

Ascension Genesys Hospital
재정 지원 프로그램
October-23
적용/비적용 제공업체

본 목록에는 Reg.Sec. 1.504(r)-4(b)(1)(iii)(F) 및 Notice 2015-46에 따라 각 병원 시설에서 제공하는 응급 의료 서비스 및 의학적으로 필요한 의료 서비스 제공업체 중 재정 지원 정책(FAP)이 적용되는 업체가 기재되어 있습니다. 응급 의료 서비스가 아니거나 여타 방식으로 의학적으로 필요한 의료 서비스가 아닌 여타 의료 서비스 및 선택적 시술은 제공업체를 불문하고 FAP가 적용되지 않습니다.

다음 목록에는 각 Ascension Mid-Michigan 지역 시설에서 FAP가 적용되는 제공업체와 적용되지 않는 제공업체를 기재하였습니다. Ascension Mid-Michigan 지역에 속한 각 법인이 모두 포함된 전체 목록은 시설 웹사이트에서도 이용할 수 있으며 요청 시 종이 서류로도 제공합니다.

재정 지원 프로그램 적용 대상인 의료 서비스 제공업체를 정확하게 파악할 수 있도록 적용/비적용 제공업체 목록은 분기별 1회 이상 업데이트됩니다.

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