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## BIDMC Financial Assistance Policy

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**Applicable To** This policy applies to Beth Israel Deaconess Medical Center, Inc. (“BIDMC,” the “hospital” or the “Hospital”), with respect to the hospital it operates and any substantially related entity (as defined in the Department of Treasury section 501(r) regulations) and providers employed by or affiliated with BIDMC (see Appendix Five (5) for the complete list of providers covered under this policy).

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**References** EMTALA: Collection of Financial Information  
Credit & Collections Policy  
Federal Poverty Guidelines, US Dept. of Health and Human Services  
IRS Notice 2015-46 and 29 CFR §§1.501(r)-(4)-(6)  
Appendix 1: Financial Assistance Application for Charity Care  
Appendix 2: Financial Assistance Application for Medical Hardship  
Appendix 3: Discount Chart Based on Income and Asset Thresholds  
Appendix 4: Amounts Generally Billed (AGB)  
Appendix 5: Providers and Departments—Covered and Uncovered  
Appendix 6: Public Access to Documents

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**Purpose** Our mission is to distinguish ourselves through excellence in patient care, education, research and through improved health in the communities we serve.

BIDMC is dedicated to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Emergency Care, Urgent Care, or other Medically Necessary Care based on their individual financial situation. This Financial Assistance Policy is intended to be in compliance with applicable federal and state laws for our service area. Patients eligible for Financial Assistance will receive discounted care received from qualifying BIDMC providers. Patients determined to be eligible for Financial Assistance from an affiliated hospital (including Addison Gilbert Hospital; Anna Jaques Hospital; BayRidge Hospital; Beth Israel Deaconess Hospital – Milton; Beth Israel Deaconess Hospital – Needham; Beth Israel Deaconess Hospital – Plymouth; Beverly Hospital; Lahey Hospital & Medical Center, Burlington; Lahey Medical Center, Peabody; Mount Auburn Hospital; New England Baptist Hospital; and Winchester Hospital) will not be required to reapply for Financial Assistance from BIDMC during the Qualification Period.

Financial Assistance provided under this policy is done so with the expectation that patients will cooperate with the policy’s application process and those of

public benefit or coverage programs that may be available to cover the cost of care.

We will not discriminate based on the patient's age, gender, race, creed, religion, disability, sexual orientation, gender identity, national origin or immigration status when determining eligibility.

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## Definitions

The following definitions are applicable to all sections of this policy.

Classification of emergency and nonemergency services is based on the following general definitions, as well as the treating clinician's medical determination. The definitions of Emergency Care and Urgent Care provided below are further used by the Hospital for purposes of determining allowable emergency and urgent bad debt coverage under the hospital's Financial Assistance program, including the Health Safety Net.

**Amounts Generally Billed (AGB):** AGB is defined as the amounts generally billed for Emergency Care, Urgent Care, or other Medically Necessary Care to individuals who have insurance covering such care. BIDMC uses the "Look-Back" method described in 29 CFR § 1.501(r)-5(b)(3) to determine its AGB percentage. The AGB percentage is calculated by dividing the sum of the amounts of all of BIDMC's claims for Emergency Care, Urgent Care, and other Medically Necessary Care that have been allowed by private insurers and Medicare Fee-for-Service during the prior fiscal year (October 1 – September 30) (including coinsurance, copays and deductibles) by the sum of the associated Gross Charges for those claims. The AGB is then determined by multiplying the AGB percentage against the Gross Charges for care provided to the patient. BIDMC uses only one single AGB percentage and does not calculate a different one for different types of care. The AGB percentage will be calculated annually by the 45<sup>th</sup> day following the close of the prior fiscal year, and implemented by the 120<sup>th</sup> day following the close of the fiscal year. Following a determination that an individual is eligible for Financial Assistance under this policy, such individual may not be charged more than the AGB for Emergency Care, Urgent Care, or other Medically Necessary Care.

For more information, see Appendix Four (4).

**Application Period:** The period in which applications will be accepted and processed for Financial Assistance. The application period begins on the date that the first post-discharge billing statement is provided and ends on the 240<sup>th</sup> after that date.

**Assets:** Consists of:

- Savings accounts

- Checking accounts
- Health savings accounts (HSA)\*
- Health reimbursement arrangements (HRA)\*
- Flexible spending accounts (FSA)\*

\*If a patient/Guarantor has an HSA, HRA, FSA or similar fund designated for Family medical expenses, such individual is not eligible for assistance under this policy until such assets are exhausted.

**Charity Care:** Patients, or their Guarantors, with annualized Family Income at or below 400% of the FPL, who otherwise meet other eligibility criteria set forth in this policy, will receive a 100% waiver of patient responsible balance for eligible medical services provided by BIDMC.

**Elective Service:** A hospital service that does not qualify as Emergency Care, Urgent Care, or other Medically Necessary Care (as defined below).

**Emergency Care:** Items or services provided for the purpose of evaluation, diagnosis, and/or treatment of an Emergency Medical Condition.

**Emergency Medical Condition:** As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term “Emergency Medical Condition” means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of medical care could be reasonably expected to result in:

1. 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;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions:
  - a. There is inadequate time to effect a safe transfer to another hospital for delivery; and
  - b. That transfer may pose a threat to the health or safety of the woman or unborn child.

**Family:** as defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility for this policy.

**Family Income:** an applicant’s Family Income is the combined gross income of all adult members of the Family living in the same household and included on the most recent federal tax return. For patients under 18 years of age, Family

Income includes that of the parent, or parents, and/or step-parents, or caretaker relatives. Family Income is determined using the Census Bureau definition as follows when computing Federal Poverty Guidelines:

1. Includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational stipends, alimony and child support
2. Noncash benefits (such as food stamps and housing subsidies) do not count
3. Determined on a before tax (gross) basis
4. Excludes capital gains and losses

**Federal Poverty Level:** The Federal Poverty Level (FPL) uses the income thresholds that vary by Family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of the subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <https://aspe.hhs.gov/poverty-guidelines>.

**Financial Assistance:** Assistance, consisting of Charity Care and Medical Hardship, provided to eligible patients, who would otherwise experience financial hardship, to relieve them of a financial obligation for Emergency Care, Urgent Care, or other Medically Necessary Care provided by BIDMC.

**Guarantor:** A person other than the patient who is responsible for the patient's bill.

**Gross Charges:** Total charges at the full established rate for the provision of patient care services before deductions from revenue are applied.

**Homeless:** As defined by the Federal government, and published in the Federal Register by HUD: "An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately run shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution."

**In-Network:** BIDMC and its affiliates are contracted with the patient's insurance company for reimbursement at negotiated rates.

**Medical Hardship:** Financial Assistance provided to eligible patients whose medical bills are greater than or equal to 25% of their Family Income.

**Medically Necessary Care:** Medically necessary items or services, such as inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury or illness. In addition to meeting clinical criteria, such items or services are typically defined as covered by Medicare Fee-for-Service, Private Health Insurers, or other third party insurance.

**Medicare Fee-for-Service:** Health insurance offered under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c-1395w-5).

**Out-of-Network:** BIDMC and its affiliates are not contracted with the patient's insurance company for reimbursement at negotiated rates, typically resulting in higher patient responsibility.

**Payment Plan:** A payment plan that is agreed to by either BIDMC, or a third party vendor representing BIDMC, and the patient/Guarantor for out of pocket fees. The Payment Plan will take into account the patient's financial circumstances, the amount owed and any prior payments.

**Presumptive Eligibility:** Under certain circumstances, Uninsured Patients may be presumed or deemed eligible for Financial Assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

**Private Health Insurer:** Any organization that is not a government unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

**Qualification Period:** Applicants determined to be eligible for Financial Assistance will be granted assistance for a period of six months from the date of approval. Patients who qualify for Financial Assistance may attest that there have been no changes to their financial situation at the end of the six (6) month qualification period to extend eligibility for another six (6) months.

**Uninsured Discount:** Discount applied to uninsured patients (see definition below) for medically necessary services. Exclusions to this discount apply and are contained within this policy.

**Uninsured Patient:** A patient with no third party coverage provided by a Private Health Insurer, an ERISA insurer, a Federal Healthcare Program (including without limitation Medicare Fee-for-Service, Medicaid, SCHIP, and CHAMPUS), workers' compensation, or other third party assistance available

to cover the cost of a patient's healthcare expenses. This would include services that are not covered due to network limitations, exhausted insurance benefits, or other non-covered services.

**Underinsured Patients:** Any individual with private or government coverage for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by BIDMC.

**Urgent Care:** Medically Necessary Care provided in an acute hospital after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably result in placing a patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part.

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**Eligibility for Financial Assistance from BIDMC**

Services eligible for Financial Assistance must be clinically appropriate and within acceptable medical practice standards, and include:

1. In-Network and Out-of-Network facility charges for Emergency Care as defined above.
2. In-Network and Out-of-Network professional fees for Emergency Care as defined above, rendered by providers employed by BIDMC and its affiliates, as listed in Appendix Five (5).
3. In-Network facility charges for Urgent Care, as defined above.
4. In-Network facility charges for Medically Necessary Care, as defined above.
5. In-Network professional fees for Urgent Care and Medically Necessary Care rendered by providers employed by BIDMC and its affiliates, as listed in Appendix Five (5).

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**Services Not Eligible for Financial Assistance from BIDMC**

Services not eligible for Financial Assistance include:

1. Professional fees and facility charges for Elective Services, as defined above.
2. Professional fees for care rendered by providers who do not follow the Financial Assistance Policy (e.g. private or non-BIDMC medical or physician professionals, ambulance transport, etc.), as listed in Appendix Five (5). Patients are encouraged to contact these providers directly to see if they offer any financial assistance and to make payment arrangements. See Appendix Five (5) for a full listing of providers not covered under this policy.
3. Out-of-Network facility charges and professional fees for Urgent Care and Medically Necessary Care that is not Emergency Care, as defined above.



**Available  
Assistance**

BIDMC offers patients assistance with applying for public assistance programs and hospital Financial Assistance, as described in greater detail, below.

BIDMC will make diligent efforts to collect the patient's insurance status and other information in order to verify coverage for the emergency, inpatient or outpatient health care services to be provided by the Hospital. All information will be obtained prior to the delivery of any items or services that does not constitute Emergency Care or Urgent Care. The Hospital will delay any attempt to obtain this information during the delivery of any EMTALA-level Emergency Care or Urgent Care, if the process to obtain this information will delay or interfere with either the medical screening examination or the services undertaken to stabilize an Emergency Medical Condition.

The hospital's reasonable due diligence efforts to investigate whether a third party insurance or other resource may be responsible for the cost of services provided by the hospital shall include, but not be limited to, determining from the patient if there is an applicable policy to cover the cost of the claims, including: (1) motor vehicle or home owner's liability policy, (2) general accident or personal injury protection policy, (3) workers' compensation programs, and (4) student insurance policies, among others. If the hospital is able to identify a liable third party or has received a payment from a third party or another resource (including from a private insurer or another public program), the hospital will report the payment to the applicable program and offset it, if applicable per the program's claims processing requirements, against any claim that may have been paid by the third party or other resource. For state public assistance programs that have actually paid for the cost of services, the hospital is not required to secure assignment on a patient's right to third party coverage of services. In these cases, the patient should be aware that the applicable state program may attempt to seek assignment on the costs of the services provided to the patient.

BIDMC will check the Massachusetts Eligibility Verification System (EVS) to ensure that the patient is not a Low Income Patient and has not submitted an application for coverage for either MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, or Health Safety Net, prior to submitting claims to the Health Safety Net Office for bad debt coverage.

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**Public  
Assistance  
Programs**

For Uninsured Patients or Underinsured Patients, the hospital will work with such patients to assist them in applying for public assistance programs that may cover some or all of their unpaid hospital bills. In order to help Uninsured Patients and Underinsured Patients find available and appropriate options, the



hospital will provide all individuals with a general notice of the availability of public assistance programs during the patient's initial in-person registration at a hospital location for a service, in all billing invoices that are sent to a patient or Guarantor, and when the provider is notified, or through its own due diligence becomes aware, of a change in the patient's eligibility status for public or private insurance coverage.

Hospital patients may be eligible for free or reduced cost of health care services through various state public assistance programs (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net). Such programs are intended to assist low-income patients taking into account each individual's ability to contribute to the cost of his or her care. For Uninsured Patients or Underinsured Patients, the hospital will, when requested, help them with applying for coverage through public assistance programs that may cover all or some of their unpaid hospital bills.

The Hospital is available to assist patients in enrolling into state health coverage programs. These include MassHealth, the premium assistance payment program operated by the state's Health Connector, and the Children's Medical Security Plan. For these programs, applicants can submit an application through an online website (which is centrally located on the state's Health Connector Website), a paper application, or over the phone with a customer service representative located at either MassHealth or the Connector. Individuals may also ask for assistance from hospital financial counselors (also called certified application counselors) with submitting the application either on the website or through a paper application.

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**Assistance  
through Health  
Safety Net**

Through its participation in the Massachusetts Health Safety Net, the Hospital also provides financial assistance to low-income Uninsured Patients and Underinsured Patients who are Massachusetts residents and who meet income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low income Uninsured Patients and Underinsured Patients through free or discounted care across acute hospitals in Massachusetts. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for Uninsured Patients and Underinsured Patients with incomes under 300% of the Federal Poverty Level.

Low-income patients receiving services at the Hospital may be eligible for financial assistance through the Health Safety Net, including free or partially free care for Health Safety Net eligible services defined in 101 CMR 613.00.

*(a) Health Safety Net - Primary*

Uninsured Patients who are Massachusetts residents with verified MassHealth MAGI Household Income or Medical Hardship Family Income, as described in 101 CMR 613.04(1), between 0-300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.

The eligibility period and type of services for *Health Safety Net - Primary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Primary*.

*(b) Health Safety Net – Secondary*

Patients that are Massachusetts residents with primary health insurance and MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), between 0 and 300% of the FPL may be determined eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net - Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector as described in 101 CMR 613.04(5)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Secondary*.

*(c) Health Safety Net - Partial Deductibles*

Patients that qualify for *Health Safety Net – Primary* or *Health Safety Net – Secondary* with MassHealth MAGI Household Income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL may be subject to an annual deductible if all members of the Premium Billing Family Group (PBFG) have an income that is above 150.1% of the FPL. This group is defined in 130 CMR 501.0001.

If any member of the PBFG has an FPL below 150.1% there is no deductible for any member of the PBFG. The annual deductible is equal to the greater of:

1. the lowest cost Premium Assistance Payment Program operated by the Health Connector premium, adjusted for the size of the PBFG proportionally to the MassHealth FPL income standards, as of the beginning of the calendar year; or
2. 40% of the difference between the lowest MassHealth MAGI Household Income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's PBFG and 200% of the FPL.

*(d) Health Safety Net - Medical Hardship*

A Massachusetts resident of any income may qualify for *Health Safety Net – Medical Hardship (Medical Hardship)* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's Countable Income defined in 101 CMR 613.

The applicant's required contribution is calculated as the specified percentage of Countable Income in 101 CMR 613.05(1)(b) based on the *Medical Hardship* Family's FPL multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible. Further requirements for *Medical Hardship* are specified 101 CMR 613.05.

A hospital may request a deposit from patients eligible for Medical Hardship. Deposits will be limited to 20% of the Medical Hardship contribution up to \$1,000. All remaining balances will be subject to the payment plan conditions established in 101 CMR 613.08(1)(g).

For Medical Hardship, the hospital will work with the patient to determine if a program like Medical Hardship would be appropriate and submit a Medical Hardship Application to the Health Safety Net. It is the patient's obligation to provide all necessary information as requested by the hospital in an appropriate timeframe to ensure that the hospital can submit a completed application.

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**Role of the  
Financial  
Assistance  
Counselor**

The hospital will help Uninsured Patients and Underinsured Patients apply for health coverage through a public assistance program (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, and the Children's Medical Security Program), and work with individuals to enroll them as appropriate. The hospital will also help patients that wish to apply for financial assistance through the Health Safety Net.

The hospital will:

- a) provide information about the full range of programs, including MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, and the Health Safety Net;
- b) help individuals complete a new application for coverage or submit a renewal for existing coverage;
- c) work with the individual to obtain all required documentation;
- d) submit applications or renewals (along with all required documentation);

- e) interact, when applicable and as allowed under the current system limitations, with the programs on the status of such applications and renewals;
- f) help to facilitate enrollment of applicants or beneficiaries in insurance programs; and
- g) offer and provide voter registration assistance.

The hospital will advise the patient of their obligation to provide the hospital and the applicable state agency with accurate and timely information regarding their full name, address, telephone number, date of birth, social security number (if available), current insurance coverage options (including home, motor vehicle, and other liability insurance) that can cover the cost of the care received, any other applicable financial resources, and citizenship and residency information. This information will be submitted to the state as part of the application for public program assistance to determine coverage for the services provided to the individual.

If the individual or Guarantor is unable to provide the necessary information, the hospital may (at the individual's request) make reasonable efforts to obtain any additional information from other sources. Such efforts also include working with individuals, when requested by the individual, to determine if a bill for services should be sent to the individual to assist with meeting the one-time deductible. This will occur when the individual is scheduling their services, during pre-registration, while the individual is admitted in the hospital, upon discharge, or for a reasonable time following discharge from the hospital. Information that the hospital obtains will be maintained in accordance with applicable federal and state privacy and security laws.

The hospital will also notify the patient during the application process of their responsibility to report to both the hospital and the state agency providing coverage of healthcare services any third party that may be responsible for paying claims, including a home, auto, or other insurance liability policy. If the patient has submitted a third party claim or filed a lawsuit against a third party, the hospital will notify the patient of the requirement to notify the provider and the state program within 10 days of such actions. The patient will also be informed that they must repay the appropriate state agency the amount of the healthcare covered by the state program if there is a recovery on the claim, or assign rights to the state to allow it to recover its applicable amount.

When the individual contacts the hospital, the hospital will attempt to identify if an individual qualifies for a public assistance program or for Financial Assistance from the hospital. An individual who is enrolled in a public assistance program may qualify for certain benefits. Individuals may also qualify for additional assistance based on the hospital's Financial Assistance program based on the individual's documented income, Assets and allowable medical expenses.

**Patient  
Obligations**

Prior to the delivery of any health care services (except for services that are provided to stabilize a patient determined to have an Emergency Medical Condition or needing Urgent Care), the patient is expected to provide timely and accurate information on their current insurance status, demographic information, changes to their Family Income or group policy coverage (if any), and, if known, information on deductibles, co-insurance and co-payments that are required by their applicable insurance or financial program. The detailed information for each item should include, but not be limited to:

- Full name, address, telephone number, date of birth, social security number (if available), current health insurance coverage options, citizenship and residency information, and the patient's applicable financial resources that may be used to pay their bill;
- If applicable, the full name of the patient's Guarantor, their address, telephone number, date of birth, social security number (if available), current health insurance coverage options, and their applicable financial resources that may be used to pay for the patient's bill; and
- Other resources that may be used to pay their bill, including other insurance programs, motor vehicle or homeowners insurance policies if the treatment was due to an accident, workers' compensation programs, student insurance policies, and any other Family Income such as an inheritances, gifts, or distributions from an available trust, among others.

The patient is responsible for keeping track of their unpaid hospital bill, including any existing co-payments, co-insurance, and deductibles, and contacting the hospital should they need assistance in paying their bill. The patient is further required to inform either their current health insurer (if they have one) or the state agency that determined the patient's eligibility status in a public program of any changes in Family Income or insurance status. The hospital may also assist the patient with updating their eligibility in a public program when there are any changes in Family Income or insurance status provided that the patient informs the hospital of any such changes in the patient's eligibility status.

Patients are also required to notify the hospital and the applicable program in which they are receiving assistance (e.g., MassHealth, Connector, or Health Safety Net), of any information related to a change in Family Income, or if they are part of an insurance claim that may cover the cost of the services provided by the hospital. If there is a third party (such as, but not limited to, home or auto insurance) that is responsible to cover the cost of care due to an accident or other incident, the patient will work with the hospital or applicable program (including, but not limited to, MassHealth, Connector, or Health Safety Net) to assign the right to recover the paid or unpaid amount for such services.

**Hospital  
Financial  
Assistance**

Financial Assistance will be extended to Uninsured Patients, Underinsured Patients and their respective Guarantors who meet specific criteria as defined below. These criteria will assure that this Financial Assistance Policy is applied consistently across BIDMC. BIDMC reserves the right to revise, modify or change this policy as necessary or appropriate. BIDMC will help individuals apply for hospital Financial Assistance by completing an application (see Appendix 1 and Appendix 2).

Payment resources (insurance available through employment, Medicaid, Indigent Funds, Victims of Violent Crime, etc.) must be reviewed and evaluated before a patient is considered for Financial Assistance. If it appears that a patient may be eligible for other assistance, BIDMC will refer the patient to the appropriate agency for assistance in completing the applications and forms or assist the patient with those applications. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for hospital Financial Assistance, including applying to public assistance programs and the Health Safety Net, as described above.

Financial Assistance applicants are responsible for applying to public programs and pursuing private health insurance coverage. Patients/Guarantors choosing not to cooperate in applying for programs identified by BIDMC as possible sources of payment may be denied Financial Assistance. Applicants are expected to contribute to the cost of their care based on their ability to pay as outlined in this policy.

Patients/Guarantors that may qualify for Medicaid or other health insurance must apply for Medicaid coverage or show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace within the previous six (6) months of applying for BIDMC Financial Assistance. Patients/Guarantors must cooperate with the application process outlined in this policy in order to qualify for Financial Assistance.

The criteria to be considered by BIDMC when evaluating a patient's eligibility for hospital Financial Assistance include:

- Family Income
- Assets
- Medical obligations
- Exhaustion of all other available public and private assistance

BIDMC's Financial Assistance program is available to all patients meeting the eligibility requirements set forth in this policy, regardless of geographic location or residency status. Financial Assistance will be granted to patients/Guarantors based on financial need and in compliance with state and federal law.



Financial Assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with the insurer's contractual agreement. Financial Assistance is generally not available for patient copayment or balances in the event the patient fails to comply with the insurance requirements.

Patients with a Health Savings Account (HSA), Health Reimbursement Account (HRA), or a Flexible Spending Account (FSA) will be expected to utilize account funds prior to being considered eligible for hospital Financial Assistance. BIDMC reserves the right to reverse the discounts described in this policy in the event that it reasonably determines that such terms violate any legal or contractual obligation of BIDMC.

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**Financial  
Assistance  
Discounts**

Based on an assessment of an applicant's Family Income, Assets and medical obligations, patients may receive one of the discounts listed below. All discounts noted are with respect to patient responsible balance. Out-of-Network co-payments, coinsurance and deductibles are not eligible for Financial Assistance. Likewise, insured patients who opt to not utilize available third party coverage ("voluntary self-pay") are not eligible for Financial Assistance for the amount owed on any account registered as voluntary self-pay. In no case, however, will a patient determined to be eligible for hospital Financial Assistance be charged more than the AGB.

**Charity Care:** BIDMC will provide care at 100% discount under this policy for patients/Guarantors whose Family Income is at or below 400% of the current FPL, who otherwise meet other eligibility criteria set forth in this policy.

**Medical Hardship:** A 100% discount will be provided for eligible patients whose medical debt is greater than or equal to 25% of their Family Income, who otherwise meet other eligibility criteria set forth in this policy.

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**Financial  
Assistance  
Policy**

Information regarding BIDMC's Financial Assistance Policy, Plain Language Summary and Financial Assistance Application are available, free of charge, on BIDMC's website, posted in hospital and clinic locations and will be translated into any language that is the primary language spoken by the lesser of 1,000 people or 5% of the residents in the community served by BIDMC.

In addition, BIDMC references payment policies and Financial Assistance on all printed monthly patient statements and collection letters. Information on the Financial Assistance Policy is available, at any time, upon request.



1. Patients/Guarantors may apply for Financial Assistance at any time during the Application Period.
2. In order to be considered for Financial Assistance, patients/Guarantors are required to cooperate and supply financial, personal or other documentation relevant to making a determination of financial need. A Financial Assistance Application Form can be obtained in any of the following ways:
  - a. On the BIDMC public website: [bidmc.org/financialassistance](https://bidmc.org/financialassistance)
  - b. In person at the Financial Counseling Unit  
330 Brookline Ave  
East Campus/Rabb Building  
Room 111  
Boston, MA 02215  
(617) 667-5661
  - c. Call the number above to request a copy to be mailed
  - d. Call the number above to request an electronic copy
3. Patients/Guarantors are required to provide an accounting of financial resources readily available to the patient/Guarantor.  
Family Income may be verified using any or all of the following:
  - a. Current Forms W-2 and/or Forms 1099
  - b. Current state or federal tax returns
  - c. Four (4) most recent payroll stubs
  - d. Four (4) most recent checking and/or savings statements
  - e. Health savings accounts
  - f. Health reimbursement arrangements
  - g. Flexible spending accounts
4. Prior to evaluating eligibility for Financial Assistance, the patient/Guarantor must show proof that he or she has applied for Medicaid or other health insurance through the Federal Health Insurance Marketplace, and must provide documentation of any existing third party coverage.
  - a. BIDMC financial counselors will assist patient/Guarantors with applying for Medicaid and will subsequently assist those same individuals with applying for Financial Assistance.
  - b. If an individual applies for Financial Assistance during the Federal Health Insurance Marketplace open enrollment, such individual is required to seek coverage prior to BIDMC's evaluation of any Financial Assistance Application.
5. BIDMC may *not* deny Financial Assistance under this policy based on an individual's failure to provide information or documentation that is *not* clearly described in this policy or the Financial Assistance Application.
6. BIDMC will determine final eligibility for Financial Assistance within thirty (30) business days upon receipt of a completed application.
7. Documentation of the final eligibility determination will be made on all current (open balance) patient accounts retroactive to 6 months from

the application. A determination letter will be sent to the patient/Guarantor.

8. If a patient/Guarantor submits an incomplete application, a notification will be sent to the patient/Guarantor explaining what information is missing. The patient/Guarantor will have thirty (30) days to comply and provide the requested information. Failure to complete the application will result in the Financial Assistance being denied.
9. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application will remain valid for the Qualification Period for all eligible medical services provided, and will include all outstanding receivables for the previous six (6) months including those at bad debt agencies. Patients who have been determined to be eligible for Financial Assistance by BIDMC or an affiliated hospital within the Qualification Period will automatically be considered eligible for hospital Financial Assistance for the 6-month period from the date of that eligibility determination. It is the patient/Guarantors responsibility to notify BIDMC of any financial change during the Qualification Period. Failure to do so may result in the loss of eligibility.
10. Patients that are eligible for Financial Assistance will receive a refund for any payments made that exceed the amount the individual is personally responsible for paying.

---

**Reasons for Denial**

BIDMC may deny a request for Financial Assistance for a variety of reasons including, but not limited to:

- Sufficient Family Income
  - Sufficient Asset level
  - Patient uncooperative or unresponsive to reasonable efforts to work with the patient/Guarantor
  - Incomplete Financial Assistance Application despite reasonable efforts to work with the patient/Guarantor
  - Pending insurance or liability claim
  - Withholding insurance payment and/or insurance settlement funds, including payments sent to the patient/Guarantor to cover services provided by BIDMC, and personal injury and/or accident related claims
- 

**Presumptive Eligibility**

BIDMC understands that not all patients are able to complete a Financial Assistance Application or comply with requests for documentation. There may be instances in which a patient/Guarantor's qualification for Financial Assistance is established without completing the application form. Other information may be used by BIDMC to determine whether a

patient/Guarantor's account is uncollectible and this information will be used to determine Presumptive Eligibility.

Presumptive Eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

- Patients/Guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy is discharged will be written off.
- Patients/Guarantors who are deceased with no estate in probate.
- Patients/Guarantors determined to be Homeless.
- Accounts returned by the collection agency as uncollectible due to any of the reasons above and no payment has been received.
- Patients/Guarantors who qualify for state Medicaid programs will be eligible for Financial Assistance for any cost sharing obligations associated with the program or non-covered services.

Patient accounts granted Presumptive Eligibility will be reclassified under the Financial Assistance Policy. They will not be sent to collection nor will they be subject to further collection actions.

---

**Uninsured  
Discount  
Amount and  
Exclusions**

Patients/Guarantors who do not have health insurance and do not qualify for Masshealth or Financial Assistance, will have a 40% discount applied to the hospital and physician services as listed in Appendix 5 of the Financial Assistance Policy.

This discount is not available for the following services:

- Cosmetic Services
- Self-Pay Elect services (services in which there is already a dedicated self-pay fee schedule)
- Infertility Services
- Motor Vehicle Claims
- Gastric Bypass Services absent of a payers determination of medically necessity
- Items such as lens, hearing aids, implants and any other specialty purchased products
- Patient Convenience Items such as overnight stays which are not medically necessary

The Uninsured Discount will be applied at time of billing and is included in any estimate.

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**Emergency  
Medical  
Services**

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patient is to be screened for Financial Assistance or payment information prior to the rendering of services in an emergency situation. BIDMC may request that patient cost sharing payments (i.e. co-payments) be made at the time of service, provided such requests do not cause delay in the screening examination or necessary treatment to stabilize the patient in an emergency situation. BIDMC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they are eligible under this policy. BIDMC will not engage in actions that discourage individuals from seeking Emergency Care.

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**Credit and  
Collections**

The actions that may be taken by BIDMC in the event of non-payment are described in a separate Credit and Collections Policy.

Members of the public may obtain a free copy by:

- a. Going to the BIDMC public website: [bidmc.org/financialassistance](https://bidmc.org/financialassistance)
  - b. Visiting the Financial Counseling Unit located at:  
330 Brookline Ave  
East Campus/Rabb Building  
Room 111  
Boston, MA 02215  
(617) 667-5661
  - c. Calling the number above to request a copy to be mailed
  - d. Calling the number above to request an electronic copy
- 

**Regulatory  
Requirements**

BIDMC will comply with all federal, state and local laws, rules and regulations, and reporting requirements that may apply to activities pursuant to this policy. This policy requires that BIDMC track Financial Assistance provided to ensure accurate reporting. Information on the Financial Assistance provided under this policy will be reported annually on the IRS form 990 Schedule H.

BIDMC will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements.

## Appendix 1

### Charity Care Application Form

### Financial Assistance Application for Charity Care

**Please Print**

Today's Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

_____	Street	_____	Apt. Number
_____	City	_____	State
_____		_____	Zip Code

Date of Hospital Services: \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Did the patient have health insurance or Medicaid\*\* at the time of hospital service?

Yes ☐ No ☐

If "Yes", attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

\*\*Prior to applying for financial assistance, you must have applied for Medicaid in the past 6 months and will need to show proof of denial.

*Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.*

**To apply for financial assistance complete the following:**

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				
3.				
4.				

In addition to the Financial Assistance Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current Forms W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

By my signature below, I certify that I have carefully read the Financial Assistance Policy and Application and that everything I have stated or any documentation I have attached is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly submit false information to obtain financial assistance.

Applicant's Signature: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_  
\_\_\_\_\_

Date Completed: \_\_\_\_\_

If your income is supplemented in any way or you reported \$0.00 income on this application, have the Support Statement below completed by the person(s) providing help to you and your family.

**Support Statement**

I have been identified by the patient/responsible party as providing financial support. Below is a list of services and support that I provide.


I hereby certify and verify that all of the information given is true and correct to the best of my knowledge. I understand that my signature will not make me financially responsible for the patient's medical expenses.

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, financial assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Staff Only.	
Application Received by:	
AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>



## Appendix 2

### Medical Hardship Application

### Financial Assistance Application for Medical Hardship Please Print

Today's Date: \_\_\_\_\_

Social Security# \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Address:

\_\_\_\_\_ Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Did the patient have health insurance or Medicaid at the time of hospital service(s)?

Yes ☐ No ☐

If "Yes", attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

*Note: If a patient/guarantor has a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses, such individual is not eligible for financial assistance until such assets are exhausted.*

#### **To apply for Medical Hardship assistance, complete the following:**

List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Gross Income
1.				
2.				
3.				
4.				

In addition to the Medical Hardship Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current W-2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings accounts
- Health reimbursement arrangements
- Flexible spending accounts
- Copies of all medical bills

If these are not available, please call the Financial Counseling Unit to discuss other documentation they may provide.

List all medical debt and provide copies of bills incurred in the previous twelve months:

Date of service	Place of Service	Amount owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief explanation of why paying these medical bills will be a hardship:

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By my signature below, I certify all of the information submitted in the application is true to the best of my knowledge, information and belief.

Applicant's Signature:

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Relationship to  
 Patient: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Staff Only.	
Application Received by:	
AJH	<input type="checkbox"/>
AGH	<input type="checkbox"/>
BayRidge	<input type="checkbox"/>
BIDMC	<input type="checkbox"/>
BID Milton	<input type="checkbox"/>
BID Needham	<input type="checkbox"/>
BID Plymouth	<input type="checkbox"/>
Beverly	<input type="checkbox"/>
LHMC	<input type="checkbox"/>
LMC Peabody	<input type="checkbox"/>
MAH	<input type="checkbox"/>
NEBH	<input type="checkbox"/>
WH	<input type="checkbox"/>

## Appendix 3

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**Discount Chart  
Based on  
Income and  
Asset  
Thresholds**

**Discounts for Financial Assistance and Medical Hardship are applied to a patient's responsible balance for eligible medical services as described in the policy.**

**Financial Assistance Discount for Eligible Patients:**

**Charity Care**

<b>Income Level</b>	<b>Discount</b>
Less than or equal to 400% FPL	100%

**Medical Hardship**

Patients will be determined as eligible for Medical Hardship if the medical bills are greater than or equal to 25% of Family Income and will receive a 100% discount.

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## Appendix 4

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**Amounts  
Generally  
Billed (AGB)**

See the definition of Amounts Generally Billed in the policy, above, for a description of how the AGB is calculated using the “Look-Back” method.

BIDMC’s current AGB percentage based on claims for fiscal year 2024 equals 34.83%.

The AGB is subject to change at any time due to the following reasons:

- Private Health Insurer and Medicare Fee-for-Service contract changes
- Settlements received by Private Health Insurer plans and Medicare Fee-for-Service

Updated 1/2025

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## Appendix 5

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**Providers and  
Clinics—  
Covered and  
Uncovered**

**This Financial Assistance Policy covers all Hospital (Facility) charges at the following BIDMC locations:**

- BIDMC Main Campus, 330 Brookline Ave, Boston, MA
- Bowdoin Street Health Center, 230 Bowdoin St, Dorchester, MA
- Beth Israel Deaconess Healthcare Lexington, 482 Bedford St, 1<sup>st</sup> & 2<sup>nd</sup> Floors, Lexington, MA
- Medical Care Center North-Chelsea, 1000 Broadway, Chelsea, MA
- William Arnold-Carol A. Warfield, M.D. Pain Center, One Brookline Place, 1<sup>st</sup> Floor, Suite 105, Brookline, MA
- Beth Israel Deaconess HealthCare Chestnut Hill, 200 Boylston Street, 4<sup>th</sup> Floor, Newton, MA
- The Cancer Center at Beth Israel Deaconess Medical Center-Needham, 148 Chestnut Street, Ground and 1<sup>st</sup> Floors, Needham, MA
- BIDMC Infusion Services 41Mall Rd Burlington, MA
- BIDMC Infusion Services 1 Essex Center Drive Peabody, MA
- BIDMC at Joslin Diabetes Center – Adult Diabetes, Kidney and Hypertension, Behavioral Health, 1 Joslin Place, Boston MA
- BIDMC at Winchester Center for Cancer Care, 620 Washington Street, Winchester MA
- BIDMC Infusion Services at Mount Auburn Hospital, 330 Mount Auburn Street, Cambridge MA

**This Financial Assistance Policy also covers the charges from the individuals and entities listed in this section below for services provided within the Hospital facilities listed above:**

- Harvard Medical Faculty Physicians (HMFP) at Beth Israel Deaconess Medical Center Departments of:
  - Acute Care Surgery
  - Allergy
  - Anesthesiology
  - Bariatric and MIS
  - Cardiac Surgery
  - Cardiology
  - Colon and Rectal Surgery
  - Dermatology
  - Diabetes & Endocrinology
  - Emergency Medicine
  - Gastroenterology
  - General Surgery
  - Neurology
  - Neurosurgery
  - OB/GYN
  - Ophthalmology
  - Orthopedic Surgery
  - Otolaryngology
  - Pathology
  - Plastic Surgery
  - Podiatry
  - Psychiatry
  - Pulmonary Medicine
  - Radiation Oncology

- Gerontology
  - Hematology/Oncology
  - Hemostasis/Thrombosis
  - Infectious Disease
  - Internal Medicine
  - Neonatology
  - Nephrology
  - Radiology
  - Rheumatology
  - Surgical Oncology
  - Thoracic Surgery
  - Transplant Surgery
  - Urology
  - Vascular Surgery
- Beth Israel Deaconess Medical Center Nurse Practitioners
  - Health Care Associates (HCA)
  - Medical Care of Boston Management Corp. d/b/a Beth Israel Deaconess HealthCare (APG)

**For the providers listed below, this Financial Assistance Policy only covers the Hospital Facility charge. It does not cover provider charges from the individuals and entities listed below. Patients are encouraged to contact these providers directly to see if they offer any assistance and to make payment arrangements.**

- Atrius Health Medical Group

Provider Last Name	Provider First Name	
Abu-El-Haija	Aya	MD
Adegoke	Tejumola	MD, MPH
Adelstein	Pamela	MD
Adichie	Nneka	DO
Adil	Eelam	MD
Aggarwal	Nitin	MD
Agus	Michael	MD
Ahmed	Heidi	MD
Ahuja	Brian	MD
Airhart	Sophia	MD
Al Hassan	Sacha	MD
Alexander	Leslie-Ann	MD
Alexander	Mark	MD
Alkharashi	Maan	MD
Alkhatib	Einas	MD
Alt	Elizabeth	MD
Altschwager Kreft	Pablo	MD
Alves	Cesar Augusto	MD
Aly	Safwat	MD
Amanullah	Farhana	MD
Ansevin	Carl	MD
Appelbaum	Evan	MD
Aquino	Patrick	MD
Archer	Natasha	MD
Arian	Sara	MD
Asch	Alexander	MD



Provider Last Name	Provider First Name	
Ashoor	Isa	MD
Ashur	Mary Louise	MD
Astley	Christina	MD
Athienites	Nicolaos	MD
Attaman	Jill	MD
Augur	Trimble	MD
August	David	MD
Axelrod	Matthew	MD
Ayad	Mina	NP
Azova	Svetlana	MD
Bae	Donald	MD
Bailey	Alexandra	MD
Baird	Lissa	MD
Bakaev	Innokentiy	MD, MBA
Baker	Michele	MD
Baldwin	Donna	DO
Balkin	Daniel	MD, PhD
Baraona Reyes	Fernando	MD
Baras	Samantha	MD
Baratz	Michael	MD
Barbeau	Deborah	MD, PhD, MSPH
Barnewolt	Carol	MD
Basilico	Frederick	MD
Baskaran	Charumathi	MD
Batal	Hussam	DMD
Battista	Vanessa	DNP, MBA
Bauer	Daniel	MD
Bauer	Matthew	MD
Bauer	Andrea	MD
Baur	Russell	MD
Bedoya Velez	Maria	MD
Belfort	Mandy	MD
Belkin	Edward	MD
Benjamin	Jonathan	MD
Beno	Lara	PA
Berardi	Cecilia	MD, MSc
Berezuk	Courtney	PhD
Berger	Allison	PhD
Bergin	Ann Marie	MD
Bern	Elana	MD
Bernson-Leung	Miya	MD
Beroukhim	Rebecca	MD
Bevilacqua	Laura	MD
Bezzarides	Vassilios	MD
Bhalala	Mitesh	MD
Bhatia	Neha	MD

Provider Last Name	Provider First Name	
Bialecki	Alison	MD
Bian	Qingning	MD
Binney	Elizabeth	MD
Birch	Craig	MD
Bixby	Sarah	MD
Blatt	Charles	MD
Bloomhardt	Hadley	MD
Blumenthal	Jennifer	MD
Bodamer	Olaf	MD
Bodepudi	Sreevidya	DO
Bolton	Jeffrey	MD
Bonello	Kristin	MD
Bono	James	MD
Boone	Philip	MD
Borek	Leora	MD
Borer	Joseph	MD
Bortoletto	Pietro	MD
Boscamp	Nicholas	MD
Bousvaros	Athos	MD
Breault	David	MD, PhD
Breitbart	Roger	MD
Brenner	Jason	MD
Briere	Julie	NP
Brinckerhoff	Jennifer	MD
Briscoe Abath	Christina	MD
Brodsky	Jacob	MD
Brown	Jane	MD
Brown	David	MD
Brown	Stephen	MD
Brucker	William	MD, PhD
Buchmiller	Terry	MD
Bulnes	Melissa	PharmD, MA
Bunnell	Bruce	MD
Burchett	Sandra	MD
Burgess	Stephanie	PA
Bursztajn	Harold	MD
Callahan	Michael	MD
Callahan	Tracy	PA
Calvo	Jacqueline	MD
Calvo Garcia	Maria	MD
Cantor	Alan	MD
Carswell	Jeremi	MD
Castellanos	Daniel	MD
Celentano	Julie	LAc
Celeste	Michelle	NP
Cerel	Adam	MD

Provider Last Name	Provider First Name	
Cermik	Dilek	MD
Chan	Yee-Ming	MD, PhD
Chang	Denis	MD
Chase	Isabelle	DDS
Chen	Catherine	MD
Cherella	Christine	MD
Chiang	Colby	MD, PhD
Chigurupati	Radhika	DMD
Chiu	Michelle	MD
Choi	Sukgi	MD
Choi	William	MD, PhD
Cholapranee	Aurada	MD
Chopra	Mohit	MD
Chopra	Shreekant	MD
Chou	Janet	MD
Chow	Jeanne	MD
Christian	Elizabeth	MD
Chu	Jacqueline	MD
Chung	Kee	MD
Cilento	Bartley	MD
Cleveland	Ross	MD
Cohen	Steven	MD
Cohen	Karen	MD
Connell	Brendan	MD
Connolly	James	MD
Connolly	Susan	MD
Connolly	Caitlin	MD
Cook	Richard	MD
Cook	Jeremy	DPM, MPH
Cook	Emily	DPM, MPH
Corey	Kristen	MD
Couey	Marcus	MD, DDS
Couto Bernardes P Estrela	Tais	MD
Crocker	Melissa	MD
Cronin	Jon	MD
Croteau	Stacy	MD
Cuenca	Alex	MD
Cummings	Christy	MD
Cunningham	Michael	MD
Cusick	Meghan	NP
Daga	Ankana	MD
Dagi	Linda	MD
Dahlben	Salin	MD
Dailey	Joseph	MD
Damji	Yasin	MD
Danehy	Amy	MD

Provider Last Name	Provider First Name	
Daneshvar	Daniel	MD, PhD
Darras	Basil	MD
D'Avenas	Anne	MD
Davidson	Lauraine	MD
Davis	Lindsay	PA
Dawiskiba	Malgorzata	MD
Dawkins	Josette	MD
Day	Michael	MD
Day-Lewis	Megan	NP
de Ferranti	Sarah	MD
De Jesus	Maria	MD
De Peralta	Edgar	MD
de Zengotita	Juan	MD
Degen	Michelle	MD
DeGirolami	Laura	MD
Delaney	Meaghan	MD
Delano	Sophia	MD
Demehri	Farokh	MD
DeWitt	Elizabeth	MD
D'Hemecourt	Pierre	MD
Didier	Ryne	MD
Dionne	Audrey	MD
DiPerna	Stephanie	MD
Dipietro	Stephanie	PA
Do	Woo	MD
Dohlman	Jenny	MD
Dollinger	Julie	MD
Donahue	Richard	MD, MPH
Donatelli	Stephanie	MD
Dorfman	Barry	DMD, BS
Drazen	Jeffrey	MD
Drogin	Eric	PhD
D'Silva	Karl	MD
Duffy	Patrick	MD
Dumas	Brett	MD
Duncan	Daniel	MD
Duyzend	Michael	MD
Dvorin	Jeffrey	MD
Ebrahimi Fakhari	Darius	MD
Eccher	Matthew	MD
Ecklund	Kirsten	MD
Edelstein	Bernard	MD
Eipper-Mains	Jodi	MD, PhD
Eisenberg	David	MD
Elias-Todd	Tina	MD
Elisofon	Scott	MD

Provider Last Name	Provider First Name	
Elitt	Christopher	MD, PhD
Elliott	Alexandra	MD
Elofson	Julianne	MD
Elsesser	Steven	MD
Emani	Sitaram	MD
Emmick	Gus	MD
Epelbaum	Claudia	MD
Epstein	Rachel	CRNA, DNP
Esch	Jesse	MD
Esrick	Erica	MD
Estrada	Carlos	MD
Estroff	Judy	MD
Fabiani	Amy	NP
Fair	Rick	MD
Fantes	Francisco	MD
Fehnel	Katie	MD
Ferguson	Michael	MD
Ferraro	Nalton	DMD, MD
Ferzoco	Lisa	MD
Fewkes	Jessica Lynn	MD
Fickweiler	Ward	MD
Fine	Steven	MD
Finkelstein	Macie	MD
Finkelstein	Julia	MD
Fischer	Peter Andrew	MD
Fischer	Robin	MD
Fishman	Steven	MD
Fitch	Angela	MD
Flanagan	Frances	MD
Fleischman	Amy	MD
Flier	Steven	MD
Florman	Jonathan	MD
Fogle	Rhonda	MD
Fontes de Azevedo Costa	Ana Luiza	MD
Formica	Philip	MD
Fox	Victor	MD
Frankel	Mark	MD
Freitag	Suzanne	MD
Freitas	Jenna	NP
French	Amy	MD
Friedman	Jeffrey	MD
Fung	Wing Kin	MD
Fynn-Thompson	Francis	MD
Gadey	Gautam	MD
Gaffin	Jonathan	MD
Gaffin	Laurel	MD

Provider Last Name	Provider First Name	
Gaier	Eric	MD, PhD
Gaines	Laura	NP
Galkin	Maria	MD
Gallagher	Donna	NP, PhD
Gallant	Sara	MD
Gallant Wood	Janet	NP, MSN
Ganapathi	Lakshmi	MD
Gangwani	Bharti	MD
Ganor	Oren	MD
Ganske	Ingrid	MD
Gao	Chuanyun	MD
Garcia-Banigan	Dinamarie	MD, MPH
Garel	Keri-Lee	MD
Garvey	Katharine	MD
Gaston	Lindsey	MD
Gauthier	Naomi	MD
Gavigan	Michael	DPM
Gayer	Gabriela	MD
Geltman	David	MD
Geng	Zhuo	MD
George	Michael	MD
Gettings	Jennifer	MD
Geva	Tal	MD
Ghelani	Sunil	MD
Ghiasuddin	Salman	MD
Gidengil	Courtney	MD
Gillen	Brianna	PA
Giordano-Perez	Wilfredo	MD, MBA
Gise	Ryan	MD
Glaser	Alan	MD
Golding	Ellen	PhD
Goldman	Frederic	MD
Goldman	Anna	MD
Goldstein	Michael	PhD
Gonzalez Monroy	Jose	MD
Goodwin	Gregory	MD
Gopalakrishnan	Ragisha	MD
Gordon	Michael	MD
Gouda	Suzanne	MD
Grace	Rachael	MD
Granfone	Antonio	MD
Grant	Patricia	MD
Greenberg	Karen	MD
Grenier	Nicole	MD
Grenier	Pierre-Olivier	MD
Grenier	Samantha	PA

Provider Last Name	Provider First Name	
Griffin	Marilyn	MD
Griffith	Joseph	MD
Grimes-Mallard	Kristie	NP
Guan	Rong	MD
Guardino	Cara	MD
Guenther	Geoffrey	MD, MPH
Gutheil	Thomas	MD
Guyol	Genevieve	MD
Gwon	Cally	MD
Haddad	Anthony	MD
Hait	Elizabeth	MD
Halpert	Albena	MD
Hanaway	Katherine	MD
Handa	Atsuhiko	MD
Hanono	Anat	MD
Hanson	Martha	MD
Hao	Maddie Yue	MD
Haque	Asim	MD, PhD
Harini	Chellamani	MD
Harper	Gordon	MD
Harper	Matthew	DDS
Harrild	David	MD
Harris	Gregory	MD
Harris	Rebecca	MD, PhD
Harris	Emily	MD
Hathout	Eba	MD
Hauser	Mark	MD
Havens	Woodrow	MD
Hayden	Lystra	MD, MMSc
Hayes	Leslie	MD
Heeney	Matthew	MD
Heffess	Alejandro	MD
Heidary	Gena	MD
Heneghan	Chelsea	NP, MSN, BS
Henry	Charles	DDS
Henry	Andrew	DMD, MD
Herliczek	Thaddeus	MD
Hesketh	Paul	MD
Higuchi	Leslie	MD
Hirsch	Suzanna	MD
Hirschhorn	Joel	MD
Ho	Tina	MD
Hodge	Mary Beth	MD
Hogue	Grant	MD
Holm	Ingrid	MD, MPH
Holtz	Alexander	MD



Provider Last Name	Provider First Name	
Homer	Seth	MD
Homsy	Farhat	MD
Hong	William	MD
Hopewood	Peter	MD
Horlbeck	Maximilian	MD
Horne	Rebecca	MD
Horoho	Stefanie	NP
Houck	Alexandra	MD
Hseu	Anne	MD
Hsi Dickie	Belinda	MD
Huang	Michael	MD
Huang	Jennifer	MD
Hughes	Jennifer	MD
Hulbert	Monica	MD
Hunter	David	MD, PhD
Hussain	Sadaf	MD
Hwang	Allen	MD
Iarovici	Doris	MD
Ibrahim	Samer	DO
Imber	Lindsay	MD
Indes	Jeffrey	MD
Irons	Mira	MD
Israel	Elliot	MD
Isselbacher	Karen	MD
Iv	Johnny	NP
Jabur	Zainab	MD
Jacobsen	Christina	MD
Jaffe	Linda	MD
Jaksic	Tom	MD
Javeed	Iqra	MD
Jayaprakash	Pooja	MD
Jenkins	Kathy	MD, MPH
Jo	Tamara	NP
Johannes	Claire	NP
Johnson	Anne Louise	DMD
Johnson	Casey	MD
Johnson	Michaela	NP
Johnston	Suzanne	MD
Johnstone	Michael	MD
Joseph	Tuhina	DO
Joslin	Isabella	MD
Joventino	Lilian	MD
Joyce	Ann Marie	MD
Juelg	Boris	MD
Jurow	Kelsey	MD
Kahn	Michael	MD

Provider Last Name	Provider First Name	
Kai	Alice	MD
Kales	Jennifer	NP
Kalish	Susan	MD
Kamin	Daniel	MD
Kandemirli	Sedat	MD
Kane	David	MD
Kanner	Steven	MD
Kappadakunnel	Melanie	DO
Kasimati	Ivi	MD
Kasser	James	MD
Katwa	Umakanth	MD
Katz	Ronald	MD
Katz	Jenna	MD
Katz	Andrew	MD
Katz-Wies	Gillian	MD
Kaura	Rashmi	MD
Kazlas	Melanie	MD
Kazley	Jillian	MD
Keays	Melise	MD
Kellam	Suzanne	MD
Kellogg	Emily	MD
Kenna	Margaret	MD
Keshav	Vinny	MD
Ketwaroo	Pamela	MD
Kewalramani	Tarun	MD
Khan	Amirah	MD
Khan	Taimur	MD
Kher	Kinnari	MD
Kiel	Douglas	MD, MPH
Kielian	Agnieszka	MD
Kim	Dennis	MD
Kim	Wendy	MD
Kim	Heung	MD
Kim	Young-Jo	MD
King	Caitlin	MD
Kinsley	Sarah	PA
Kishfy	Louis	MD
Klein	Johanna	MD
Koehler	Julia	MD
Koniars	Katherine	MD
Koppenheffer	Kristie	MD
Kramer	Dennis	MD
Kreienkamp	Raymond	MD, PhD
Kremen	Jessica	MD
Krishnamurthy	Kaarkuzhali	MD
Krispin	Eyal	MD

Provider Last Name	Provider First Name	
Kritzer	Amy	MD
Kumar	Sandeep	MD
Kumar	Riten	MD
Kumaravel	Arthi	MD
Kurtz	Michael	MD
Kwatra	Neha	MD
Kwon	Michael	MD
Labadie	Brian	MD
LaGrega	Lauren	MD
LaMattina	Thomas	MD
Langer	Monica	MD
Laor	Tal	MD
Larcombe	Christina	NP
LaRosa	Michelle	MD
LaRovere	Kerri	MD, MMSc
Lategan	Hannah	MD
Latina	Jacqueline	MD, MSc
Lawlor	Claire	MD
Leary	Alison	PhD
Lee	Ivy	MD
Lee	Gi-Soo	MD, MEd
Lee	Edward	MD, MPH
Lee	Ted	MD
Lee	Christine	MD
Lee	Richard	MD
Lee	Nahyoung	MD
Lee	Alisa	DMD
Lefebvre	Daniel	MD
Lehman	Laura	MD
Leibovitch	Jennifer	MD
Lennerz	Belinda	MD
Lepore	Timothy	MD
LeRoy	Andree	MD
Levey	John Moss	MD, MBA
Levin	Michael	MD
Levin	Jonathan	MD
Levine	Jami Cheryl	MD
Levine	Bat-Sheva	MD
Levy	Ofer	MD, PhD
Levy	Michael	MD
Li	Sandy	MD
Liang	Marilyn	MD
Liao	Zachary	MD
Liaw	Shih-Ning	MD
Libenson	Mark	MD
Licameli	Greg	MD

Provider Last Name	Provider First Name	
Liff	Olivia	MD
Lillehei	Craig	MD
Lin	Bing	NP
Lipsitz	Lewis	MD
Lipton	Jonathan	MD
Livingston	Kristin	MD
Locke	Steven	MD
Loddenkemper	Tobias	MD
Lowney	Michael	DO
Lu	Hua	MD
Lu	Chang	MD
Lu	Lina	MD
Lu	Anjanique Mariquit	MD, MPH
Luedke	Christina	MD
Luo	Eva	MD
Lyon	Shannon	DO
Lyon	Helen	MD, MSc
Lyons	Thomas	DPM
Ma	Michael	MD
Madenci	Arin	MD
Madsen	Joseph	MD
Mah	Vanessa	MD
Mah	Douglas	MD
Mahan	Susan	MD
Mahoney	Lisa	MD
Majeres	Kevin	MD
Majithia	Arjun	MD, FACC
Majzoub	Joseph	MD
Malhotra	Himanshu	DO
Malik	Mushrin	MD
Malley	Richard	MD
Mandel	Ernest	MD
Manice	Christina	MD
Manion	Margaret	MD
Mantagos	Iason	MD, PhD
Maratos	Eleftheria	MD
Marella	Paula	DPM
Marinelli	Franklin	MD
Marquis	Veronica	NP
Martens	Peter	MD
Martin Paez	Yosbelkys	MD
Masia	Shawn	MD
Maski	Kiran	MD
Massingham	Lauren	MD
Matskevich	Ashley	MD
May	Collin	MD

Provider Last Name	Provider First Name	
Mayer	Robert	MD
Mayskiy	Mikhail	MD
McConnell	Kathleen	NP
McGahee	Shunda	MD
McLaren	John	MD
McMurphy	Katherine	PA
McNamara	Erin	MD
McSweeney	Maireade	MD
McSweeney	Sean	NP
Meara	John Gerard	MD
Mehra	Pushkar	DMD
Meier	Tiffany	MD
Mello	Bridget	NP
Menzin	Eleanor	MD
Mercier	Erika	MD
Metzger	Eran	MD
Meyer	Jennifer	MD
Michaels	Robert	MD
Micheli	Lyle	MD
Michl	Emma	NP
Milam	Bradley	MD
Milewski	Matthew	MD
Miley	Gerald	MD
Miller	Michael	MD
Miller	Samuel	MD
Miller	Leonard	MD
Miller	David	MD
Millis	Michael	MD
Mistretta	Megan	NP
Mitchell	Regina	MD
Mitchell	Phoebe	MD
Mo	Michelle	MD
Mobassaleh	Munir	MD
Modi	Biren	MD
Moffitt	Kristin	MD
Mogollon	Andres	MD
Mohammed	Somala	MD
Mooney	David	MD
Moore	Omar	MD
Morinigo	Raul	MD
Morrison	Tierney	MD
Moufawad El Achkar	Christelle	MD
Mullen	Mary	MD
Mullen	Mariah	PA
Murphy	Stephen	MD
Murphy	Terrance	MD

Provider Last Name	Provider First Name	
Murray	Kerri	PA
Muscanell	Rebecca	MD
Nadelson	Adam	MD
Nahm	Frederick	MD
Najamuddin	Sadia	DO
Nakamura	Mari	MD, MPH
Nandivada	Prathima	MD
Nasser	Samer	MD
Nastasio	Silvia	MD
Nellore	Malleeswari	MD
Nelson	Caleb	MD
Nesbit	Carleigh	DO
Ng	Man Wai	DDS, MPH
Nguyen	Alan	MD
Nicolas Frank	Camille	MD
Nikpoor	Borzoo	MD
Nir	Reuth	MD
Nitschmann	Caroline	MD
Norris	Joshua	MD
Norris	Donna	MD
Northam	Weston	MD
Nuss	Roger	MD
O'Connor	Daniel	MD
O'Donnell Luria	Anne	MD
Ohlms	Laurie	MD
Oke	Isdin	MD
Okurowski	Lee	MD, MPH
O'Leary	Edward	MD
Olsen	Kellie	NP, DNP
Olson	Heather	MD
Omorodion	Jacklyn	MD
Oottamasathien	Siam	MD
Orgill	Dennis	MD
Orkaby	Ariela	MD
Osborn	Timothy	MD, DDS
Oviedo	Jaime	MD
Padua	Horacio	MD
Paltiel	Harriet	MD
Pandolfo	Josephine	DMD
Papadakis	Konstantinos	MD
Parad	Richard	MD
Parangi	Sareh	MD
Patel	Archana	MD, MPH, MSc
Patel	Heer	NP
Peace	Nicole	NP
Pearl	Phillip	MD

Provider Last Name	Provider First Name	
Pearlson	Yale	MD
Perez-Rossello	Jeanette	MD
Perkins	Julia	NP
Perkins	Nicole	NP
Perrone	Olivia	MD
Peters	Melinda	MD
Peters	Jurriaan	MD
Pettinato	Paul	MD
Philips	Binu	MD
Picker	Jonathan	MD
Pincus	Michael	DO
Pineda	Dan	MD
Pinto	Anna	MD
Piper-Vallillo	Andrew	MD
Platt	Craig	MD
Pollock	Nira	MD, PhD
Porter	Douglas	MD
Powell	Andrew	MD
Power	Elyssa	NP
Prabhu	Sanjay	MD
Prakash	Ashwin	MD
Prasanna	Mrinalini	MD
Price	Dana	MD
Priebe	Gregory	MD
Proctor	Mark	MD
Puder	Mark	MD, PhD
Pugi	Jakob	MD
Qureshi	Abrar	MD
Rabinowitz	Elliot	MD
Rahbar	Reza	MD
Rainville	Riley	PA
Rajagopalan	Supraja	MD
Rakoff-Nahoum	Seth	MD
Ramadan	Hadi	MD
Ramadan	Amira	MD
Rameh	Vanessa	MD
Raney	Andrea	NP
Rangel	Shawn	MD
Ranjeva	Sylvia	MD, PhD
Rao	Supriya	MD
Ratey	John	MD
Rathod	Rahul	MD, MBA
Reddy	Madhuri	MD
Reed	Helen	MD
Regan	Brian	DO
Reichheld	James	MD

Provider Last Name	Provider First Name	
Reichle	Ralph	MD
Reichling	Jacques	MD
Reierson	Britta	MD
Reiley	Luz	MD
Renthal	Nora	MD
Reshef	Edith	MD
Resnick	Cory	MD, DMD
Ress	Richard	MD
Restrepo	Angela	MD
Reuter	Susan	MD
Reynolds	Matthew	MD, MSc
Rhodes-Kropf	Jennifer	MD
Richardson	Michael	MD
Richey	Patricia	MD
Rispoli	Joanne	MD
Rivkin	Michael	MD
Robbel	Courtney	MD
Roberts	Stephanie	MD
Roberts	Alyssa	NP
Roberts Kenney	Amy	MD
Robertson	Richard	MD
Robles	Liliana	MD
Robson	Caroline	MD
Rodan	Lance	MD
Rodig	Nancy	MD
Rodriguez	Vithya	MD
Rogers-Vizena	Carolyn	MD
Ronai	Christina	MD
Rosenberg	Abby	MD, MSc
Rosenberg	Emily	DDS
Rosenthal	Jonathan	MD
Rotenberg	Alexander	MD, PhD
Rottenberg	Elissa	MD
Rubinstein	Eitan	MD
Rudman	Carole	NP
Rufo	Paul	MD
Ruiz	Jessica	MD
Ruiz-Gutierrez	Melisa	MD, PhD
Ryan	Amy	MD
Ryniec	Jessica	MD
Sabacinski	Kenneth	MD
Sabharwal	Sabina	MD
Sacharow	Stephanie	MD
Sacks	Andrea	NP
Sadrzadeh	Hossein	MD
Sahin	Mustafa	MD, PhD



Provider Last Name	Provider First Name	
Saillant	Meredith	MD
Saleeb	Susan	MD
Salerno	Colby	DO
Salomons	Howard	MD
Salzman	Carl	MD
Sanan	Akshay	MD
Sandler	Courtney	MD
Sandora	Thomas	MD
Sankaran	Vijay	MD
Sasaki	Nao	MD
Sauro	James	PA, PT
Savage	Timothy	MD
Savage	Margaret	MD
Sayre	Kelly	MD, DMD
Schenone Giugni	Claudio	MD
Schidlow	David	MD
Schlegel	Sarah	MD, MS
Schott	Trevor	MD
See	Pokmeng	MD
Sehra	Shiv	MD
Seidler	Emily	MD
Seitz	Jerome	MD
Sen-Gupta	Indranil	MD
Settel	Kenneth	MD
Setton	Matan	MD
Sganga	Danielle	MD
Shad	Asfa	DO
Shah	Sandhya	MD
Shah	Ankoor	MD
Shah	Tishi	MD
Shah	Sachin	MD
Shamshirsaz	Alireza	MD
Shannahan	Sarah	MD
Shapira	Amit	PhD
Shapiro	Steven	MD
Shapiro	Cole	MD
Sharma	Tanvi	MD
Sharp	John	MD
Shearer	Aiden	MD, PhD
Shearer	Katherine	MD
Sheils	Catherine	MD
Sherman	Gilad	MD
Shi	Sandra	MD, MPH
Shimamura	Akiko	MD
Shlosman	Natalie	DMD
Shore	Benjamin	MD

Provider Last Name	Provider First Name	
Shrock	Christine	MD
Shuster	Matthew	MD
Sidhom	Samy	MD
Siegel	Steven	MD
Silverman	Kenneth	MD
Silverstein	Jared	MD
Silvester	Jocelyn	MD
Simonson	Donald	MD
Singh	Tajinder	MD, MSc
Singh	Michael	MD
Slye	Kurt	MD
Smalley	Robert	MD
Smalley	Julia	NP
Smith	Bennett	MD
Smith	Jonathan	MD
Smith	Jessica	MD
Smith	Edward	MD
Smith	Eric	MD
Smith	Vincent	MD
Smotrich	Gary	MD
Smyth	Elaine	DDS
Snaman	Jennifer	MD
Snyder	Brian	MD, PhD
Softness	Kenneth	MD
Somers	Michael	MD
Sonawalla	Ambreen	MD
Song	Dana	MD
Song	Fei	MD
Sosa Soto	Giordano	MD
Soto-Rivera	Carmen	MD
Soul	Janet	MD
Soule	Michael	MD
Spar	Myles	MD
Spencer	Samantha	MD
Spencer	Dennis	MD, PhD
Sperling	Scott	MD
Sperotto	Francesca	MD
Spindel	Chelsea	NP
Spingarn	Roger	MD, MPH
Srinivasa	Payal	MD
Srivatsa	Abhinash	MD, MBBS
Stacey	Mary	NP
Stefater-Richards	Margaret	MD
Stein	Deborah	MD
Steinberg	Lon	MD
Stephen	Jacqueline	MD

Provider Last Name	Provider First Name	
Stern	Jessica	MD
Stone	Andrew	MD
Stone	Scellig	MD, PhD
Stowe	Robert	MD
Stredny	Coral	MD
Sulyanto	Rosalyn	DMD
Sweeney Marso	Kristin	DMD
Sweeny	Katherine	MD
Sweet	Erin	NP
Switzer	Bradley	MD
Syverson	Erin	MD
Szeto	Winnie	MD
Taghinia	Amir	MD
Tahir	Syed	MD
Taitelbaum	Greta	MD
Takeoka	Masanori	MD
Tan	Wen-Hann	MD
Tan	Jennifer	MD
Tandon	Vickram	MD
Taneja	Ekta	MD
Tanner	Adriana	MD
Tannyhill	Richard	DDS, MD
Tarkan	Joshua	MD
Taylor	Alison	OD, MS
Tchong	Leo	MD
Teele	Sarah	MD
Thaker	Hatim	MD
Thatai	Lata	MD
Thatte	Nikhil	MD
Theodore	George	MD
Thiagarajah	Jay	MD
Thomas	George	MD, PhD
Thompson	Julie	DSc, PA
Thurmond	Kimberly	DPM
Tilson	Richard	MD
Tivnan	Patrick	MD
Toraldo	Gianluca	MD, PhD
Towery	Heather	MD
Tracy	Molly	MD
Traum	Avram	MD
Tremblay	Elise	MD
Tremmel	Joseph	PA
Triedman	John	MD
Triffletti	Philip	MD, MSc
Trowbridge	Sara	MD
Trubilla	Susan	MD

Provider Last Name	Provider First Name	
Tsai	Andy	MD, PhD
Tsay	John	MD
Tschirhart	Evan	MD
Tsuboyama	Melissa	MD
Tuck	Jaclyn	MD
Tung	Eric	MD
Turple	Zachary	OD, MSc
Tworetzky	Wayne	MD
Tyree	Griffin	MD
Ullman	Sonal	MD
Ullrich	Christina	MD
Umeh	Chizoba	MD
Upadhyay	Jagriti	MD
Urion	David	MD
Vaccaro	Bernardino	MD
Valdez Arroyo	Sherley	MD
Valente	Anne	MD
Valente	Anne	MD
Valenti	Erin	MD
Valme	Geldine	NP
Van Dam	Steven	MD
Vanderveen	Deborah	MD
Varghese	Alex	MD
Varma	Malvika	MD
Vaughan-Malloy	Ana	MD, MPH
Venesy	David	MD
Venturelli	Nicholas	MD
Verhave	Menno	MD
Vernacchio	Louis	MD, MSc
Vert	Joshua	DDS
Vidal	Samuel	MD
Vidan	Erez	MD
Vieira	Brittany	MD
Vilk	Emily	NP
Visner	Gary	DO
Vogt	Nicholas	MD, PhD
Voltaire	Cassandre	DO
Voss	Stephan	MD, PhD
Vu	Stephanie	MD
Vuillermin	Carley	MD
Walsh	Christopher	MD
Walters	Michele	MD
Wang	Hsin-Hsiao	MD
Ward	Harry	MD
Ward	Valerie	MD, MPH
Wardell	Hanna	MD

Provider Last Name	Provider First Name	
Warf	Benjamin	MD
Warrenski	Joan	MD
Wassner	Ari	MD
Watters	Karen	MD
Weaver	Susan	MD, MPH
Wehrman	Andrew	MD
Weil	Brent	MD
Weinstein	Cheryl	PhD
Weintraub	Andrew	MD
Weir	Dascha	MD
Wessels	Michael	MD
White	Andrew	MD
Whitman	Mary	MD
Whittemore	Kenneth	MD, MSc
Williams	Ryan	MD
Williams	David	MD
Wilson	Julia	DNP, MSN, RN
Wiltrout	Kimberly	MD
Winant	Abbey	MD
Winters	Thomas	MD
Winzelberg	Gary	MD, MPH
Wise	Allison	MD
Wojcik	Monica	MD
Wolfsdorf	Joseph	MD
Wolkow	Natalie	MD, PhD
Wong	Monera	MD
Woo	Tsung-Ung	MD
Wright	Kristen	MD
Wu	Carolyn	MD
Wu	Allison	MD
Wu	Martha	MD
Wuerz	Thomas	MD
Xenakis	Lauren	NP
Xu	Rena	MD
Yang	Edward	MD
Yarlagadda	Bharat	MD
Yasuda	Jessica Lacy	MD
Yen	Yi-Meng	MD
Yeung	Albert	MD
Yin	Paul	MD
Yin	Suellen	MD
Yoon	Michael	MD
Young	Gregory	MD
Young Poussaint	Tina	MD
Yu	Jane	MD
Yu	Richard	MD

Provider Last Name	Provider First Name	
Zalieckas	Jill	MD
Zamore	Richard	MD
Zandman	Shana	MD
Zapolin	Bonnie	NP
Zarwan	Corrine	MD
Zendejas-Mummert	Benjamin	MD
Zeve	Daniel	MD, PhD
Zhang	Mengqi	MD
Zhu	Jia	MD
Zielonka	Benjamin	MD

Updated 10/2025

## Appendix 6

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### Public Access to Documents

Information on the BIDMC Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and the BIDMC Credit and Collection Policy will be made available to patients and the community served by BIDMC through a variety of sources, free of charge:

1. Patients and Guarantors may request copies of all documents pertaining to Financial Assistance and Credit and Collections, and may request assistance in completing both the Financial Assistance and Medical Hardship Applications, via phone, mail or in person at:

BIDMC  
Financial Counseling Unit  
East Campus/Rabb  
Room 111  
Boston, MA 02215  
617-667-5661

2. Patients and Guarantors may download copies of all documents pertaining to Financial Assistance and Credit and Collection Policy via the BIDMC public website: [bidmc.org/financialassistance](https://bidmc.org/financialassistance)

The Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, Medical Hardship Application and Credit and Collection Policy will be translated into any language that is the primary language spoken by the lessor of 1,000 people or 5% of the residents in the community served by BIDMC.

BIDMC has posted notices (signs) of availability of Financial Assistance as outlined in this policy in the following locations:

1. General admissions, patient access, waiting/registration areas, or equivalent, including, for the avoidance of doubt, the emergency department's waiting/registration area;
2. Waiting/registration areas or equivalent of off-site hospital-licensed facilities; and
3. Patient financial counselor areas.

Posted signs are clearly visible (8.5" x 11") and legible to patients visiting these areas. The signs read:

### FINANCIAL ASSISTANCE NOTICE

The Medical Center offers a variety of financial assistance programs to patients who qualify. To find out if you're eligible for assistance with your hospital bills, please visit our Financial Counseling Office in the 1<sup>st</sup> floor of the Rabb building or call 617-667-5661 for information about the various programs and their availability.

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**Policy History**

<b>Date</b>	<b>Action</b>
September 2016	Policy approved by the Board of Directors
August 2019	Revised Policy approved by BILH EVP/CFO and BIDMC Board Treasurer as Authorized Body of the Board
August 2020	Revised Policy approved by BILH EVP/CFO and BIDMC Board Treasurer as Authorized Body of the Board
April 2024	Revised Policy approved by BILH EVP/CFO and BIDMC Board Treasurer as Authorized Body of the Board

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