



Centra
Application For Financial Assistance
CONFIDENTIAL

Dear Valued Patient:

If you are in need, Centra wants to help you with understanding your financial responsibility. For those who may not have health insurance, high deductible plans, or other ways to pay for their care, we offer several options for assistance. As a commitment to care for our community, we provide programs to assist those who meet certain financial criteria.

Centra uses the Health and Human Services federal poverty guideline to determine qualification for partial or full discount for your financial responsibility for the services provided. These guidelines are updated yearly by the federal government and implemented by Centra.

If you have questions call 434-200-3777 to speak with a customer service staff member.

STEP 1: Complete patient information. Please fill out all information concerning the patient completely.

STEP 2: Fill out income and asset information. This includes income from your employer, social service aid (food stamps, ADC), government aid (social security, VA benefits), and all other income. Please also include income and asset information for your spouse if applicable. If any child is 18 years or older, a separate form is required.

STEP 3: Fill out monthly expenses. This includes mortgage payment, rent, utilities, loans, medical, or other expenses.

Please determine which types of documentation below may apply to your situation: (Send copies only. Originals will not be returned).

- **PAY CHECK STUBS:** If you are employed, you must provide one month's worth of your pay check stubs, not more than three months old. If your stubs are not available, you need to provide a letter from your employer stating one month's salary.
- **UNEMPLOYMENT:** Forms verifying weekly benefits.
- **SELF EMPLOYED:** Provide your current year Federal Income Tax return, including all schedules.
- **OTHER RESOURCES:** Retirement benefits, General Relief check, ADC check, trust fund allotments, child support check and alimony.
- **GOVERNMENT BENEFITS:** Letter confirming or denying Social Security, SSI, VA or other government benefits, copy of check(s) or bank statement showing automatic deposit.
- **SOCIAL SERVICES:** Approval, denial, or pending status from your local department of social services. Any letters confirming receipt of housing and/or food stamps monthly benefit amount.
- **BANK STATEMENTS:** Most recent savings and/or checking account statement(s) from the bank or credit union.
- **SICK LEAVE:** Statement from doctor stating dates you are unable to work. Statement from employer indicating paid sick leave or if you are on leave without pay, year to date gross and hire date.
- **LETTER OF SUPPORT:** Letter verifying support from family or friends (when no income is reported or not enough to show support).
- **STUDENTS:** Scholarship, loan, workstudy, stipend, tuition, or grant award amounts.

STEP 1: COMPLETE INFORMATION BELOW:

Patient Name:	Soc Sec #:
Address:	Birth Date:
City, State, Zip:	Phone #: Medical Record #:

STEP 2: FILL OUT INCOME / ASSET INFORMATION *If there is no reported income, explain your means of financial support.

Who is head of household? This is the member of the family who provides food and shelter for the applicant. The applicant may be the head of the household. A nonfamily member should not be listed in the family section.

Family Members - include self and claimed dependents in household	Age	Relation to head of household	Gross monthly income (pretax)	Employer Name	Employer Phone #

If patient or head of household is unemployed, please provide the date employment was terminated: _____

Patient Label

PLEASE MAIL COMPLETED FORM TO:
 Attention: Customer Service Centra
 Patient Accounting Services
 PO Box 2496
 Lynchburg, Virginia 24505-2496

Application For Financial Assistance
 Centra #999-3427
 Rev 06/08/22
 Page 1 of 2





**Centra
Application For Financial Assistance**

STEP 2: INCOME / ASSETS, CONTINUED

Do you have Medicaid? Yes / No *If yes, please provide a copy of your Medicaid card.

Have you ever applied for Medicaid? Yes / No *If yes, please list where and when: _____

Checking Acct? circle: Yes / No Acct Number:	Bank Name: Location:	Balance: \$
Savings Acct? circle: Yes / No Acct Number:	Bank Name: Location:	Balance: \$
Investments? circle: Yes / No <i>Stocks, Bonds, IRA's, 401K / 403B, CD's etc.</i>	Bank Name: Location:	Balance: \$

Real Estate Property? circle: Yes / No Address:	Rent / Buy <i>circle one</i>	Total acreage:	Monthly Payment: \$
Real Estate Property? circle: Yes / No Address:	Rent / Buy <i>circle one</i>	Total acreage:	Monthly Payment: \$

Taxable personal property: (circle one) Yes / No (list cars, boats, trucks, motorcycles, campers, mobile homes, etc.)

Item:	Make Model:	Year:	Amount Owed: \$	Value: \$
Item:	Make Model:	Year:	Amount Owed: \$	Value: \$
Item:	Make Model:	Year:	Amount Owed: \$	Value: \$

Do you have a life insurance policy for you or any dependent over 21 with a cash-in value over \$1,500 (circle one)? Yes / No

Name of ins. co: _____ Policy #: _____ Cash-in value? \$ _____

Are you currently working with an attorney or insurance carrier on an accident claim (circle one)? Yes / No

Name of Attorney or insurance company Telephone Number Date of Accident / Claim Number

STEP 3: FILL OUT EXPENSES & LIABILITIES INFORMATION

Mortgage / Rent	\$	Electrical	\$
Transportation (loan / gas amt)	\$	Other utilities: (telephone, cable, water, etc)	\$
Food	\$	Medical (include prescription)	\$
Loans	\$	Credit Cards (total)	\$
Other expenses	\$		\$
Total Monthly Expense, all columns			\$

IN ORDER FOR CENTRA TO COMPLY WITH STATE GUIDELINES, EACH OF THE ITEMS YOU HAVE LISTED ON THIS APPLICATION WILL REQUIRE DOCUMENTATION. PLEASE DO NOT SEND IN YOUR APPLICATION UNLESS YOU HAVE ATTACHED ALL NEEDED ITEMS. RETURN INFORMATION PROMPTLY OR YOU WILL BE RESPONSIBLE FOR YOUR FULL CHARGES.

THE INFORMATION PROVIDED IS TO THE BEST OF MY KNOWLEDGE COMPLETE, ACCURATE AND TRUE. I AUTHORIZE THE RELEASE OF ALL INFORMATION NEEDED TO DETERMINE WHETHER I QUALIFY FOR FINANCIAL ASSISTANCE THROUGH CENTRA'S FINANCIAL AID PROGRAM OR OTHER FEDERAL OR STATE FUNDED MEDICAL ASSISTANCE PROGRAM, INCLUDING VERIFICATION OF MY SALARY OR WAGES, THE BALANCE OF ANY BANK ACCOUNTS THAT I MAINTAIN, THE CASH-IN VALUE OF ANY LIFE INSURANCE POLICY, STOCKS, OR BONDS WHICH I POSSESS, AS WELL AS THE VALUE OF ANY REAL OR PERSONAL PROPERTY WHICH I OWN OR AM PURCHASING. SHOULD I BE REFERRED TO A FEDERAL OR STATE FUNDED MEDICAL ASSISTANCE PROGRAM, I AUTHORIZE CENTRA TO RELEASE AND OBTAIN ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY FOR THAT FUNDING.

***SIGNATURE(S) REQUIRED**

Applicant's signature:	Date / Time:
Spouse's signature:	Date / Time:

Patient Label

FINANCIAL ASSISTANCE POLICY

- I. **SCOPE:** This policy applies to the officers and members of all Centra Boards.
- II. **PURPOSE:** The purposes of this Policy are to (a) set forth eligibility criteria for receiving Financial Assistance (as defined below); (b) outline circumstances and criteria under which each Hospital Facility of Centra and Provider will provide free or discounted care for Eligible Services (as defined below) to eligible patients who are Uninsured, Underinsured, or otherwise considered unable to pay for such services, (c) set forth the basis and methods of calculation for charging any discounted amounts to such patients, and (d) state the measures that Centra will undertake to widely publicize this Policy within the communities to be served by each Centra Hospital Facility. Centra 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. Centra 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. Centra will also encourage individuals to obtain health insurance to the extent such individuals are financially able to do so.
- III. **DEFINITIONS:**
For purposes of this Policy, the terms below shall be defined as follows:
- A. "AGB" means the amounts generally billed by the applicable Centra Hospital Facility for emergency and other Medically Necessary care to individuals who have insurance covering that care, calculated using the look-back method under 26 C.F.R. §1.501(r). Further information about the calculation of AGB can be obtained from any of the sources or locations listed in Section III.K.
- B. "Application" has the meaning set forth in Section III.B. below.
- C. "Assets" means assets and resources (and the values thereof) of an individual, that would be taken into account and valued by the Virginia Department of Social Services' in determining eligibility for the Medicaid and Family Access to Medical Insurance Security (FAMIS) programs, specifically excluding such individual's (a) primary personal residence (including up to 5 acres of land on which the residence is located, with exceptions based on management approval), (b) an amount up to, but not to exceed, three (3) times the individual's gross annual income held in 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 not to exceed a net value of \$10,000, (d) burial space or plot, funds or prepaid burial contracts, and (e) household goods and personal effects.
- D. "Centra" has the meaning set forth in Section I.A. above.
- E. "Chief Clinical Officer of Centra" has responsibility for clinical care and quality.
- F. "Eligible Services" means the services (and any related products) provided by a Centra Hospital Facility and/or Provider 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.
- G. "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).
- H. "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.
- I. "Family Income" means the gross income of an individual and all of his or her Family Members, 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. In accordance with IRS guidelines funds received for room and board and travel should be reported in your gross income. Information can be found at <https://www.irs.gov/taxtopics/tc421>. You may request an itemized statement from the Financial Aid department as proof of disbursed fund(s). Any other gross income or remuneration, from whatever source derived, all on a pre-tax basis.

- J. "Federal Poverty Guidelines" means the 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.
- K. "Financial Assistance" means any financial assistance in the form of free or discounted care granted to an eligible individual pursuant to this Policy.
- L. "Hospital Facility" means a facility (whether operated directly or through a joint venture arrangement) that is required by the Commonwealth of Virginia to be licensed, registered, or similarly recognized as a hospital. "Hospital Facilities" means collectively, more than one Hospital Facility.
- M. "Medically Indigent" means an Uninsured or Underinsured patient of a Centra Hospital Facility who (1) after payment by all third-party payers, is financially obligated to Centra for an amount in excess of twenty-five percent (25%) of such patient's yearly gross income and (2) has Assets, the total value of which is less than the amount of "Allowable Assets" for such patient as determined and set forth in Schedule A attached to and made a part of this Policy, as amended from time to time.
- N. "Medically Necessary" shall have the same meaning as such term is defined for Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury), or for disputed or less clear cases referred to the Chief Clinical Officer or designee to render a decision.
- O. "Out-of-Network" means any case in which a non-governmental insurance carrier, third party administrator, or plan reduces or eliminates coverage or the provision of benefits for care provided to a patient by a Centra Hospital Facility and/or Provider, because the Centra Hospital Facility and/or Provider is not a designated facility or provider or is not part of the insurance carrier's, TPA's, or plan's network of or designated facilities and/or providers.
- P. "Policy" means this "Charity Care – Financial Assistance Policy" of Centra, as amended from time to time.
- Q. "Provider" means a Centra employed physician or advanced clinical practitioner.
- R. "Uninsured" means a patient of a Centra Hospital Facility or Provider 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. A patient with Out-of-Network coverage is not considered Uninsured for purposes of this Policy.
- S. "Underinsured" means a patient of a Centra Hospital Facility or Provider 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 the 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. A patient with Out-of-Network coverage may be considered Underinsured for purposes of this Policy and may be eligible for Financial Assistance.

IV. POLICY

A. Policy. It is the policy of Centra Health, Inc. and its tax-exempt subsidiaries and affiliates (collectively, "Centra") to provide medically necessary health care to all patient's without regard to the patient's ability to pay, at each Centra Hospital Facility (as defined below). This Policy (as defined below) is consistent with Centra's values of patient-centered care, respect and compassion, quality and service, community health improvement, and financial stewardship. Centra 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 Centra's separate Emergency Medical Care 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.

B. Adoption of Policy. The Board of Directors of Centra Health, Inc. and of each of its tax-exempt subsidiaries and affiliates that provides medically necessary health care at one or more Hospital Facilities, has adopted the following policies and procedures for the provision of Financial Assistance (as defined below).

V. PROCEDURE

A. Eligibility. Upon a determination of financial need and eligibility in accordance with this Policy, Centra 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. The provision of 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 legally protected class.

B. Application for Financial Assistance. Except as otherwise provided in this Policy, Centra 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 of this Policy), as amended from time to time, and 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. external publically available data that provides information about an individual's ability to pay (e.g., credit reports, scores, or ratings; Federal Poverty Guidelines, Virginia Uninsured Patient Discount Act, relevant published federal or state guidelines, bankruptcy filings or orders);
2. 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., Supplemental 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, Healthy Community Access Program (HCAP)) or (b) any free clinic, indigent health access programs, or Federally Qualified Health Center (FQHC) (including, without limitation, The Free Clinic of Central Virginia and the Johnson Health Center);
3. information substantiating the assets owned or held by the individual and liabilities or other obligations of the individual;
4. 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
5. 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 one (1) year 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 Centra of the updated or additional information by notifying Centra Customer Service at (434) 200-3777. Applications will be made available, free of charge, at any Centra registration office, Patient Accounting customer service, or on-line, including the sources or locations

set forth in Section III.K. below. Completed applications can be returned via email, fax, postal mail, or physician office front desk. Requests for Financial Assistance will be processed promptly, and Centra will make all reasonable efforts to provide written notification to the patient or applicant of its determination within thirty (30) days after Centra's receipt of a completed Application and submission of all information required therein. 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, written notice will be sent in the form of a letter delivered to the patient and any guarantor of payment.

In cases where a patient is unable to provide any requested information as part of the Application process, Centra may accept the following as verification of such information:

- i. the patient's or applicant's written explanation of why the requested information cannot be provided; and
- ii. a statement of the patient or applicant of the information requested, signed by the patient or applicant which attests to the accuracy and completeness of the information provided therein.

Assistance in completing an Application can be obtained by contacting Centra Customer Service at (434) 200-3777.

Centra 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 to it was intentionally false or misleading. Moreover, Centra may decide to pursue any and all legal remedies or actions, including criminal charges, against any person who it determines in good faith knowingly misrepresented their financial condition (including, without limitation, the amount or value of Family Income and/or Assets), including any persons who accept Financial Assistance after an improvement to their financial condition occurs that was not made known to Centra.

- C. Presumptive Financial Assistance. In some cases, a patient or applicant may appear eligible for Financial Assistance but has not provided all requested information. In such cases, a customer service representative or authorized Centra staff member 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. As a result of such information, the patient may be eligible for discounts of up to 100% of the amounts that the patient is obligated to pay to Centra for such individual's Eligible Services. In such circumstances, in order for a patient to be presumed eligible to receive Financial Assistance for Eligible Services, the patient must meet one or more of the following criteria:

1. participation or enrollment in or receipt of benefits from a state or federal assistance program such as Medicaid, SSI, Food Stamps, WIC, disability, unemployment compensation, subsidized or free school lunch;
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. homeless or received care from a homeless shelter, free clinic, indigent health access program, or Federally Qualified Health Center (FQHC) (including, without limitation, The Free Clinic of Central Virginia and the Johnson Health Center);
5. mentally incompetent as declared by a court or licensed professional; and
6. deceased with no known estate.

- D. 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.

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 AGB for emergency or other Medically Necessary care.
2. The basis for determining and calculating the amounts that Centra will bill an Uninsured patient who is eligible for Financial Assistance is as follows:
 - a. Any Uninsured patient eligible for Financial Assistance will first receive

- the AGB discount as set forth on **Schedule A** attached hereto and made a part hereof, as amended from time to time.
- b. Any Uninsured or Underinsured patient eligible for Financial Assistance and whose yearly Family Income is more than 200% but not more than 400% of the Federal Poverty Guidelines shall receive a discount as determined in accordance with **Schedule A** attached to and made a part of his Policy, as amended from time to time.
 - c. All Uninsured or Underinsured patients eligible for Financial Assistance whose yearly Family Income is equal to 200% or less of the Federal Poverty Guidelines will receive a discount of 100% of their remaining account balance.
 - d. A Medically Indigent patient who is eligible for Financial Assistance shall receive a discount determined in accordance with the appropriate column designated as the "Hospital Discount Schedule" set forth in **Schedule A** attached to and made a part of this Policy, as amended from time to time.
 - e. Uninsured patients who fail to apply for third party insurance through the Federal Insurance Exchange, are not eligible for Financial Assistance. Centra will inform and notify any such patients via a denial letter who are ineligible due to their failure to apply for coverage on <https://www.healthcare.gov/>.
- E. **Other Patient Discounts.** Patients who are determined to be ineligible for Financial Assistance under this Policy may receive discounts off total charges to the patient (which shall not exceed AGB). Such discounts shall not be considered Financial Assistance under this Policy and are not subject to aforementioned Application and approval procedures. Such discounts will be applied at time of billing by Centra's information systems. Any patient payments for services covered any such discount program under this paragraph that are collected in advance of a determination of eligibility for Financial Assistance, shall not be refunded.
1. Uninsured patients are automatically eligible for the discount shown on **Schedule A** attached hereto and made a part hereof (as amended from time to time) under the heading "Uninsured Discount" off total charges to the Uninsured patient (such charges not to exceed AGB).
 2. A ten percent (10%) prompt pay discount for payments made within five (5) days of the date services are rendered.
- F. **Excluded Services.** The following healthcare services are not eligible for Financial Assistance under this Policy:
1. Purchases from Centra retail operations, including, without limitation, gift shops, retail pharmacy, durable medical equipment, cafeteria purchases;
 2. Services provided by non-Centra entities or non-Centra employed physicians;
 3. Elective procedures or treatments that are not Medically Necessary.
 4. Patient co-pay responsibilities as determined by patient health plan contract.
- G. **Communication of Information About the Policy to Patients and the Public.** For each of its Hospital Facilities, Centra will take measures to inform and notify such Hospital Facility's patients and visitors and the residents of the community served by such Hospital Facility (in particular, those who are most likely to require Financial Assistance), of this Policy in a manner that, at a minimum, will notify the listener or reader that the Hospital Facility offers Financial Assistance and informs him or her about how and where to obtain more information about this Policy. Such measures shall include, without limitation, the following:
1. Each Centra Hospital Facility shall clearly and conspicuously post signage to advise its patients and visitors of Financial Assistance available from Centra.
 2. For each of its Hospital Facilities, Centra shall make this Policy, the Application, and a plain language summary of this Policy widely available on its website(s), including, without limitation, www.centrahealth.com.

3. For each of its Hospital Facilities, Centra shall 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 Facility and by mail or e-mail.
 4. Referral of patients for Financial Assistance may be made by any member of the Centra staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. 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.
 5. Any and all written or printed information concerning this Policy, including the Application, shall be made available in each of the languages spoken by the lesser of 1,000 individuals or 5% of the community served by each Centra Hospital Facility or the population likely to be encountered or affected by each Centra Hospital Facility. Centra 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. Centra will maintain documentation in accordance with retention policies sufficient to identify each patient determined to be eligible for Financial Assistance, including, without limitation, 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 the 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 such patient's account, Centra shall follow the guidelines set forth in its separate Billing and Collections Policy; provided that, Centra will not commence or institute any extraordinary collection actions (including, without limitation, 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 or any portion of such patient's account, without first making reasonable efforts to determine whether such patient is eligible for Financial Assistance. Such 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 relating to the submission of a complete or incomplete Application. A copy of Centra's separate Billing and Collections Policy may be obtained free of charge from any one of the sources or locations listed in Section III.K. below.
- J. No Effect on Other Hospital Policies; Policy Subject to Applicable Law. This Policy shall not alter or modify other Centra policies regarding efforts to obtain payment from third party payors, transfers, or emergency care. This Policy and the provision of any Financial Assistance hereunder shall be subject to all applicable federal, state, and local law.
- K. Sources of and Locations for Information. Copies of this Policy, the AGB calculation, the Application, the Billing and Collections Policy, and the Emergency Medical Care 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 at any Centra Hospital Facility;
 2. By calling Centra Customer Service at (434) 200-3777; and
 3. Centra's website at www.centrahealth.com.

VI. EQUIPMENT: None.

VII. FORMS: None.

VIII. REFERENCES: None.

IX. INTERDISCIPLINARY REVIEW: Finance Committee, Board Governance, Board