



Policy Statement

Anderson Regional Medical Center (ARMC) is committed to providing high quality, compassionate health care to you and your family. In order to maintain our high standards of health care delivery in the most cost- effective manner, a co-pay is required. As a part of ARMC's mission to serve the health care needs of our community, financial assistance is available to patients who are without financial means to pay for emergency and medically necessary care. This policy sets the requirements for the ARMC Financial Assistance (FA) program.

Purpose

This policy serves to establish and ensure a fair and consistent method for the review and completion of requests for financial assistance to our patients in need. This policy is issued in compliance with section 501 (r) of the Internal Revenue code.

Scope

This policy applies to all emergency and other medically necessary care provided by the following (collectively referred to as "ARMC"):

- Anderson Regional Medical Center
- Anderson Regional Medical Center South Campus and its subsidiary
- Rural Health Clinics - Airpark, Enterprise, and Children's Clinic
- For a complete list of providers who adhere to this policy please see appendix B
- For example statements of covered providers please see appendix B-1
- For a complete list of providers who do not adhere to this policy please see appendix D

Definitions

Refer to Appendix A - Glossary of Policy

Article 1 Provisions

ARMC provides a FA program to mitigate financial barriers to receiving emergency and medically necessary care for eligible patients regardless of a patient's age, disability, gender, race, religious affiliation, social or immigrant status, sexual orientation, national origin, or membership status.

Section 1.1 Services Eligible Under the Financial Assistance Policy

FA may be applied to all emergency and medically necessary health care services provided by the facility including care provided by a substantially related entity as well as:

- Medical Center Inpatient - "Facility" inpatient services performed at ARMC and ARMC South, including Inpatient Rehab and Geriatric Psychiatry.

- Medical Center Outpatient - "Facility" outpatient services performed at ARMC and ARMC South including Anderson Pain and Wound Centers.
- Rural Health Clinics - Airpark, Enterprise, and Children's Clinic
- Please see Appendix B for a full list of providers who adhere to this policy.

Section 1.2 Financial Assistance Does Not Apply to the Following:

- Outlying affiliated clinics- please refer to provider list in Appendix D for affiliated providers who do not adhere to this policy.
- Any elective services considered cosmetic in nature
- Non-covered treatment or procedures
- Retail Pharmacy

Article 2 How to Apply for Financial Assistance

Section 2.1

- As part of the pre-admission, registration and/or discharge process, ARMC representatives will ask how the patient intends to pay for the Medical Center's services. All applicable EMTALA regulations will be followed. If the patient alleges inability to pay, ARMC staff may assist the patient in completing the FA application. Patients who are not qualified through presumptive measures must complete and submit an FA application to apply for the FA program.
- The FA program application describes the personal, financial and other information and documentation a patient must submit to support eligibility determination for public and private health coverage programs as well as the FA program. ARMC has the patients consent to verify all information given by the patient.
- Documentation may not be required in the event that ARMC financial counselors, or their 3rd party providers can utilize external data sources or electronic eligibility tools to verify the patient's or patient's guarantor's financial status, to support eligibility determination.
- For assistance with the FA policy application please contact: Patient Financial Services at 601-553-6850

Section 2.2

Patients who wish to apply for FA must submit a FA application within 240 days after the date that the first post-discharge billing statement for the episode of care was provided.

Section 2.3

- Completed applications including all required information and documentation should be submitted to ARMC for eligibility determination. Completed applications can be:
- Submitted by mail to Patient Financial Services, 2124 14th Street, Meridian, MS 39301, or
- Delivered in person to the address above

Section 2.4

ARMC reviews submitted applications within thirty working days of receipt and will determine whether the patient is eligible according to the ARMC FA Policy

Section 2.5

Incomplete applications are not considered. Patients are notified by mail or by phone when their application is incomplete and provided an opportunity to send in the missing documentation or information within two weeks from patient notification (i.e., date of patient mailing or phone conversation).

Section 2.6

- ARMC has the right to, and may, revoke, rescind or amend awards at our discretion when:
- A case of fraud, misrepresentation, theft, changes in a patient's financial situation or other circumstances that undermine the integrity of the FA program.
- If health coverage information or other payment sources are identified after a patient is awarded FA, retroactive billing adjustments may occur

Section 2.7

In the event that a patient believes their application was not properly considered, they may submit a written request for reconsideration. The request should include information that was not submitted with the original application to help support their reason for appealing the decision. The patient application denial letter provides information about the appeal process.

Section 2.8

If a determination was made that a patient has the ability to pay all or a portion of the self-pay bill and the patient's financial situation adversely changes at a later date, the patient may apply for re-consideration of the remaining balance of the patient's bill.

Article 3 Program Eligibility

Section 3.1

Patients are evaluated for eligibility for the FA at the earliest possible opportunity. ARMC may not deny FA under its FA policy based on an applicant's failure to provide information or documentation unless that information or documentation is described in the FA application.

Section 3.2

Evaluation of a patient's eligibility for FA includes the following steps:

3.2.1

Patients receive financial counseling, referral and assistance to identify potential public or private health coverage programs to assist with long term needs.

- The patient must cooperate with Anderson Regional Medical Center or its agents in finding any available coverage, either through governmental agencies, or private insurance coverage.

3.2.2

Patients are evaluated to determine if they meet presumptive eligibility criteria.

Presumptive eligibility exists under the following conditions:

- Illegal aliens whose identity cannot be established
- Decedents with no estate or known family. Criteria for this include must obtain letter from family stating no probate established at Chancery Clerk Office and/ or no assets. Internal software (Search America)

will be utilized to validate assets by Credit Manager. All probates in Chancery Court will be validated by Credit Manager.

- Transient, homeless persons
- Persons whose identity cannot be established - The Financial Counseling Director or Revenue Cycle Director must approve these accounts for Charity Care.
- If a patient was previously determined to be financial assistance eligible within the past 6 months, presumptive eligibility exists.

Section 3.3

Patients who meet presumptive eligibility may be required to complete basic financial information and attest to its validity.

Section 3.4

Any patient who meets presumptive eligibility criteria is eligible for financial assistance.

Section 3.5

Patients who do not meet presumptive eligibility criteria are evaluated to determine if they meet FA eligibility criteria.

- Number of dependents (based on IRS guidelines) residing in a household and their combined gross annual Household Income, plus other factors.
- In addition to income, other factors include: other assets, amount and frequency of medical expenses, current vs. future earning capacity, etc.
- Financially Indigent: Determining Financial Indigence is based upon an affordability calculation that considers the interaction between household income, household size, affordability guidelines and balance of the self-pay bill.
- Affordability Guidelines — Affordability Guidelines are developed from the Federal Poverty Guidelines, coupled with guidelines established by the Housing and Urban Development (HUD) authority

Article 4 Financial Assistance Program Award Structure

Section 4.1

ARMC provides financial assistance to eligible patients in any of the following manners:

- For a particular course of treatment and /or episode of care.
- Patients may be eligible for FA up to 6 months after the initial eligibility determination based on a discussion with financial counselors.

Section 4.2

ARMC uses the Look Back method to calculate amounts generally billed (AGB) to individuals insured for emergency and other medically necessary care. For details relating to the AGB calculation and current applicable percentage, see Appendix C. Following a determination of FA eligibility, the FA eligible individual will not be charged more than AGB for emergency and other medically necessary care.

Section 4.3

Basis for calculating amounts charged for FA

- 4.3.1** Eligible uninsured patients receive a financial assistance discount (subject to the co-pay described in section 4.4) on all eligible services and medical supplies.
- 4.3.2** Eligible insured patients receive financial assistance discount (subject to the co-pay described in section 4.4) for the portion of the bill that is not covered by insurance.
- 4.3.3** Eligible insured patients may be asked to provide documentation (e.g. Explanation of Benefits or EOB) to determine the portion of the bill not covered by insurance.
- 4.3.4** Eligible insured patients are required to provide ARMC with the payments received from their insurer.
- 4.3.5** Eligible uninsured patients under this policy will not be charged more than amounts generally billed to insured patients who receive the equivalent care.

Section 4.4

All eligible patients will be responsible for a co-pay as detailed below. The co-pay will be the lesser of the amounts specified below or an amount which shall not exceed the amounts generally billed to insured individuals who receive the equivalent care. The co-pay will not be collected in advance for any patient receiving emergency medical services.

- Patients will not be denied service for emergency and other medically necessary care because of an outstanding balance with ARMC.
- EMTALA regulations (Emergency Medical Treatment and Active Labor Act), require that a medical screening exam be performed to determine if a patient is experiencing an emergent condition or a woman is in active labor, prior to

any financial arrangements being requested. After a medical screening to determine if an emergency medical condition exists, and there is no emergent condition, payment may be requested prior to continuing with treatment.

- Where no emergent condition exists, all uninsured Emergency Department patients are required to pay a co-pay of \$150 for every Emergency Department visit. This co-pay amount is not eligible for financial assistance and only applies to the "Facility" charges
- All uninsured Inpatients are required to pay a co-pay of \$200 per day, up to a maximum of \$800. This co-pay amount is not eligible for financial assistance and only applies to the "Facility" charges
- All uninsured Medical Center Outpatients are required to pay a co-pay of \$150 per visit. This co-pay amount is not eligible for financial assistance and only applies to the "Facility" charges.
- All uninsured Medical Center Observation patients are required to pay a co-pay of \$200 per day. This co-pay amount is not eligible for financial assistance and only applies to the "Facility" charges.

Section 4.5

In the event the individual overpaid for an episode of care the organization will either refund the excess payment or apply it to an outstanding balance for services provided by the ARMC.

All credits resulting from payments made by patients, that do not qualify for a refund, will be applied to another open account as the first option to reduce unpaid balances, particularly those that are aged and or in bad debt.

Article 5 Action in the Event of Non-payment

Section 5.1

The organization's Financial Assistance Counselor had the final authority for making determinations of eligibility. ARMC does not conduct, or permit collection agencies to conduct on their behalf, collection actions against individuals before 120 days following the initial billing. After the initial billing ARMC will make reasonable efforts to notify the patient of the financial assistance offered. The following collection efforts will be pursued in compelling circumstances after the 120 notification period and after approval from ARMC personnel who can be reached at 601-553-6850

5.1.1 Permitted collection actions include, but are not limited to:

- Wage garnishment
- Legal action
- Credit reporting

5.1.2

ARMC will notify patients at least 30 days prior to engaging in any of the above collection actions

Section 5.2

Before engaging in any collection action(s) or reporting to a credit or collection agency, patients/guarantors are informed of the financial assistance program.

Section 5.3

ARMC or outside collection agencies cancel and return on a retrospective basis, any accounts that qualify for charity care according to the eligibility criteria outlined in the financial assistance program.

Section 5.4

Before taking legal action for non-payment of medical bills, financial counseling is offered to determine whether the patient/guarantor is eligible for applicable public assistance programs or the financial assistance program.

Section 5.5

When reasonable collection efforts have occurred and the patient/guarantor debt is deemed uncollectible within a minimum of 120 days after the initial billing statement, qualified receivables will be placed with a collection agency.

Section 5.6

ARMC may contract with outside collection services to pursue collection of delinquent accounts. All unpaid accounts without prior exception or payment arrangements are placed in outside collection after a minimum of 120 days from the initial billing statement and the delivery of all scheduled patient account statements to the patient/guarantor has occurred. The collection agency may not report to the credit bureau until 120 days after the initial billing statement.

Section 5.7

Collection agencies may report adverse information to a consumer credit reporting agency or commence civil action against the patient/guarantor for nonpayment only after completing appropriate collections per contract and laws. ARMC reserves the right to request deletions of accounts reported to a credit bureau only due to errors.

Article 6 Measures to Publicize the Financial Assistance Program

Section 6.1

- Information about the financial assistance program and the availability of financial counseling is communicated broadly. Financial assistance program communications include, but are not limited to the following:
- Counseling for financial assistance from ARMC is available to all patients.

Section 6.2

Information about the financial assistance program including copies of the financial assistance policy, how to apply for financial assistance (e.g. application form) and program brochures are available to the general public without charge. This information is available in any of the following ways:

- Electronic copies can be accessed on the ARMC website at: www.andersonregional.org
- Paper copies are available free of charge by mail at: Patient Financial Services, 2124 14th Street, Meridian, MS 39301
- Paper copies are available free of charge upon request from the Patient Financial Services office at 2124 14th Street, Meridian, MS 39301
- Paper copies are also made available free of charge in the admissions office and in the emergency department
- On billing statements/invoices.
- From ARMC personnel upon request.

Section 6.3

ARMC informs local public agencies and community organizations that address the health needs of the community's low-income population

Appendix A– Glossary of Policy Terms

Amounts Generally Billed – for purposes of this financial assistance policy, are the amounts that would be the total expected payment amount for services rendered by the facility if the patient had third party coverage. The amounts generally billed percentage is determined by taking the sum of the total amounts allowed by insurers and Medicare and divided it by the sum of the associated gross charges for those claims over a 12 month period.

Financial Assistance - is the cost of providing free or discounted care to individuals who cannot afford to pay, and for which ARMC ultimately does not expect payment. ARMC clinic may determine inability to pay before or after medically necessary services are provided. This is also referred to as Charity Care.

Bad debt - is the cost of providing care to persons who are able but unwilling to pay all or some portion of the medical bills for which they are responsible.

Facility Services - Services provided by, or at the location of, the acute-care facility, that are billed as part of the facility bill. This does not include "professional services".

Professional Services - Services provided by a physician, or approved provider, who can legally bill for those services separately from the facility services. These services do not include "facility services".

Medically Necessary Services - Services required to:

- diagnose or prevent an illness, injury, or condition ◦ keep a condition from getting worse,
- lessen pain or severity of a condition,
- help improve a condition, or
- restore lost skills (rehabilitation)

Non-Medically Necessary Services - Services that are elective in nature, that are not necessarily required to

- diagnose or prevent an illness, injury, or condition,
- keep a condition from getting worse,
- lessen pain or severity of a condition,
- help improve a condition, or
- restore lost skills (rehabilitation)

Affordable Balance - The Affordable Balance is the patient-responsible balance for an uninsured patient that Anderson Regional Medical Center has determined through established criteria and analysis that the patient should be able to pay.

Household Size - The number of dependents (based on IRS guidelines) living in the same house or apartment as the patient and has their financial needs met by either the patient or guarantor.

Household Income - is "gross income" not considering tax withholding. Household Income includes income from all sources including but not limited to: employment, disability, unemployment, Social Security, self-employment, rental income, pensions, royalties, alimony, sales of assets, etc., including illegal income or income not reported to taxing authorities.

Managed Care - Third-party payors who have a formalized contract with Anderson Regional Medical Center.

Appendix B - List of Providers eligible for Financial Assistance

Anderson Cancer Center
Anderson Express Care Clinic
Anderson Family Medical Center-Airpark
Anderson Family Medical Center-Enterprise
Anderson Regional Medical Center
Anderson Children's Medical Clinic
Anderson Professional Services

Appendix B-1 Sample Statements for covered providers

GUARANTOR NAME

STATEMENT DATE

GUARANTOR NUMBER

09/05/17

GN

PATIENT NAME / DATE	ACCOUNT NO. / DESCRIPTION	SERVICE/ADMIT DATE	CHARGES/PAYMENTS ADJUSTMENTS	ACCOUNT BALANCE
	Previous Balance	04/03/17	151.16	151.16
	Total Due			

Payments and charges received after the statement date will be reflected on the next statement.

IMPORTANT MESSAGES

See Back For More Information.



The premier medical care provider in East Mississippi & West Alabama.



Get answers to your medical questions from home



Get your test results faster



Keep track of your family's health



Online Payment Manager: www.andersonregional.org



E-mail: patientaccounts@andersonregional.org



Phone: 601-553-6850
Office Hours: Monday - Friday 8am - 4:30pm



Scan to make payment

Please contact us by any of these methods to update insurance, update address, or set up payment arrangements.

TO INSURE PROPER CREDIT, PLEASE DETACH AND RETURN BOTTOM PORTION IN THE ENCLOSED ENVELOPE.

GUARANTOR ACCOUNT STATEMENT



2124 14th Street • Meridian, MS • 39301

9780-8690

RETURN SERVICE REQUESTED

Please check if address below is incorrect and indicate change on reverse side

PAGE: 1 of 1



003594
0101



MERIDIAN, MS 39305-2559

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
CARD NUMBER						SIGNATURE CODE	
SIGNATURE						EXP. DATE	
PLEASE PRINT NAME							
DATE		GUARANTOR NUMBER		SHOW AMOUNT PAID			
09/05/17		GN		\$			
TOTAL AMOUNT DUE BY PATIENT ▶▶ 151.16 ◀◀							
Pay Online: www.andersonregional.org						656776B (PC2)	
PLEASE MAKE CHECKS PAYABLE AND REMIT TO:							

9780-8690*T070L8AN2000264

ANDERSON REGIONAL MEDICAL CENTER
PO BOX 22505
JACKSON, MS 39225-2505

63002329790000000151160905176

000004556-A

For Your Information

- State Law requires all health insurance companies to process claims within 30 days of initial billing.
- You are responsible for payment of any balance remaining after your insurance has paid.
- Account balances greater than 120 days may be placed with our external collection agency.
- Payments made by mail and online will be applied to the oldest balance first.

Discounts

You may be eligible for a prompt pay discount if your account is paid in full within 30 days of your first statement. Please contact our Patient Financial Services Department at 601-553-6850 for more details.

Monthly Payment Plans

You may be eligible to establish a monthly payment plan in order to pay your total amount due over a series of monthly installments. Please contact our Patient Financial Services Department at 601-553-6850 for more details.

Financial Assistance

Financial assistance is available for patients who meet eligibility criteria. Please contact our Patient Financial Services Department at 601-553-6850 for more details.

If you are uninsured or unable to pay your Hospital bill, we may be able to assist you in obtaining financial assistance benefits through federal, state, and hospital programs. Depending on your family income and assets, you may qualify for free or discounted hospital care through one of several financial assistance programs. For assistance call The Parallon Group at 601-553-6877.

Credit Balance

All credits resulting from payments made by patients, that do not qualify for a refund, will be applied to another open account as the first option to reduce unpaid balances, particularly those that are aged or in bad debt.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-774-4344

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-774-4344.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-774-4344。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-774-4344.

주의: 한국어 사용자하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-774-4344 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-774-4344.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-774-4344.

ملاحظة: إذا كنت تتحدث اللغة فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-774-4344

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-774-4344.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-774-4344.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-774-4344.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-774-4344 まで、お電話にてご連絡ください。

ANOMPA PA PISAH: [Chahta] makilla ish anompoll hokmg, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinia. Atokg, hattak yymm im anompoll chi bvnnakmvt, holhina pg pyyah 1-800-774-4344

संयना: जो तमे अजराती बोलता हो तो नि:शुल्क भाषा सहायता सेवाओ तभारा माटे उपलब्ध छे. कौन करी 1-800-774-4344

ध्यान दें: यदि आप किसी बोलते हैं तो आपके लिए मफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-774-4344 पर कॉल करें। 800-774-4344 'उ' बोलें वरते।

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE ()	MARITAL STATUS		<input type="checkbox"/> Separated
	<input type="checkbox"/> Single		<input type="checkbox"/> Divorced
	<input type="checkbox"/> Married		<input type="checkbox"/> Widowed
EMPLOYER'S NAME		TELEPHONE ()	
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE	
PRIMARY INSURANCE COMPANY'S ADDRESS		TELEPHONE ()	
CITY	STATE	ZIP	
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER	
YOUR SECONDARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE	
SECONDARY INSURANCE COMPANY'S ADDRESS		TELEPHONE ()	
CITY	STATE	ZIP	
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER	

Anderson Regional Medical Center - South
 PO BOX 226791
 Jackson MS 39225-2679

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

MasterCard VISA DISCOVER AMERICAN EXPRESS

CARD NUMBER	SECURITY CODE
NAME ON CARD (PLEASE PRINT)	EXP. DATE
SIGNATURE	AMOUNT
STATEMENT DATE 09/10/2017	ACCOUNT # [REDACTED]
	PAY THIS AMOUNT \$17.00

0018

00001

AMOUNT PAID

[REDACTED]

MAKE CHECK PAYABLE & REMIT TO:

Anderson Regional Medical Center - South
 PO BOX 226791
 Jackson MS 39225-2679

ARMS0001-0000584-0000000-6492544-001-000008-#000001-0000

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.



AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	DESCRIPTION	AMOUNT	INSURANCE BAL.	PATIENT BAL.	ITEM BAL.
	ENCOUNTER [REDACTED]				
09/06/17	86580 - SKN TST TUBERCULOSIS ID	\$17.00		\$17.00	
	ENCOUNTER TOTAL	\$17.00	\$0.00	\$17.00	\$17.00

All credits resulting from payments made by patients, that do not qualify for a refund, will be applied to another open account as the first option to reduce unpaid balances, particularly those that are aged and or in bad debt.

BALANCE DUE: \$17.00

ACCOUNT CONDITION: Current: \$17.00 30 Days: \$0.00 60 Days: \$0.00 90 Days: \$0.00 120 Days: \$0.00

Account Number: [REDACTED]

Statement Date: 09/10/2017

For Billing Questions, Call 601-703-3480

Anderson Regional Medical Center - South
 PO BOX 226791
 Jackson MS 39225-2679

BASIC - GRN

Anderson Express Care Clinic

1400 20th Avenue, Ste D
Meridian MS 39301

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

MasterCard VISA DISCOVER

CARD NUMBER		SECURITY CODE
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		AMOUNT
STATEMENT DATE 09/03/2017	ACCOUNT #	PAY THIS AMOUNT \$182.00

0006

00001

AMOUNT PAID

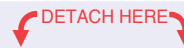
[REDACTED]

MAKE CHECK PAYABLE & REMIT TO:

Anderson Express Care Clinic
PO Box 2839
Meridian MS 39302-2839

ANEXP01-0000590-0000000-6476699-001-000002-#000001-0000

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ABOVE.



AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	DESCRIPTION	AMOUNT	INSUR BAL	PATIENT BAL
ENCOUNTER [REDACTED]				
01/03/17	90715 - TDAP VACCINE Greater Than 7 IM	\$49.00		\$49.00
01/03/17	90471 - IMADM PRQ ID SUBQ/IM NJXS 1 VACC	\$35.00		\$35.00
01/03/17	99202 - OFFICE OUTPT NEW 20 MINUTES	\$98.00		\$98.00
	ENCOUNTER TOTAL	\$182.00	\$0.00	\$182.00

BALANCE DUE: \$182.00

ACCOUNT CONDITION: Current: \$182.00 30 Days: \$0.00 60 Days: \$0.00 90 Days: \$0.00 120 Days: \$0.00

Account Number: [REDACTED] Statement Date: 09/03/2017

For Billing Questions, Call 601-703-3480

Anderson Express Care Clinic
PO Box 2839
Meridian MS 39302

ANEXP01-0000590-0000000-6476699-001-000002-#000001-0000

BASIC

Anderson Professional Services

2124 14th Street
Meridian MS 39301

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.

MasterCard VISA DISCOVER AMERICAN EXPRESS

CARD NUMBER	SECURITY CODE
NAME ON CARD (PLEASE PRINT)	EXP. DATE
SIGNATURE	AMOUNT
STATEMENT DATE 09/03/2017	ACCOUNT # [REDACTED] PAY THIS AMOUNT \$1,316.70

0006

00001

AMOUNT PAID

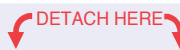
[REDACTED]

MAKE CHECK PAYABLE & REMIT TO:

Anderson Professional Services
2124 14th Street
Meridian MS 39301-4040

ANDPRO01-0000598-0000000-6476700-001-000001-#000001-0000

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ABOVE.



AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	DESCRIPTION	AMOUNT	INSUR BAL	PATIENT BAL
	ENCOUNTER [REDACTED] FOR [REDACTED]			
05/23/17	49000 - EXPL LAPT EXPL CELIOTOMY +-BX SPX	\$1,503.00		\$1,316.70
06/20/17	Commerical Adjustment CO45 (Charges exceed your c	\$186.30-		
	ENCOUNTER TOTAL	\$1,316.70	\$0.00	\$1,316.70

BALANCE DUE: \$1,316.70

ACCOUNT CONDITION: Current: \$0.00 30 Days: \$0.00 60 Days: \$1,316.70 90 Days: \$0.00 120 Days: \$0.00

Account Number: [REDACTED] Statement Date: 09/03/2017

For Billing Questions, Call 601-703-3480

Anderson Professional Services
2124 14th Street
Meridian MS 39301

Appendix C

Amount Generally Billed Calculations are based on Medicaid activity incurred at Anderson Regional Health System. Medicaid receipts were divided by Medicaid charges to establish the AGB discount percentage of 62%.

Appendix D - List of Providers not eligible for Financial Assistance

All About Smiles Dental Center
Anderson Cardiac Surgical Associates
Anderson - Locum Tenen
Anderson Ear, Nose & Throat Center
Anderson East MS Endoscopic Center
Anderson Emergency Medicine
Anderson Hospital Medicine
Anderson Neurology Center
Anderson Physician Alliance
Anderson Urology Clinic of Meridian
Austin W. Holmes, DMD, PLLC
Behavioral Medicine Clinic, Inc.
Cardiovascular Institute of the South
Cook Eye Center
Diagnostic Tissue/Cytology Group, PLLC
East Mississippi Medical Clinic
East Mississippi Oral and Facial Surgery
Eye Clinic of Meridian
Family Counseling Services
Foot Clinic of Meridian
Greater Meridian Health Clinic
Hattiesburg Clinic, PA
Hickory Family Medical
Internal Medicine Clinic
Keystone Healthcare Management
Laboratory Corporation of America
Lakeland Anesthesia
LifeLinc Anesthesia, PLLC
Magnolia Foot Clinic
Medical Arts Pediatric Group
Medical Arts Surgical Group
Medical Plaza Eye Clinic
Meridian Anesthesiology Group
Meridian Center for Oral and Facial Surgery
Meridian Dental Associates
Meridian Ear Nose and Throat Clinic
Meridian Emergency Physicians, LLP
Meridian Imaging PC
Meridian Medical Associates
Meridian OB/Gyn, PLLC
Meridian Oncology Associates
Meridian Ophthalmic Associates
Meridian Orthopaedic Clinic
Meridian Pediatric Dental Group
Meridian Pediatrics, LLC
Meridian Plastic Surgery
Meridian Weight Management Center
Mississippi Asthma & Allergy Clinic, PA
Nelson Center for Women
Neonatal Services
Neshoba Medical Associates
Pain Management Center of Meridian
Premier Women's Center
Reed Anesthesia PLLC
Robert Berg MD
Robert Justus, DDS
Rush Medical Arts Surgical Group
Rush Medical Group
Rush OB-GYN
Rush Pain Treatment Center
Rush Urology
Team Health Midwest
The Purvis Clinic
Total Pain Care LLC
UMC Pediatric Cardiology
UMMC Pediatric Cardiology
UMMC Pediatric Neurology
Urology Specialists of Mississippi
Virtual Radiology
Weatherby - Ortho
Woman's Group of Meridian, PLLC
Women's Medical Center of Meridian
Women's Wellness Institute