to application for assistance under this policy.

Patients whose household income is equal to or less than 138% of Federal Poverty Level may be eligible and asked to apply for Medicaid.

B. Failure to Apply for Medicaid

Patients who may be eligible for Medicaid and fail to apply for Medicaid at Horizon Health's request are not considered eligible for financial assistance under this policy.

C. Categories of Care Eligible for Financial Assistance

Provided that the patient qualifies as Financially In Need, the following classes of care are eligible for financial assistance under this policy:

- · Emergency medical care
- · Medically necessary care

Regardless of a patient's status as Financially In Need, cosmetic procedures, special cash pay services, and Occupational Health services are not eligible for financial assistance under this policy.

Veterans: Financial Assistance is only available for services approved by the VA to be provided by Horizon Health.

II. COVERED PROVIDERS

Care provided by the Hospital and Hospital-employed physicians and practitioners is covered by this policy.

Care provided by independent community physicians and other independent service providers is not subject to this policy. Patients should contact these other providers to determine whether care is eligible for financial assistance.

Patients may obtain a current list of providers who are subject to this policy at no charge by visiting Horizon Health, 721 East Court St, Paris, IL 61944, calling 217-466-4257, or by visiting www.myhorizonhealth.org/financialassistance.

III. LIMITATION ON CHARGES & CALCULATION OF AMOUNT OWED

Patients who are deemed to be eligible for financial assistance under this policy will not be charged for care covered by this policy more than Amounts Generally Billed (AGB) by Horizon Health to individuals who have health insurance covering such care. Discounts granted to eligible patients under this policy will be taken from gross charges.

A. Calculation of Amounts Generally Billed (AGB)

The Hospital specific AGB is derived by using the prospective method for claims paid by Medicare Fee-for Service, together with any associated portions of these claims paid by Medicare beneficiaries (co-pays, deductibles). The AGB Percentage shall be updated annually for a twelve (12) month period from January I to December 3 I and allows I20 days for such changes to be made and updated in the FAP. The calculation of the Hospital-Specific AGB Percentage shall comply with the "prospective method" described in the IRS Regulation 50 I (r)-5(b) (I) (B). The current AGB percentage is 50%.

The Hospital limits the amounts charged for emergency and medically necessary services provided to individuals eligible for assistance under this Policy to not more than the amounts generally billed to individuals who have insurance coverage for such care.

B. Amount of Financial Assistance/Discount

Family Income as a % of Federal Poverty Level	% of Balance to be Written Off	
150% or less	100%	
151% - 170%	90%	
171% - 190%	80%	
191% - 210%	70%	
211% - 230%	60%	
231% - 250%	50%	

The Federal Poverty Guidelines are established and published annually by the Department of Health and Human Services. Options other than this financial assistance program may

be available to **Illinois uninsured** persons residing outside of Horizon Health's defined service area as described.

IV. APPLICATION PROCESS & DETERMINATION

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on Horizon Health's financial assistance application form to Horizon Health. Completed applications must be returned to Horizon Health at 721 East Court St., Paris, IL 61944.

Patients may obtain a copy of this policy, a plain language summary of this policy, and a financial assistance application free of charge (i) by mail by calling (217) 466-4257, (ii) by download from www.myhorizonhealth.org/financialassistance.co or (iii) in the patient services office, Financial Assistance Coordinator at Horizon Health, 721 East Court St., Paris, IL 61944. English and Spanish versions are available for the FAP, FAP application form, and plain language summary of the FAP. Further translation is available via the hospital's contracted service. Those include Polish, Chinese, Korean, Tagalog, Arabic, Russian, Gujarati, Urdu, Vietnamese, Italian, Hindi, French, Greek, and German.

A. Completed Applications

Upon receipt, Horizon Health will suspend any Extraordinary Collection Actions (ECAs) taken against the patient and process, review and make a determination on completed financial assistance applications submitted as set forth below.

Unless otherwise delayed as set forth herein, such determination shall be made within 60 days of submission of a timely completed application. Patients will be notified of Horizon Health's determination as set forth in the Billing and Collection provisions detailed in the separate Billing and Collection Policy.

To be considered "complete", a financial assistance application must provide all information requested on the form and in the instructions to the form and in the instructions to the form, including proof of income with 1-3 bank statements.

Horizon Health will not consider an application incomplete or deny financial assistance based upon the failure to provide any information that was not requested in the application or accompanying instructions. Horizon Health may take into account in its determination (and in determining whether the patient's application is complete) information provided by the patient other than in the application.

For questions and/or assistance with filling out a financial assistance application, the patient may contact the patient services office, Financial Assistance Coordinator at Horizon Health, 721 East Court St., Paris, IL 61944.

If a patient submits a completed financial assistance application and Horizon Health determines that the patient may be eligible for participation in Medicaid, Horizon Health will notify the patient in writing or by phone of such potential eligibility and request that the patient take steps necessary to enroll in such program. In such circumstances Horizon Health will delay the processing of the patient's financial assistance application until the patient's application for Medicaid is completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit an application

within thirty (30) days of Horizon Health's request, Horizon Health will process the completed financial assistance application and financial assistance will be denied due to the failure to meet the eligibility criteria set forth herein.

Final determination / approval of eligibility for financial assistance shall be made by the Chief Financial Officer up to \$5000.00. Approval for over \$5000.00 will be given by the Finance Committee of the Board of Trustees. Upon approval, the patient's account is then written off as Charity Care. This write-off is reflected on the income statement as an element of Deductions from Revenue.

B. Incomplete Applications

Incomplete applications will not be processed by Horizon Health. If a patient submits an incomplete application, Horizon Health will provide the patient with written or verbal notice setting forth the additional information or documentation required to complete the application. The written notice will include the contact information (telephone number and physical location of the office) of patient financial assistance. The notice will provide the patient with at least 10 days to provide the required information.

V. COLLECTION ACTIONS

For further information on the actions Horizon Health may take in the event of non-payment, please see Horizon Health's Billing and Collection Policy (Attachment I). Patients may obtain the Billing and Collection Policy free of charge (i) by contacting patient services office, Financial Assistance Coordinator (217) 466-4257, (ii) by request in person at patient accounts Horizon Health 721 East Court St, Paris, IL 61944, or (iii) by download at www.myhorizonhealth.org/financialassistance.

VI. EMERGENCY MEDICAL CARE

Emergency medical treatment will be provided without regard to ability to pay and regardless whether the patient qualifies for financial assistance under the financial assistance policy. Horizon Health will not take any action that may interfere with the provision of emergency medical treatment, for example, by demanding payment prior to receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care in the emergency department. Emergency medical treatment will be provided in accordance with Horizon Health policies governing and implementing the Emergency Medical Treatment and Active Labor Act.

Financial Assistance Policy Appendix A: Provider List Created 5/8/24; updated 10/29/2025		
Created 3/0/24, updated 10/29/2025		
Employed Providers	Covered by FA Policy	Comments/Exceptions to Coverage by Financial Assistance Policy
Anesthesia		
Leslie Brown, APRN, FNP, DWC*	Υ	
Jace Corray, APRN, CRNA*	Y	
Tara Crews, APRN, CRNA*	Y	
Kelsey Fuqua, APRN, FNP* James Griggs, MD	Y Y	
Erin Hein, APRN, CRNA*	Y	
Amelia Heise, APRN, CRNA*	Y	
Cassandra Kelly, APRN, CRNA Mary Koterba, DNAP, CRNA, APRN	Y Y	
Lee Ann Kowalski, APRN, CRNA	Y	
May Yu, APRN, CRNA	Y	
Brandi Larson, APRN, FNP	Y Y	
Elizabeth McBride, APRN, FNP* Kristin Mooneyham, APRN, FNP*	Y	
Jamie Norton, APRN, CRNA	Υ	
Amy Riley, APRN, FNP*	Y	
Adam Schneider, APRN, CRNA, DNP Bree Sparks, APRN, CRNA	Y Y	
Scott Williamson, APRN, CRNA	Y	
Bariatrics		
Yaniv Cozacov, MD	Y	
Fouad Hachem, MD	Υ	
Behavior Health		
Abby Barrett, LCSW	Υ	
Lisa Brinkerhoff, LCSW; Senior Care	Y	
William Elliott, PhD	Y	
Angie Boswell, LCSW, CADC; Dialysis	Y	
Karyssa Haase, LCSW Debra Hills, APRN, PMHNP; Sycamore	Y	
Jenny Houzenga, APRN, PMHNP; Sycamore	Y	
Danielle Ireland, APRN, FNP, PMHNP; Chrisman	Y	
Miranda Jeffries, LCPC Megan Jenkins, LCSW	Y Y	
Jaime Jensen, APRN, PMHNP	Y	
Kathryn Low, LMHCA; Sycamore	Y	
Heather Melton, LCSW; Home Care Scott Nauman, LCSW	Y	
Terra Ogle, LCSW, LPHA; Senior Care	Y	
Sarah Rohder, LCSW; Sycamore	Y	
Marissa Rollins, Social Services Coordinator Cassandra Simpson, LSW; Senior Care	Y Y	
Jennifer Smith, LMFT	Y	
April Stowers, Social Services Coordinator	Y	
Katie Sullivan, LSW, Social Services Coord.; Sycamore	Y	
Samantha Volstorf, APRN, FNP, PMHN Janet Ward, LCSW; Sycamore	Y	
David Welch, LCPC	Y	
Stephanie wilson, Social Services Coord; Sycamore	Y	
Qun Wu, MD, PhD	Y	
Cardiology		
Latia Summerville, APRN, FNP	Υ	
C. Tyson, MD	Y	
Cosmetics		
Angela Hamilton, APRN, FNP, DCNP, EZ Care Paris	N	
Kumar Sodvadiya, MD Arturo Menchaca, MD	N N	
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Dematology		
Angela Hamilton, APRN, FNP, DCNP; EZ Care Paris	Y	
Diabetes Education		
Leighsa Cornwell, BS, CDCES	Y	
Emergency Medicine		
Michael Abrahams, MD Anita Eisenhart, DO	Y Y	
Angela Gaddis, APRN, FNP*	Y	
Carmon Glover, DO	Y	
Sandra Grochowski, MD	Y	
Atif Jaleel, MD Peter Kamhout, MD	Y Y	
Justin Kriezelman, MD*	Y	
Asim Malik, DO	Y	
Patrick Martin, MD Clifford Mason, MD*	Y	
Amy Riley, APRN, FNP*	Y	
Shawn Robertson, DO	Y	
Jamie Shotts, APRN, FNP*	Υ	

Financial Assistance Policy Appendix A: Provider List		
Created 5/8/24; updated 10/29/2025		
Employed Providers	Constant has EA O. P.	Commonto/Europhiana & Courana hu Finna i 1 & 1 & 1 & 1 & 1
Matt Stetler, APRN, FNP	Covered by FA Policy Y	Comments/Exceptions to Coverage by Financial Assistance Policy
Latia Summerville, APRN, FNP*	Y	
Vera Tolova, MD	Y	
John Ventura, MD	Y	
Sheraef Walid, MD*	Y	
Endocrinology		
Dale Voges, APRN, FNP, CDCES, ADM	Y	
EZ Care		
Lori Carpenter, APRN, FNP	Υ	
Josh Childress, APRN, FNP*	Y	
Carrie Cunningham, APRN, FNP	Υ	
Judah Donaldson, APRN, FNP*	Y	
Kelsey Fuqua, APRN, FNP	Y	
Angela Gaddis, ARN, FNP	Y	
Kevin Hair, APRN, FNP	Y	
Jana Kearns, APRN, FNP Mikayla Lumaye, APRN, FNP	Y	
Elizabeth McBride, APRN, FNP*	Y	
Kayla Miller, APRN, FNP*	Y	
Jamie Shotts, APRN, FNP	Y	
Crystal White, APRN, FNP*	Y	
Family Practice		
Casey Anderson, APRN, FNP; Paris and Oakland	Y	
Arun Bajaj, MD; Paris and Oakland	Y	
Sara Conn, APRN, FNP	Υ	
Kelsey, Fuqua, APRN, FNP	Y	
Kristina Gabbard, APRN, FNP; Chrisman	Y	
Debbie Griffin, APRN, FNP, CDCES	Y	
Danielle Ireland, APRN, FNP, PMHNP; Chrisman	Y	
Kayla Miller, APRN, FNP	Y	
Charlene Moore, APRN, FNP Kayla Ogle, APRN, FNP	Y	
Laney Robinson, MD	Y	
Rahat Sheikh, MD	Y	
Kumar, Sodvadiya, MD	Y	
Nic Thomas, APRN, FNP; Paris and NAL Health Clinic	Y	
Micah Thompson, MD	Y	
Samantha Volstorf, APRN, FNP, PMHNP	Y	
Jessica Walker, APRN, FNP; Sycamore	Y	
Paige Wampler, APRN, FNP; NAL Health Clinic	Y	
Joy Whitt, APRN, FNP; Sycamore	Y	
Mallory Simonton, APRN, FNP; Marshall Megan Paxson, APRN, FNP' Tilton	Y	
Micgail axson, Al IIII, I III I IIII		
General Surgery		
Yaniv Cozacov, MD Fouad, Hachem, MD	Y	
rouau, nacheni, ivio	T T	
Haspitalist		
Hospitalist		
Lynne Adams, AORN, FNP	Y	
Shehzad Awan, APRN, FNP	Y	
Darren Brucken, MD Melinda Cornelius, APRN, FNP*	Y	
Tabbitha Gilman, APRN, FNP	Y	
Kevin Hair, APRN, FNP*	Y	
Naveen Kumar, MD	Y	
Jennifer Likens, APRN, FNP	Y	
Elizabeth McBride, APRN, FNP*	Y	
Kumar Sodvadiya, MD*	Y	
Ashley Stakeman, PA*	Y	
Internal Medicine		
Sowmya Gaviyappa, MD	Y	
Neurology		
Rakesh Garg, MD	Υ	
Nutrition		
Eva Kirchner, MS, RD, LDN	Y	
Heather Pfrank, MS, RD, LDN	Y	
Suzanne Schubert, MS, RDN, LDN	Y	
Mika Thomas, RDN, LDN	Y	
Brianne Turner, MS, RD, LDN; Dialysis	Y	
Occupational Health		
Leslie Brown, APRN, FNP, DWC	Y	
Sara Spesard, APRN, FNP	Y	
Crystal White, APRN, FNP*	Y	
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Employed Providers	Cm	Comments (Comments (Commen
Employed Providers	Covered by FA Policy	Comments/Exceptions to Coverage by Financial Assistance Policy
Orthopedics/Sports Med./Spine		
Jeff Bollenbacher, DO; Terre Haute and Paris	Y	
Judah Donaldson, APRN, FNP; Paris and Terre Haute	Y	
Harish Kempegowda, MD; Paris and Terre Haute	Y	
Dain Managament		
Pain Management		
Adam Schneider, APRN, CRNA, DNP	Υ	
Chanteel Allen, APRN, FNP; Sycamore	Y	
Daxton Duncan, APRN, FNP; Sycamore Thomas Pendergast, MD; Sycamore	Y Y	
Millie Kooistra, APRN, FNP; Sycamore	Y	
Kristin Mooneyham, APRN, FNP	Υ	
Robin Smiddy, APRN, FNP; Sycamore	Υ	
Pathology/Laboratory		
Patrick Kippenbrock, MD	Υ	
Podiatry/Wound Care		
Brittany Wojnicki, DPM	Υ	
Ballard, Anna	Y	
Radiology		
Bruce Houle, DO	Υ	
Rehabilitation Services		
Brock Athey, MPT, PT	Υ	
Annie Barrett, PT, DPT	Υ	
Danielle Colvin, PT, DPT, OCS	Y	
Danielle Duncan, MAT, LAT, ATC	Y	
Lorie Edwards, PT, DPT Brandy Finney, PT, MPT; Home Care	Y Y	
Morgan Gallion, ATC	Y	
Amanda Haar, MOT, OTR*; Home Care	Y	
Morgan Kincaid, PT, DPT, CLT	Υ	
Jenna Lawson, PT, DPT	Y	
Sarah Propst, MOT, OTR, CHT	Υ	
Jessica Ross, MS, CCC/SLP*; Home Care	Y	
Louise Shines, MAT, LAT, ATC Abi Snyder, PT, DPT	Y	
Brenda Stevens, MS, CCC/SLP	Y	
Rachael Vice, PT, DPT, ATC	Υ	
Hetal Vora, PT, DPT	Y	
Urology		
Michael Shanks, DO	Y	
Melissa Thomas, APRN, FNP	Υ	
Women's Health		
Gynecology		
Susan, Arp, APRN, FNP	Y	
Maria Horvat, MD Arturo Menchaca, MD	Y Y	
Obstetrics(through second trimester)	•	
Maria Horvat, MD	Υ	
Urogynecology		
Arturo Menchaca, MD	Υ	
Wound Care		
Yaniv Cozacov, MD	Υ	
Anna Ballard, DPM	Υ	
Brittany Wojnicki, DPM	Y	
Visiting Specialists		
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Cardiology		
Tony Nasser, MD	N	
TOTY HEADSEL, MID	IN.	
Dialysis		
Gaurav Kumar Verma, MD	V	Covered if HMFP bills for services rendered.
Gaurav Kumar Verma, MD Manish Gera, MD	Y Y	Covered if HMFP bills for services rendered. Covered if HMFP bills for services rendered.
Lynnaire Jastillano, PA	Y	Covered if HMFP bills for services rendered.
Raj Jeevan, MD	Y	Covered if HMFP bills for services rendered.
Megan Temples, APRN, FNP	Y	Covered if HMFP bills for services rendered.
Gastoenterology		
Alicia Sledge, MSN, APRN	Υ	Covered if HMFP bills for services rendered.
Nephrology (Kidney)		
Gaurav Kumar Verma, MD	Y	Covered if HMFP bills for services rendered.
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Manish Gera, MD	Υ	Covered if HMFP bills for services rendered.
Lynnaire Jastillano, PA	Υ	Covered if HMFP bills for services rendered.
Raj Jeevan, MD	Υ	Covered if HMFP bills for services rendered.
Megan Temples, APRN, FNP	Υ	Covered if HMFP bills for services rendered.
Oncology/Hematology		
Donnetta Burgess, APRN, FNP	Υ	Covered if HMFP bills for services rendered.
Priyank Patel, MD	Υ	Covered if HMFP bills for services rendered.
Opthalmology(Eye)		
Wagih Satar, MD	N	Covered if HMFP bills for services rendered.
Psychology		
Marilyn Marks-Frey, PhD	N	
Psychiatry		
Ronald Johnson, MR; Senior Care	Υ	Covered if HMFP bills for services rendered.
Rheumatology		
Donnetta Burgess, APRN, FNP	Υ	Covered if HMFP bills for services rendered.
Mehmoodur Rasheed, MD	Υ	Covered if HMFP bills for services rendered.
*PRN providers		