

POLITIQUE D'AIDE FINANCIÈRE

Annexe 1

| Prestataires participants | Prestataires non participants |
|-----------------------------------|---|
| Arcand Family Medicine, Inc. | 21st Century Oncology |
| Brookside Family Medicine | AAKC |
| Children's Medical Group | AAPRI |
| Home and Hospice Care of RI | Anchor Medical Associates |
| Hypertension & Nephrology | Anesthesia Associates of Kent County |
| Integrated Psychiatry Inc. | Anesthesiology, Inc. |
| Koch Eye Associates | Associates in Primary Care |
| Koch Eye Associates | Atwood Medical Associates |
| Nephrology Associates Inc | Barrington Pediatrics |
| Nephrology Associates Inc | Bayside Medical |
| Northern RI Pediatrics | Blackston Valley Community Health Center |
| Providence Pediatrics | Blackstone Orthopedics |
| RI Medical Imaging | Blackstone Valley Foot Specialists |
| Riverside Pediatrics | Blackstone Valley Pediatrics |
| The Medical Group of Rhode Island | Brain & Spine Neurosurgical Institute |
| University OB/GYN, Inc. | Bristol Medical Center |
| University Surgical Associates | Broadway OB/GYN |
| XRA Medical Imaging | Calenda Eye Care |
| James R. Bonner MD | Capitol Hill Health Center |
| Umberto Capuano MD | Cardiovascular Associates of Rhode Island |
| Doreen M. Ciancaglini MD | Cardiovascular Institute |
| Elizabeth Conklin MD | Cardiovascular Institute of NE |
| Joseph DiBenedetto MD | Caring for Women |
| Robert E. Eden MD | Center for OB-GYN |
| Christian R. Herard MD | Centerville Podiatry |
| Kenneth Hathaway DO | Chaffee Health Center |
| Jerald I. Kupperberg MD | Coastal Medical |
| Karen L. McGoldrick MD | Coastal Medical Bald Hill Pediatrics |
| Zsolt Orban MD | Coastal Medical East Providence |
| David R. Tien MD | Coastal Medical Hillside Family Medicine |
| Harold J. Wanebo MD | Coastal Medical Lincoln |
| Marvin S. Wasser MD | Coastal Medical Wakefield |
| | Coastal Medical Warren Pediatrics |
| | Coastal Plastic Surgery Center |
| | Community Care Alliance |

| | |
|--|---|
| | Comprehensive Healthcare |
| | Consultants in Urology |
| | Continuum Behavioral Health |
| | Coventry Primary Care Associates |
| | Dartmouth Dermatology Assoc |
| | David Kass MD Inc |
| | Davis & Davis |
| | Dermatology Professionals |
| | Doctors Rompf, Buckley and Wu |
| | East Bay Medical Center |
| | East Bay Neurology |
| | East Bay Pediatrics |
| | East Greenwich Family Practice |
| | East Greenwich Opthamology |
| | East Greenwich Pediatrics |
| | East Greenwich Spine&Sport |
| | East Side Pediatrics |
| | Endocrine Treatment Centers |
| | ENT & Allergy, Inc |
| | Facial Asthetics Center |
| | Family Doctors of E Providence |
| | Family Med Associates, So Attl |
| | First Physicians Cooperation |
| | Foot & Ankle Institute of NE |
| | Foundry Orthopedics |
| | Franklin Mirrer Orthopedic Surgeon, Inc. |
| | Fredy Roland MD Inc |
| | Full Circle Health |
| | Gastroenterology Associates |
| | Gastrointestinal Medicine Associates, Inc |
| | General Pediatric and Community Health |
| | Greenwich Medical Associates |
| | Greenwich Podiatry, Inc. |
| | Hahnemann Health Center |
| | Hawthorn Medical Associates |
| | Health First |
| | Hematology and Oncology Associates |
| | Hillside Family Medicine |
| | IVF New England |
| | Kingstown Pediatrics |
| | Laborists for Obstetrics & Gynecology LLC |

| | |
|--|--|
| | Meadows Edge Recovery Center |
| | Medical Associates of RI |
| | Medical Office Center |
| | Medicine and Long Term Care Associates |
| | Michael W. Lucarelli, D.O., Inc. |
| | Midland Medical |
| | MSL Facial and Oral Surgery |
| | Muehlberg Medical, LLC |
| | Nardone Medical |
| | Narragansett Bay Anesthesia |
| | Narragansett Foot and Ankle, Inc |
| | Neurohealth |
| | Neurosurgery Foundation |
| | Nisbet and Scott, Inc. |
| | North Main Radiation Oncology |
| | Northeast Institute of Plastic Surgery |
| | OB GYN Associates |
| | Obstetrical Associates |
| | Ocean State Osteopathic Medicine LLC |
| | Ocean State Pediatrics |
| | Ocean State Primary Care, LLC |
| | Olneyville Health Center |
| | O'Neill Medical, Inc. |
| | Ortho Rhode Island |
| | Osteopathic Family Medicine, LLC |
| | Partners in Pediatrics |
| | Partners in Primary Care, LLC |
| | Pediatric Associates |
| | Pediatric Heart Center |
| | Peter J. Bellafiore, M. D., Inc. |
| | Petteruti Family Practice |
| | Plexus Management Group, Inc. |
| | Prima Pediatrics |
| | Primary Care for Women and Adolescents |
| | Primary Care of Plainville |
| | Primary Medical Group Warwick |
| | Providence Anesthesiologists, Inc |
| | Providence Anesthesiologists, Inc |
| | Providence Community Health Centers |
| | Providence Urology, LLC |
| | Rely Radiology Group |

| | |
|--|--|
| | Rely Radiology Group |
| | Rhode Island Spine Center |
| | RI Colorectal Clinic, LLC |
| | RI Eye Institute |
| | RI Foot Care |
| | RICBT |
| | Roger Williams Medical Associates |
| | Roger Williams Radiation Therapy |
| | Santiago Medical Group |
| | Smithfield Pediatrics |
| | South County Dept of Emergency Medicine |
| | South County Dept of Medicine |
| | South County Dept of Pathology |
| | South County Foot and Ankle |
| | South County Hospital Dept of Anesthesiology |
| | South County Oral, Maxillofacial & Implant Surgical Center |
| | South County Orthopedics and Physical Therapy, Inc. |
| | South County Podiatry |
| | South County Pulmonary Medicine |
| | Specialist On Call, Inc |
| | Swansea Family Practice Group |
| | Swansea Pediatrics |
| | The Neurology Foundation |
| | Thundermist Health Center |
| | Toll Gate Pediatrics |
| | Tollgate OB/GYN |
| | Tri County Urology |
| | Tri-Town Health Center |
| | University Dermatology |
| | University Emergency Medicine Foundation |
| | University Foot and Ankle |
| | University Gastroenterology |
| | University Medical Group |
| | University Medicine Foundation |
| | University Urological Associates |
| | University Urological Assts |
| | Urologic Specialists of NE |
| | Urology Associates |
| | Virtual Radiologic Corporation |
| | Wakefield Pediatrics, LLC |
| | Warwick Family Medicine |

| | |
|--|--|
| | Waterman Pediatrics |
| | WellOne Primary Medical & Dental Care |
| | West Bay Orthopedics |
| | West Bay Surgical Associates, Inc |
| | Wickford Internists |
| | Women's Health Care Specialist |
| | Womens Health Collaborative |
| | Womens Medical Center of RI |
| | Women's Medical Collaborative |
| | Women's Medicine Collaborative at Lifespan |
| | Wood River Health Service |
| | Your Health, Inc |
| | Brian G. Abbott MD |
| | J. Gary Abuelo MD |
| | Charles A. Adams MD |
| | Sun H. Ahn MD |
| | Edward Akelman MD |
| | Michele Albert MD |
| | Jason M. Aliotta MD |
| | Elizabeth L. Altenhein MD |
| | Rachel A. Altura MD |
| | Angela C. Anderson MD |
| | James A. Arrighi MD |
| | Karen E. Aspry MD |
| | Michael K. Atalay MD |
| | David T. Barrall MD |
| | Barry Shah MD |
| | Salman Bashir MD |
| | Steven R. Bayer MD |
| | Curt G. Beckwith MD |
| | M. David Beitle MD |
| | Scott E. Benzuly MD |
| | Lionel G. Bercovitch MD |
| | Harikrashna B. Bhatt MD |
| | Reena A. Bhatt MD |
| | Natasha Bica MD |
| | Stanley H. Block MD |
| | Leland S. Blough DMD |
| | Andrew S. Blum MD |
| | Michael F. Blundin MD |
| | Aimee L. Bollentin NP |

| | |
|--|----------------------------|
| | Jason B. Boudjouk MD |
| | Karl H. Breuing MD |
| | Cheryl Brodsky MD |
| | Jeffrey M. Brody MD |
| | Jennifer L. Buckley MD |
| | Lucy P. Buckley MD |
| | Evan J. Burke MD |
| | Mary V. Cabral RNP |
| | Luisa F. Cala Cala MD |
| | Anthony A. Caldamone MD |
| | Angela M. Caliendo MD, PhD |
| | Angelo J. Cambio MD |
| | Joseph A. Cambio DO |
| | Nathalie A. Campbell MD |
| | Juan Carlos Canton MD |
| | Marshall W. Carpenter MD |
| | Sandy Chai MD |
| | Philip A. Chan MD |
| | Heather A. Chapman MD |
| | Johnny Chavarria MD |
| | Anjulika Chawla MD |
| | Joseph A. Chazan MD |
| | Wendy S. Chen MD, PhD |
| | Vicky O. Cheng MD |
| | Steven Ira Cohen MD |
| | Louis A. Colantonio MD |
| | John E. Concannon DO |
| | Jeannine S. Connolly MD |
| | Michael D. Connolly MD |
| | George N. Cooper MD |
| | A. Michael Coppa MD |
| | Bernard G. Coppolelli DPM |
| | Christopher J. Cosgrove MD |
| | Doris T. Costello MD |
| | John J. Cronan MD |
| | Charles L. Cronin III DO |
| | Michael L. Cummings MD |
| | Cheston B. Cunha MD |
| | Karen L. Daigle MD |
| | Leena Davis MD |
| | Susan E. Day MD |

| | |
|--|---------------------------|
| | Charles J. DeAngelis MD |
| | Bradley D. Denardo MD |
| | Penelope H. Dennehy MD |
| | Phyllis A. Dennery MD |
| | Angela K. DeRobertis MD |
| | Suvekchha Devkota MD |
| | Paula A. DeYoung MD |
| | Joseph A. DiLorenzo MD |
| | John DiOrio MD |
| | Thomas A. DiPetrillo MD |
| | Lisa R. Domagalski MD |
| | Donald M. McNiece MD |
| | Edward M. Donnelly MD |
| | Andrea M. Doyle MD |
| | Gregory J. Dubel MD |
| | John E. Duhaime DMD |
| | Margaret M. Dyer MD |
| | Lee E. Edstrom MD |
| | Peter T. Evangelista MD |
| | Mohammed K. Faizan MD |
| | Stephen S. Falkenberry MD |
| | Seth Feder MD |
| | Lloyd R. Feit MD |
| | Anna B. Filip MD |
| | Patricia J. Flanagan MD |
| | Timothy P. Flanigan MD |
| | Cheryl A. Flynn MD |
| | Sara R. Ford MD |
| | Karen L. Furie MD MPH |
| | Darlene Gabeau MD, PhD |
| | Siavash Ghoreishi MD |
| | Sharon E. Gibson MD |
| | Alfredo Gil MD |
| | Holly C. Gil MD |
| | Altongy Gilbert MD |
| | Richard G. Gillerman MD |
| | Jennifer L. Gillis NPP |
| | Kelvin D. Gillman MD |
| | Isaac Z. Glatstein MD |
| | Frederick A. Godley MD |
| | Richard L. Gold MD |

| | |
|--|--------------------------------|
| | Daniel M. Golding MD |
| | Leon A. Goldstein MD |
| | Dragan J. Golijanin MD |
| | Paari S. Gopalakrishnan MD |
| | Leslie B. Gordon MD, PhD |
| | Robyn A. Gray DO |
| | Jennifer J. Greene Welch MD |
| | Donna Griffith MD |
| | Jan C. Groblewski MD |
| | Nicholas M. Grumbach MD |
| | Joseph B. Guarnaccia MD |
| | Preeti Gupta MD |
| | Fadlallah G. Habr MD |
| | Cynthia M. Hanna MD |
| | Gita V. Harappanahally MD |
| | David T. Harrington MD |
| | Joseph I. Harwell MD |
| | Tawfik F. Hawwa MD |
| | Daithi (David) J. Heffernan MD |
| | Jaroslav T. Hepel MD |
| | Herbert J Brennan DO |
| | Richard Hernandez PA |
| | Michael I. Herzlinger MD |
| | Pamela C. High MD |
| | Pei-Li Huang MD |
| | Michelle L. Hughes MD |
| | Kathleen Hwang MD |
| | Sarah M. Hyder MD |
| | Vincent R. Iacono MD |
| | Marc A. Jaffe MD |
| | Santiago Jimenez MD |
| | John Barrett DO |
| | John O'Leary DO |
| | Curtis T. Jones MD |
| | Elaine Jones MD |
| | Joseph B. Fitzgerald MD |
| | Joseph Guarnaccia MD |
| | Stephen S. Kasparian MD |
| | Vania L. Kasper MD |
| | Steven C. Katz MD |
| | Roy C. Katzin MD |

| | |
|--|----------------------------|
| | Edward C. Keating MD |
| | Karen L. Kerman MD |
| | Martin J. Kerzer DO |
| | Karim Z. Khanbhai MD |
| | Tareq Kheirbek MD |
| | Amin Kim MD |
| | Timothy J. Kinsella MD |
| | Malcolm M. Kirk MD |
| | James R. Klinger MD |
| | Tolga N. Kokturk MD |
| | R. James J. Koness MD |
| | Alla Korennaya MD |
| | Ania I. Kowalik MD |
| | Robin A. Kremsdorf MD |
| | Andrea Kretzschmar MD |
| | Arlet G. Kurkchubasche MD |
| | Daniel K. Kwan MD |
| | Neil D. LaBove MD |
| | Ashley M. Lakin DO |
| | Robert E. Lambiase MD |
| | Steven C. Lane MD |
| | Jerome M. Larkin MD |
| | Elizabeth Lazarus MD |
| | Carine M. Leconte MD |
| | George Y. Lee MD |
| | Joshua C. Leighton MD |
| | Neal S. LeLeiko MD, PhD |
| | Kara L. Leonard MD |
| | Maggy Lespinasse MD |
| | Levis Guzman MD |
| | Stacey P. Lievens MD |
| | Paul Y. Liu MD |
| | Kristin C. Lombardi MD |
| | Phyllis T. Losikoff MD MPH |
| | David A. Lowe MD |
| | Stephanie Lueckel MD |
| | Daniel F. Lukowicz MD |
| | Francois I. Luks MD |
| | Keith E. Macksoud CRNA |
| | Teresa M. Maine NP |
| | Martha B. Mainiero MD |

| | |
|--|-----------------------------|
| | Thomas E. Mancini DPM |
| | David E. Mandelbaum MD, PhD |
| | Lauren J. Massingham MD |
| | Stephen L. Matarese DO |
| | Alla Matsievskaya MD |
| | David M. Mayer MD |
| | Katherine D. Mc Cleary MD |
| | Thomas McCauley MD |
| | Charles E. McCoy MD |
| | Alyson J. McGregor MD |
| | Paul F. McKenney MD |
| | Robin L. McKinney MD |
| | Megan D. McMahan MD |
| | Ildiko Medve MD |
| | Dhhananjay A. Mehta MD |
| | Roger N. Mennillo MD |
| | Nishant D. Merchant MD |
| | Leonard A. Mermel DO |
| | Pierre R. Michaud MD |
| | Ian C. Michelow MD |
| | Michael E. Migliori MD |
| | Stephen J. Migliori MD |
| | Maria D. Mileno MD |
| | Richard P. Millman MD |
| | Thomas J. Miner MD |
| | Mohamed Azzouz MD |
| | Wayne B. Mollohan DMD |
| | Sean F. Monaghan MD |
| | John R. Morton MD |
| | Christopher S. Muratore MD |
| | Timothy P. Murphy MD |
| | Adelaide G. Nardone MD |
| | Gerard J. Nau MD |
| | David P. Neumann MD |
| | Laura S. Nevel MD |
| | Chad P. Nevola MD |
| | Graham J. Newstead MD |
| | Karen Y. Ng MD |
| | Van T. Nguyen MD |
| | J. Douglas Nisbet MD |
| | Arthur W. Noel MD |

| | |
|--|------------------------------|
| | Richard B. Noto MD |
| | Richard K. Ohnmacht MD |
| | Brian R. Ott MD |
| | Adam D. Pallant MD |
| | Martin R. Papazian MD |
| | John A. Pezzullo MD |
| | Chanika Phornphutkul MD |
| | Marcelle L. Piccoello MD |
| | Caroline J. Plamondon MD |
| | Beth J. Plante MD |
| | Dieter Pohl MD |
| | Lee A. Polikoff MD |
| | Glenn S. Prescod MD |
| | Fortunato Procopio MD |
| | Albert J. Puerini MD |
| | Mohamedyakub A. Puthawala MD |
| | Jose Bernardo Q. Quintos MD |
| | Abrar A. Qureshi MD |
| | Dante A. Ramos MD |
| | Rebecca M. Reece MD |
| | Frances C. Regas MD |
| | Thomas M. Renaud MD |
| | Celia F. Reyes MD |
| | Josiah D. Rich MD, MPH |
| | Mark S. Ridlen MD |
| | Syed A. Rizvi MD |
| | Jeffrey M. Rogg MD |
| | Patricia A. Rompf MD |
| | Roseanne M. Lowe RN, PhD |
| | Mark Rosenberg MD |
| | Albert M. Ross MD |
| | Julie L. Roth MD |
| | Leslie A. Roth MD |
| | Kathleen M. Rotondo MD |
| | Susan A. Rudders MD |
| | Ali Saad MD |
| | George M. Sachs MD |
| | Gregory Sadovnikoff MD |
| | Kenneth H. Salzsieder MD |
| | Richard P. San Antonio MD |
| | Margaret D. Scheffler MD |

| | |
|--|---------------------------|
| | Mark F. Scott MD |
| | Ivona Sediva MD |
| | Robert J. Settipane MD |
| | Timothy D. Shafman MD |
| | Nishit S. Shah MD |
| | Bahram Shah-Hosseini MD |
| | Linda B. Shalon MD |
| | Jason M. Shapiro MD |
| | Katherine M. Sharkey MD |
| | Alexandra Sherman MD |
| | Mark Sigman MD |
| | Brian Silver MD |
| | Jared A. Silverstein MD |
| | Melissa A. Simon MD |
| | Mark S. Siskind MD |
| | Michael A. Smit MD |
| | Linda K. Snelling MD |
| | Barbara L. Soares MD |
| | Patricia M. Solga MD |
| | Bernard P. St. Jean MD |
| | Gregory Steinmetz MD |
| | Michael A. Steller MD |
| | Andrew H. Stephen MD |
| | Edward I. Suh MD, MPH |
| | Patrick K. Sullivan MD |
| | Rachel A. Sullivan MD |
| | Lisa M. Swartz Topor MD |
| | David W. Swenson MD |
| | Charu Taneja MD |
| | John M. Tarro MD |
| | Charlene A. Tate MD |
| | Albert E. Telfeian MD PhD |
| | Christopher M. Tessier MD |
| | Simone Thavaseelan MD |
| | Edward S. Thomas MD |
| | Michael A. Thursby DO |
| | Andrew J. Tompkins MD |
| | Thomas F. Tracy MD |
| | Melissa H. Tukey MD |
| | Glenn A. Tung MD |
| | Allan R. Tunkel MD |

| | |
|--|----------------------------|
| | George A. Turini MD |
| | Tammy L. Van Dine DPM |
| | William F. Varr MD |
| | Nico W. Vehse MD |
| | Sunil P. Verma MD |
| | Marguerite B. Vigliani MD |
| | Colleen C. Vitale MD |
| | Patrick M. Vivier MD, PhD |
| | Thomas Walek MD |
| | Michael T. Wallach MD |
| | Walter F. Roettinger II MD |
| | Lauren S. Ward MD |
| | Nicholas S. Ward MD |
| | Robert C. Ward MD |
| | David E. Wazer MD |
| | Paul Wehbe MD |
| | Arnold-Peter C. Weiss MD |
| | Abby White DO |
| | Doreen Wiggins MD |
| | Hale E. Wills MD |
| | Jeffrey M. Wilson MD |
| | Albert S. Woo MD |
| | Fred M. Wu MD |
| | Pei-Chi Wu MD |
| | Yvette E. Yatchmink MD |
| | Steven H. Young DDS |
| | Richard J. Zienowicz MD |
| | Alison E. Zimon MD |
| | Jeanne E. Ziter MD |

POLITIQUE D'AIDE FINANCIÈRE

Annexe 2

EXIGENCES DU PROGRAMME D'AIDE FINANCIÈRE – NON ASSURÉS

Le cas échéant, la demande d'aide financière à Care New England doit être accompagnée de la documentation suivante.

- 1) Déclaration de revenus avec pièces justificatives pour l'année de dépôt la plus récente.
- 2) Documents relatifs au revenu* (*voir explication détaillée ci-dessous*)
 - a) Fiches de paie récentes (minimum de 4 semaines)
 - b) Lettre d'attestation de pension d'invalidité
 - c) Lettre d'attestation de sécurité sociale (non nécessaire si un dépôt direct et un relevé de banque sont fournis)
 - d) Déclaration de revenus des parents lorsque le demandeur de l'aide financière est étudiant
- 3) Documents relatifs aux actifs** (*voir explication détaillée ci-dessous*)
 - a) Relevés bancaires, y compris compte épargne, compte chèque, relevés de placements, rentes, certificats de dépôt, comptes du marché monétaire, titres boursiers, obligations, pensions et comptes retraite individuels
 - b) Valeur de rachat des contrats d'assurance vie
 - c) Biens personnels (autres que la résidence principale ou un véhicule automobile pour usage personnel)
- 4) Approbation/refus de l'assistance médicale et/ou de HealthSource RI.
- 5) Copie de l'acte de décès (le cas échéant)
- 6) Justificatif du statut d'étudiant (le cas échéant)
- 7) Lettre de soutien (le cas échéant)

*Documents relatifs au revenu : Le revenu regroupe les recettes monétaires annuelles totales réelles ou estimées avant impôts provenant des salaires, des traitements, du revenu de l'activité indépendante, du revenu de la garde d'enfants, du revenu locatif, des indemnités de chômage, de l'assurance invalidité de courte durée, des allocations pour enfants à charge, de la pension alimentaire, des indemnités pour accidents du travail, des prestations d'ancien combattant, des prestations de sécurité sociale, des revenus de dividendes et d'intérêts, des redevances, des pensions privées et publiques et de l'aide publique. Le revenu comprend également les indemnités de grève, les gains de loterie et de jeu nets, et les paiements ponctuels d'assurance ou d'indemnités pour dommages corporels subis dans l'année civile au cours de laquelle l'aide financière est demandée pour les services hospitaliers.

**Documents relatifs aux actifs : Les actifs signifient les liquidités, les équivalents de trésorerie et les autres actifs immobilisés qui peuvent être convertis en liquidités, y compris l'encaisse, les comptes d'épargne, les comptes chèque, les certificats de dépôt (CD), les comptes de marché monétaire, les titres boursiers (ordinaires et privilégiés), les obligations, les fonds communs de placement, les comptes retraite individuels, les plans de retraite 401(k), 403(b) et 457, la valeur de rachat des contrats d'assurance vie, les biens personnels, les véhicules automobiles destinés à un usage non personnel, les résidences secondaires et les biens locatifs. La résidence principale et le véhicule automobile pour usage personnel ne font pas partie des actifs.

APPLICATION FOR HOSPITAL FINANCIAL AID

Any approval of this request is temporary and expires 12 months from date of approval

| | | |
|---|--------------------------------|-------|
| Hospital: <input type="checkbox"/> Butler <input type="checkbox"/> Kent <input type="checkbox"/> Memorial <input type="checkbox"/> Women & Infants | | Date: |
| Patient: | Guarantor/Spouse: | |
| MR#: | MR#: | |
| Date of Birth: | Social Security # (if issued): | |
| Social Security # (if issued): | Home Phone: | |
| Home Phone: | Work Phone: | |
| Work Phone: | Relation to Patient: | |
| Home Address: | Address: | |
| Occupation & Employer: | | |
| Employer Address: | | |
| Language: <input type="checkbox"/> English <input type="checkbox"/> Non-English | | |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> No Ethnicity Identified | | |
| Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander | | |
| <input type="checkbox"/> White <input type="checkbox"/> Other or Multiple Races <input type="checkbox"/> No Race Identified | | |

| Please provide the following information for ALL members of the family unit, EXCEPT the Patient or Guarantor. | | | |
|---|--------------------------------|----------------|------|
| Name & Relationship to Patient: | SS# (if issued): | Date of Birth: | MR#: |
| Employer, Phone & Address: | Home Address: | | |
| Name & Relationship to Patient: | SS# (if issued): | Date of Birth: | MR#: |
| Employer, Phone & Address: | Home Address: | | |
| Name & Relationship to Patient: | SS# (if issued): | Date of Birth: | MR#: |
| Employer, Phone & Address: | Home Address: | | |
| Name & Relationship to Patient: | SS# (if issued): | Date of Birth: | MR#: |
| Employer, Phone & Address: | Home Address: | | |
| MONTHLY INCOME | | ASSETS | |
| Patient's Salary & Wages: | Savings: | | |
| Spouse's Salary & Wages: | Checking: | | |
| Guarantor's Salary & Wages: | Certificates of Deposit (CDs): | | |
| Self-Employment Income: | Money Market Accounts: | | |
| Child Care Income: | Savings Bonds: | | |
| Rental Income: | Stocks: | | |
| Unemployment Compensation: | Bonds: | | |
| Temporary Disability Insurance: | Mutual Funds: | | |
| Child Support: | IRAs: | | |
| Alimony: | 401(k)s: | | |
| Workers' Compensation: | 403(b)s: | | |
| VA Benefits: | 457s: | | |
| Social Security Payments: | Cash-In Value Life Insurance: | | |
| Dividend & Interest Income: | Personal Property: | | |
| Royalties: | 2nd Home & Rental Property: | | |
| Pensions: | 2nd Motor Vehicle: | | |
| Public Assistance: | TOTAL: | | |
| Other: | | | |
| MONTHLY INCOME: | | | |
| ANNUAL INCOME: | | | |

"I request the hospital to make a determination of eligibility for financial aid. I understand that this information is confidential and subject to verification by the hospital. I also understand that if the information I provide is false, I may be denied financial aid and be liable for payment for the hospital services provided. I hereby attest that the information in this application is complete and correct to the best of my knowledge and that I understand the process and my responsibilities."

Patient's Signature: _____ Date: _____

Hospital Representative's Signature: _____ Date: _____

EXIGENCES DU PROGRAMME D'AIDE FINANCIÈRE – SOUS-ASSURÉS

Le cas échéant, la demande d'aide financière à Care New England doit être accompagnée de la documentation suivante.

- 1 Déclaration de revenus avec pièces justificatives pour l'année de dépôt la plus récente.
- 2 Documents relatifs au revenu* (*voir explication détaillée ci-dessous*)
 - a. Fiches de paie récentes (minimum de 4 semaines)
 - b. Lettre d'attestation de pension d'invalidité
 - c. Lettre d'attestation de sécurité sociale (non nécessaire si un dépôt direct et un relevé de banque sont fournis)
 - d. Déclaration de revenus des parents lorsque le demandeur de l'aide financière est étudiant
- 3 Documents relatifs aux actifs** (*voir explication détaillée ci-dessous*)
 - a. Relevés bancaires, y compris compte épargne, compte chèque, relevés de placements, rentes, certificats de dépôt, comptes du marché monétaire, titres boursiers, obligations, pensions et comptes retraite individuels
 - b. Valeur de rachat des contrats d'assurance vie
 - c. Biens personnels (autres que la résidence principale ou un véhicule automobile pour usage personnel)
- 4 Approbation/refus de l'assistance médicale et/ou de HealthSource RI.
- 5 Copie de l'acte de décès (le cas échéant)
- 6 Justificatif du statut d'étudiant (le cas échéant)
- 7 Lettre de soutien (le cas échéant)
- 8 Frais et dettes
- 9 Relevé de location/d'hypothèque le plus récent, impôts fonciers, charges, paiement/crédit-bail automobile, cartes de crédit, prêts à tempérament, assurance automobile/habitation, frais médicaux et autres frais.

*Documents relatifs au revenu : Le revenu regroupe les recettes monétaires annuelles totales réelles ou estimées avant impôts provenant des salaires, des traitements, du revenu de l'activité indépendante, du revenu de la garde d'enfants, du revenu locatif, des indemnités de chômage, de l'assurance invalidité de courte durée, des allocations pour enfants à charge, de la pension alimentaire, des indemnités pour accidents du travail, des prestations d'ancien combattant, des prestations de sécurité sociale, des revenus de dividendes et d'intérêts, des redevances, des pensions privées et publiques et de l'aide publique. Le revenu comprend également les indemnités de grève, les gains de loterie et de jeu nets, et les paiements ponctuels d'assurance ou d'indemnités pour dommages corporels subis dans l'année civile au cours de laquelle l'aide financière est demandée pour les services hospitaliers.

**Documents relatifs aux actifs : Les actifs signifient les liquidités, les équivalents de trésorerie et les autres actifs immobilisés qui peuvent être convertis en liquidités, y compris l'encaisse, les comptes d'épargne, les comptes chèque, les certificats de dépôt (CD), les comptes de marché monétaire, les titres boursiers (ordinaires et privilégiés), les obligations, les fonds communs de placement, les comptes retraite individuels (IRA), les plans de retraite 401(k), 403(b) et 457, la valeur de rachat des contrats d'assurance vie, les biens personnels, les véhicules automobiles destinés à un usage non personnel, les résidences secondaires et les biens locatifs. La résidence principale et le véhicule automobile pour usage personnel ne font pas partie des actifs.

APPLICATION FOR HOSPITAL FINANCIAL AID-*UNDERINSURED*

Any approval of this request is temporary and expires 12 months from date of approval

| | | |
|---|--------------------------------------|-------------|
| Hospital: <input type="checkbox"/> Butler <input type="checkbox"/> Kent <input type="checkbox"/> Memorial <input type="checkbox"/> Women & Infants | | Date: _____ |
| Patient: _____ | Guarantor/Spouse: _____ | |
| MR#: _____ | MR#: _____ | |
| Date of Birth: _____ | Social Security # (if issued): _____ | |
| Social Security # (if issued): _____ | Home Phone: _____ | |
| Home Phone: _____ | Work Phone: _____ | |
| Work Phone: _____ | Relation to Patient: _____ | |
| Home Address: _____ | Address: _____ | |
| Occupation & Employer: _____ | | |
| Employer Address: _____ | | |
| Language: <input type="checkbox"/> English <input type="checkbox"/> Non-English | | |
| Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> No Ethnicity Identified | | |
| Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American | | |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other or Multiple Races <input type="checkbox"/> No Race Identified | | |

Please provide the following information for ALL members of the family unit, EXCEPT the Patient or Guarantor.

| | | | |
|---------------------------------------|------------------------|----------------------|------------|
| Name & Relationship to Patient: _____ | SS# (if issued): _____ | Date of Birth: _____ | MR#: _____ |
| Employer, Phone & Address: _____ | Home Address: _____ | | |
| Name & Relationship to Patient: _____ | SS# (if issued): _____ | Date of Birth: _____ | MR#: _____ |
| Employer, Phone & Address: _____ | Home Address: _____ | | |
| Name & Relationship to Patient: _____ | SS# (if issued): _____ | Date of Birth: _____ | MR#: _____ |
| Employer, Phone & Address: _____ | Home Address: _____ | | |
| Name & Relationship to Patient: _____ | SS# (if issued): _____ | Date of Birth: _____ | MR#: _____ |
| Employer, Phone & Address: _____ | Home Address: _____ | | |

| MONTHLY INCOME | AMT | ASSETS | AMT | MONTHLY EXPENSES/LIABILITIES | AMT |
|--------------------------------|-----|-------------------------------|-----|--|-----|
| Patient's Salary & Wages | | Savings | | Mortgage or Rent Payment | |
| Spouse's Salary & Wages | | Checking | | Current Balance _____ | |
| Guarantor's Salary & Wages | | Certificates of Deposit (CDs) | | Property Taxes if not included in mortgage payment | |
| Self-Employment Income | | Money Market Accounts | | Utilities: Gas/Electric/Oil _____ | |
| Child Care Income | | Savings Bonds | | Cable/Internet _____ | |
| Rental Income | | Stocks | | Phone _____ | |
| Unemployment Compensation | | Bonds | | Auto Payments or Lease Payments | |
| Temporary Disability Insurance | | Mutual Funds | | Current Balance _____ | |
| Child Support | | IRAs | | Credit Card Payments | |
| Alimony | | 401(k)s | | Current Balance _____ | |
| VA Benefits | | 403(b)s | | Installment Loans | |
| Social Security Payments | | 457s | | Current Balance _____ | |
| Dividend & Interest Income | | Cash-In Value Life Insurance | | Auto Insurance | |
| Royalties | | Personal Property | | Homeowners Insurance | |
| Pensions | | 2nd Home & Rental Property | | Medical Expenses | |
| Public Assistance | | Additional Motor Vehicles | | Groceries | |
| Other | | | | Other Expenses | |
| MONTHLY INCOME: | | | | | |
| ANNUAL INCOME: | | TOTAL: | | TOTAL: | |

"I request the hospital to make a determination of eligibility for financial aid. I understand that this information is confidential and subject to verification by the hospital. I also understand that if the information I provide is false, I may be denied financial aid and be liable for payment for the hospital services provided. I hereby attest that the information in this application is complete and correct to the best of my knowledge and that I understand the process and my responsibilities."

Patient's Signature: _____ Date: _____

Hospital Representative's Signature: _____ Date: _____

POLITIQUE D'AIDE FINANCIÈRE

Annexe 3 :

Barème dégressif

PROGRAMME D'AIDE FINANCIÈRE DE CNE SEUILS D'ADMISSIBILITÉ FINANCIÈRE 2017

Entrée en vigueur le 1.3.2017

| Pourcentage du niveau de pauvreté : | | 200 % | 210 % | 220 % | 230 % | 240 % | 250 % | 260 % | 270 % | 280 % | 290 % | 300 % | |
|-------------------------------------|---|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|--|
| Taille de la famille | FPG (Directives fédérales sur la pauvreté) | | | | | | | | | | | | |
| Quote-part du patient 2017 | | 0 % | 20 % | 40 % | 60 % | 80 % | 90 % | 90 % | 90 % | 95 % | 95 % | 95 % | |
| 1 | 12,060 | 24,120 | 25,326 | 26,532 | 27,738 | 28,944 | 30,150 | 31,356 | 32,562 | 33,768 | 34,974 | 36,180 | |
| Quote-part annuelle maximum | | | 2,533 | 2,653 | 2,774 | 2,894 | 3,015 | 3,136 | 3,256 | 3,377 | 3,497 | 3,618 | |
| 2 | 16,240 | 32,480 | 34,104 | 35,728 | 37,352 | 38,976 | 40,600 | 42,224 | 43,848 | 45,472 | 47,096 | 48,720 | |
| Quote-part annuelle maximum | | | 3,410 | 3,573 | 3,735 | 3,898 | 4,060 | 4,222 | 4,385 | 4,547 | 4,710 | 4,872 | |
| 3 | 20,420 | 40,840 | 42,882 | 44,924 | 46,966 | 49,008 | 51,050 | 53,092 | 55,134 | 57,176 | 59,218 | 61,260 | |
| Quote-part annuelle maximum | | | 4,288 | 4,492 | 4,697 | 4,901 | 5,105 | 5,309 | 5,513 | 5,718 | 5,922 | 6,126 | |
| 4 | 24,600 | 49,200 | 51,660 | 54,120 | 56,580 | 59,040 | 61,500 | 63,960 | 66,420 | 68,880 | 71,340 | 73,800 | |
| Quote-part annuelle maximum | | | 5,166 | 5,412 | 5,658 | 5,904 | 6,150 | 6,396 | 6,642 | 6,888 | 7,134 | 7,380 | |
| 5 | 28,780 | 57,560 | 60,438 | 63,316 | 66,194 | 69,072 | 71,950 | 74,828 | 77,706 | 80,584 | 83,462 | 86,340 | |
| Quote-part annuelle maximum | | | 6,044 | 6,332 | 6,619 | 6,907 | 7,195 | 7,483 | 7,771 | 8,058 | 8,346 | 8,634 | |
| 6 | 32,960 | 65,920 | 69,216 | 72,512 | 75,808 | 79,104 | 82,400 | 85,696 | 88,992 | 92,288 | 95,584 | 98,880 | |
| Quote-part annuelle maximum | | | 6,922 | 7,251 | 7,581 | 7,910 | 8,240 | 8,570 | 8,899 | 9,229 | 9,558 | 9,888 | |
| 7 | 37,140 | 74,280 | 77,994 | 81,708 | 85,422 | 89,136 | 92,850 | 96,564 | 100,278 | 103,992 | 107,706 | 111,420 | |
| Quote-part annuelle maximum | | | 7,799 | 8,171 | 8,542 | 8,914 | 9,285 | 9,656 | 10,028 | 10,399 | 10,771 | 11,142 | |
| 8 | 41,320 | 82,640 | 86,772 | 90,904 | 95,036 | 99,168 | 103,300 | 107,432 | 111,564 | 115,696 | 119,828 | 123,960 | |
| Quote-part annuelle maximum | | | 8,677 | 9,090 | 9,504 | 9,917 | 10,330 | 10,743 | 11,156 | 11,570 | 11,983 | 12,396 | |

Les patients devront payer le montant le moins élevé entre la quote-part annuelle maximum et le Montant généralement facturé.

POLITIQUE D'AIDE FINANCIÈRE

Annexe 4

Montant généralement facturé (Amount Generally Billed, AGB)

Conformément à l'alinéa 501(r) (5) de l'IRC (Internal Revenue Code, Code des impôts américain), CNE utilise la méthode d'analyse rétrospective (Look-Back Method) pour calculer le pourcentage du Montant généralement facturé. Le pourcentage du Montant généralement facturé est calculé chaque année et est établi à partir de toutes les demandes de remboursement acceptées par le programme Medicare Fee-for-Service (Rémunération à l'acte) et toutes les assurances maladie privées sur une période de 12 mois, divisés par les frais bruts correspondant à ces demandes de remboursement. Le pourcentage du Montant généralement facturé déterminé est appliqué aux frais bruts afin de déterminer le Montant généralement facturé.

Toute personne reconnue comme étant admissible pour une aide financière en vertu de la présente Politique d'aide financière ne sera pas facturée un montant supérieur au Montant généralement facturé pour tout service d'urgence ou autre service de soins médicaux nécessaires. Toute personne ayant droit à la Politique d'aide financière devra toujours payer le montant inférieur entre le Montant généralement facturé ou toute remise disponible dans le cadre de la présente Politique.

Entrée en vigueur le 1^{er} octobre 2016

| | |
|-----------------------------------|------|
| Butler Hospital | 47 % |
| Memorial Hospital of Rhode Island | 34 % |
| Kent County Memorial Hospital | 32 % |
| Women and Infants Hospital | 40 % |