

ASCENSION ST. JOHN
FINANCIAL ASSISTANCE POLICY
October 1, 2021

POLICY/PRINCIPLES

It is the policy of the organizations listed below this paragraph (each one being the “Organization”) to ensure a socially just practice for providing emergency and other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization. This policy applies to each of the following Organizations within Ascension St. John:

Ascension St. John Medical Center
Ascension St. John Owasso
Ascension St. John Broken Arrow
Ascension St. John Sapulpa
Ascension St. John Jane Phillips
Ascension St. John Nowata
Ascension St. John Clinic

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary care provided by the Organization, including employed physician services and behavioral health. This policy does not apply to charges for care that is not emergency and other medically necessary care.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- “**Amount Generally Billed**” or “**AGB**” means, with respect to emergency and other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “**Community**” means Ascension St. John which is comprised of six main hospitals in Northeastern Oklahoma with each facility serving their surrounding communities.
 - Ascension St. John Medical Center (Tulsa)
 - Ascension St. John Owasso
 - Ascension St. John Broken Arrow
 - Ascension St. John Sapulpa

Ascension St. John Jane Phillips (Bartlesville)

Ascension St. John Nowata

Ascension St. John Medical Center is a regional tertiary referral and trauma center serving the entire northeastern Oklahoma region, as well as parts of Kansas, Arkansas and Missouri. The primary service area is Tulsa County. Ascension St. John Owasso and Ascension St. John Broken Arrow are not-for-profit healthcare facilities serving the primary service area of Tulsa County. Ascension St. John Sapulpa is a not-for-profit hospital serving the primary service area of Creek County. Ascension St. John Jane Phillips primarily serves Washington County and its surrounding counties including all of Nowata and Osage. Ascension St. John Nowata serves the Nowata County area. A Patient will also be deemed to be a member of the Organization's Community if the emergency and medically necessary care the Patient requires is continuity of emergency and medically necessary care received at another Ascension Health facility where the Patient has qualified for financial assistance for such emergency and medically necessary care.

- **“Emergency care”** means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy
- **“Medically necessary care”** means care that is (1) appropriate and consistent with and essential for the prevention, diagnosis, or treatment of a Patient's condition; (2) the most appropriate supply or level of service for the Patient's condition that can be provided safely; (3) not provided primarily for the convenience of the Patient, the Patient's family, physician or caretaker; and (4) more likely to result in a benefit to the Patient rather than harm. For future scheduled care to be “medically necessary care,” the care and the timing of care must be approved by the Organization's Chief Medical Officer (or designee). The determination of medically necessary care must be made by a licensed provider that is providing medical care to the Patient and, at the Organization's discretion, by the admitting physician, referring physician, and/or Chief Medical Officer or other reviewing physician (depending on the type of care being recommended). In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **“Organization”** means Ascension St. John.
- **“Patient”** means those persons who receive emergency and other medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

Financial assistance described in this section is limited to Patients that live in the Community:

1. Subject to the other provisions of this Financial Assistance Policy, Patients with income less than or equal to 250% of the Federal Poverty Level income (“FPL”), will be eligible for 100% charity care on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any, if such Patient determined to be eligible pursuant to presumptive scoring (described in Paragraph 5 below) or submits a financial assistance application (an “Application”) on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for up to 100% financial assistance if Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments

made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.

2. Subject to the other provisions of this Financial Assistance Policy, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any, if such Patient submits an Application on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for the sliding scale discount financial assistance if Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

0% - 250% FPL Base = 100% write off

251% - 300% FPL Base = 80% write off

301% - 399% FPL Base = 70% write off

3. Subject to the other provisions of this Financial Assistance Policy, a Patient with income greater than 400% of the FPL may be eligible for financial assistance under a "Means Test" for some discount of Patient's charges for services from the Organization based on a Patient's total medical debt. A Patient will be eligible for financial assistance pursuant to the Means Test if the Patient has excessive total medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is equal to or greater than such Patient's household's gross income. The level of financial assistance provided pursuant to the Means Test is the same as is granted to a patient with income at 400% of the FPL under Paragraph 2 above, if such Patient submits an Application on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for the means test discount financial assistance if such Patient submits the Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the calculated AGB charges.
4. A Patient may not be eligible for the financial assistance described in Paragraphs 1 through 3 above if such Patient is deemed to have sufficient assets to pay pursuant to an "Asset Test." The Asset Test involves a substantive assessment of a Patient's ability to pay based on the categories of assets measured in the FAP Application. A Patient with such assets that exceed that exceed 250% of such Patient's FPL amount may not be eligible for financial assistance.
5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring for a Patient with a sufficient unpaid balance within the first 240 days after the Patient's first discharge bill to determine eligibility for 100% charity care notwithstanding Patient's failure to complete a financial assistance application ("FAP Application"). If Patient is granted 100% charity care without submitting a completed FAP Application and via presumptive scoring only, the amount of financial assistance for which

Patient is eligible is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A determination of eligibility based on presumptive scoring only applies to the episode of care for which the presumptive scoring is conducted.

6. For a Patient that participates in certain insurance plans that deem the Organization to be "out-of-network," the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient's insurance information and other pertinent facts and circumstances.
7. Patients that are eligible for financial assistance may be charged a nominal flat fee. The nominal flat fee will not exceed the AGB charge for services.
Approved Financial Assistance Fee
 - a. Emergency and/or Inpatient Services - \$100.00 per date of service
 - b. Outpatient and Reoccurring Services - \$25.00 per visit up to a maximum of \$250.00Pre-Agency Scoring Fee
 - a. Emergency and/or Inpatient Services - \$100.00 per date of service
 - b. Outpatient and Reoccurring Services - \$25.00 per visit up to a maximum of \$250.00
8. If a patient lives outside of the defined catchment area where they are seeking services, they are not eligible to apply for financial assistance and other means of payment should be established if the patient chooses to have treatment at an Ascension St. John facility. In addition, the patient's location to other facilities in their home community, who provide the same services will be explored.
 - a. If a patient is treated through the Emergency Department for an emergent service, is admitted to the hospital from the Emergency Department or is Direct Admit, the catchment area will be waived for that date of service only.
 - b. If a patient who lives outside the defined catchment area is referred to an Ascension St. John facility and has an order from the referring physician for a service not available within their home community and the service is medically necessary. Ascension St. John will review those services that qualify for financial assistance with a complete application and supporting documents. The patient must fully comply with the application process and policy guidelines.
9. The Patient may appeal any denial of eligibility for Financial Assistance by providing additional information to the Organization within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Organization for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to Patient. The process for Patients and families to appeal the Organization's decisions regarding eligibility for financial assistance is as follows:
 - a. Appeals and additional supporting documentation after a denial has been received can be mailed to Ascension St. John Financial Assistance Department 1802 E. 19th St, Tulsa, OK 74104.
 - b. All appeals will be considered by the Organization's financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

Other Assistance for Patients Not Eligible for Financial Assistance

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by the Organization.

1. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.
2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained on the Organization's website or by contacting the Ascension St. John Financial Assistance Department at (918)744-2451.

Applying for Financial Assistance and Other Assistance

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. The FAP Application and FAP Application Instructions are available on the Organization's website and at the following locations.

1. Patient Access Departments in all Ascension St. John facilities
2. Financial Assistance Department
4. Other departments performing admission functions
5. External agencies or business partners

The Organization will require the uninsured to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process, if the patient refuses to assign insurance proceeds or the right to be paid directly by an insurance company that may be obligated to pay for the care provided, or if the patient refuses to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). The Organization may consider a FAP Application completed less than six months prior to any eligibility determination

date in making a determination about eligibility for a current episode of care. The Organization will not consider a FAP Application completed more than six months prior to any eligibility determination date.

Billing and Collections

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained on the Organization's website or by contacting the Financial Assistance Department at (918)744-2451.

Interpretation

This policy, together with all applicable procedures, is intended to comply with and shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

ASCENSION ST. JOHN

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

October 1, 2021

The list below specifies which providers of emergency and other medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). *Please note that any care that is not emergency and other medically necessary care is not covered by the FAP for any providers.*

<u>Providers covered by FAP</u>	<u>Providers not covered by FAP</u>
Ascension St. John Medical Center - facility charges	EMSA and all ground/air ambulance and medical transport services
Ascension St. John Owasso - facility charges	Tulsa Radiology Associates
Ascension St. John Sapulpa - facility charges	Oklahoma Cancer Specialists and Research Institute
Ascension St. John Broken Arrow - facility charges	Surgery Inc.
Ascension Jane Phillips -facility charges	Tulsa Bone and Joint, including Union Pines Surgery Center and TBJ Ortho Urgent Care
Ascension Jane Phillips Nowata - facility charges	Urology Associates
All physicians and Providers doing business as “Ascension St. John Clinic”, including:	All Saints Durable Medical Equipment
Ascension Medical Group	Memorial Surgery Center
Family Medical Care Associates	Healthsouth Rehab Hospital of Tulsa
Ascension St. John Physicians - Emergency Care and Specialists	Fresenius Medical Care of Tulsa
St. John Anesthesia	Prairie House Assisted Living Center
Ascension St. John Urgent Care Utica	Corner Stone Long Term Acute Care Hospital
Ascension St. John Urgent Care Sand Springs	
Ascension St. John Urgent Care Jenks	All active and courtesy staff members of Ascension St. John – wholly owned hospitals and medical facilities that are not employees of the organizations doing business as “Ascension St. John Clinic”
Ascension St. John Urgent Care Memorial	
Ascension St. John Urgent Care Bixby	
Ascension St. John Urgent Care Bartlesville	
Ascension St. John Urgent Care Claremore	
Ascension St. John Clinic Bartlesville After Hours	
Bluestem Cardiology	
Bluestem Emergency Management	
Regional Medical Lab	

ASCENSION ST. JOHN

AMOUNT GENERALLY BILLED CALCULATION

July 1, 2021

Ascension St. John calculates one AGB percentage using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of that calculation and AGB percentage is described below.

The AGB percentages for Ascension St. John are as follows:

Ascension Jane Phillips	34%
Ascension St John Nowata	95%
Ascension St. John Broken Arrow	29%
Ascension St. John Medical Center	32%
Ascension St. John Owasso Hospital	32%
Ascension St. John Sapulpa	37%
Physician Providers DBA Ascension St. John Clinic	42%

This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility’s claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12- month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

Notwithstanding the foregoing AGB calculation, Ascension St. John has chosen to apply a lower AGB percentage (for all their hospitals and medical group) as follows:

AGB: 29%

ASCENSION ST. JOHN

Ascension St. John Medical Center
Ascension St. John Owasso
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Ascension St. John Jane Phillips
Ascension St. John Nowata
Ascension St. John Clinic

Summary of Financial Assistance Policy

Ascension St. John, including the health ministries listed above, have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension St. John has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension St. John provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension St. John. This summary provides a brief overview of the Ascension St. John Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance if you live in the Ascension St. John Community which is comprised of six main hospitals in Northeastern Oklahoma, Ascension St. John Medical Center (Tulsa), Ascension St. John Owasso, Ascension St. John Broken Arrow, Ascension St. John Sapulpa, Ascension St. John Jane Phillips (Bartlesville), and Ascension St. John Nowata with each facility serving their surrounding communities. Ascension St. John Medical Center is a regional tertiary referral and trauma center serving the entire northeastern Oklahoma region, as well as parts of Kansas, Arkansas and Missouri. The primary service area is Tulsa County. Ascension St. John Owasso and Ascension St. John Broken Arrow are not-for-profit healthcare facilities serving the primary service area of Tulsa County. Ascension St. John Sapulpa is a not-for-profit hospital serving the primary service area of Creek County. Ascension St. John Jane Phillips primarily serves Washington County and its surrounding counties including all of Nowata and Osage. Ascension St. John Nowata serves the Nowata County area. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. Emergency and or Inpatient services will have a copay due of \$100.00 per visit. Outpatient hospital services will have a copay due of \$25.00 per visit up to a maximum of \$250.00. If your income is above 250% of the Federal Poverty Level but does not exceed 400% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. If you have medical debt for emergency and medically necessary care that exceeds your income, you may be eligible for a discount. If you have assets in excess of 250% of your Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

What Services Are Covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact Ascension St. John Financial Assistance department at 1802 E. 19th St, Tulsa, OK 74104 on the fourth floor of the Kravis Building or call 918-744-2451 during operating hours, Monday through Friday from 8:00 am to 5:00 pm.

How Can I Get More Information?

Copies of the Financial Assistance Policy and the Financial Assistance Policy application are available at <https://healthcare.ascension.org/Financial-Assistance/Oklahoma> and at the following locations:

Financial Assistance Department, 1802 E. 19th St Tulsa OK 74104; Kravis building – fourth floor
Ascension St. John Medical Center in Tulsa, 1923 S Utica Ave Tulsa, OK 74104
Ascension St. John Owasso 12451 E 100th St N Owasso, OK 74055
Ascension St. John Broken Arrow, 1000 W Boise Circle Broken Arrow, OK 74012
Ascension St. John Sapulpa, 1004 E Bryan Ave Sapulpa, OK 74066
Ascension St. John Jane Phillips in Bartlesville, 3500 SE Frank Phillips Blvd Bartlesville, OK
Ascension St. John Nowata, 237 S Locust St Nowata, OK 74048

Free copies of the Financial Assistance Policy, Financial Assistance Policy application, and additional information about the Financial Assistance Policy can be obtained by mail by calling Ascension St. John Financial Assistance Department at 918-744-2451.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Ascension St. John Financial Assistance at 918-744-2451, or visit the office located at 1802 E 19th St, Tulsa, Oklahoma on the 4th floor of the Kravis Building.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application and instructions, and this plain language summary are available in the following languages on our website and upon request:

Spanish
Simplified Chinese
Traditional Chinese
Vietnamese
Hmong



Financial assistance application

Patient information

(Please print and all fields must be completed. Indicate N/A if not applicable on any individual line in the application)

Date _____ Account number _____

Name (first and last) _____

Birth date _____ Marital status _____ Phone number _____

Mailing address _____ City _____ State _____ ZIP _____

Social security number (optional) _____

Employer _____ Employment status _____

Number of hours worked per week _____ Employer phone number _____

Responsible party's information/legal guardian's information

(If patient above is same as responsible party, leave this section blank.)

Name (first and last) _____

Birth date _____ Marital status _____ Phone number _____

Mailing address _____ City _____ State _____ ZIP _____

Social security number (optional) _____

Employer _____ Employment status _____

Number of hours worked per week _____ Employer phone number _____

Responsible party spouse information

(If patient is same as responsible party, fill in spouse information for patient.)

Name (first and last) _____

Birth date _____ Marital status _____ Phone number _____

Mailing address _____ City _____ State _____ ZIP _____

Social security number (optional) _____

Employer _____ Employment status _____

Number of hours worked per week _____ Employer phone number _____

Dependents of responsible party

(If patient is same as responsible party, fill in spouse information for patient.)

Name _____	Birth date _____	Relationship to responsible party _____
Name _____	Birth date _____	Relationship to responsible party _____
Name _____	Birth date _____	Relationship to responsible party _____
Name _____	Birth date _____	Relationship to responsible party _____

Number of adults and children living in household _____

Monthly income

(Fill in dollar amounts for each item listed below. Provide amount per month for each.)

Applicant earned income _____ Child support received _____
Applicant spouse income _____ Alimony received _____
Social security benefits _____ Rental property income _____
Pension/retirement income _____ Food stamps _____
Disability income _____ Trust fund distribution received _____
Unemployment compensation _____ Other income _____
Worker's compensation _____ Other income _____
Interest/dividend income _____ Total gross monthly income \$ _____

Monthly living expenses

Mortgage/rent _____ Child support/alimony _____
Utilities _____ Credit cards _____
Phone (landline) _____ Doctor/hospital bills _____
Cell phone _____ Car/auto insurance _____
Groceries/food _____ Home/property insurance _____
Cable/internet/satellite tv _____ Medical/health insurance _____
Car payment _____ Life insurance _____
Child care _____ Other monthly expense _____
Total monthly expenses \$ _____

Assets

Cash/savings/checking accounts _____
Stocks/bonds/investments/CD(s) _____
Other real estate/secondary residence _____
Boat/RV/motorcycle/recreational vehicle _____
Collector automobiles/non-essential automobiles _____
Any pending or planned personal injury or workers compensation actions _____ Yes _____ No
Other assets _____

I am applying for financial assistance with Ascension St. John and R1 RCM, as billing/collection agent for the affiliated health care providers indicated above. The information I have provided in this Application and supporting documents are true and complete. By signing this form, I agree to allow Ascension St. John and R1 RCM to verify my employment and credit history for the purpose of determining eligibility for financial assistance. I also authorize all organizations and facilities to release information concerning my credit or financial status to Ascension St. John and R1 RCM for the same purpose. I understand that Ascension St. John and R1 RCM may require more specific proof of any information on this FAA and supporting documents will be provided upon request. If any information in this FAA and supporting documents is found to be false, misleading, or incomplete, my application for assistance will be denied. Ascension St. John and R1 RCM reserve the right to re-evaluate and/or reverse any charitable service designation if material information is not disclosed, or information was misrepresented or deliberately withheld, or if I (or my heirs) make demand for or file a civil action against a third party for personal injuries or damages (including medical charges/expenses). I understand and agree that any financial assistance granted by Ascension St. John and R1 RCM may not be used by me or my legal representatives in any negotiations, settlements or lawsuit for the purpose of enhancing an award of monetary damages. Should this occur, I agree that Ascension St. John and R1 RCM have the right to reverse any charitable service designation and pursue full charges. The undersigned agrees that any hospital that rendered medical services to the patient named above may file and maintain an Ascension St. John lien before or after financial assistance is granted on all potential recovery sources.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

Financial Counselors are available Monday through Friday 8:00 am to 5:00 pm. For assistance please call (918) 744-2451



Letter of support

Patient medical record number/account number _____

Supporter's name _____

Relationship to patient/applicant _____

Supporter's address _____

To Ascension:

This letter is to advise that (patient's name) _____ receives little to no income and I am assisting with his/her living expenses. He/She has little to no obligation to me.

By signing this statement, I agree that the information given is true to the best of my knowledge.

Signature of supporter _____

Date _____



Dear Patient/Applicant,

Ascension is driven by compassion and dedicated to providing personalized care for all—especially those most in need. It is our mission and privilege to offer financial assistance to our patients. Financial assistance is available only for emergency and other medically necessary care. Thank you for trusting us to care for you and your family for all of your healthcare needs.

We are sending this letter and the attached financial assistance application because we received your request. If you did not request this, please disregard. Please complete both sides, including your signature and date before returning it. If you completed an application within the past six months and were approved for financial assistance, please notify us. You may not need to complete a new application. We will not consider a prior application that is greater than six months old.

Along with the application, please provide a copy of at least one of the following items as your proof of income. If you are married or have lived with a significant other for 6 months or longer, they will also need to provide a copy of at least one of the following items as proof of their income before the application can be processed.

- Copies of 3 most recent paystubs from employer
- Copies of most recent yearly tax return (if self-employed, include all schedules)
- Social Security and/or Pension Retirement Award Letter
- Parent or Guardian's most recent yearly tax return, if applicant is a dependent listed on their tax form and under the age 25
- Other income validation documents
- Copies of bank statements from last 3 months
- Copy of receipt of unemployment benefits

If you receive assistance from or live in a home with a family or friends, please have them complete the attached form labeled "Letter of Support." This will not make them responsible for your medical bills. This will help show how you are able to afford living expenses. If you receive no assistance from family and friends, you do not need to fill out the Letter of Support form.

Finally, please also provide documentation as proof of your outstanding monthly medical and pharmacy/drug costs.

Please know that the completed application along with proof of income must be received in order for the application to be considered. We are unable to process or consider applications that are not complete.

Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email may be intercepted and read by other parties besides the person to whom it is addressed.

We want to protect your personal information and ensure that it remains secure. Since the application contains your social security number and other private information, we urge you to refrain from emailing it.

Please print and mail or hand deliver your completed application to the following address:

Ascension St. John Financial Assistance
1802 E 19th St
Tulsa, OK 74104

If you have any questions about this application, please call one of our Patient Representatives at (918)744-2451.

Sincerely,

Financial Assistance
Ascension St. John