Saint Agnes Healthcare System Policy and Procedure Manual	Page <u>1</u> of <u>20</u>	SYS FI 05			
Subject:	Effective Date: 2/05				
Charity Care/Financial Assistance	Reviewed: Revised: 11/90, 1/91, 6/91, 4/98, 3/01, 3/03, 6/08, 9/09, 6/16, 7/17, 7/18				
Approvals: Final - President/CEO:	Date:				
Concurrence: Date					

POLICY/PRINCIPLES

It is the policy of Saint Agnes Healthcare (the "Organization") to ensure a socially just practice for providing emergency or other medically necessary care at the Organization's facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

- 1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
- 2. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
- 3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization's facilities that specifies which are covered by the financial assistance policy and which are not.

SCOPE

This policy applies to all entities of the Saint Agnes HealthCare system.

DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- "501(r)" means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- "Amount Generally Billed" or "AGB" means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- "Community" means patients residing in the following zip codes consistent with the Organization's Community Health Needs Assessment (CHNA):

- o Arbutus 21227
- o Brooklyn/Linthicum, 21225
- o Catonsville 21250, 21228
- o Curtis Bay 21226
- o Gwynn Oak 21207
- o South Baltimore City 21223, 21230
- Southwest Baltimore City 21229
- o West Baltimore City 21215, 21216, 21217
- "Emergency Care" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:
 - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
 - b. Serious impairment to bodily functions, or
 - c. Serious dysfunction of any bodily organ or part.
- "Hospital Markup" means the markup included in hospital rates as calculated by the Health Services Cost Review Commission (uncompensated care in rates plus payer differential).
- "Medically Necessary Care" means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- "Organization" means Saint Agnes Healthcare.
- "Patient" means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

Financial assistance described in this section is limited to Patients that live in the Community:

- 1. Patients with income less than or equal to 250% of the Federal Poverty Level ("FPL"), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
- 2. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the lesser of (1) charges minus hospital markup, (2) the calculated AGB charges. The sliding scale discount(s) can be found at Exhibit A.
- 3. The Organization will provide reduced-cost, medically necessary care to patients with family income below 500% of the FPL and medical debt that exceeds 25% of the family income. Eligible patients shall remain eligible for reduced cost, medically necessary care during the 12-month period beginning on the date on which the reduced-cost, medically necessary care was initially received. The patient and any immediate family member of the patient living in the same household may be eligible.
- 4. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant's failure to complete a financial assistance application ("FAP Application").

- 5. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the following means-tested social service programs are deemed eligible for charity care, provided that the patient submits proof or enrollment within 30 days unless the patient or the patient's representative requests an additional 30 days:
 - a. Households with children in the free or reduced lunch program;
 - b. Supplemental Nutritional Assistance Program (SNAP);
 - c. Low-income household energy assistance Program;
 - d. Women, Infants and Children (WIC);
 - e. Other means-tested social services program deemed eligible for hospital free care by the Department of Health and Mental Hygiene and the HSCRC.
- 6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
- 7. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
 - a. Patients will be notified of ineligibility of financial assistance through the hospital's financial assistance denial letter. Patients or families may appeal decisions regarding eligibility for financial assistance by contacting the Director of Patient Financial Services either via phone call or in writing mailed to 900 Caton Ave., Baltimore, Md. 21229.
 - b. All appeals will be considered by Saint Agnes Healthcare's charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

Other Assistance for Patients Not Eligible for Financial Assistance (applicable to non-hospital services only)

Patients, who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by Saint Agnes Healthcare.

- 1. Uninsured Patients receiving services at Seton Imaging, Lab Outreach or Professional Services who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.
- 2. Uninsured and insured Patients receiving services at Seton Imaging, Lab Outreach or Professional Services who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

<u>Uninsured Discounts Available to Patients (applicable to hospital services only)</u>

An uninsured patient receiving regulated hospital services will receive a 2-percent discount if payment is made at the earlier of the end of each regular billing period or upon discharge from the hospital. Payment within 30 days of the earlier of the end of each regular billing period or discharge entitles the patient to a 1-percent discount.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged more than the lesser of (1) charges minus hospital markup, (2) the calculated AGB charges for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentage using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained by contacting Patient Financial Services at 667-234-2140.

Applying for Financial Assistance and Other Assistance

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available online at stagnes.org or through request by calling Patient Financial Assistance at 667-234-2140. FAP applications are also available at various Registration Locations throughout the hospital.

Billing and Collections

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by contacting Patient Financial Services at 667-234-2140.

Interpretation

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

Exhibit A

Saint Agnes Healthcare

FINANCIAL ASSISTANCE SCALE

As of July 1, 2018

For Hospital Facility Services Only (Regulated)

Household	Charity Care				Financial Assistance Program					
Size	100%	to 200%	to 225%	to 250%	to 275%	to 300%	to 325%	to 350%	to 375%	to 400%
1	\$13,860	\$27,720	\$31,190	\$34,650	\$38,120	\$41,580	\$45,050	\$48,510	\$51,980	\$55,440
2	\$18,670	\$37,340	\$42,010	\$46,680	\$51,340	\$56,010	\$60,680	\$65,350	\$70,010	\$74,680
3	\$23,480	\$46,960	\$52,830	\$58,700	\$64,570	\$70,440	\$76,310	\$82,180	\$88,050	\$93,920
4	\$28,290	\$56,580	\$63,650	\$70,730	\$77,800	\$84,870	\$91,940	\$99,020	\$106,090	\$113,160
Saint Agnes										
Discount	100%	100%	100%	100%	75%	50%	25%	15%	12%	10.0%

For Professional Services (Deregulated)*

Household	Charity Care				Financial Assistance Program					
Size	100%	to 200%	to 225%	to 250%	to 275%	to 300%	to 325%	to 350%	to 375%	to 400%
1	\$13,860	\$27,720	\$31,190	\$34,650	\$38,120	\$41,580	\$45,050	\$48,510	\$51,980	\$55,440
2	\$18,670	\$37,340	\$42,010	\$46,680	\$51,340	\$56,010	\$60,680	\$65,350	\$70,010	\$74,680
3	\$23,480	\$46,960	\$52,830	\$58,700	\$64,570	\$70,440	\$76,310	\$82,180	\$88,050	\$93,920
4	\$28,290	\$56,580	\$63,650	\$70,730	\$77,800	\$84,870	\$91,940	\$99,020	\$106,090	\$113,160
Saint Agnes										
Discount	100%	100%	100%	100%	90%	80%	70%	60%	50%	46.1%

^{*} Includes the following services:

Seton Imaging

Lab Outreach

Seton Medical Group

Ascension Medical Group

Saint Agnes Medical Group

Integrated Specialist Group

Radiologists Professional

Services

Anesthesia Professional Services

Exhibit B

Saint Agnes Healthcare

AMOUNT GENERALLY BILLED CALCULATION

As of 3/31/18

Saint Agnes Healthcare calculates two AGB percentages – one for hospital facility charges and one for professional fees – both using the "look-back" method and including Medicare fee-forservice and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of those calculations and AGB percentages are described below.

The AGB percentages for Saint Agnes Healthcare are as follows:

AGB for hospital facility charges: 92.0%* AGB for physicians' professional fees: 53.9%

These AGB percentages are calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility (separately for facility charges and professional services) by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12-month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

*Notwithstanding the foregoing AGB calculation, Saint Agnes Health Care has chosen to apply a lower AGB percentage for hospital facility charges as follows:

AGB: 90.0%

Exhibit C

Saint Agnes Healthcare

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

As of July 1, 2018

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers

Providers covered by FAP	Providers not covered by FAP
Seton Medical Group	ABBOTT,JOEL E DO
Ascension Medical Group	ABDULKADIR,TOLANI F MD
	ABDUR-RAHMAN,NAJLA MD
Integrated Specialist Group	ABELL,DAVID PA
Saint Agnes Medical Group	ABERNATHY,THOMAS MD
Vituity	ACEBEY,MAURICIO MD
	ADAMS,SCOTT MD
	ADEAGBO,TEMITAYO O NP
	ADEBAYO,DAVID A PA-C
	ADHIKARLA,ROHINI MD
	AFZAL,MUHAMMAD MD
	AHLUWALIA,GURDEEP S MD
	AHMAD,ISHTIAQ MD
	AHMED,AZRA MD
	AHUJA,GURMINDER MD
	AHUJA,NAVNEET K MD
	AKHTAR,YASMIN DO
	ALBUERNE,MARCELINO D MD
	AL-BUSTANI,SAIF S MD, DDS
	ALDRIDGE,DIONNE F LCSWC
	ALEX,BIJU K MD
	ALI,LIAQAT MD
	ALI,ZULFIQAR MD
	ALLEN,DANISHA MD
	ALONSO,ADOLFO M MD
	AMERI,MARIAM MD
	AMIN,SHAHRIAR MD
	ANANDAKRISHNAN,RAVI K MD
	ANDRADE,JORGE R MD

ANGLE, EMILY PA-C

ANGLIN, DELROY MD

ANSARI, MOHSIN MD

ANTHONY, JAMES D MD

ANTONIADES.SPIRO B MD

APGAR,LESLIE MD

APOSTOLIDES, GEORGE Y MD

APOSTOLO.PAUL M MD

AREGAWI, ABIY MD

ARSHAD,RAJA R MD

ASHLEY JR, WILLIAM W MD

ASHRUF, SYED S M.D.

AUGUSTINE, SHARON M CRNP

AWAN,HASAN A MD

AWAN, MATEEN A MD

AYENE, ADAMU D MD

AZEREFEGN, HAILEMICHAEL A PA-C

AZIZ,SHAHID MD

BAAKO, MICHAEL MD

BAJAJ,BHAVANDEEP MD

BAJAJ,HARJIT S MD

BALZER-COSTIN, AMANDA CRNP

BAMC/JONES MW,

BANEGURA.ALLEN T MD

BANERJEE, CHANDRALEK MD

BARBOUR, WALID K MD

BARTH,ROLF N MD

BASKARAN, DEEPAK MD

BASKARAN, SAMBANDAM MD

BASSI.ASHWANI K MD

BASTACKY, DAVID C DMD

BECK, CLAUDIA MD

BEHRENS, MARY T MD

BELTRAN, JUAN A MD

BERGER,LESLY MD

BERNIER, MEGHAN M.D.

BETHI, SIDDHARTH MD

BEZANKENG, CONSTANCE N PA-C

BEZIRDJIAN, LAWRENCE C MD

BHARGAVA, NALINI MD

BHASIN, SUSHMA MD

BHATIA.PRIMALJYOT MD

BHATTI,NASIR I MD

BIEDLINGMAIER, JOHN F MD

BIRCHESS, DAMIAN E MD

BLAM, OREN G MD

BLANK, MICHAEL DDS

BLUM.AUDRA H MD

BLUVAS, PETER J MD

BODDETI, ANURADHA MD

BOWLIN, DENEEN MD

BOYD, CHRISTINA M MD

BOYER, MATTHEW J MD

BRAUN, CAROLINE E PA-C

BRISSETT, PATRICIA CRNA

BRITT, CHRISTOPHER J MD

BROUILLET, JR., GEORGE H MD

BROWN, CHRISTINA M MD

BROWN, JACQUELINE A MD

BROWN-KARAPELOU, MARIA K MD

BRUNO, DAVID A MD

BUDI, ATCHUTHANAND MD

BUICK, MELISSA MD

BUNDESEN., III, WILLIAM LCSW

BURROWS, WHITNEY MD

CAHILL, EDWARD H MD

CAMPBELL, CATHERINE MD

CARPENTER, MYLA MD

CARR, SHAMUS R MD

CARTER, MIHAELA M.D.

CERRATO, DARLING MD

CHAIKEN, MARC L MD

CHANG, HENRY MD

CHARLES, LYSA M MD

CHATTERJEE, CHANDANA MD

CHEIKH,ELIE MD

CHEIKH,EYAD MD

CHEUNG, AMY M MD

CHOUDHRY, SHABBIR A MD

CHOWDARY-MUPPURI, VINUTHA MD

CHRIST, JOHN J CRNA

CLINTON, ESTHER PA-C

COHEN, BERNARD MD

COHEN, BONNIE E MD

COHEN, GORDON MD

COHEN, NERI MD

COLANDREA, JEAN MD

COLLINS.KALONJI MD

COMMERFORD, CHRISTINE MD

COOMBS, VICKIE RN

COOPER, JANET MD

CROSSON, JANE E MD

CROWLEY, HELENA M MD

CURTIS, DEBORAH CRNA

DAMIEN, GLORIA MD

DANG,KOMAL K MD

DATLA, RAVI MD

DAVALOS, JULIO MD

DEBORJA,LILIA L MD

DEJARNETTE, JUDITH MD

DEOL, DILRAJ MD

DESAI, KIRTIKANT I MD

DESAI,SHAUN C MD

DEY,RUBY MD

DIAS, MICHAEL MD

DIAZ-MONTES, TERESA P MD

DICKERT, BRITTANY CRNP

DICKSTEIN, RIAN MD

DIDOLKAR, MUKUND S MD

DIXON, TEKEEMA A MD

DOHERTY, BRENDAN MD

DONAHUE, JAMES M MD

DOVE, JOSEPH DPM

DROSSNER,MICHAEL N MD

DUA, VINEET MD

DUBOIS, BENJAMIN MD

DUONG,BICH T MD

DUSON, SIRA M MD

DZIUBA,SYLWESTER MD

EGERTON, WALTER E MD

EGLSEDER, JR,W ANDREW MD

EISENMAN, DAVID J MD

ELMAN, MICHAEL J MD

EMARIEVBE, ADA U MD

EMERSON, CAROL MD

ENELOW, THOMAS MD

ERAS, JENNIFER L MD

ESSIEN-LEWIS,IME DO

FADAHUNSI,NWAMAKA MD

FAGBEMI, ADEOLA P PA-C

FARSAII.ALIREZA P MD

FASIHUDDIN, QUADEER M MD

FATTERPAKER, ANIL MD

FATUSIN.OLUWATOSIN MD

FENIG, DAVID MD

FEREJA, OMAR D PA-C

FERNANDEZ, RODOLFO E MD

FERRADA, MARCELA A MD

FILDERMAN, PETER S MD

FITCH-ALEXANDER, LINDSAY V MD

FLOYD, DEBORA M LCPC

FLYNN, LAUREN LCSW-C

FOLGUERAS, ALBERT J MD

FOSTER, JEAN PA-C

FOXWORTH, KAREN LCPC

FRIEDBERG, JOSEPH S MD

FROST, CATHERINE W FNP

GAMBEL, JEFFREY MD

GANTI.AVINASH MD

GARG,PRADEEP MD

GARY, NADER G MD

GATDULA, CRISTETA L MD

GEBEYEHU, AMLAKIE D CRNA

GEBREWOLD, HIRUT A MD

GEORGIA, JEFFREY MD

GERSH, STEVEN DPM

GERSTENBLITH, DANIEL DPM

GHEBA, MOHAMMED R MD

GHOSH,MAYURIKA MD

GLUBO, STEVEN M DPM

GOBRIAL, EVEIT E MD

GOLDFARB, ROBERT A MD

GOLDMAN, MICHAEL H MD

GOMA, MONIQUE L MD

GRAHAM, JR., CHARLES R MD

GRANT, CARRON R DPM

GRATZ, EDWARD S MD

GREEN-SU, FRANCES M MD

GREYWOODE, JEWEL D MD

GROCHMAL,JAY C MD

GROSSO, NICHOLAS MD

GROSS, SHARON C MD

GRUNEBERG, SHERRI L MD

GUARDIANI, ELIZABETH A MD

GUPTA, DEEPAK MD

GUPTA, NIDHI MD

HAMLETT.BRITTNEY C PA-C

HAMMOND, NANCY MD

HANISH, STEVEN I MD

HANSEN, CHRISTIAN H MD

HAROUN, RAYMOND I MD

HARRIS,TRACI L LCSW

HATTEN, KYLE M MD

HAYWARD,GERALD MD

HEBERT, ANDREA M MD

HEMP, SALLIE A LCSW

HENNESSY, ROBERT G MD

HENRY, GAVIN MD

HERTZANO, RONNA MD

HESS, CHRISTINE LCSW

HICKEN, WILLIAM J MD

HICKS, BRYAN J PA

HILL, SHARON E PA-C

HILL,TERRI MD

HOCHULI, STEPHAN U MD

HONG-NGUYEN, YUGENIA K MD

HORMOZI, DARAB MD

HUANG, JAMES L MD

HUDES.RICHARD MD

IFECHUKWU, CHINYERE PA-C

IM,DWIGHT D MD

IMIRU, ABEBE MD

IONESCU, ALIN MD

ISAIAH,AMAL MD

JACKSON, PRUDENCE MD

JACOB, ASHOK C MD

JACOBS, JERALYN M.D.

JENSEN, ATIF K MD

JOHNSON, GLEN E MD

JOHNSON, KELLY MD

JULKA, SURJIT S MD

KACHROO, SONAL MD

KAHL, LAUREN MD

KALRA,KAVITA B MD

KAMARA, KELVINDA CRNP-F

KANNO, METTASSEBIA MD

KANTAK, NEELESH A MD

KANTER, MITCHEL A MD

KANTER, WILLIAM R MD

KASHYAP, SMRITI MD

KELLEY, SANDRA L PA-C

KHALID, MIAN KAMAL MD

KHAN, JAVEED MD

KHAN,RAO A MD

KHURANA, ARUNA Y MD

KIM.CHRISTOPHER MD

KIM.EMERY MD

KIM, KYUNG S MD

KIM,LISA MD

KIM, SOON JA MD

KIM,SUNGJOO B MD

KINNARD, RICHARD MD

KLEBANOW, KENNETH M MD

KLEINMAN, BENJAMIN DPM

KLEWIN.KRISTIN L CRNA

KNOTT, KATE P CRNP

KONITS, PHILIP H MD

KOPACK, ANGELA M MD

KRATZ.KATHERINE MD

KREJCI, KATHLEEN S MD

KRIZAN, DEANA LCSW-C

KUMAR.RAMESH MD

KUMOLUYI,OLUWAFOYINSAYOMI F MD

KUNKLE, CYNELLE MD

KUPPUSAMY.TAMIL S MD

KUSHNER,ROCHELLE K MD

LAFFERMAN, JEFFREY MD

LALA,PADMA M MD

LANCELOTTA, CHARLES J MD

LANDIS, JEFFREY T MD

LANDRUM,B. MARK MD

LANDRUM, DIANNE J MD

LANDSMAN, JENNIFER MD

LANE, ANNE D MD

LANGER, KENNETH F MD

LANGLOIS,SCOTT CRNA

LANTZ, JENNIFER MS, CCC/A

LATHOM,LISA CRNA

LATIMORE, PIERRETTE CNM

LEBLANC, DIANA M.D.

LEDER, HENRY MD

LEITZEL, AMY L CNM

LEMMA.SIRAK H MD

LENOX-KRIMMEL, JANE SW

LEVIN, BRIAN M MD

LIANG, DANNY MD

LIEPINSH, DMITRY MD

LIN, ANNIE Z MD

LIPMAN, JENNIFER A DPM

LI,QING PA-C

LI,ROBIN Z MD

LI,RUNG-CHI DO

LIU,JIA MD

LONG, ADRIAN E MD

LONG, JACK M LCSW

LOTLIKAR, JEFFREY P MD

LOWDER, GERARD M MD

LUMPKINS, KIMBERLY M. M.D.

MACHIRAN, NORBERTO M MD

MACIEJEWSKI, SHARON PT

MADDEN, JOSHUA S MD

MAKONNEN, ZELALEM MD

MALIK, KASHIF Z MD

MALLALIEU, JARED DO

MALONEY, PATRICK MD

MAMO,GEORGE J MD

MANDIR, ALLEN S MD

MANGER, VICTORIA CRNA

MARKWELL, JAMES K MD

MATHEW, ALEYAMMA MD

MATIVO, CHRISTINE S MD

MATSUNAGA, MARK T MD

MAUNG,TIN O MD

MAVROPHILIPOS, DIMITRIOS MD

MAVROPHILIPOS, ZACHARIAS MD

MAYO,LINDA D OTS

MCCALL, SERENA LCSW

MCCARUS, DAVID MD

MCCLELLAND, PAUL A MD

MCCORMACK,SHARON J MD

MCEWAN, MICHELE M MD

MEDWIN,IRINA MD

MEININGER, GLENN R MD

MELLER-AZRIELI, FIONA F MD

MERCHANT, DEEPAK P MD

MIDDLETON.JEFFREY G MD

MILLER, KAREN MD

MILLER, PAUL R MD

MINAHAN, ROBERT E M.D., JR

MIRANDA, JOSILANE M MD

MISHRA, TANUJA MD

MITCHERLING, JOHN J DDS

MITCHERLING, WILLIAM W DDS

MODI, KULWANT S MD

MOHAMED, ASIF A MD

MOORE, JAMES T MD

MORGAN, ATHOL W MD

MUDON, MARLA PA-C

MUMTAZ,M. ANWAR MD

MURPHY, ANNE MD

MURTHY.KALPANA MD

MYDLARZ, WOJCIECH MD

MYERS, RACHEL J PA-C

NAKAZAWA,HIROSHI MD

NARAYEN, GEETANJALI MD

NARAYEN, VIJAY MD

NAVIDI,TINA MD

NEGUSSIE, ADANE T PA

NEGUSSE, YODIT MD

NELSON III, SIDNEY MD

NEUBAUER,KATHRYN MD

NEUNER, GEOFFREY MD

NEUZIL, DANIEL F MD

NGOUMGNA, ETIENNE T PA

NGUYEN, HUONG MD

NGWU,OGUNDU MD

NI,MINGWEI MD

NUCKOLS, JOSEPH MD

O'CONNELL, EMILY CRNA

O'CONNOR, MEGHAN P MD

OLASIMBO, YEWANDE PA-C

OLLAYOS, CURTIS MD

OLUMBA.KENNETH C MD

OMITOWOJU,IFEOLUWA Y MD

OTTLEY, JUNE CRNP

OTTO, DAVID I MD

OTTO, JAMES MD

OUELLETTE.SUSAN CRNP

OWUSU-ANTWI.KOFI MD

OWUSU-SAKYI, JOSEPHINE MD

PA,GENERAL

PAIVANAS, BRITTANY M MD

PALMER, SHANIQUE R MD

PANDEY, DAMODAR MD

PHYSICIAN, ASSISTANTOB

PHYSICIAN, ASSISTANTORTHO

PARIKH, JYOTIN MD

PARK, CHARLES MD

PASS,CAROLYN J MD

PASUMARTHY, ANITA MD

PATAKI, ANDREW M MD

PATEL, ALPEN MD

PATEL, CHIRAG Y MD

PATEL, DIMPLE A MD

PATEL, KRUTI N MD

PATEL, MINESH R MD

PELLEGRINI.JOSEPH E CRNA

PERVAIZ,KHURRAM MD

PETERS-GILL, SHILLENA MD

PETIT,LISA MD

PICKETT.CICELY M MD

PIEPRZAK, MARY A MD

PIZARRO-DUPUY, NOEMI PA-C

POLSKY, MORRIS B MD

POON,THAW MD

PORTER, AMANDA L PA-C

POULTON, SCOTT C MD

PULLMAN, RUDOLF MD

PURDY, ANGEL MD

QUINLAN,PAMELA M DO

RAJA, GEETHA MD

RAMANATHAN JR, MURUGAPPAN M MD

RANKIN, ROBERT MD

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TWIGG, AARON MD

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