

**Ascension St. Joseph Hospital  
Financial Assistance Program**

*Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers.*

*The following list identifies covered and non-covered providers by FAP for each Ascension Mid-Michigan Region Facility. Full lists for each entity under Ascension Mid-Michigan Region are also available on the facilities website and in paper form upon request.*

*Covered/Non-Covered Provider Listings are updated at least quarterly to assure accurate identification of care providers covered and not covered by the Financial Assistance Program.*

[illegible]