Ascension St. Vincent

PATAKARAN SA PINANSIYAL NA TULONG
10/01/26

PATAKARAN/MGA ALITUNTUNIN

Patakaran ng mga organisasyong nakalista sa ibaba ng talatang ito (na ang bawat isa ay tinutukoy na "Organisasyon") na tiyakin ang kasanayang makatarungan sa lipunan sa pagbibigay ng pang-emerhensiya at iba pang medikal na kinakailangang pangangalaga sa mga pasilidad ng Organisasyon. Partikular na idinisenyo ang patakarang ito upang matugunan ang pagiging kwalipikado sa pinansiyal na tulong ng mga pasyenteng nangangailangan ng pinansiyal na tulong at tumatanggap ng pangangalaga mula sa Organisasyon. Ang patakarang ito ay nalalapat sa bawat isa sa mga sumusunod na Organisasyon sa Ascension St. Vincent:

St. Vincent Hospital and Healthcare Center, Inc. d/b/a Ascension St. Vincent - Avon

1. Sasalamin ang lahat ng pinansiyal na tulong sa paninindigan at pagpapahalaga namin sa indibidwal na dignidad ng tao at kapakanan ng lahat, sa aming espesyal na malasakit para sa at pakikipagkaisa sa mga taong namumuhay sa kahirapan at iba pang mahihinang tao, at sa paninindigan namin sa katarungan at pangangasiwa para sa lahat.

2. Nalalapat ang patakarang ito sa lahat ng pang-emerhensiya at iba pang medikal na kinakailangang pangangalagang ibinibigay ng Organisasyon, kabilang ang mga serbisyo ng empleyadong doktor at kalusugan ng pag-uugali. Hindi nalalapat ang patakarang ito sa mga singil para sa pangangalagang hindi pang-emerhensiya at iba pang medikal na kinakailangang pangangalaga.

3. Ang Listahan ng Mga Provider na Saklaw ng Patakaran sa Pinansiyal na Tulong ay nagbibigay ng listahan ng anumang provider na nagbibigay ng pangangalaga sa mga pasilidad ng Organisasyon na tinutukoy kung alin ang saklaw ng patakaran sa pinansiyal na tulong at alin ang hindi.

MGA KAHULUGAN

Para sa mga layunin ng Patakarang ito, nalalapat ang mga sumusunod na kahulugan:

- Ang "**501(r)**" ay nangangahulugang Seksiyon 501(r) ng Internal Revenue Code at mga regulasyong ipinapahayag dito.
- Ang "**Amount Generally Billed**" (Halagang Karaniwang Sinisingil) o "**AGB**" ay nangangahulugan, kaugnay ng pang-emerhensiya at iba pang medikal na kinakailangang pangangalaga, sa halagang karaniwang sinisingil sa mga indibidwal na may insurance na sumasaklaw sa naturang pangangalaga.
- Ang "**Komunidad**" ay nangangahulugan sa pangunahing lugar ng serbisyo ng Ascension St. Vincent – Avon, na bagama't hindi eksklusibo rito, ay ang Hendricks County sa Central Indiana. Ituturing din na miyembro ng Komunidad ng Organisasyon ang isang Pasyente kung ang pang-emerhensiya at medikal na kinakailangang pangangalagang kailangan ng Pasyente ay pagpapatuloy ng pang-emerhensiya at medikal na kinakailangang pangangalaga na natanggap sa ibang pasilidad ng Ascension Health kung saan kwalipikado ang Pasyente para sa pinansiyal na tulong para sa naturang pang-emerhensiya at medikal na kinakailangang pangangalaga.

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- Ang "**Pang-emerhensiyang pangangalaga**" ay nangangahulugang pangangalaga upang gamutin ang isang medikal na kondisyong nagpapakita ng matitinding sintomas na sapat ang kalubhaan (kabilang ang matinding pananakit) na kung walang agarang medikal na atensyon ay maaaring magresulta sa malubhang pagtigil ng paggana ng katawan, malubhang pagpalya ng anumang organ o bahagi ng katawan, o maglagay sa kalusugan ng isang indibidwal sa malubhang panganib.
- Ang "**Medikal na kinakailangang pangangalaga**" ay nangangahulugang pangangalagang (1) naaangkop at naaayon at mahalaga para sa pag-iwas, diagnosis, o paggamot sa kondisyon ng Pasyente; (2) pinakaangkop na supply o antas ng serbisyo para sa kondisyon ng Pasyente na maibibigay nang ligtas; (3) hindi pangunahing ibinibigay para sa kaginhawaan ng Pasyente o pamilya, doktor, o tagapangalaga ng Pasyente; at (4) mas malamang na makakatulong sa halip na makapinsala sa Pasyente. Upang maituring na "medikal na kinakailangang pangangalaga" ang nakaiskedyul na pangangalaga sa hinaharap, ang pangangalaga at ang panahon ng pagbibigay nito ay dapat aprubahan ng Chief Medical Officer ng Organisasyon (o itinalaga). Dapat isagawa ang pagpapasiya sa medikal na kinakailangang pangangalaga ng isang lisensyadong provider na nagbibigay ng pangangalagang medikal sa Pasyente, at alinsunod sa desisiyon ng organisasyon, ng nag-admit at nag-refer na doktor, at/o ng Chief Medical Officer o ibang sumusuring doktor (depende sa uri ng pangangalagang inirerekomenda). Kung sakaling ang pangangalagang hinihiling ng Pasyente na saklaw ng patakarang ito ay napagpasiyahang hindi medikal na kinakailangan ng sumusuring doktor, dapat kumpirmahin din ng nag-admit at nag-refer na doktor ang pagpapasiya.
- Ang "**Organisasyon**" ay nangangahulugang *St. Vincent Hospital and Healthcare Center, Inc. d/b/a Ascension St. Vincent - Avon*.
- Ang "**Pasyente**" ay nangangahulugang mga taong tumatanggap ng pang-emerhensiya at iba pang medikal na kinakailangang pangangalaga sa Organisasyon at siyang may pinansiyal na responsibilidad para sa pangangalaga ng pasyente.

Ibinibigay na Pinansiyal na Tulong

Ang inilalarawang pinansiyal na tulong sa seksiyong ito ay limitado sa Mga Pasyenteng nakatira sa Komunidad:

1. Alinsunod sa iba pang probisiyon ng Patakaran sa Pinansiyal na Tulong, ang mga Pasyenteng kumikita nang mas mababa sa o katumbas ng 250% ng kita sa Pederal na Antas ng Kahirapan (Federal Poverty Level, "FPL") ay maaaring makatanggap ng 100% pangangalagang pangkawanggawa sa bahagi ng singil para sa mga serbisyong responisbilidad ng Pasyente kasunod ng pagbabayad ng insurer, kung mayroon, kung ang Pasyenteng ito ay napagpasiyahang kwalipikado alinsunod sa ipinagpalagay na scoring (inilalarawan sa Talata 5 sa ibaba) o kung nagsumite ng aplikasyon sa pinansiyal na tulong ("Aplikasyon") sa o bago ang ika-240 araw makalipas ang unang singil para sa paglabas ng Pasyente at inaprubahan ng Organisasyon ang Aplikasyon. Maaaaring makakuha ang Pasyente ng hanggang 100% pinansiyal na tulong kung nagsumite ang Pasyente ng Aplikasyon makalipas ang ika-240 araw ng unang singil para sa paglabas ng Pasyente, ngunit magiging limitado ang halaga ng makukuhang pinansiyal na tulong sa kategoryang ito sa di-bayad na balanse ng Pasyente matapos isaalang-alang ang anumang pagbabayad sa account ng Pasyente. Ang Pasyenteng kwalipikado para sa kategoryang ito ng pinansiyal na tulong ay hindi sisingilin nang mas malaki sa mga kinalkulang AGB na singil.

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2. Alinsunod sa iba pang probisiyon ng Patakaran sa Pinansiyal na Tulong na ito, ang mga Pasyenteng kumikita nang higit sa 250% ng FPL ngunit hindi hihigit sa 400% ng FPL, ay tatanggap ng sliding scale na diskuwento sa bahaging iyon ng mga singil para sa mga serbisyong ibinibigay kung saan responsable ang Pasyente kasunod ng pagbabayad ng insurer, kung mayroon man, kung magsusumite ang nasabing Pasyente ng Aplikasyon sa o bago ang ika-240 araw pagkatapos ng unang singil para sa paglabas ng Pasyente at inaprubahan ng Organisasyon ang Aplikasyon. Ang pasyente ay magiging kwalipikado para sa pinansiyal na tulong na sliding scale na diskuwento kung isusumite ng Pasyente ang Aplikasyon makalipas ang ika-240 araw pagkatapos ng unang singil para sa paglabas ng Pasyente, ngunit ang halaga ng pinansiyal na tulong na available sa isang Pasyente sa kategoryang ito ay limitado sa di-bayad na balanse ng Pasyente matapos isaalang-alang ang anumang pagbabayad na ginawa sa account ng Pasyente. Ang Pasyenteng kwalipikado para sa kategoryang ito ng pinansiyal na tulong ay hindi sisingilin nang mas malaki sa mga kinalkulang AGB na singil. Narito ang sliding scale na diskuwento:

   Ang mga Pasyente sa pagitan ng 251% FPL at 300% FPL ay makakatanggap ng 90% tulong
   Ang mga Pasyente sa pagitan ng 301% FPL at 350% FPL ay makakatanggap ng 80% tulong
   Ang mga Pasyente sa pagitan ng 351% FPL at 400% FPL ay makakatanggap ng 75% tulong

3. Alinsunod sa iba pang probisiyon ng Patakaran sa Pinansiyal na Tulong na ito, ang mga Pasyenteng kumikita nang higit sa 400% ng FPL ay maaaring maging kwalipikado para sa pinansiyal na tulong sa ilalim ng "Means Test" para sa ilang diskuwento sa mga singil sa Pasyente para sa mga serbisyo mula sa Organisasyon batay sa kabuuang medikal na utang ng Pasyente. Ang Pasyente ay magiging kwalipikado para sa pinansiyal na tulong alinsunod sa Means Test kung ang Pasyente ay may labis na kabuuang medikal na utang, na kinabibilangan ng medikal na utang sa Ascension at sinupamang provider ng pangangalagang pangkalusugan, para sa pang-emerhensiya at iba pang medikal na kinakailangang pangangalaga, na katumbas ng o mas malaki kaysa sa kabuuang kinikita ng sambahayan ng Pasyente. Ang antas ng pinansiyal na tulong na ibinibigay alinsunod sa Means Test ay pareho sa ipinagkakaloob sa pasyenteng kumikita ng 400% ng FPL sa ilalim ng Talata 2 sa itaas, kung magsusumite ang nasabing Pasyente ng Aplikasyon sa o bago ang ika-240 araw makalipas ang unang singil para sa paglabas ng Pasyente at inaprubahan ng Organisasyon ang Aplikasyon. Ang Pasyente ay magiging kwalipikado para sa means test na pinansiyal na tulong na diskuwento kung magsusumite ang nasabing Pasyente ng Aplikasyon pagkatapos ng ika-240 araw makalipas ang unang singil para sa paglabas ng Pasyente, ngunit ang halaga ng pinansiyal na tulong na available sa Pasyente sa kategoryang ito ay limitado sa di-bayad na balanse ng Pasyente matapos isaalang-alang ang anumang pagbabayad na ginawa sa account ng Pasyente. Ang Pasyenteng kwalipikado para sa kategoryang ito ng pinansiyal na tulong ay hindi sisingilin nang mas malaki sa mga kinalkulang AGB na singil.

4. Maaaring hindi kwalipikado ang isang Pasyente para sa pinansiyal na tulong na inilalarawan sa mga Talata 1 hanggang 3 sa itaas kung ang naturang Pasyente ay itituring na may sapat na asset para magbayad alinsunod sa isang “Asset Test.” Kasama sa Asset Test ang malalimang pagtatasa sa kakayahan ng Pasyente na magbayad batay sa mga kategorya ng mga asset na sinusukat sa Aplikasyon sa FAP. Ang Pasyenteng may mga naturang asset na lampas sa 250% ng nasabing halaga ng FPL ng Pasyente ay maaaring hindi kwalipikado para sa pinansiyal na tulong.

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5. Ang pagiging kwalipikado para sa pinansiyal na tulong ay maaaring mapagpasiyahan sa anumang punto sa siklo ng kita, at maaaring kasama ang paggamit ng ipinagpalagay na scoring para sa Pasyenteng may sapat na di-bayad na balanse sa loob ng unang 240 araw makalipas ang unang singil para sa paglabas ng Pasyente upang matukoy ang pagiging kwalipikado para sa 100% pangangalagang pangkawanggawa sa kabila ng pagkabigo ng Pasyente na makumpleto ang aplikasyon sa pinansiyal na tulong ("Aplikasyon sa FAP"). Kung binigyan ang Pasyente ng 100% pangangalagang pangkawanggawa nang hindi nagsusumite ng kumpletong Aplikasyon sa FAP at sa pamamagitan lamang ng ipinagpalagay na scoring, limitado ang halaga ng pinansiyal na tulong kung saan kwalipikado ang Pasyente sa di-bayad na balanse ng Pasyente matapos isaalang-alang ang anumang isinagawang pagbabayad sa account ng Pasyente. Ang pagpapasiya ng pagiging kwalipikado batay sa ipinagpalagay na scoring ay magagamit lamang sa yugto ng pangangalaga kung saan isinasagawa ang ipinagpalagay na scoring.

6. Para sa Pasyenteng lumalahok sa ilang partikular na plano sa insurance na itinuturing ng Organisasyon na "wala sa network," maaaring bawasan o tanggihan ng Organisasyon ang pinansiyal na tulong na maaaring maging available sa Pasyente batay sa pagsusuri ng impormasyon sa insurance ng Pasyente at iba pang makabuluhang impormasyon at sitwasyon.

7. Maaaring iapela ng Pasyente ang anumang pagtanggi sa pagiging kwalipikado para sa Pinansiyal na Tulong sa pamamagitan ng pagbibigay ng karagdagang impormasyon sa Organisasyon sa loob ng labing-apat (14) na araw sa kalendaryo mula sa pagtanggap ng abiso sa pagtanggi. Susuriin ng Organisasyon ang lahat ng apela para sa pinal na pagpapasiya. Kung paninindigan ng pinal na pagpapasiya ang naunang pagtanggi sa Pinansiyal na Tulong, papadalhan ang Pasyente ng nakasulat na abiso. Narito ang proseso para iapela ng mga Pasyente at pamilya ang mga desisyon ng Organisasyon patungkol sa pagiging kwalipikado para sa pinansiyal na tulong:
    a. Kailangang isumite ang lahat ng apela sa pamamagitan ng liham sa koreo sa: Ascension St. Vincent, Vice President ng Revenue Cycle, PO Box 713441, Chicago, IL 60677-4341.
    b. Isasaalang-alang ng komite sa pag-apela ng pinansiyal na tulong ng Organisasyon ang lahat ng apela, at ipapadala ang mga desisyon ng komite sa pamamagitan ng liham sa Pasyente o pamilyang nagsampa ng apela.

<u>Iba pang Tulong para sa mga Pasyenteng Hindi Kwalipikado para sa Pinansiyal na Tulong</u>

Ang mga pasyenteng hindi kwalipikado para sa pinansiyal na tulong, ayon sa inilalarawan sa itaas, ay maaari pa ring maging kwalipikado sa iba pang uri ng tulong na iniaalok ng Organisasyon. Upang maging kumpleto, nakalista rito ang iba pang uri ng tulong, bagama't hindi nakabatay ang mga ito sa pangangailangan at hindi nilalayong mapailalim sa 501(r) ngunit isinama rito para sa kaginhawaan ng komunidad na pinaglilingkuran ng Organisasyon.

1. Ang mga Pasyenteng walang insurance na hindi kwalipikado para sa pinansiyal na tulong ay bibigyan ng diskuwento batay sa diskuwentong ibinigay sa may pinakamalaking bayad para sa Organisasyong iyon. Dapat hindi bababa sa 3% ng populasyon ng Organisasyon ang

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babayaran ng may pinakamalaking bayad na sinusukat sa pamamagitan ng dami o kabuuang kinikita ng pasyente. Kung hindi binabayaran ng isang nagbabayad ang minimum na antas ng daming ito, dapat na i-average ang mahigit isang kontrata ng nagbabayad kung saan ang mga tuntunin ng pagbabayad na ginagamit para sa pag-average ay bumubuo sa hindi bababa sa 3% ng volume ng negosyo ng Organisasyon para sa taong iyon.

2. Ang mga Pasyenteng walang insurance at may insurance na hindi kwalipikado para sa pinansiyal na tulong ay maaaring makatanggap ng agarang diskuwento sa bayad. Ang agarang diskuwento sa bayad ay maaaring ialok bilang dagdag sa diskuwento para sa walang insurance na inilalarawan sa naunang talata.

Mga Limitasyon sa mga Singil sa Mga Pasyenteng Kwalipikado para sa Pinansiyal na Tulong

Ang mga Pasyenteng kwalipikado para sa Pinansiyal na Tulong ay hindi sisingilin nang hiwalay at mas malaki kaysa sa AGB para sa pang-emerhensiya at ibang medikal na kinakailangang pangangalaga at hindi hihigit sa mga kabuuang bayarin para sa lahat ng ibang medikal na pangangalaga. Kinakalkula ng Organisasyon ang isa o higit pang porsyento ng AGB gamit ang "look-back" na pamamaraan at kasama ang fee-for-service ng Medicare at lahat ng pribadong insurer sa kalusugan na nagbabayad ng mga paghahabol sa Organisasyon, alinsunod lahat sa 501 (r). Maaaring kumuha ng libreng kopya ng paglalarawan ng pagkalkula at (mga) porsiyento ng AGB sa website ng Organisasyon, o sa pamamagitan ng pagbisita sa anumang departamento ng Patient Registration, o sa pamamagitan ng pagtawag sa aming Customer Service Department.

Pag-apply para sa Pinansiyal na Tulong at Iba Pang Tulong

Maaaring maging kwalipikado ang isang Pasyente para sa pinansiyal na tulong sa pamamagitan ng pagiging kwalipikado sa ipinagpalagay na scoring o pag-a-apply para sa Pinansiyal na Tulong sa pamamagitan ng pagsusumite ng nakumpletong Aplikasyon sa FAP. Available ang Aplikasyon sa FAP at Mga Tagubilin sa Aplikasyon sa FAP sa website ng Organisasyon o sa pamamagitan ng pagbisita sa anumang departamento ng Patient Registration o sa koreo sa pamamagitan ng pagtawag sa aming Customer Service Department. Aatasan ng Organisasyon ang mga walang insurance na makipagtulungan sa isang pinansiyal na tagapayo upang mag-apply para sa Medicaid o iba pang pampublikong programa sa tulong kung saan ang pasyente ay itinuturing na posibleng kwalipikado upang maging kwalipikado para sa pinansiyal na tulong (maliban kung kwalipikado at naaprubahan sa pamamagitan ng ipinagpalagay na scoring). Maaaring tanggihan ang Pasyente para sa pinansiyal na tulong kung nagbigay siya ng maling impormasyon sa Aplikasyon sa FAP o kaugnay ng proseso ng pagiging kwalipikado sa ipinagpalagay na scoring, kung tatanggi ang pasyente na magtalaga ng pondo ng insurance o sa karapatang mabayaran nang direkta ng kumpanya ng insurance na maaaring obligadong magbayad para sa ibinigay na pangangalaga, o kung tatanggi ang pasyente na makipagtulungan sa isang pinansiyal na tagapayo para mag-apply para sa Medicaid o iba pang pampublikong programa sa tulong kung saan ang pasyente ay itinuturing na posibleng kwalipikado upang maging kwalipakado para sa pinansiyal na tulong (maliban kung kwalipikado at naaprubahan sa pamamagitan ng ipinagpalagay na scoring). Sa pagpapasiya tungkol sa pagiging kwalipikado para sa kasalukuyang yugto ng pangangalaga, maaaring isaalang-alang ng Organisasyon ang isang Aplikasyon sa FAP na nakumpleto nang wala pang anim na buwan bago ang anumang petsa ng pagpapasiya sa pagiging kwalipikado. Hindi isasaalang-alang ng Organisasyon ang isang Aplikasyon sa FAP na nakumpleto nang higit sa anim na buwan bago ang anumang petsa ng pagpapasiya sa pagiging kwalipikado.

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Pagsingil at Mga Pagkolekta

Ang mga aksiyong maaaring gawin ng Organisasyon kung sakaling hindi magbabayad ay inilalarawan sa isang hiwalay na patakaran sa pagsingil at pangongolekta. Maaaring kumuha ng libreng kopya ng patakaran sa pagsingil at pagkolekta sa website ng Organisasyon, sa pamamagitan ng pagbisita sa anumang departamento ng Patient Registration, o sa koreo sa pamamagitan ng pagtawag sa aming Customer Service Department.

Interpretasyon

Ang patakarang ito, kasama ang lahat ng nalalapat na pamamaraan, ay nilalayong sumunod sa at dapat isalin at ilapat alinsunod sa 501(r) maliban kung partikular na isinasaad.

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LISTAHAN NG MGA PROVIDER NA SAKLAW NG PATAKARAN SA PINANSIYAL NA TULONG

10/01/26

Tinutukoy ng listahan sa ibaba kung sinong mga provider ng pang-emerhensiya at iba pang medikal na kinakailangang pangangalaga na ibinibigay sa pasilidad ng ospital ang saklaw ng Patakaran sa Pinansiyal na Tulong (FAP). ***Tandaang hindi saklaw ng FAP para sa sinumang provider ang anumang pangangalagang hindi pang-emerhensiya at iba pang medikal na kinakailangang pangangalaga.***

Mga provider na saklaw ng FAP	Mga provider na hindi saklaw ng FAP
Lahat ng Doktor ng St. Vincent Medical Group	HOUSTON AARON II MD
Lahat ng Empleyadong Doktor ng St. Vincent	TARICK ABDO DPM
St. Vincent Emergency Physicians, Inc.	LESLIE ABRAMS TOBE MD
Indiana Physician Management, LLC.	CYNTHIA ACKLEY DA
CEP America d/b/a Vituity	THOMAS ACOTT MD
CHRISTOPHER BELCHER MD	WILLIAM ADAIR MD
MARKIAN BOCHAN MD	ANDREW ADAMS MD
ANGELA COREA MD	LAURENCE ADAMS MD
FRANCISCO DELGADO MD	NICHOLAS ADDLEMAN MD
TRACEY IKERD MD	ROBERT ADDLEMAN MD
BRADFORD BICHEY MD	SUE ADKINS RN
Yara Catoira-Boyle MD	SUSAN ADKINS NP
	JOSEPH AESCHLIMAN MD
	MICHAEL AGOSTINO MD
	VAIBHAV AGRAWAL MD
	JEFFREY AGRICOLA DPM
	ELIZABETH AHAUS RN
	STEVEN AHLFELD MD
	ERIC AITKEN MD
	LUKE AKARD MD
	JOHN AKER MD
	SYED AKHTAR MD
	CATHERINE ALBRIGHT NP
	ANDREW ALDEN MD
	MEGAN ALDERMAN MD
	YASSER ALDURRA MD
	HAYMA AL-GHAWI MD
	VINCENT ALENTADO MD
	MUDDASSIR ALINIAZEE MD

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	SAIF ALJEMMALI MD
	JANET ALKIRE DA
	LESA ALLISON DDS
	MONA ALQULALI MD
	RANDALL ALVEY RT
	BRENT AMBLER PA-C
	KRISHNA AMULURU MD
	SEWIT AMDE MD
	SYDNEY ANDERSON PHD
	CHRISTOPHER ANDERSON MD
	CARYN ANDERSON MD
	MARK ANDERSON DDS
	STANTON ANGERMEIER MD
	ELIZABETH ANSERT RN
	ERICA ANSPACH WILL MD
	DANIEL ANZALDUA MD
	JOHN ARBUCKLE MD
	PETER ARFKEN MD
	HASSAN ARIF MD
	JEANNE ARMSTRONG MD
	SUZANNE ARMSTRONG RN
	ANGELA ARNOLD DA
	MELISSA ARTHUR RN
	JUSTIN ARUNTHAMAKUN MD
	JAMES ASHER MD
	ANWAR ASHRAF MD
	AUSTIN ATHERTON DO
	JESSICA AUGENSTINE NP
	MICHELLE AXE MD
	BRIAN BADMAN MD
	URLLA BAHAMONDE
	RICKINDER BAINS DO
	NIHAL BAKEER MD
	SIVASANKER BAKTHAVACHALAM MD
	AARON BALANOFF MD
	CHRIS BALES MD
	KENDRA BALL DA
	VALERIE BALL MD
	SUSAN BALLINGER MD
	ROBERT BALTERA MD

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	MIEASHA BARKSDALE DPM
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	DARICE BARR PA
	BRENNAN BARRETT DO
	JOHN BARTLEY PA-C
	EDWARD BARTLEY MD
	MARK BARTON PA-C
	SARA BARTON PA
	JAMES BASTNAGEL MD
	JACOB BASTON
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	ROBERT BATLER MD
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	ELIZABETH BEACH MD
	JEFFREY BEACH MD
	KEVIN BEADLE DDS
	JAY BEAGLE DDS
	TERESA BEAM MD
	ANDREW BEARDSLEY MD
	LUANNA BEAUCHAMP MD
	EVART BECK MD
	STEPHEN BECK MD
	RICHARD BECKER MD
	PABLO BEDANO MD
	DIANE BEECK PA
	WILLIAM BEESON MD
	MICHAEL BEHFOROUZ MD
	VINAYAK BELAMKAR MD
	JESSICA BELCHOS RAGLAND MD
	MELODY BELL RN
	STACY BELL NP
	JAMES BELLMER
	JAMES BELT MD
	ERIC BELTZ MD
	HOMER BELTZ MD

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	LOWELL BENGERO PA
	LAURA BENJAMIN MD
	JONATHAN BENNETT MD
	RICHARD BENNETT MD
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