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# SYSTEMWIDE POLICY

## Financial Assistance Eligibility Policy

**This Policy is Applicable to the following Spectrum Health sites:**

**SYSTEMWIDE**

Big Rapids (Mecosta County Medical Center), Continuing Care, Corporate, Gerber Memorial (Newaygo County General Hospital Association), Ludington (Memorial Medical Center of West Michigan), Outpatient/Physician Practices, Pennock (Pennock Hospital), Priority Health, Reed City (Reed City Hospital Corporation), SH GR Hospitals (Spectrum Health Hospitals), SHMG, Spectrum Health Lakeland (Lakeland Community Hospital Watervliet; Lakeland Hospitals at Niles and St. Joseph Inc.), United/Kelsey (Spectrum Health United; Spectrum Health Kelsey Hospital), Zeeland (Zeeland Community Hospital)

<b>Applicability Limited to:</b>	N/A
<b>Reference #:</b>	2983
<b>Version #:</b>	9
<b>Effective Date:</b>	08/01/2020
<b>Functional Area:</b>	Finance, Revenue Cycle
<b>Department Area:</b>	Finance, Patient Access

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**Notice of Nondiscrimination:** It is the policy of Spectrum Health and all subsidiary entities to provide quality healthcare to all persons. Admission and treatment decisions will be based solely on the medical needs of the patient and the capacity and capabilities of the facility to provide the medical care and treatment required. Admission and treatment will not be denied on the basis of ethnicity, color, gender, sex, race, national origin, religion, disability, age, HIV status, veteran or military status, source of payment for services or any other basis prohibited by federal, state or local law. Patients will be treated in a manner consistent with their gender identity. NHSC-approved sites must agree not to discriminate in the provision of services to an individual based on: the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. See the [Patient Rights and Responsibilities](#) policy for further detail.

See [Attachment B](#) for the complete notice of nondiscrimination as well as availability of language assistance.

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### 1. Purpose

To outline the process for making a reasonable determination of who is eligible to receive financial assistance at Spectrum Health. To communicate the availability of financial assistance to patients and the public and to ensure that consistent guidelines are applied to requests for financial assistance, regardless of the Spectrum Health location where the patient service is provided.

### 2. Responsibilities

This Spectrum Health Financial Assistance Eligibility Policy will be administered by appropriately designated Spectrum Health personnel as outlined in supporting Financial Assistance Eligibility Procedures.

### **3. Policy Content**

Spectrum Health will eliminate patient financial responsibility for emergent or medically necessary care in situations where the patient/guarantor qualifies under the financial hardship guidelines, set forth in Section 6.6 below, and cooperates with Spectrum Health in the administration of its Financial Assistance Eligibility Procedures. A good faith determination of financial need must be made prior to any waiver of charges.

### **4. Philosophy**

Emergent or medically necessary care will be the basis for treatment, not financial obligation. Determination of financial assistance will be given based on demonstrable financial need and will be granted in cooperation with the patient/guarantor whenever able. All patients/guarantors applying for financial assistance will be subject to the same financial assistance process regardless of primary payer.

Medically necessary care is defined as those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be medically necessary taking into account the most appropriate level of care. Depending on the patient's medical condition, the most appropriate setting for the provision of care may be a home, a physician's office, an outpatient facility, or a long-term care, rehabilitation or hospital bed. In order to be medically necessary, a service must:

- Be required to treat an illness or injury;
- Be consistent with the diagnosis and treatment of the patient's conditions;
- Be in accordance with standards of good medical practice;
- Not be for the convenience of the patient or patient's physician; and
- Be at the level of care most appropriate for the patient as determined by the patient's medical condition and not the patient's financial or family situation

Emergent care is deemed to be Medically Necessary.

### **5. Emergency Medical Care Policy**

Spectrum Health will provide, without discrimination, care for emergency medical conditions to individuals regardless of their ability to pay or eligibility for financial assistance. Emergent medical conditions may result from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place the patient's health in serious jeopardy, result in serious dysfunction of any bodily organ or part. Spectrum Health will not engage in actions that discourage individuals from seeking emergency medical care, and, to that end, Emergent care will be provided without interference from debt collection or demands for prepayment of services prior to treatment as further described in the Emergency Medical Treatment and Active Labor Act (EMTALA) Policy.

### **6. Policy**

#### **6.1. Residency Requirement**

To uphold our mission to improve health, inspire hope, and save lives, Spectrum Health will limit consideration for financial assistance to applicants that reside within the communities we serve. Exception may be made to patients seeking Emergent or Medically Necessary care not available within another healthcare provider's service area.

#### **6.2. Overview**

**6.2.1.** Prior to seeking financial assistance, the patient/guarantor and Spectrum Health will pursue all reasonable forms of third party payment as further outlined in Section 6.3.

**6.2.2.** It is Spectrum Health's policy to require payment in full for non-Emergent or non-Medically Necessary care including but not limited to experimental/research studies,

elective cosmetic services and bariatric surgical procedures *prior* to service or when a statement is first presented, unless other approved arrangements for payment have been made.

- 6.2.3.** Patients/guarantors who identify that they are financially unable to pay, or have been identified by Spectrum Health as potentially financially unable to pay, will be referred to the appropriately designated Spectrum Health personnel for evaluation, as applicable. Spectrum Health personnel may then proceed with the financial assistance application process to determine if there is demonstrated inability to pay. The patient/guarantor may be asked to complete a financial assistance application. A credit report may be obtained to verify information provided on the application, but will not be used to make a determination as to financial assistance eligibility. Portions of or the entire financial application process may be waived for certain patients/guarantors who presumptively qualify for financial assistance and are subsequently verified, consistent with Spectrum Health policies and procedures. Examples may include individuals deemed homeless or deceased without an estate.
- 6.2.4.** If, as a result of the financial application process, assistance criteria are not met, the patient/guarantor will be advised to arrange payment according to the Spectrum Health [Patient Responsible Balance Billing and Collection Policy](#) and applicable procedures, under which a patient/guarantor may qualify for discounts and/or other payment options such as prompt pay discounts, payment plans, etc.
- 6.2.5.** If it appears that financial hardship guidelines may apply, the patient/guarantor may be asked to supply supporting documentation as detailed in the application and the application will be processed accordingly.
- 6.2.6.** The patient's account will be documented with results of the determination. Reasonable efforts will be made to inform the patient/guarantor in writing of the determination (including, if applicable, the assistance for which the individual is eligible) and the basis for the determination.
- 6.2.7.** All applicable and supporting documentation for applications will be retained in accordance with the Record Management, Retention and Destruction Policy

### **6.3. Third Party Payment Sources**

Prior to seeking financial assistance, the patient/guarantor and Spectrum Health will pursue all reasonable forms of third party payment including but not limited to Medicaid and enrollment in the Health Insurance Marketplace.

Spectrum Health reserves the right to investigate, verify, interview and request assignment of:

- A. All benefits from any third-party insurance source;
- B. All benefits from state or federal assistance programs for which the patient/guarantor may be eligible;
- C. All benefits from any charity organization; and/or
- D. Pending litigation.

Financial assistance is the account resolution process of last resort. As such, a patient/guarantor must fulfill all responsibilities under any of the above applicable programs or use available personal resources prior to qualifying for financial assistance. A patient/guarantor's failure to produce the requested information or participate in one of the above programs may result in denial of financial assistance.

#### **6.4. Availability of Financial Assistance**

Spectrum Health has implemented measures to widely publicize communications to patients and the public regarding the availability of financial assistance. Communication methods include but are not limited to signage in each hospital emergency department, registration areas and other public locations, as well as information on the Spectrum Health website (as referenced in Section 6.5). In addition, Spectrum Health will offer a plain language summary of its Financial Assistance Eligibility Policy as part of the patient intake and/or discharge process, as well as provide individuals with assistance in completing the application process.

Patients will be notified of the Financial Assistance Eligibility Policy for a period of at least 120 days from the date of the first post-discharge billing statement. Patient balances will be eligible for financial assistance evaluation for at least 240 days from the date of the first post-discharge billing statement (“Application Period”). If Spectrum Health receives a financial assistance application during the Application Period, whether the application is complete or incomplete, it will suspend any collection efforts until a determination regarding financial assistance is made.

Some services may be provided to patients at Spectrum Health by providers who may not utilize Spectrum Health’s Financial Assistance Eligibility Policy and process. For a listing of these providers, please see the most current version of [Attachment A](#), which will be updated periodically as information changes over time.

Patients receiving care at a National Health Service Corps (“NHSC”) approved practice site or a Michigan State Loan Repayment Program (“MSLRP”) approved practice site will be evaluated for financial assistance based on the NHSC requirements of income and family size and will not be evaluated based on other factors.

#### **6.5. Financial Assistance Identification and Application Process**

The goal of the financial assistance eligibility process is to determine the patient/guarantor’s ability to pay.

A free copy of the Financial Assistance Eligibility Policy, as well as the current [financial assistance application](#) and a plain language summary of the policy, are available at all Spectrum Health locations, at <https://www.spectrumhealth.org/affording-care/financial-assistance> by calling (800) 968.0145 or emailing [FinancialCounseling@spectrumhealth.org](mailto:FinancialCounseling@spectrumhealth.org). A free copy is also available at <https://www.spectrumhealthlakeland.org/patient-visitor-guide/patient/billing/financial-assistance>, by calling (844) 408.4103 or emailing: [SHLfinancialcounseling@spectrumhealth.org](mailto:SHLfinancialcounseling@spectrumhealth.org). Each individual may be required to complete a financial assistance application and provide the information Spectrum Health has requested as part of the application. Spectrum Health determines financial assistance based upon the financial hardship guidelines set forth in Section 6.6. Spectrum Health may require copies of pay stubs, federal income tax returns and any other income and asset verification sources which are described in the application. Technology and other public records such as bankruptcy filings, death records, and estate filings may be utilized to assist in proactively and efficiently identifying patients who qualify for assistance when they are unable to provide complete application information, or to automate the process of obtaining necessary data and analysis of ability to pay in unique circumstances. When technology is utilized to assist with presumptive eligibility it will be used to obtain the information requested as part of the application. Presumptive eligibility will be granted to applicants with confirmed bankruptcy protection, deceased with no estate, homeless as deemed by shelter records or other accepted sources. Applicants may be requested to assist and cooperate in applying for benefits from third party insurance, state, federal or other charitable programs previously mentioned in Section 6.3 above.

Spectrum Health may delegate determination of financial assistance eligibility to partner organizations in an effort to avoid duplication of efforts. Partner organizations will adopt the guidelines of this policy for qualification purposes, or by nature of the population they serve, will have met the minimum requirements of our application. When delegation does occur, Spectrum Health will periodically review the determining organizations' documentation to ensure compliance with this policy.

Patients receiving care at a National Health Service Corps ("NHSC") approved practice site or a Michigan State Loan Repayment Program ("MSLRP") approved practice site may use the current [financial assistance application for NHSC locations](#). Applicants receiving care at the NHSC or MSLRP sites are not required to apply for benefits from third party insurance, state, federal or other charitable programs.

#### **6.6. Financial Hardship Guidelines Qualifications**

Except for patients receiving care at a National Health Service Corps ("NHSC") approved practice site or a Michigan State Loan Repayment Program ("MSLRP") approved practice site, in determining financial assistance eligibility, Spectrum Health will evaluate the patient/guarantor's ability to reimburse Spectrum Health for the services being requested or previously rendered.

Spectrum Health will evaluate information such as the following:

- Income levels
- Net worth
- Employment status
- Other financial obligations
- Amount and frequency of healthcare bills

A credit report may be obtained to validate information. Spectrum Health will use the current U.S. Federal Poverty Guidelines (FPG) as a basis for income eligibility qualifications. Qualifying income for elimination of all financial liability (free care) for amounts otherwise owing will be 250 percent of poverty as defined by the current FPG (see <https://aspe.hhs.gov/poverty-guidelines> for the current guidelines) as published annually by the Department of Health and Human Services.

Patients receiving care at a National Health Service Corps ("NHSC") approved practice site or a Michigan State Loan Repayment Program ("MSLRP") approved practice site who are 250 percent of the poverty level (found at the link in the above paragraph) will receive elimination of all financial liability (free care) for the services provided at the NHSC or MSLRP approved site consistent with the sliding fee discount program. As such, no sliding fee discount (schedule of fees for services) is applicable.

Financial records pertaining to the patient/guarantor's household income may also be requested, not to assign responsibility to a third party, but rather to determine how they directly affect the applicant's financial situation. Household, as defined by the United States Census Bureau, is a group of two or more related family members, whether by birth, marriage, adoption, or otherwise, who live together (non-relatives, such as housemates, do not count); all related persons living in the same household are considered members of one household. Spectrum Health does not consider individuals living in one home but separately sole supporting as a combined household. A temporary living situation as a result of a medical condition will also not apply.

A patient's clinical, behavioral and/or social history shall not be considered in assessing ability to pay.

### **6.7. Uniformity**

To assure uniform application of this policy within Spectrum Health, the following applies to all applicable Spectrum Health facilities:

- A. All charges will be recorded on the patient's account in accordance with the normal charging procedures. Although charges are the basis for billing and collection record keeping purposes, costs (not charges), will be the primary reporting unit for valuing financial assistance.
- B. Services will not be "downcoded" to a lower fee.
- C. "Professional courtesy" will not be utilized.
- D. Spectrum Health will not discriminate on the basis of race, color, national origin, citizenship, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status.
- E. Patients meeting the criteria of this policy and who are approved for financial assistance will be eligible for free emergent or medically necessary care during the approval period outlined in Section 6.9. Because Spectrum Health does not charge any amount to patients eligible for financial assistance under this policy, Spectrum Health is fully compliant with the "amounts generally billed" and less-than-gross-charge limitations that apply to charitable hospitals.

### **6.8. Application Approval Process**

- 6.8.1.** All financial assistance determinations must be approved by the appropriate personnel as outlined in the Financial Assistance Eligibility Procedures.
- 6.8.2.** Supporting documentation should accompany all financial assistance determinations and be retained as referenced in Section 6.2.7 above.

### **6.9. Approval Period**

All financial assistance application approvals made under the Financial Assistance Eligibility Policy may be effective for a period of at least 90 days and include subsequent Emergent or Medically Necessary care. A change in financial situation or the addition of third party payer eligibility may alter the approval period and require further review.

### **6.10. Appeal Process**

Individuals who are denied financial assistance under the provisions of the policy may request a review of the determination. Reviews will be performed at the next level of authority for approval. Appeals progressing above the level of management within Patient Finance are taken to a panel of Spectrum Health senior leadership selected by the Spectrum Health or his/her designee.

### **6.11. Collection Efforts in the Event of Nonpayment**

In the event a patient/guarantor does not apply for or qualify for financial assistance under this policy, the collection actions Spectrum Health may take in the event of nonpayment are more fully described in its Patient Responsible Balance Billing and Collection Policy. A free copy of this policy can be obtained by are available at all Spectrum Health locations, at <https://www.spectrumhealth.org/affording-care/financial-assistance> by calling (800) 968.0145 or emailing [FinancialCounseling@spectrumhealth.org](mailto:FinancialCounseling@spectrumhealth.org). A free copy is also available at <https://www.spectrumhealthlakeland.org/patient-visitor-guide/patient/billing/financial->

[assistance](mailto:SHLfinancialcounseling@spectrumhealth.org), by calling (844) 408.4103 or emailing: [SHLfinancialcounseling@spectrumhealth.org](mailto:SHLfinancialcounseling@spectrumhealth.org). A separate written notice will be provided to each individual at least 30 days prior to any collection actions being initiated.

#### **6.12. Basis for Calculating Amounts Generally Billed (AGB)**

Spectrum Health (including substantially related entities) does not charge FAP-eligible patients more for Emergent and other Medically Necessary care than amounts generally billed (AGB) to those who have insurance covering such care. Rather, Spectrum Health provides Emergent or other Medically Necessary care free of charge to any patients who meet the eligibility criteria for financial assistance under this FAP. Spectrum Health uses the look-back method and calculates an AGB percentage for each hospital facility by dividing the sum of all of the amounts of its claims for Emergency and other Medically Necessary care that have been allowed by Medicare fee-for-service in combination with private insurance for the preceding twelve (12) month calendar year, by the sum of the associated gross charges for those claims. Spectrum Health posts a current copy of the AGB calculation description and percentages on its website.

#### **6.13. Catastrophic Financial Burden**

Spectrum Health acknowledges that significant health events may result in catastrophic financial burden to a patient and family, as such Spectrum Health reserves the right to review catastrophic cases on an individual basis. Consideration for a reduced financial obligation will be made factoring medical bills accumulated within the last 240 days, as well as those anticipated to occur within the next 90 days. A catastrophic financial burden is one which results in a financial burden of 25% of annual household income or greater.

### **7. Revisions**

Spectrum Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice. Any amendments to this policy are delegated to the President and Chief Executive Officer of Spectrum Health System and his/her delegates. All revisions to any attachments to this policy and to supporting documents related to this policy, such as the financial assistance application, plain language summary, etc., have been delegated to the Senior Director Registration & Financial Counseling.

- 8. Policies Superseded and Replaced:** This policy supersedes and replaces the following policies as of the effective date of this policy: Spectrum Health Hospital Group Financial Assistance Eligibility Policy #SH-ADMIN-FIN-001 and Lakeland Health Financial Assistance Policy CORP #176.

### **9. References**

Records Management, Retention and Destruction Policy, Billing and Collections Policy

### **10. Policy Development and Approval**

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**Approver:**

Board of Directors Spectrum Health System

**11. Keywords**

assistance, poverty, eligibility, charity, resolutions, professional courtesy, charity care, free care, fap



## Spectrum Health Financial Assistance Eligibility Policy- Attachment A

Spectrum Health’s Financial Assistance Eligibility Policy (“Policy”) only covers the Spectrum Health Entities (listed in the Policy) and all providers employed by these Entities.

With regard to Spectrum Health Lakeland, the Policy covers the following entities: Lakeland Hospitals at Niles & St. Joseph, Inc., Lakeland Community Hospital, Watervliet (collectively, the Lakeland Health Hospitals), Pine Ridge: A Nursing and Rehabilitation Center, Center for Outpatient Services, Paw Paw Lake Medical Center Xray, Lakeland Outpatient Rehabilitation Services, Lakeland Cardiology, Lakeland Homecare, Home Infusion Services, Inc., Lakeland Heart & Vascular and Lakeland Cardiothoracic. Also covered by this Policy, are the Lakeland Hospital Watervliet owned physician clinics: Coloma Medical Center, Stagg Medical Center, Community Medical Center at Watervliet, Community Bone & Joint, as well as Southwestern Medical Clinic Physicians, Inc. - Niles and Lakeland Medical Practices – Hospitalists.

With the exception of those listed above, this Policy does not apply to services rendered by any independent providers not employed by Spectrum Health or its subsidiaries, which includes Spectrum Health Lakeland, or any Spectrum Health Lakeland providers that are leased to such independent providers. Furthermore, this Policy does not apply to Caring Circle, Lakeland Health affiliated physician clinics under the name Southwestern Medical Clinic Physicians, Inc. (with the exception of the Niles location) or Lakeland Medical Practices (with the exception of the Hospitalists).

In addition to those listed in the paragraph above, the following providers are not covered by the Policy:

**Attachment Revised: 9/19/2022**

ABC Pediatrics
Advanced Cardiac and Vascular Amputation Prevention Centers PLC
Advanced Eyecare Professionals
Advanced Foot & Ankle Associates
Advanced OB/GYN
Advanced Plastic Surgery
Advanced Radiology Services
Age Management of West Michigan
Agerson Kirk MD PC
Alger Pediatrics
Allendale Family Practice
Allergy & Asthma Care of Western Michigan

Allergy Associates of Western Michigan
Allergy/Asthma Specialists W MI
Alpine Family Podiatry PC
Anesthesia Associates of West Michigan
Anesthesia Staffing Consultants
Arcadia Family Health PLLC
Arthritis Physicians LLC
Associated Retinal Consultants
Ausiello Domenico MD
Bengtson Center for Aesthetics & Plastic Surgery
Big Rapids Foot and Ankle PC
Born Preventative Health Care Clinic PC
Breton Village Pediatrics & Family Medicine

Entities will reference associated Documentation contained within this document as applicable  
Printouts of this document may be out of date and should be considered uncontrolled.

Bright Future Pediatrics
Bright Start Pediatrics
Bronson Women's Services
Brookville Pediatric & Internal Medicine
Burton Dental Associates PC
Byron Center Family Medicine
Cadillac ENT & Facial Plastic Surgery
Calvin College Health Services
Campbell John N MD PC
Cancer & Hematology Centers of Western Michigan
Capital Cardiology
Cascade Oral Surgery
Cascade Pediatrics LLP
Center For Adolescent And Child Neurology
Center for Advanced Interventional Spine Treatment
Center for Aesthetics and Plastic Surgery
Center for Oral Surgery & Dental Implants
Center for Vein Restoration
Centre for Plastic Surgery
Channel Islands Medical Clinic
Cherry Street Health Services
Chowdhury & Ali
Christian Healthcare Centers

Compass Health
Concentra Urgent Care
Condit Hand Clinic
Creekside Vision and Hearing
Crew & Boss Eye Associates
Crittenden David B MD
Derm Institute of West Michigan PLC
Dermatology Assoc of West MI PLC
Dermatology Associates of West Michigan PC
Dermatology at MidTowne PC
Digestive Diseases Specialists PC
Direct Primary Care
Ear Nose & Throat Center
East Paris Internal Medicine Associates PC
Elite Spine & Musculoskeletal Center
Ellinger Douglas M MD
Emergency Care Specialists PC
Exalta Health
Eye Center of Grand Rapids PLC
Eye Plastic & Facial Cosmetic Surgery
Eyes to See Pediatric Ophthalmology & Adult Strabismus
Faith Hospice
Family and Pediatric Medicine of Grand Rapids

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Family Health Care
Family Medical Center
Family Medicine Specialists
Family Tree Medical Associates
Foot & Ankle Specialists of West Michigan
Forefront Dermatology
Forest Hills Pediatric Associates PC
Gaines Pediatric Dentistry
Garrison Stacey DDS
Gastroenterology Associates of West Michigan PLC
Gastroenterology Specialists PC
Georgetown Medical Center
Glaucoma Eye Center PC
Grand Haven Foot & Ankle
Grand Haven Pathology PC
Grand Health Partners
Grand Rapids Allergy PLC
Grand Rapids Ear Nose & Throat
Grand Rapids Ophthalmology
Grand Rapids Orthopedics
Grand Rapids Women's Health
Grand River Emergency Medical Group
Grand River Pediatric Dentistry

Grand River Rehabilitation LLC
Grand Valley Medical Specialists
Grandview Foot and Ankle
Grandville Foot and Ankle PC
Grandville Pediatric Dentistry
Grandville Pediatrics
Great Lakes Neurosurgical Associates
Great Lakes Neurosurgical Associates PC
Greater Cardiology
Greenville Family Foot Care PC
Grof Michael W DO
Growing Smiles Pediatric Dentistry
Gulish Gary DO
Habekovic Marko MD PLLC
Hamilton Pediatric Dentistry
Hand & Plastic Surgery Centre
Hastings Internal and Family Medicine
Healthy Heart Cardiology
Healthy Smile
Henry Ford Hospital (Gastroenterology)
Henry Ford Transplant Institute
Hoffman Thomas M MD
Holland Community Health Center
Holland Eye Surgery & Laser Center

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Holland Foot & Ankle Centers
Holland Home
Holland Hospital (Emergency Department)
Holland Hospital Medical Group (Ear Nose & Throat)
Hollen Family Medicine
Hope Network (Rehabilitation Services)
Hospice of Holland (Palliative Care)
Hospice of Holland Inc
Hudsonville Dental
Infusion Associates
InPatient Consultants of Michigan
Internal Medicine Associates of Barry County PLC
Internal Medicine of West Michigan
Ivanrest Foot & Ankle Specialists
Jamestown Family Clinic
Javery Pain Institute PC
Jupiter Family Medicine
Kalamazoo Anesthesiology PC
Keil Lasik Vision Center
Kent Pediatrics PC
Kentwood Family Physicians
Krhovsky David M MD
Lakeland EAP

Lakeshore Allergy
Lakeshore Area Radiation Oncology Center
Little Red Pediatric Dentistry
Lovell Hand and Orthopedic Center
Maas Paula K MD
Manohar Prerana A MD
Mansky David W DPM
Mary Free Bed
Mary Free Bed Cancer & Hemtology
Mary Free Bed Medical Group
Mary Free Bed Rehabilitation
Mary Free Bed Rehabilitation (Spine Center)
Maternal Fetal Medicine Associates PC
Mercy Health North Muskegon Primary Care
Mercy Health Physician Partners
Mercy Health Physician Partners (Concierge Medicine)
Mercy Health Physician Partners (Family Medicine)
Mercy Health Physician Partners (Internal Medicine/Pediatrics)
Mercy Health Physician Partners (OB/GYN)
Mercy Health Physician Partners (Sable Point Family Care)
Mercy Health Physician Partners (Specialists in Hospital Medicine)

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Mercy Health St Mary's Health Care (Critical Care)
Mercy Health St Mary's Health Care (Kidney Transplant)
Mercy Health St Mary's Health Care (Neuroscience Program)
Mercy Health St Mary's Health Care (Neurosciences Epilepsy)
Mercy Health St Mary's Health Services Heartside Health Center
Metro Heart & Vascular
Mi Kids Pediatrics
Michigan ENT & Allergy Specialists
Michigan Pain Consultants
Michigan Pathology Specialists PC
Michigan Primary Care Partners (West Michigan Pain)
Michigan Spine & Pain
Michigan State University (Pediatrics Pulmonary)
Michigan State University (Specialty Clinics)
Michigan State University (Women and Girls with Bleeding Disorders Clinic)
Mid Michigan Physicians (Internal Medicine)
Middleville Family Practice
Mitten Kids Dentistry
Montgomery Carole L MD
MPLT Healthcare
MSU Health Care - Osteopathic Manipulative Medicine Clinic

Munson Cadillac Primary Care
Munson Medical Center (Family Practice Clinic)
Munson Medical Center (Internal Medicine/Pediatric Hospitalists)
Muskegon Surgical Associates
Norman Family Dentistry
North Ottawa Medical Group Pediatrics
North Ottawa Women's Health
Northern Michigan Vein Specialists
NorthStar Anesthesia
Northwood Foot & Ankle Center
Nova Direct Primary Care
NuVasive Clinical Services
Oaklawn Medical Group (OBGYN)
Oakview Medical Care Facility
Oculoplastic Associates of West Michigan
Oral Surgery Associates
Oral Surgery Associates of Lansing
Orandi Allergy and Asthma Center
Orthopaedic Associates of Michigan (OAM)
Orthopaedics & Sports Medicine of Cadillac
Partners In Dental Care
Partners in Family Health
Partners in Plastic Surgery

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Pediatric Associates of Big Rapids
Pediatric Associates of Kentwood
Pediatric Dental Specialists of West Michigan
Pediatric Dentistry of Michigan
Pediatric Ophthalmology PC
Pediatric Partners PLC
Pediatric Surgeons of West Michigan PC
PhysioAge Medical Group
Pine Rest (Campus Clinic)
Pine Rest (Child & Adolescent)
Pine Rest (Psychiatric Consult)
Pine Rest Christian Mental Health Services
Plastic Surgery Arts of West Michigan
Plastic Surgery Associates PC
Plastic Surgery Specialists PLLC
Platte Valley Medical Group OBGYN
Port Pediatric Dentistry PC
Premier Primary Health
Rehabilitation & Physical Medicine Specialists PC
Rehabilitation Medicine Associates
Renal Associates of West Michigan
RestHaven
Retina Specialists of Michigan

Riemer Eye Center
Robson Larry J MD
Rockford Pediatrics PC
Sanchez Suzette DO
Sandman Center for Veins
Seledotis Robert DO
Sharma Soorya K MD PC
Shoreline Foot & Ankle Associates
Shoreline Nephrology
Shoreline Orthopaedics & Sports Medicine Clinic PLC
Shoreline Vision
Sight Eye Clinic PC
Smilies Pediatric Dentistry
Sound Physicians
Sound Physicians (Formerly Indigo Health Partners)
Southside Pediatrics
St Johns Internal Medicine
Standale Family Physicians
Starr Inpatient Medical Services
Stawiski Marek A Dermatology
Steinhardt George F MD
Stock Christopher MD Ophthalmology
The Brain & Spine Center

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The Breast Health & Wellness Center PC
The Fertility Center
The Lacks Center at St Marys (Breast Center)
The TeleDentists
Third Coast Family Practice
Third Coast Oral & Maxillofacial Surgery
Thornapple Valley Family Health
Thyroid Center of West Michigan PC
Trillium Palliative Services
Trinity Health Medical Group - Cardiovascular
Trinity Health Medical Group Clinica Santa Maria
True Women's Health
University of Michigan Health - West
University of Michigan Health - West (Family Medicine)
University of Michigan Health - West (Family Practice)
University of Michigan Health - West (Rheumatology)
UP Health System (Family Medicine)
Uplift Health MD
Urologic Consultants PC
Urology Associates PC
Urology Surgeons PC
Valleau VanDeven & Massie DDS
VanWieren Gerald E MD PC

Verdier Eye Center PC
Versiti
Visger Benjamin J DO
Vitreo-Retinal Associates PC
Weatherhead James MD LLC
Wege Family Medicine
West Michigan Anesthesia PC
West Michigan Cardiology
West Michigan Dermatology
West Michigan Endodontists
West Michigan ENT & Allergy
West Michigan Family Health PC
West Michigan Family Medicine
West Michigan Foot and Ankle
West Michigan Nephrology
West Michigan Oral & Maxillo Surgery
West Michigan Orthopaedics
West Michigan Pediatric Dentistry
West Michigan Rheumatology
West Michigan Surgical Specialists
West Shore ENT & Allergy
Western Michigan ENT PC
Western Michigan Pediatrics PC
Western Michigan Urological Associates

Entities will reference associated Documentation contained within this document as applicable  
Printouts of this document may be out of date and should be considered uncontrolled.

White Craig DO PC
Wickens Marshall R DO
Williamson Family Medicine
Wolverine Dermatology
Yacob Nasim MD
Zeeland Family Medicine PC



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Attachment B

**Notice of Nondiscrimination:**

It is the policy of Spectrum Health and all subsidiary entities to provide quality healthcare to all persons. Admission and treatment decisions will be based solely on the medical needs of the patient and the capacity and capabilities of the facility to provide the medical care and treatment required. Admission and treatment will not be denied on the basis of ethnicity, color, gender, sex, race, national origin, religion, disability, age, HIV status, veteran or military status, source of payment for services or any other basis prohibited by federal, state or local law. Patients will be treated in a manner consistent with their gender identity. NHSC-approved sites must agree not to discriminate in the provision of services to an individual based on: the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. See the [Patient Rights and Responsibilities](#) policy for further detail.

Spectrum Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Spectrum Health Language Services at: 616.267.9701 or 1.844.359.1607 (TTY:711)

If you believe that Spectrum Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Director, Patient Experience  
100 Michigan St NE, MC 006  
Grand Rapids, MI 49503  
616-391-2624; toll free: 1-855-613-2262  
[patient.relations@spectrumhealth.org](mailto:patient.relations@spectrumhealth.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director of Patient Experience is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Contact Us**

Español (*Spanish*)

**ATENCIÓN:** Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-359-1607 (TTY: 711).

**العربية (Arabic)**

اللغة العربية المساعدة خدمات نإن، اللغة اذكر نتحدث كنت إذا :ملاحظة  
هاتف رقم). 1-844-359-1607 برقم اتصل .بالمجان لك تتوافر  
والبكم الصم  
(.711)

**中文 (Chinese): 國語/普通話 (Mandarin), 粵語 (Cantonese)**

請注意：如果您講中文，你可以獲得免費的語言  
輔助服務。請撥打1-844-359-1607 (TTY 手語翻  
譯：711)

**Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch  
vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.  
Gọi số 1-844- 359-1607 (TTY: 711).

**Ako govornice srpsko (Serbian, Croatian or Bosnian)**

OBAVJEŠTENJE: Ako govornice srpsko-  
hrvatski, usluge jezičke pomoći dostupne  
su vam besplatno. Nazovite 1-844-359-  
1607 (TTY: 711). (TTY- Telefon za osobe  
sa oštećenim govorom ili sluhom: 711).

**አአአአ (Amharic)**

አአአአአ: አአአአአአ አአአ አአአአ አአአ አአአአአ  
አአአአ አአአአአአ አአአ አአአአአአ አአአአአአአአ  
አአ አአአአአአአአአአአአ 1-844-359-1607.  
(አአአአአአአአአአ: (TTY: 711).

**नेपाली (Nepali)**

فارسی دری (Dari)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने  
तपाईंको दनभाषा सहायता सेवाहरू  
दनिःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्  
1-844-359-1607 (दरिदरिवाइ: (TTY: 711).

**Thuonjan (Nilotic – Dinka)**

PID KENE: Na ye jam në Thuonjan, ke kuony  
yené koc waar thook atō kuka lèu yök abac ke  
cin wènh cuatè piny. Yuopè 1-844-359-1607  
(TTY: 711).

**Kiswahili (Swahili)**

KUMBUKA: Ikiwa unazungumza Kiswahili,  
unaweza kupata, huduma za lugha, bila  
malipo. Piga simu 1- 844-359-1607 (TTY:  
711).

**فارسی (Farsi)**

نوچە: اگر به زبان فارسی گفتگو می کنید،  
ساده‌یالت زبانی بصورت  
(رایگان برای شما فراهم می باشد. با 711  
1607

ناماس بگایرید.

**Français (French)**

ATTENTION: Si vous parlez français, des  
services d'aide linguistique-vous sont  
proposés gratuitement. Appelez le 1.844-  
359-1607 (TTY: 711).

**(Burmese)**

အသိပေးခြင်း

သင်ပြောသော ဘာသာစကားကို အခမဲ့ ဘာသာပြန်  
ရှိပါသည်။ ဖုန်းခေါ်ရန်

ناماس با

توجه اگر به زبان دری صحبت می کنید، خدمات کمک زبانی بصورت رایگان برای شما در دسترس است.

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Kreyòl Ayisyen (*Haitian Creole*)

ATANSYON: Si ou pale Kreyòl Ayisyen,  
gen èd nan lang ki disponib gratis pou ou.  
Rele nimewo 1-844- 359-1607 (TTY: 711).

