MOAB VALLEY HEALTHCARE INC.	PAGE: 1 OF: 20	
SUBJECT/TITLE: Financial Aid Policy	DATE OF ORIGIN:	02/14/2011
	DATE OF REVIEW	07/28/2026
DEPARTMENT: MVHI Wide	OWNER:Administration	

Policy Description:

In order to serve the health care needs of our community, **Moab Regional Hospital and Providers Clinic ("The Hospital"),** as articulated in Exhibit A, will provide "Financial Aid" to patients ("Responsible Party" or "Indigent Person(s)") without financial means to pay for "Appropriate Hospital-based Medical Services" (terms defined below).

Specific to this policy, "Financial Aid" means appropriate hospital-based medical services provided to patients. Financial Aid will be provided to all persons without regard to race, religion, color, sex, age, disability, sexual orientation, gender identity, or national origin who are classified as Indigent Persons according to The Hospital's eligibility criteria.

Specific to this Policy, "Indigent Persons" means those patients who have exhausted any third party sources, including Medicare and Medicaid at the patient's discretion, and whose income is equal to or below 400% of the federal poverty standards, adjusted for household size (determined based on IRS & Healthcare.gov (Exhibit E) definition, including the tax filer, the tax filer's spouse (if married filing jointly), and any dependents) and is otherwise not sufficiently able to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor. As used in this Policy, "Responsible Party" means the individual who is responsible for the payment of any Hospital charges, which are not covered by a third-party payor.

Specific to this Policy, "appropriate hospital-based medical services" means hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly of treatment available or suitable for the person requesting the service and may include mere observation or, where appropriate, no treatment at all.

Definition:

Scope and Application:

Policy:

To properly identify Indigent Persons, those who do not qualify for state and/or government assistance, and to provide assistance with medical expenses consistent with the guidelines for Financial Aid.

Procedure:

ELIGIBILITY FOR FINANCIAL AID:

Eligibility determinations regarding Financial Aid and decisions regarding the collection of amounts owed to The Hospital by the Responsible Party shall be made in accordance with this Policy and the Procedures contained in this Policy. The Hospital shall not impose unreasonably burdensome application procedures upon the Responsible Party in order to determine eligibility for Financial Aid and will take into account any physical, mental, intellectual, or sensory deficiencies and/or language barriers that may hinder the Responsible Party's ability to complete their application. The Hospital will make every reasonable effort to determine the existence or nonexistence of any available third-party coverage that might cover, in full or in part, the charges for services (Exhibit B) provided to each patient. The Hospital may deny Financial Aid to any person who is uncooperative with The Hospital in the Financial Aid eligibility determination process including, without limitation, a Responsible Party's failure to apply for applicable third-party coverage that may be available. Responsible Parties will be considered for Financial Aid on the following basis:

1) **FINANCIALLY INDIGENT**:

A. To be eligible for Financial Aid as a financially indigent patient, the patient's total household income shall be at or below 400% of the current Federal Poverty Income Guidelines. The Hospital will use the Federal Poverty Income Guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for Financial Aid as a financially indigent patient. The Sliding Fee Schedule shall be updated annually in accordance with the Federal Poverty Guidelines published in the Federal Register.

B. All Responsible Parties with household income equal to or below the federal poverty standard that are also not covered by private or public third-party coverage shall be determined to be Indigent Persons qualifying for Financial Aid with a cost reduction extended to third-party payers.

C. Reasonable Parties with household income between one hundred and three hundred percent of the Federal Poverty standard, adjusted for household size, shall be determined to be Indigent Persons qualifying for discounts from charges related to appropriate hospital-based medical services in accordance with the Sliding Fee Schedule and such additional amounts as the Hospital shall determine in its sole discretion, depending on individual financial circumstances and including asset limits.

D. The Hospital shall also take into account any other outstanding medical debt and shall deduct the amount of payments from the Responsible Party's income.

E. The Hospital may classify Responsible Parties, whose income exceeds three hundred percent of the

federal poverty standard, adjusted for household size, as an Indigent Person eligible for a discount, as described in the following section.

2) **MEDICALLY INDIGENT**:

A. The Hospital, in its sole discretion, may classify any individual Responsible Party whose income exceeds 400% of the federal poverty standard, as adjusted for household size, as "Medically Indigent" and eligible for Financial Aid, as described in this section.

B. In addition to income, The Hospital will also take into account any other outstanding medical debt and deduct the amount of payments for other outstanding medical debt from the Responsible Party's income. The Responsible Party's income level will be reduced by their debt owed.

C. A Medically Indigent patient is a person whose medical bills, after third-party payments, exceed a specified percentage of the person's annual gross income as defined herein and who is unable to pay the remaining bill.

D. If a determination is made that a patient has the ability to pay the remainder of the bill, such a determination does not prevent a reassessment of the patient's ability to pay at a later dated should there be a change in the patient's financial status.

E. Responsible Parties receiving discounts under this Financial Aid Policy shall remit the balance of the discounted charges in accordance with The Hospital's ordinary billing and collection practices of 120 days from the 1st billing statement.

3) **INTERNATIONAL STATUS:**

A. International Visitors (Non-Residents):
Individuals who are visiting the United States on a temporary basis (including tourists or short-term visitors) are not eligible for Financial Aid under this Policy. These individuals are expected to make appropriate arrangements for payment or provide proof of travel or international medical insurance coverage.

B. International Students/Employment Visas:
International students or international employees who reside in the community for educational or employment purposes may be eligible for Financial Aid. Eligibility will be determined in accordance with all standard Financial Aid criteria outlined in this Policy, including income, household size, and cooperation with the application process. International students must provide documentation of residency, enrollment status, and financial information as reasonably required.

C. Non-Discrimination:
Determinations regarding Financial Aid eligibility will continue to be made without regard to national origin,

consistent with this Policy, while recognizing distinctions between temporary visitors and established community members

1) **SPECIAL CONSIDERATIONS: EMANCIPATED MINORS**

a. Definition
For purposes of this Financial Aid Policy, an Emancipated Minor is an individual under the age of 18 who is legally recognized under applicable state law as independent from their parent(s) or legal guardian(s), including by court order, marriage, military service, or other qualifying legal status.

b. IRS and Household Determination Alignment
Consistent with IRS guidelines and Exhibit E of this policy, household size and income are generally determined based on the tax filer, spouse, and tax dependents
For an Emancipated Minor:
The individual shall be treated as their own household if they are not claimed, and do not expect to be claimed, as a dependent on another individual's federal income tax return.
If the Emancipated Minor is claimed or eligible to be claimed as a tax dependent, the Hospital reserves the right to:
   i. Include the income of the tax filer claiming the minor, and
   ii. Evaluate eligibility based on the broader tax household, consistent with IRS dependency rules.

c. Eligibility Determination
   i. An Emancipated Minor applying for Financial Aid shall:
   ii. Be evaluated independently from parent(s) or guardian(s) when documentation supports emancipated status and independent tax filing status.

d. Provide proof of emancipation, which may include:
   i. Court-issued emancipation order
   ii. Marriage certificate
   iii. Military enlistment documentation
   iv. Other legally recognized documentation of independence

e. When treated as an independent household:
   i. The minor's own income, assets, and financial obligations will be used to determine eligibility under the Federal Poverty Guidelines and Sliding Fee Schedule outlined in this policy.

f. Documentation Requirements
   i. In addition to standard Financial Aid documentation (Section 1.E), Emancipated Minors may be required to submit:
   ii. Most recent federal tax return (if filed)
   iii. Statement confirming they are not claimed as a dependent (or documentation of IRS filing status)
   iv. Proof of independent residence or financial responsibility (e.g., lease agreement, utility bills, or affidavit)

v. The Hospital will not impose documentation requirements that are more burdensome than necessary and will provide reasonable accommodations

g. If documentation is incomplete or unavailable, the Hospital may:
   i. Evaluate eligibility using presumptive Financial Aid criteria (see Exhibit D), or
   ii. Exercise discretion through the CFO or designated authority under Section 5 (Exceptions to Financial Aid Policy)

h. Non-Discrimination
   i. Emancipated Minors will be considered for Financial Aid without discrimination and under the same financial eligibility thresholds applied to all applicants under this Policy.

PROCESS

2) **IDENTIFICATION OF CHARITY CASES**:

A. Patients and Responsible Parties may qualify for Financial Aid at any time, once their paperwork is completed and processed. In the event of the death of the guarantor prior to filing for assistance or paperwork completion, a financial assessment will take place with all available financial information. This will include all estate information published or non-published. Where dependent children are present within the household there is an optional Medicaid assessment where past and present coverage will become the determining factor regarding eligibility.

B. The Hospital shall make reasonable efforts to determine whether an individual is eligible before engaging in extraordinary collection efforts against the individual. The hospital shall accept a completed application even after having made reasonable efforts to determine whether an individual is eligible. The Hospital shall also continue to communicate with the Responsible Party regarding the Financial Aid program for a period of 240 days from the date of first billing. The Hospital will suspend all extraordinary collection efforts for a period of 240 days from the date the applicant receives their financial aid application.

C. The Hospital may request a down payment at the time of service and/or monthly payments, as determined by the Financial Navigators during the application screening process, if it is deemed by the Financial Navigator (based on information received by the patient) that the recipient would not qualify for full financial assistance. At the patient's discretion, all self-pay accounts will be screened for potential Medicaid eligibility as well as coverage by other sources, including other governmental programs. During this screening process, a financial assistance form, ("Exhibit D") will be completed if it is determined that the patient does not appear to qualify for coverage under Medicaid or other governmental program.

D. The Hospital will rely on information provided by the Responsible Party to make an initial determination of Financial Aid eligibility. Financial Aid forms and instructions shall be furnished to

patients when Financial Aid is requested, when need is indicated, or when financial screening indicates potential need.

E. Any of the following documents will support a final determination of Financial Aid eligibility: W-2 withholding statement for the most recently-filed calendar year; two (2) recent pay stubs; an income tax return from the most recently-filed calendar year; optional notices approving or denying eligibility for Medicaid and/or state funded medical assistance; notices approving or denying unemployment compensation; or a written statement from employers or welfare agencies. The Hospital will request further financial information should it consider extending Financial Aid to a Responsible Party in excess of the amount indicated by the sliding schedule ("Exhibit C) including but not limited to copies of current monthly expenses/bills, proof of any other income, copies of all bank statements for prior 3 months, and copies of all other medical bills.

F. Information requested shall not be so burdensome as to discourage applications for Financial Aid and duplicate forms of verification shall not be demanded from Responsible Parties. In the event that The Hospital is unable to complete the Financial Aid application it may employ and utilize alternative charity documentation. This alternative charity documentation process is outlined in Exhibit D.

G. Once an application is received, the financial class for the patient will be changed to the appropriate financial class until the application is approved and any adjustments are posted to the patient's account.

H. An application for Financial Aid may be reopened and reconsidered at any time once the required information is received.

3) **DENIAL OF FINANCIAL AID:**

In the event that The Hospital denies an application for Financial Aid, The Hospital shall notify the Responsible Party in writing of the denial and the basis for the denial. All Responsible Parties denied Financial Aid shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and by The Hospital's Chief Financial Officer (CFO) or equivalent. The Responsible Party shall be notified that they have thirty (30) calendar days within which to request an appeal of the final determination of Financial Aid eligibility. Within that thirty (30) day period, The Hospital may not refer the account to an external collection agency during the first fourteen (14) days. After the fourteen (14) day period, if no appeal has been filed by the patient, The Hospital may initiate collection activities. If The Hospital initiates collection activities and thereafter discovers that an appeal has been filed, it will cease collection efforts until the appeal is finalized.

In the event The Hospital's final decision on appeal upholds the previous denial of Charity Care eligibility, the Responsible Party will be provided with copies of the documentation upon which the decision was based. The Hospital will make every reasonable effort to reach Financial Aid eligibility determinations in a timely manner, and shall make such determinations at any time upon learning of facts or receiving financial documentation identified above indicating that the Responsible Party's income is equal to or below 400% of the federal poverty standard, as adjusted for household size.

4) **BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS**

Moab Regional Hospital will not charge patients eligible for Financial Assistance under this policy for emergency or other medically necessary care more than the Amounts Generally Billed (AGB) to individuals who have insurance. Individuals may request the AGB percentage in effect at any particular time by contacting a Financial Navigator or the Billing office at the phone number on exhibit D. Moab Regional Hospital will use the look back method to calculate the AGB percentage at least annually by dividing the sum of all claims that have been paid in full by Medicare and all private health insurers together as the primary payer of those claims during the prior twelve (12)-month period by the sum of the associated gross charges for those claims.

5) **FAILURE TO PROVIDE APPROPRIATE INFORMATION**

Failure on the part of the Responsible Party to cooperate with The Hospital in the Financial Aid eligibility process shall be grounds for denial of Financial Aid.

6) **EXCEPTIONS TO FINANCIAL AID POLICY**

The CFO may approve a case for Financial Aid at their sole discretion based on their belief the patient may qualify for Financial Aid. In such cases, the amount or percentage of Financial Aid will be left to the CFO's discretion. Waiver of the documentation requirements should be noted in the comments sections on the patient's account, as well as the percent or dollar amount approved for Financial Aid, printed out and attached to the Responsible Party's application.

7) **TIME FRAME FOR ELIGIBLITY DETERMINATION**

The Hospital must notify Responsible Parties applying for Financial Aid in writing of the final eligibility determination within 30 days of receiving the **completed** application, including one or more of the financial documents identified on the application. Eligibility determination must also include the amount for which the Responsible Party will be held financially accountable.

8) **DOCUMENTATION OF ELIGIBILITY DETERMINATION AND APPROVAL OF WRITE-OFF**

Once the eligibility determination has been made, the results will be documented in the comments section on the patient's account and the completed and approved application will be filed with the adjustment sheet attached and shall be maintained for audit purposes. The CEO, CFO, or Business Office Manager (BOM) will note their review and approval of the write-off by signing the appropriate accounts receivable adjustment sheet. These requirements will be made consistent with Hospital financial policy for approving adjustments.

9) **ACTIONS IN THE EVENT OF NON-PAYMENT**

Moab Regional Hospital will make certain efforts to provide uninsured/underinsured patients with information about our financial assistance policy, including a summary with each billing statement. Our collection agencies take certain actions to collect payment, however, no extraordinary collection actions will be pursued against any patient within 150 days of issuing the initial bill or without first making reasonable efforts to determine whether that patient is eligible for financial assistance. Reasonable efforts shall include, but not be limited to, validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed. Reasonable efforts also include a prohibition on collection actions pursued against an uninsured/underinsured patient until the patient has been made aware of the MRH website's financial assistance policy and has had the opportunity to apply for it or has availed themselves of a reasonable payment plan. We will refrain from extraordinary collection actions against a patient if she/he provides documentation that she/he has applied for health care coverage under Medicaid, or other Market Place health care programs. The policy regarding care for emergency medical conditions prohibits demanding payment prior to receiving services or permitting collection activities that could interfere with provision of emergency medical care. The policy requires that information on financial assistance be included in all statements sent to patients informing them of any outstanding balance due. Additionally, business associates shall contact non-responsive patients, using oral and written means of communication, to inform them of outstanding balances owed and to discuss eligibility for financial assistance or reasonable payment options. As outlined in separate billing and collection policy, MRH may pursue collection actions against patients found ineligible for financial assistance, patients who received discounted care or medical hardship discounts but are no longer cooperating in good faith to pay the remaining balance, or patients who have established payment plans but are not in accordance with the payment plan.

10) **CONFIDENTIALITY**

All information relating to Financial Aid applications will be kept confidential, consistent with HIPAA requirements. Copies of documents that support the application will be kept with the application. All records will be retained for 7 years or such other time period as may be required by applicable law.

Exhibit A

Hospital
Moab Regional Hospital

Family Medicine
Dr. Dylan Cole
Dr. Kenneth Williams
Dr. Jonas Munger
Dr. Katherine Williams
Dr. Whitney Mack
Dr. Pablo Johnson
Dr. Kathleen Bartczak
Dr. Zoe Cross
Eve Maher-Young, PA-C
Desiree Westfall, PA-C
Hannah Bodenhamer, PA-C
Brittany Cantwell, APRN

Specialty Medicine
Dr. Paula Cook
Dr. Eric Hanly
Dr. Kathryn Sarnoski
Dr. Amir Beshai
Dr. Deidre Flanagan
Dr. Garrett Caputo
Dr. DuWayne Carlson
Antje Rath, Counselor
Janel Arbon, Dietician
Riki Gifford-Ferguson, PA-C, CAQ-PSYCH
Tori Helm, LCSW

Anesthesia
Dr. Phillip Kopell
Laird Clark, CRNA
Daniel Roush, CRNA
Russell Walston, CRNA

Any provider who is not listed and has assigned billing rights to Moab Regional Hospital, Moab Regional Health Clinic, and Moab Regional Recovery Center will also be covered in the Financial Aid Policy. These providers might be temporary, visiting, locums, etc.

Any visiting provider that sees patients in Moab Regional Hospital, Moab Regional Health Clinic, and Moab Regional Recovery Center but bills for their services are not covered in this Financial Aid Policy.

Exhibit B

Moab Regional Hospital (MRH) – Financial Aid Coverage Summary

This document outlines what medical services and expenses are covered or not covered under Moab Regional Hospital's Financial Aid Policy (Revised 12/04/2025). This list is not all inclusive of items covered or not covered by the financial aid policy.

Covered by Financial Aid when Medically Indicated

- Emergency department care and stabilization services
- Inpatient and outpatient medically necessary hospital services
- Maternity, delivery, and postnatal care including imaging needs
- Routine Lab Services
- Standard/Screening imaging services (X-ray, Mammography, DEXA)
- Behavioral health and counseling provided by hospital-based or listed providers
- Therapy services (PT, OT, Speech) prescribed as part of a plan of care
- Hospital-based home health or hospice care under an approved plan
- Hospital-dispensed prescriptions during hospital stay
- Family planning treatments including IUD, birth control and sterilization procedures including vasectomy and tubal ligation
- Physician and provider services billed through MRH or listed in Exhibit A
- Hospice Services

Medical Necessity Check and Prior Approval Needed

- Surgical procedures
- Minor/Screening procedures (Colonoscopy, Endoscopy, etc.)
- Advanced imaging (CT, MRI, Ultrasound)
- Genetic Lab Testing
- Infusion Medications

Not Covered by Financial Aid

- Cosmetic or elective procedures (e.g., aesthetic surgeries)
- Experimental or investigational treatments
- Independent counseling or providers not billing under MRH
- Retail pharmacy fills and over-the-counter drugs
- Fertility or reproductive elective treatments i.e. invitro fertilization, intrauterine insemination (IUI)
- Non-medically necessary services or those performed for convenience
- Services billed by visiting or outside providers not covered by MRH's policy
- Pathology interpretation
- Radiology Read Services
- Emergency Room Professional Services
- Physical Therapy
- Continuous Glucose Monitoring System (Eversense)
- Ambulance Services

Exhibit C
Moab Regional Hospital
Sliding Fee Schedule

Family Size	***Yearly Income Range - 2026***										
1	$15,960	$20,748	$23,940	$27,930	$28,728	$29,526	$31,920	$35,910	$39,900	$55,860	$63,840
2	$21,640	$28,132	$32,460	$37,870	$38,952	$40,034	$43,280	$48,690	$54,100	$75,740	$86,560
3	$27,320	$35,516	$40,980	$47,810	$49,176	$50,542	$54,640	$61,470	$68,300	$95,620	$109,280
4	$33,000	$42,900	$49,500	$57,750	$59,400	$61,050	$66,000	$74,250	$82,500	$115,500	$132,000
5	$38,680	$50,284	$58,020	$67,690	$69,624	$71,558	$77,360	$87,030	$96,700	$135,380	$154,720
6	$44,360	$57,668	$66,540	$77,630	$79,848	$82,066	$88,720	$99,810	$110,900	$155,260	$177,440
7	$50,040	$65,052	$75,060	$87,570	$90,072	$92,574	$100,080	$112,590	$125,100	$175,140	$200,160
8	$55,720	$72,436	$83,580	$97,510	$100,296	$103,082	$111,440	$125,370	$139,300	$195,020	$222,880
Patients Share	**0%**	**10%**	**20%**	**30%**	**40%**	**50%**	**60%**	**70%**	**80%**	**90%**	**95%**
% poverty	***100%***	***130%***	***150%***	***175%***	***180%***	***185%***	***200%***	***225%***	***250%***	***350%***	***400%***
What portion of the outside bill will be use to reduce the total annual household income? *	***100%***	***90%***	***80%***	***70%***	***60%***	***50%***	***40%***	***30%***	***20%***	***10%***	***5%***

Note: For families with more than 8 persons, add $5,680 for each additional person.

Exhibit D

Moab Regional
Hospital 450 Williams Way
P.O. Box 998
Moab, Utah 84532
(435) 719-3500 FAX (435) 719-3529
www.mrhmoab.org

FINANCIAL ASSISTANCE PROGRAM CHECKLIST

PATIENT NAME: _____ **DATE:** _____

If you have difficulty providing these documents, please discuss alternatives with your Financial Navigator.

PROOF OF INCOME:

- ☐ Complete most recent Federal Tax Returns, including all schedules
- ☐ If employed: Paycheck stubs for the last two pay periods or two bank statements
- ☐ If self-employed: Please provide at least one of the following:
  1. IRS Wage and Tax Statement for Self-Employed (Form 1099).
  2. Bank statements for two months
- ☐ Unemployment, Disability Income, etc. (monthly). Copy of check if disabled/unemployed longer than six months
- ☐ Child Support, Alimony (monthly): copy of your divorce decree, legal separation notice or custody agreement
- ☐ Other (as requested by your Financial Navigator): _____

_____

MEDICAL BILLS

- ☐ Copies of all outstanding medical bills from all sources
- ☐ Documentation of any payment plans for medical bills outstanding

OTHERS: _____

_____

Call your Financial Navigator at 435-719-3536.

Return Information to:
Mail: Financial Navigator
450 Williams Way
Moab, UT 84532
Phone: 435-719-3536
Email: FinancialAid@mrhmoab.org

FINANCIAL AID
APPLICATION

If you need any assistance to complete this form please contact our Financial Navigator at 435-719-3536. Please review our website (www.mrhmoab.org) for additional information including frequently asked questions, plain language summary, and our Financial Assistance Policy.

INSTRUCTIONS TO COMPLETE THIS FORM:

Please fill out the form completely and returned all required documents to our financial assistance department. Financial assistance will not be awarded to those who do not complete the application process.

Please refer to the checklist (separate document) of all required information to be submitted with this application form.

Financial Assistance will be based on family size and income only.

INFORMATION ABOUT YOU

Patient Name		Social Security Number (Optional)	
Date of Birth	Daytime Phone Number	Other Phone Number	
Person Responsible for Bill	Relationship to Patient	Social Security Number of Responsible Person (Optional)	
Spouse Name	Spouse Date of Birth	Spouse Social Security Number (Optional)	
Street Address	City	State	Zip Code
Mailing Address (if Different from Street)	City	State	Zip Code
Length of Time at Above Address	Employer Name	Work Phone Number	

ADDITIONAL HOUSEHOLD MEMBERS

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship

MONTHLY INCOME OF YOUR ENTIRE HOUSEHOLD

If you are unable to provide copies of the verified information; please provide 2 months of bank statements with an explanation on the back of the form.

Type	Responsible Party Income	Spouse Income	Type of Income Verification Required
Employment Income (Monthly Before Taxes)	$	$	□ Provide paycheck stubs for the last two pay periods or 2 months bank statements or most recent W2
Self-Employment Income (Monthly Before Taxes)	$	$	□ Provide IRS wage and tax statement for self-employed (Form 1099) or bank statements for 2 months
Pension, Retirement, Social Security Monthly Income	$	$	□ Provide your Pension/Retirement statement, and/or Social Security award letter
Unemployment, Disability Income, etc. (Monthly) Copy of check if Disabled/Unemployed longer than 6 months	$	$	□ Provide Unemployment, disability award letter, or 2 months bank statements
Child Support, Alimony (Monthly)	$	$	□ Provide a copy of your divorce decree, legal separation notice or custody agreement
Other (Please list Source):	$	$	□ Provide 2 months bank statements with an explanation of your income source(s)

OUTSTANDING MEDICAL BILLS:

Please itemize your outstanding medical expenses and, if known, indicate the amount still owed after the insurance company pays. Attach a separate sheet if necessary.

Name of Provider (Hospital/Physician/Pharmacy)	Your Monthly Payments	Balance Due
	$	$
	$	$
	$	$
	$	$

All Questions below are optional for the financial aid program

We also ask patients who apply for financial assistance to report other funding. Please check "Yes" or "No".

Does your employer or spouse's employer offer group health insurance?	□ Yes □ No	If yes, list insurance company here:
Do you have other types of insurance such as Allstate, AFLAC, etc.?	□ Yes □ No	If yes, list insurance company here:
Do you have a Health Savings/Flex Spending Account	□ Yes □ No	If yes, what is the available balance:
Does your employer reimburse you for any deductible or healthcare costs?	□ Yes □ No	Terms of reimbursement:
Have you applied for state assistance programs (CHIP, PCN, Crime victims, etc.)?	□ Yes □ No	If yes, which program?
Are you eligible for COBRA through a previous employer?	□ Yes □ No	If yes, please provide your insurance information here.
Do you have family or church assistance?	□ Yes □ No	If Yes, please provide detail here.
Is this related to a car accident?	□ Yes □ No	If Yes, please provide information about the car insurance here.

Please explain any situation that we should be informed of in order to understand your inability to pay the medical balance. You may attach a separate sheet if more space is needed. Additional verification may be required.

Is there any other information that you would like us to know to help us make a decision?

I hereby state that the information given herein is true and correct. I authorize any required verification, including a credit bureau report. In understand that if this information is determined to be false or deceptive, I will be liable for payment of charges for all services rendered. I understand that this request for financial assistance may not pertain to other healthcare providers.

Responsible Party Signature _____ Date _____

QUESTIONS? Please contact our financial navigation team. 435-719-3536.

Exhibit D

Moab Regional Hospital, Patient Financial Services, Effective Date:

SUBJECT:

Presumptive Financial Aid (alternative charity documentation)

PURPOSE:

PFS (Patient Financial Services) staff process Financial Aid requests in accordance with the MRH Charity Care Policy. If the primary Financial Aid requirements are not met, accounts may undergo a charity review process wherein the complete financial assistance application may not be available, but substitute documentation establishing financial need will attempt to be obtained.

The hospital/clinic may offer Financial Aid discounts based on individual life circumstances without requiring the patient to complete a financial assistance application (presumptive eligibility). Presumptive charity describes this situation where need has already been established, and the patient therefore is presumed eligible for assistance. Patients may be reviewed for presumptive charity after all other sources of funding have been exhausted.

PROCEDURE: Accounts will be screened for charity as outlined in the Financial Aid policy. Patients may be identified as qualified under presumptive charity, examples include, but are not limited to:

1. Patient did not have Medicaid coverage at the time of service, but was eligible for Medicaid within twelve months of that date of service.
   ☐ Documentation: Medicaid eligibility verification showing effective dates of coverage.
2. Patient is receiving food stamps, is participating in subsidized school lunch programs, and/or is receiving assistance from Women's, Infants, and Children's (WIC) programs.
   ☐ Documentation: copies of the financial assistance determination from the local/state/county program or agency showing that the patient's need for Financial Aid has been established.
3. Patient is deceased with no estate (the spouse can fill out the application, providing required documentation) or no surviving spouse (The Charity Committee and Administration will review the situation and make a determination).
   ☐ Documentation: record of the death certificate on file, account records regarding status of surviving spouse, record of at least four probate inquires with the court.
4. Patient's street address is for "homeless" or for a local shelter.
   ☐ Documentation: assessment supporting a "lack of housing" and a record of account notes showing attempts to locate a place of address for the patient.
5. Patient's self-attestation
   ☐ Documentation: Patient written statement of need for financial assistance.

Presumptive Charity will only be offered after the MRH Financial Aid Policy has been fully exhausted.

Exhibit E

Count income & household size

Who to include in your household

For the Health Insurance Marketplace®, a household usually includes the tax filer, their spouse if they have one, and their tax dependents.

Tax filer + spouse + tax dependents = household

Follow these basic rules when including members of your household:

- Include your spouse if you're legally married.
- If you plan to claim someone as a tax dependent for the year you want coverage, do include them on your application.
- If you won't claim them as a tax dependent, don't include them.
- Include your spouse and tax dependents even if they don't need health coverage.

See the limited exceptions to these basic rules in the chart below. Learn more about who you can claim as a tax dependent from the IRS. Who to include in your household:

Relationship	Include in Household?	Notes
Dependent children (including adopted & foster children)	Yes	Include any child you'll claim as a tax dependent, regardless of age.
Children, shared custody	Sometimes	Include children whose custody you share only during years you claim them as tax dependents.
Non-dependent child under 26	Sometimes	Include them only if you want to cover them on your Marketplace plan.
Children under 21 you take care of	Yes	Include any child under 21 you take care of and who lives with you, even if not your tax dependent.
Unborn children	No	Don't include a baby until it's born. You have up to 60 days after the birth to enroll your baby.

Non-dependent child or other relative living with you	No	Include them only if you'll claim them as tax dependents.
Dependent parents	Yes	Include parents only if you'll claim them as tax dependents.
Relationship	Include in Household?	Notes
Dependent siblings and other relatives	Yes	Include them only if you'll claim them as tax dependents.
Spouse (legally married)	Yes	Include your legally married spouse. Married couples generally must file jointly to qualify for savings.
Legally separated spouse	No	Don't include a legally separated spouse, even if you live together.
Divorced spouse	No	Don't include a former spouse, even if you live together.
Spouse, living apart	Yes	Include your spouse unless legally separated or divorced.
Spouse — if victim of domestic abuse, violence, or abandonment	Not required	You don't have to include your spouse in these circumstances.
Unmarried domestic partner	Sometimes	Include only if you have a child together or you'll claim your partner as a tax dependent.
Roommate	No	Don't include people you just live with unless they're a spouse or tax dependent.