

Title: Hospital Financial Assistance		CARE BRAVELY
Category(s): Finance Patient Financial Services	Approver(s): Joseph Koons (SVP CHIEF REVENUE OFFICER)	Effective Date: 01/22/2026 Next Review Date: 01/22/2028 Reference #: 16196
Site(s): Carroll Hospital Center, Grace Medical Center A Sinai Hospital Facility, Levindale Hebrew Geriatric Center & Hospital, Northwest Hospital Center, Sinai Hospital of Baltimore		

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THIS POLICY WAS APPROVED BY THE BOARD OF DIRECTORS ON 01/22/2026.

This policy may not be materially changed without the approval of the Board of Directors.

I. POLICY

- A. Purpose. The purposes of this Policy are to (a) set forth eligibility criteria for receiving Financial Assistance; (b) outline circumstances and criteria under which each hospital will provide free or discounted care for Eligible Services to eligible patients who are Uninsured, Underinsured, patients ineligible for public or government assistance or who are otherwise unable to pay for Eligible Services, (c) set forth the basis and methods of calculation for charging any discounted amounts to such patients, and (d) state the measures to widely publicize this Policy within the communities to be served by the hospital. LifeBridge Health expects that patients will comply fully with the terms of this Policy in the determination of their eligibility for, and any receipt of, Financial Assistance and discounts. LifeBridge Health further expects its patients to apply for Medicaid and other governmental program assistance when appropriate, and to pursue any payments from third parties who may be liable to pay for the patient’s care as the result of personal injury or similar claims. LifeBridge Health also encourage individuals to obtain health insurance to the extent such individuals are financially able to do so.
- B. Scope. This policy applies to LifeBridge Health State of Maryland regulated hospital affiliates specifically Carroll Hospital, Grace Medical Center, Levindale Hebrew Geriatric Center and Hospital, Northwest Hospital and Sinai Hospital (collectively known for this policy as “LifeBridge Health”)
- C. Policy. It is the policy of LifeBridge Health to provide medically necessary health care services to all patient’s without regard to the patient’s ability of pay or Protected Class as defined in MD Code, Health-General §19-214.1, at each applicable hospital location (as defined below). Each hospital also provides, without discrimination, care for Emergency Medical Conditions (as defined below) to individuals without regard to such individual’s eligibility for Financial Assistance, as more specifically set forth in LifeBridge Health’s separate Emergency Medical Treatment & Labor Act (EMTALA) Policy, a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. of this Policy.

- D. Adoption of Policy. The Board of Directors of LifeBridge Health and each of its applicable tax-exempt affiliates that provides medically necessary hospital services, has adopted the following policies and procedures for the provision of Financial Assistance.
- E. Frequency of Review. This policy is to be reviewed and approved every two years.

II. DEFINITIONS

For purposes of this Policy, the terms below shall be defined as follows:

- A. **“AGB”** means the amounts generally billed as defined by IRS Section 501(r)(5) for hospital emergency and other Medically Necessary care to individuals who have insurance covering that care, and calculated in accordance to the State of Maryland Health Services Cost Review Commission (HSCRC).
- B. **“Application”** has the meaning set forth in Section III. B. below which shall comply with the HSCRC uniform financial assistance application requirements.
- C. **“Assets”** means assets and resources (and the values thereof) of an individual, that would be taken into account and valued in accordance with the Code of Maryland Regulations in determining eligibility specifically excluding such individual’s (a) primary personal residence, (b) retirement assets or plans as qualified or nonqualified by the Internal Revenue Service including one or more retirement plans which shall include, without limitation, an individual retirement account (traditional or Roth), profit-sharing plan, defined benefit pension plan, 401(k) plan, 403(b) plan, nonqualified deferred compensation plan, money purchase pension plan, or other retirement plan equivalent to any of the foregoing, (c) one motor vehicle owned by the patient or any family member used for transportation, (d) prepaid education assets or plans as defined by the State of Maryland or Internal Revenue Service which include, without limitation, Education Savings Account or 529 plans, (e) any assets expressly excluded in determining eligibility for a Federal or State financial or medical assistance program or plan which include, but not limited to, the Federal Supplemental Nutrition Assistance Program (SNAP), the Maryland Medical Assistance Program, State Energy Assistance Program, or Supplemental Food Program for Women, Infants, and Children, (f) burial space or plot, funds or prepaid burial contracts, and (g) household goods, other assets, and personal effects valued less than \$100,000.
- D. **“CMO”** means Chief Medical Officer at a LifeBridge Health hospital or Chief Physician Executive.
- E. **“Eligible Services”** means the services (and any related products) provided by a LifeBridge Health hospital that are eligible for Financial Assistance under this Policy, which shall include: (1) emergency medical services provided in an emergency room

setting, (2) non-elective medical services provided in response to life-threatening circumstances that are other than emergency medical services in an emergency room setting, and (3) Medically Necessary Services as defined in this policy.

- F. **“Emergency Medical Conditions”** has the same meaning as such term is defined in section 1867 of the Social Security Act, as amended (42 U.S.C. 1395dd) and as stated:

“A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions: (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.”

- G. **“Family Member”** means a member of a group of two (2) or more individuals who reside together and who are related by birth, marriage, or adoption, including, without limitation, any individual claimed as a dependent by any such individual on his or her federal income tax return.

- H. **“Family Income”** means the gross income of an individual and all applicable Family Members reported on the same federal or state tax return, including, without limitation, compensation for services (wages, salaries, commissions, etc.), interest, dividends, royalties, capital gains, annuities, pension, retirement income, Social Security, public or government assistance, rents, alimony, child support, business income, income from estates or trusts, survivor benefits, scholarships or other educational assistance, annuity payments, payments under or from a reverse mortgage, fees, income from life insurance or endowment contracts, and any other gross income or remuneration, from whatever source derived, all on a pre-tax basis.

- I. **“Federal Poverty Guidelines”** means poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services in effect at the time of such determination.

- J. **“Financial Assistance”** means any financial assistance in the form of free or discounted care granted to an eligible individual pursuant to this Policy.

- K. **“Financial Hardship”** means an Uninsured or Underinsured patient of a LifeBridge Health hospital who (1) after payment by all third-party payers, is financially obligated to a LifeBridge Health hospital for an amount in excess of twenty-five percent (25%) of such patient’s gross annual income, or total medical debt, incurred by a family unit over a 12-month period that exceeds twenty-five percent (25%) of family income, and (2) has Assets that total value of which is less than the amount of “Assets”, as amended from time to time

- L. **“Health Services Cost Review Commission (HSCRC)”** means an independent agency of the State of Maryland with broad regulatory authority to establish rates to promote cost containment, access to care, financial stability and accountability; including guidelines that govern hospital financial assistance.
- M. **“Hospital”** means a facility (whether operated directly or through a joint venture arrangement) that is required by the State of Maryland to be licensed, registered, or similarly recognized as a hospital. “Hospital” means collectively, more than one Hospital Facility. As it relates to this Policy, applicable locations include:
- Carroll Hospital,
 - Grace Medical Center
 - Levindale Hebrew Geriatric Center and Hospital
 - Northwest Hospital,
 - Sinai Hospital
- N. **“Medically Necessary”** shall have the same meaning as such term is defined for Medicare (services or its reasonable and necessary for the diagnosis or treatment of illness or injury), or directly related to diagnostic, preventative, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition. For cases disputed or less clear cases referred to the CMO or designee to render a decision.
- O. **“Policy”** means this “Financial Assistance Policy” of a LifeBridge Health hospital, as amended from time to time.
- P. **“Protected Class”** shall comply with the Code of Maryland Regulation specifically representing race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, disability, citizenship status, or any other class, ethnicity or designation not otherwise specified.
- Q. **“Provider”** means a LifeBridge Health hospital employed physician, advanced clinical practitioner or licensed professional recognized and granted authority by the State of Maryland to provide health care services.
- R. **“Uninsured”** means a patient of a LifeBridge Health hospital who has no level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual’s payment obligations for the provision of Eligible Services.
- S. **“Underinsured”** means a patient of LifeBridge Health hospital who has some level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual’s payment obligations for provision of Eligible Services, but who nevertheless remains obligated to

pay out-of-pocket expenses for the provision of Eligible Services that exceed such individual's financial abilities.

III. GUIDELINES

- A. **Eligibility.** Upon a determination of financial need and eligibility in accordance with this Policy, a LifeBridge Health hospital will provide Financial Assistance for Eligible Services to or for Uninsured patients, Underinsured patients, patients who are ineligible for public or government assistance, or who are otherwise unable to pay for Eligible Services. Financial Assistance pursuant to this Policy shall be based on a determination of financial need for each individual, regardless of race, sex, age, disability, national origin or religion, or other Protected Class, and without regard to federal or state residency status

The following two-step process shall be used to determine eligibility when a patient, or a patient's representative or family member requests Financial Assistance, medical assistance, or both:

1. **Step One - Determination of Probable Eligibility:** Upon requesting Financial Assistance or medical assistance, the patient or the patient's representative or family member, as applicable, shall provide to the applicable hospital information regarding the patient's income, insurance status and family size to allow the hospital to make a determination of the patient's probable eligibility for Financial Assistance. This information may be provided through a conversation with any designated LifeBridge Health employee. The submission of a full Application for Financial Assistance, supporting evidence of income, or any additional documentation or verification shall not be required for the determination of probable eligibility. The applicable hospital shall provide the patient or the patient's representative or family member, as applicable, with a determination of probable eligibility within two (2) business days of receipt of the request for Financial Assistance or medical assistance.
2. **Step Two - Final Determination of Eligibility:** Following a determination of probable eligibility, the applicable hospital will make a final determination of eligibility for Financial Assistance based on the patient's income, family size and available resources, as set forth in the patient's Application (as defined below). As more fully described in Section III.B. below, the patient or the patient's representative or family member, as applicable, shall complete and submit the Application and all supporting information and documentation specified therein. The hospital shall use reasonable efforts to (i) make a final determination of the patient's eligibility for Financial Assistance within fourteen (14) days after receipt of a completed Application and submission of all required information and (ii) provide written notification to the patient or applicant of its determination within thirty (30) days of receipt of a completed Application and submission of all required information. Such notification may be in the form of a billing statement which shows the amount of Financial Assistance applied to the patient's account(s), and if the patient is granted 100% Financial Assistance or denied,

written notice will be sent in the form of a letter delivered to the patient's or guarantor's mailing address on file.

B. **Application for Financial Assistance.** Except as otherwise provided in this Policy, a LifeBridge Health authorized representative will review all information requested and set forth in an application for Financial Assistance (a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. below), an in any and all documentation therein requested and provided (the application and such documentation, collectively, an "Application"), as well as any one or more items of the following information, in determining whether an individual will be eligible for and receive Financial Assistance:

1. Publicly available data that provides information about an individual's ability to pay (e.g. credit reports, scores, or ratings; Federal Poverty Guidelines, relevant published federal or state guidelines, bankruptcy filings or orders);
2. Insurance eligibility for public or private health insurance including qualification for other public programs that may cover health care costs;
3. Information relating to such individual's participation or enrollment in, or receipt of benefits from or as part of, (a) any state or federal assistance program enrollment (e.g., Supplementary Security Income, Medicaid, Food Stamps/SNAP, Women, Infants, and Children (WIC) programs, AFDC, Children's Health Insurance Program (CHIP), low-income housing, disability benefits, unemployment compensation, subsidized school lunch, or (b) any free clinic, indigent health access programs, or Federally Qualified Health Center (FQHC).
4. Information substantiating the total gross Family Income and assets owned or held by the individual and liabilities or other obligations of the individual;
5. Information substantiating that such individual is or has been homeless, disabled, declared mentally incompetent or otherwise incapacitated, so as to adversely affect such individual's financial ability to pay; and/or
6. Information substantiating that such individual has sought or is seeking benefits from all other available funding sources for which the individual is eligible, including insurance, Medicaid or other state or federal programs.

It is preferred, but not required, that an individual request Financial Assistance prior to Eligible Services being provided. Any Application may be submitted prior to, upon receipt of Eligible Services, or during the billing and collection process. The information that an individual requesting Financial Assistance has provided will be re-evaluated, verified, and required to be updated at each subsequent time Eligible Services are provided that is more than twelve (12) months after the time such information was previously provided. If such information does change or additional information is discovered relevant to the patient's eligibility for Financial Assistance, it is the patient's responsibility to notify Customer Service at (800)788-6995. Applications will be made available, free of charge, at any hospital Patient Access or Customer Service.

A LifeBridge Health hospital may deny or reject any Application and/or may reverse any previously provided discounts or Financial Assistance, if it determines in good faith, that information previously provided was intentionally false, incomplete or misleading. Moreover, a LifeBridge Health hospital may, at its sole discretion, pursue any and all legal remedies or actions, including criminal charges, against any person who knowingly misrepresented their financial condition including, without limitation, the amount or value of Family Income and/or Assets.

C. **Appeals and Complaints.** Patients or Guarantors with applications denied for Financial Assistance covered under this Policy may appeal such decisions or file a complaint.

1. Appeals must be in writing and describe the basis of reconsideration, including any supporting documentation. Appeals must be submitted to Customer Service within fourteen (14) calendar days of the application decision or otherwise the decision shall be upheld and considered final. Customer Service will make every effort to notify Patients or Guarantors of the appeal decision within thirty (30) calendar days.
2. Complaints regarding this Policy can be received by mail, email or phone. All complaints are to be reported to LifeBridge Health Compliance Department for monitoring and reporting. Customer Service will respond to each complaint, contact the individual who filed the complaint and notify the LifeBridge Health Compliance Department of the complaint's outcome.

Patients or Guarantors may also file a complaint with Maryland Health Education and Advocacy Unit using the following contact information:

Office of the Attorney General
Health Education and Advocacy Unit
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Phone: (410)528-1840
Fax: (410)576-6571
Email: HEAU@oag.state.md.us

D. **Presumptive Financial Assistance.** In some cases or circumstances a patient or applicant may appear eligible for Financial Assistance, but either has not provided all requested information or otherwise non-responsive to the application process. In such cases or circumstances, an authorized representative of a LifeBridge Health hospital may complete the Application on the patient's behalf and research evidence of eligibility for Financial Assistance from available outside sources to determine the patient's estimated income and potential discount amounts or may utilize other sources of information to make an assessment of financial need. As a result of such information, the patient may be eligible for discounts up to 100% of the amounts owed for Eligible Services. In such circumstances, a patient is presumed eligible to receive Financial Assistance for Eligible Services if the patient meets one or more of the following criteria:

1. Eligible for the Maryland Medical Assistance program or Maryland Children's Health Program and:
 - i. Lives in a household with children enrolled in the free and reduced-cost meal program;
 - ii. Receives benefits through the federal Supplemental Nutrition Assistance Program;
 - iii. Receives benefits through the State's Energy Assistance Program;
 - iv. Primary Adult Care Program (PAC), until such time as inpatient benefits are added to the PAC benefit package;
 - v. Receives benefits through the federal Special Supplemental Food Program for Women, Infants, and Children; or
 - vi. Receives benefits from any other social service program as determined by the Maryland Department of Health and Mental Hygiene (MD DHMH) and the State of Maryland HSCRC.
2. Residence in low income or subsidized housing;
3. Unfavorable credit history, based on the patient's credit report (high risk, low medical score, delinquent accounts);
4. Utilization of third-party predictive modeling based on public record databases and calibrated historical approvals statistically matched to this Policy. Such technology will be deployed prior to bad debt assignment in an effort to screen all patients for financial assistance prior to collection agency placement or pursuing any extraordinary collection actions.
5. Homeless or received care from a homeless shelter, free clinic;
6. Mentally incompetent as declared by a court or licensed professional; or
7. Deceased with no known estate.

E. **Eligibility Criteria and Amounts Charged to Patients.** Patients who are determined to be eligible, shall receive Financial Assistance in accordance with such individual's financial need, as determined by referring to the Federal Poverty Guidelines as published annually in the Federal Register.

1. Notwithstanding anything in this Policy to the contrary, no patient who is eligible to receive Financial Assistance for Eligible Services will be charged more than allowed by the State of Maryland HSCRC pricing or AGB for emergency or other Medically Necessary care.
2. The basis for determining and calculating the amounts billed an Uninsured or Underinsured patient who is eligible for Financial Assistance is as follows:
 - i. Any Uninsured or Underinsured patient eligible for Financial Assistance will first receive the Financial Assistance discount for either 100% of billed charges or a reduced billed amount for those with Family income above 300% of the Federal Poverty Guidelines.
 - ii. Uninsured or Underinsured patients eligible for Financial Assistance whose yearly Family Income is equal to or less than 300% of the Federal

Poverty Guidelines and whose total Assets do not exceed amounts allowed will receive a discount of 100% of their remaining account balance.

- iii. Any Uninsured with Family Income above 300%, but less than 500% of the Federal Poverty Guidelines may qualify for a Financial Hardship discount. Patients with family income above 300% of the Federal Poverty Guidelines qualify for reduced cost medically necessary care using the following criteria:
 1. For patients with family income above 300% but less than 350% of the Federal Poverty Guidelines are eligible for a 50% discount;
 2. For patients with family income above 350% but less than 400% of the the Federal Poverty Guidelines are eligible for a 45% discount;
 3. For patients with family income above 400% but less than 450% of the the Federal Poverty Guidelines are eligible for a 40% discount;
 4. For patients with family income above 450% but less than 500% of the the Federal Poverty Guidelines are eligible for a 35% discount.

F. **Excluded Services.** The following healthcare services are not eligible for Financial Assistance under this Policy:

1. Purchases from retail operations, including gift shops, retail pharmacy, durable medical equipment, cafeteria purchases;
2. Services provided by non-LifeBridge Health entities or professional services from physicians or advanced practice providers during hospital visits;
3. Elective procedures or treatments that are not Medically Necessary including cosmetic surgery, bariatric surgery, venous ablation.
4. Services provided at Levindale Nursing, Rehabilitation and Adult Day Care locations and any amounts deemed by Medicaid as patient liability.
5. Existing or pre-established programs to assist patients with defined coverage of services similar to Best Beginnings for undocumented women needing prenatal care or Access Carroll for free clinic care to uninsured and underinsured patient populations in Carroll County.

G. **Communication of Information about the Policy to Patients and the Public.**

LifeBridge Health hospitals will take measures to inform and notify patients and visitors and the residents of the community at large served by the hospital, of this Policy in a manner that, at a minimum, will notify the listener and reader that the hospital offers Financial Assistance and informs individuals about how and where to obtain more information about this Policy. Such measures will include the following:

1. Clearly and conspicuously post signage to advise patients and visitors of Financial Assistance availability including Emergency Department, admission areas and billing departments
2. Make this Policy, the Application, and a plain language summary of this Policy widely available on its website www.lifebridgehealth.org.

3. Make paper copies of this Policy, the Application, and a plain language summary of this Policy available upon request, without charge, in public locations in each hospital including Emergency Department, admission areas, billing department and by mail or e-mail. Furthermore, Patient Access and Customer Service representatives will notify and inform individuals upon admission or discharge of Financial Assistance and offer a paper copy of a plain language summary of the Financial Assistance Policy.
 4. List all Providers, as referenced as Addendum I, whether employed or not employed by the hospital, covered by this Policy and will make widely available on its website www.lifebridgehealth.org.
 5. Referral of patients for Financial Assistance may be made by any member of LifeBridge Health staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors.
 6. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws and limitations.
 7. Any and all written or printed information concerning this Policy, including the Application, will be made available in each of the languages spoken by the lesser of 1,000 individuals or 5% of the community served by the hospital or the population likely to be encountered or affected by the hospital. The hospital will take reasonable efforts to ensure that information about this Policy and its availability is clearly communicated to patients who are not proficient in reading and writing and/or who speak languages other than those for which information about this Policy are printed or published.
- H. **Document Retention Procedures.** The hospital will maintain documentation in accordance with retention policies sufficient to identify each patient determined to be eligible for Financial Assistance including the patient's Application, any information obtained or considered in determining such patient's eligibility for Financial Assistance (including information about such patient's income and assets), the method used to verify patient's income, the amount owed by the patient, the method and calculation of any Financial Assistance for which such patient was eligible and in fact received, and the person who approved the determination of such patient's eligibility for Financial Assistance.
- I. **Relationship to Billing and Collections Policy.** For any patient who fails to timely pay all or any portion of amount(s) owed, the hospital will follow guidelines set forth in its separate Billing and Collections Policy; provided that, the hospital will not commence or institute any extraordinary collection actions (including garnishments, liens, foreclosures, levies, attachments or seizures of assets, commencing civil or criminal actions, sales of debts to third parties, reporting adverse information to credit reporting agencies or credit bureaus) against any patient for failure to timely pay all of any portion of patient's account, without first, making reasonable efforts to determine whether the patient is eligible for Financial Assistance. Reasonable efforts are set forth in the separate Billing and Collections Policy, including those relating to patient communications and required

actions, time periods, and notices of complete or incomplete Application for Financial Assistance. A copy of the Billing and Collection Policy may be obtained free of charge from any one of the sources or locations listed in Section III.K. below.

- J. **Availability of Income Based Payment Plans.** Interest free income-based monthly payment plans are available without application and no service charges. Monthly income-based payment plan amounts must not exceed 5% of an individual monthly adjusted gross income and are available with no credit screening after a quick and easy paperless enrollment. Additional details are referenced in the Billing Collections Policy. The governing law for payment plans is made pursuant and subject to Subtitle 10 of Title 12 of the Commercial Law Article of the Annotated Code of Maryland.
- K. **No Effect on Other Policies; Policy Subject to Applicable Law.** This Policy shall not alter or modify other policies regarding efforts to obtain payment from third party payers, transfers or emergency care. This Policy and the provision of any Financial Assistance will be subject to all applicable federal, state, and local law.
- L. **Sources of and Locations for Information.** Copies of this Policy, the Application, the Billing and Collections Policy, and the EMTALA Policy, may be obtained from or at any one or more of the following sources or locations:
1. Any Customer Service, Patient Access, or Patient Registration areas;
 2. Emergency Department, admission areas or billing department;
 3. By calling Customer Service at (800)788-6995; and
 4. LifeBridge Health's website at www.lifebridgehealth.org.

CROSS REFERENCES: None

REFERENCE(S): None

**POLICY APPROVED BY
THE BOARD OF DIRECTORS
ON 01/22/2026**