STILWELL MEMORIAL HOSPITAL

FINANCIAL ASSISTANCE POLICY

1. Purpose

Stilwell Memorial Hospital ("Hospital") is committed to providing emergency and medically necessary care to individuals regardless of their ability to pay. This Financial Assistance Policy ("FAP") establishes eligibility criteria, discounts, application procedures, billing and collection protections, and other requirements for financial assistance.

2. Scope and Covered Services

This FAP applies to emergency and other medically necessary care provided by Stilwell Memorial Hospital. Financial assistance applies to Hospital-billed services identified as covered in Appendix A. Independent physicians and other outside providers are not covered unless specifically identified as covered in Appendix A.

Nothing in this FAP limits the Hospital's obligations to provide emergency medical screening, stabilization, or treatment under applicable law.

3. Eligibility

Financial assistance is available to patients who meet the criteria in this FAP, including insured, uninsured, Medicare, and Medicaid patients. Insurance status alone does not make a patient ineligible.

Eligibility is generally determined using household size and gross household income compared with the Federal Poverty Guidelines ("FPG") in effect at the time of determination. Assets and other financial resources may be considered when evaluating medical indigence or extraordinary circumstances.

4. Standard Sliding-Scale Assistance

For eligible emergency and medically necessary Hospital services, the following discounts apply:

Household income as % of FPG	Discount
200% or less	100%
201%-225%	80%
226%-250%	60%
251%-300%	40%
301%-350%	20%
Above 350%	No standard FAP discount

The discount applies to the Hospital's applicable charges after required third-party payer processing, to the extent the account is the patient's responsibility. The Hospital will not use gross charges to charge a FAP-eligible individual more than the applicable Amounts Generally Billed (AGB) limitation for emergency or medically necessary care.

5. Medical Indigence / Extraordinary Circumstances

Patients whose income is above the standard FAP income thresholds, or whose circumstances are not adequately addressed by the sliding scale, may request an individualized medical-indigence or

extraordinary-circumstances review. The Hospital may consider household income, family size, extraordinary medical expenses, essential living expenses, available assets, and other relevant circumstances. No patient will be denied consideration solely because an asset exists if the asset is not reasonably available to pay the Hospital bill.

When warranted, the Hospital may reduce or eliminate the patient's responsibility based on the total circumstances. Determinations will be documented and applied consistently.

6. Presumptive Eligibility

The Hospital may determine a patient presumptively eligible for financial assistance when information available to the Hospital supports eligibility. Examples include a deceased patient with no estate or responsible party, an incarcerated patient without a responsible spouse or other liable party, a homeless patient, or a patient approved for Medicaid within six months before or after the date of service. The Hospital may use other reliable information that supports presumptive eligibility.

7. Government and Other Assistance Programs

The Hospital may help patients identify and apply for Medicaid or other public programs for which they may qualify. A patient will not be required to obtain a Medicaid denial before the Hospital may consider a completed FAP application, although the Hospital may request that a potentially eligible patient apply for Medicaid or another program when appropriate.

8. Application Process

A patient, responsible party, or authorized representative may apply by completing the Hospital's Financial Assistance Application and providing reasonably requested supporting information. Applications are available free of charge.

- In person from the Business Office and other public registration locations.
- By mail upon request.
- Online at https://stilwellmemorial.com/financial-assistance/.
- By telephone through the Business Office at 918-696-3101.

The Hospital will not deny assistance solely because an application is incomplete without first providing written or oral notice of the missing information and a reasonable opportunity to complete the application.

9. Documentation

Depending on the circumstances, the Hospital may request reasonably necessary documentation such as recent pay statements, Social Security or disability award letters, a federal income tax return or proof of non-filing, bank statements, investment statements, proof of household income, and information concerning other financial resources. Documentation will be requested in a manner reasonably related to determining eligibility.

The Hospital may verify information, including credit information when reasonably necessary for an individualized medical-indigence determination and permitted by law.

10. Determination and Notification

The Hospital will review completed applications in a timely manner and provide written notice of the determination and the basis for the determination. The notice will identify the patient responsibility after financial assistance is

applied when assistance is less than 100%. If the patient qualifies for free care, the Hospital will notify the patient that nothing further is owed for the covered care, subject to applicable law.

11. Amounts Generally Billed (AGB)

Stilwell Memorial Hospital uses the prospective Medicare fee-for-service method to determine AGB. Under this method, the Hospital uses the billing and coding process it would use if the FAP-eligible individual were a Medicare fee-for-service beneficiary and determines the amount Medicare fee-for-service would allow for the applicable emergency or medically necessary care, including amounts that would be the responsibility of the Medicare beneficiary, such as applicable deductibles, copayments, and coinsurance.

For an individual eligible for financial assistance, the Hospital will not charge more than the applicable AGB amount for emergency or medically necessary care. This limitation applies to insured and uninsured FAP-eligible individuals. Information describing the AGB methodology is available free of charge upon request.

12. Provider List

Appendix A identifies providers whose services are covered by this FAP and providers whose services are not covered. The Hospital will maintain and update the provider list as needed.

13. Billing and Collections

The Hospital will make reasonable efforts to determine whether an individual is eligible for financial assistance before initiating any Extraordinary Collection Action (“ECA”). The Hospital may use ordinary billing and collection practices consistent with this FAP and applicable law.

The Hospital will not initiate an ECA before the expiration of the applicable 120-day period beginning on the date of the first post-discharge billing statement. The Hospital generally allows at least 240 days from the date of the first post-discharge billing statement for an individual to submit a FAP application.

Before initiating an ECA, the Hospital will provide written notice stating that financial assistance is available, identifying the ECA(s) intended, providing a deadline at least 30 days after the notice, and including the Plain Language Summary. The Hospital will also make a reasonable effort to provide oral notice concerning financial assistance and application assistance at least 30 days before initiating an ECA.

If a complete FAP application is submitted during the applicable application period, the Hospital will suspend ECAs, make a timely eligibility determination, and notify the individual in writing. If an incomplete application is submitted, the Hospital will identify the missing information and provide a reasonable opportunity to complete the application.

If an individual is determined eligible, the Hospital will take actions required by law, including adjusting the account, refunding excess payments when required, and taking reasonably available measures to reverse applicable ECAs.

The final authority for determining that reasonable efforts have been made before an ECA is initiated rests with the Stilwell Memorial Hospital Administrator.

14. Deceased Patients, Bankruptcy, and Other Special Circumstances

For deceased patients, the Hospital will determine whether a legally responsible party or estate exists. If there is no estate or responsible party and the circumstances support assistance, the account may qualify for presumptive assistance.

Accounts subject to bankruptcy will be handled in accordance with applicable law and Hospital procedures. Other special circumstances may be reviewed under the medical-indigence provisions of this FAP.

15. Refunds and Account Adjustments

When required by applicable law, the Hospital will refund amounts paid by a FAP-eligible individual that exceed the amount for which the individual is personally responsible after application of financial assistance, subject to applicable statutory exceptions.

16. Publicizing the FAP

The Hospital will widely publicize this FAP within the community served by the Hospital. The FAP, application, and Plain Language Summary will be available free of charge on the Hospital website, in the Business Office, and upon request at public registration locations. Copies will be provided by mail upon request.

Direct webpage: https://stilwellmemorial.com/financial-assistance/

17. Language Assistance

The Hospital will provide the FAP, Financial Assistance Application, and Plain Language Summary in English and Spanish. The Hospital will periodically assess the language needs of its community and will add additional translated versions when required by applicable law or when otherwise appropriate.

Individuals needing language assistance may contact the Business Office at 918-696-3101.

18. Emergency Medical Care and Nondiscrimination

The Hospital maintains a separate written Emergency Medical Care Policy. Emergency medical care will be provided without discrimination and regardless of a patient's ability to pay or eligibility under this FAP. Financial assistance eligibility will not be used to delay, deny, or condition emergency screening or treatment.

19. Patient Rights and Responsibilities

- Patients may request a free copy of the FAP, application, and Plain Language Summary.
- Patients may receive assistance with the application process.
- Patients should provide accurate and complete information and promptly provide requested documentation.
- Patients may ask questions about a financial-assistance determination and request review when appropriate.

20. Consistent Application and Record Retention

The Hospital will apply this FAP consistently and will maintain records supporting financial-assistance determinations and implementation of the policy in accordance with applicable law and Hospital record-retention requirements.

21. Administration, Review, and Board Approval

Hospital administration is responsible for implementing this FAP. The Stilwell Memorial Hospital Governing Board is the authorized governing body responsible for adopting this policy and approving substantive amendments. The policy will be reviewed at least annually and revised as necessary.

Appendix A — Provider List

Provider	Service	FAP Status
Stilwell Memorial Hospital	Emergency Medicine / Hospital Services	Covered
Diagnostic Imaging Associates	Radiology	Not covered
Diagnostic Laboratory of Oklahoma	Pathology	Not covered

Patients should contact providers listed as not covered directly regarding their bills. The Hospital will maintain and update this list.

Appendix B — Discount Schedule

Household income as % of FPG	Discount
200% or less	100%
201%-225%	80%
226%-250%	60%
251%-300%	40%
301%-350%	20%
Above 350%	No standard FAP discount

Appendix C — AGB Methodology

AGB method: Prospective Medicare fee-for-service. The Hospital determines the amount Medicare FFS would allow using the billing and coding process applicable to a Medicare FFS beneficiary, including applicable beneficiary responsibility. The Hospital does not use a fixed look-back percentage under this methodology. The methodology is available free of charge upon request. Any change in AGB methodology will be reflected in an updated FAP before implementation.