

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 1 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

Purpose:

Ozark Health, Inc. is a non-profit, tax-exempt organization dedicated to meeting the healthcare needs of our community. Consistent with our purpose to deliver compassionate, high quality, affordable health care services and to advocate for those who are less fortunate, Ozark Health, Inc. strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with procedures for obtaining financial assistance, and contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to healthcare services, for their overall personal health, and for the protection of their individual assets.

In order to assist Ozark Health, Inc. in managing their resources responsibly, to provide the appropriate level of assistance to the greatest number of persons in need, and to comply with provisions enacted in the Patient Protection and Affordable Care Act (PPACA), Ozark Health, Inc. has established the following policy to be used for determining financial assistance discounts.

POLICY:

Ozark Health, Inc. is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Ozark Health, Inc. will provide, without discrimination, care of emergency medical conditions to individuals, regardless of their eligibility for financial assistance or for government assistance.

The determination of a patient's financial responsibility will be made according to a patient's ability to pay, as indicated by the eligibility criteria established within the procedural guidelines of this policy.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance – free and discounted (partial assistance) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Ozark Health, Inc income-based Financial Assistance Application

Financial Assistance resources are limited, so it is necessary to establish limits and guidelines. These limits are not designed to turn away or discourage those in need from seeking treatment. They are in place to assure that the resources Ozark Health, Inc. can afford to devote to its patients are focused on those who are most in need and least able to pay, rather than those who choose not to pay. Financial assessments and the review of patients' financial information are intended for the purpose of assessing need, as well as gaining a holistic view of the patients' circumstances. Ozark Health, Inc. is committed to the following:

- Communicating with patients so they can more fully and freely participate in providing the needed information without fear of losing basic assets and income
- Assessing the patients' capacity to pay and establishing payment arrangements that do not jeopardize the patients' health and basic living arrangements or undermine their capacity for self-sufficiency

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 2 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

- Upholding and honoring patients' rights to appeal decisions and seek reconsideration, and to have a self-selected advocate to assist the patient throughout the process
- Providing options for payment arrangements without requiring that the patient select higher cost options for repayment

Definitions

For the purpose of this policy, the terms below are defined as follows:

Bad Debt Expense: Uncollectible accounts receivable that were initially expected to result in cash received (i.e. the patient did not meet Ozark Health, Inc.'s Financial Assistance eligibility criteria). They are charges resulting from services provided to a patient and/or guarantor who, having the requisite financial resources to pay for health care services, has demonstrated by his/her actions an unwillingness to comply with the contractual arrangements to resolve a bill or satisfy their outstanding obligations.

Catastrophic Financial Assistance: Assistance available to all uninsured patients who have a balance owed for medical care who do not qualify for the Financial Assistance program but have an extraordinary balance owed; a debt that is catastrophic to the family income base. Determination is made by Ozark Health Inc.'s Financial Services Director on a case-by-case basis.

Financial Assistance: Financial Assistance is care that represents the uncompensated cost to a hospital of providing funding or otherwise financially supporting healthcare services on an inpatient or outpatient basis to a person classified as uninsured or otherwise financially indigent. Financial Assistance services are those that may not initially have been expected to result in cash received. Financial assistance results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

Contractual Allowance: The difference between the level of payment established under a contractual agreement and the patient's billable charges.

Current Medical Debt: Self-pay portion of current inpatient and outpatient account(s). Depending on circumstances, accounts related to the same episode of illness may be combined for evaluation. Internal and external collection agency accounts are considered as part of the current medical debt.

Elective Care: The patient's condition permits time for medical services to be scheduled.

Emergency medical conditions: The patient requires immediate medical intervention due to a severe, life-threatening, or potentially disabling condition.

Episode of Illness: Medical encounters/admissions for treatments of a condition, disease, or illness in the same diagnosis-related group (DRG), or closely related DRG occurring within a 120-day period.

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 3 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

Family/Household: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purpose of the provision of financial assistance.

Family Income: Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources:
- Non-cash benefits (such as food stamps and housing subsidies) do not count;
- Determined on or before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Payment Plan: When the patient is unable to pay his or her portion of healthcare costs all at one time, Ozark Health, Inc. will arrange to accept the amount due in regular installments over a defined period of time. Payment plans are expected to be resolved within one year. Payment plans extending beyond six months will be classified as in-house bad debt expenses.

Projected Medical Expenses: A patient's significant, ongoing, annual medical expenses, which are reasonably estimated to remain as non-covered by insurance carriers (e.g., drugs, co-payments, co-insurance, and deductibles).

Sliding Scale: An income-based scale that is adjusted to reflect the patient's ability to pay based on the income level of the household. Exhibit A reflects household income levels indexed according to the Federal Poverty Level.

Supporting Documentation: Pay stubs, 1099s, worker's compensation documentation, social security letters, disability award letters, bank statements, brokerage statements, tax returns, life insurance policies, real estate assessments, credit bureau reports, and other documentation typically utilized to establish income levels and financial assistance.

Take Home Pay: Patient's and/or responsible party's wages, salaries, tips, interest dividends, corporate distributions, net rental income before depreciation, retirement/pension income, social security benefits, and other income as defined by the Internal Revenue Service after taxes and other deductions.

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 4 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Uninsured Allowance: Uninsured patients shall receive a 48 % discount according to exhibit B. This discount is determined by taking claims paid by Medicare and selected Private Insurers, and calculating the average discount given to those payers. The discount percentage will be updated annually and distributed by Financial Services to all departments.

Urgent Care: The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation.

PROCEDURE:

I. Identification of Potentially Eligible Patients:

1. An evaluation for Financial Assistance can be initiated in a number of ways, including the following:
 - a. A patient with a self-pay balance due notifies an Ozark Health, Inc. revenue cycle representative that he/she cannot afford to pay the bill and requests assistance.
 - b. A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with the current or previous medical services.
 - c. A physician or other clinician refers a patient for a financial assistance evaluation before a potential admission.
2. When possible, prior to the admission or registration of the patient, Ozark Health, Inc. will conduct a pre-admission/pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission or pre-registration interview is not possible, this interview should be conducted upon admission or registration, or as soon as possible thereafter. In the case of an emergency, Ozark Health, Inc.'s evaluation of payment alternatives should not take place until the required medical care has been provided. At the time of the initial patient interview, the following should be gathered:
 - a. Routine and comprehensive demographic and financial data.
 - b. Complete information regarding all existing third party coverage.
3. Identification of potentially eligible patients can take place at any time during the rendering of services or during the collection process (including bad debt collection).
4. Those patients who may qualify for financial assistance from a governmental program should be referred to the appropriate program, such as Medicaid, prior to consideration for financial assistance.

II. Determination of Eligibility:

1. All patients identified as potential financial assistance recipients should be offered the opportunity to apply for financial assistance. If this evaluation is not conducted until after the patient leaves the facility, or in the case of outpatients or emergency patients, a Financial Counselor will mail a financial assistance application to the patient for completion upon request. Statement notices will include contact information for the Financial Counselor. When no representative of the patient is available, the facility should take the required action to have a legal guardian/trustee appointed or to act on behalf of the patient in this regard.

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 5 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

2. Requests for financial assistance may be received from:
 - a. The patient or guarantor
 - b. Physicians or other caregivers
 - c. Ozark Health, Inc. Administration
3. Other approved programs that provide for primary care of indigent patients.
4. The patient should receive and complete a written application (Exhibit C) and provide all supporting data required to verify eligibility.
5. In the evaluation of an application for financial assistance, a patient's family income and medical expenses will be the determining factors for eligibility. Ozark Health, Inc. uses a 3rd party vendor's information to determine an applicant's capacity to pay.
6. Patients without insurance may be subjected to automatic approval of financial assistance using a 3rd party vendor.

III. Screening Process:

1. It begins upon the completion of the Financial Assistance Application.
2. The application should be completed by either the patient, a family member of the patient, or the Financial Counselor.

IV. Financial Assistance:

1. It will be granted, based on household income schedule associated with the sliding scale income table.

V. Family Assets:

1. They shall be considered when evaluating the applicant's level of medical indigence.
2. In doing so, patients qualifying for charity based on balances greater than \$10,000 will be approved as follows:
 - a. Authority limit and Responsibility Party
 - Financial Counselor < \$10,000
 - Revenue Cycle Director \$10,000 - \$30,000
 - CFO or CEO > \$30,000
 - b. Upon the patient's completion of the application and submission of appropriate documentation, the Financial Counselor, Revenue Cycle Director, or CFO will complete the Ozark Health, Inc. portion of the Financial Assistance Application. The information shall be forwarded for determination, as required. Financial Assistance approvals will be made in accordance with the guidelines, and documented on the form used to complete the application.
 - c. Accounts for which the Financial Counselor, or Patient Revenue Cycle Director, identified special circumstances that affected the patient's eligibility for financial assistance will be referred to the Ozark Health, Inc. CEO for final determination.
 - d. Accounts that do not clearly meet the criteria will be reviewed by the Financial Counselor. The decisions and rationale for those decisions will be documented and maintained in the account file, and notification will be sent to the patient in a timely manner.
 - e. A scanned electronic record shall be maintained, reflecting authorization of financial assistance. These documents shall be kept for 7 years.
 - f. If, due to special circumstances, a patient refuses to cooperate, or if an incomplete application is submitted, the Financial Counselor will provide written notice to the patient explaining what is needed for completion, send a plain language summary of the financial assistance policy, and provide written notice to the patient of the collection actions that could occur if the application is not completed.

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 6 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

VI. Financial Assistance and/or Charity are based on the following:

1. State and county residence
2. Individual or family income
3. Individual or family net worth
4. Employment status and earning capacity
5. Family size
6. Amount and frequency of bills for healthcare services
7. Other sources of payment for the services rendered
8. Other financial obligations

VII. Financial Assistance Applications:

1. They will be completed within the fiscal year of the date of treatment, whenever possible.
2. Charges incurred within six months of a financial assistance application may be considered for write-off.
3. Balances incurred before application date may be reviewed by request on a case-by-case basis.

VIII. Collection Efforts:

1. Including those by internal or external collection agencies, are to be considered part of the information collection process and can appropriately result in identification of eligibility for financial assistance.
2. In the event a patient does not qualify for financial assistance, and fails to make payments or arrangement for payments within 120 days of notification that the patient did not qualify, Ozark Health, Inc. will utilize the services of external collection agencies to help collect the patient's debt to the hospital.

IX. Patient Co-payments:

1. Qualified Patients/Guarantors may be eligible for financial assistance write-off.
2. Applies if eligibility requirements are met.

X. Charges for non-covered services:

1. Charges that are remaining after third-party payments may be eligible for financial assistance write-off.
2. Eligibility requirements must be met.

XI. Determination of Eligibility for Financial Assistance

1. Once this occurs, Ozark Health, Inc. will discontinue billing or collection efforts on the account and adjust the patient receivable by writing off the account as Financial Assistance.
2. Appropriate adjustment code must be used, 99013 is used for inpatient and 99014 is used for outpatient.

XII. Patients may qualify for financial assistance as medically indigent:

1. Medical indigence is established when a patient has catastrophic medical expenses but does not qualify for Medical Assistance through the guidelines of Exhibit A.
2. In such cases, an application for assistance may be completed and considered. Determination is made on a case-by-case basis.

XIII. After qualifying for financial assistance:

1. The patient's account will be documented to reflect that financial assistance approval was granted.

XIV. Notification of Eligibility Determination:

1. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial (if appropriate), will be provided, generally within 45 days of the Financial Counselor's decision after reviewing a completed application. Patients will be notified in the

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 7 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

denial letter that they may appeal this decision and will be provided contact information to do so. If a patient is determined to be eligible, Ozark Health, Inc. will provide a billing statement that indicates the amount owed that is eligible for financial assistance.

2. If a patient disagrees with the decision, the patient may request an appeal process in writing within 45 days of the denial. The Financial Counselor will again review the application, and escalate it to the Director for a determination. Decisions reached will normally be communicated to the patient within 45 days, and will reflect the final and executive decision.
3. If the patient complies with a payment plan to which Ozark Health, Inc. has agreed, the facility shall not otherwise pursue collection action against the patient, unless there is a default on the regularly scheduled payment. However, if a patient misses one monthly scheduled payment, the account may be referred to the external Billing Agency for further collection processes.
4. If the patient has a change in financial status, the patient should promptly notify the facility's Patient Financial Counselor. The patient may request and apply for financial assistance or a change in their payment plan terms.

XV. Availability of policy:

1. Ozark Health, Inc. will provide any member of the public or state governmental entity a copy of its financial assistance policy, upon request. The policy will also be available on the hospital website, at all points of registration within the facility, and will be provided by mail to anyone requesting it at no charge.

XVI. Application forms:

1. Ozark Health, Inc. will make the financial assistance application form available on the hospital website, at all points of registration within the facility, and via mail to anyone requesting it at no charge.
2. This will determine a patient's eligibility for financial assistance.

XVII. Monitoring and Reporting:

1. Ozark Health, Inc. will maintain a computerized log of approved Financial Assistance accounts, reflecting the appropriate information to claim the adjustment of charity. A financial assistance log from which periodic reports can be developed shall be maintained, aside from any other required financial statements. Financial assistance logs will be maintained for seven years. At a minimum, the financial assistance logs are to include:
 - a. Account number
 - b. Date of service
 - c. Application mailed (y/n)
 - d. Total charges
 - e. Self-pay balances
 - f. Amount of financial assistance approved
 - g. Date financial assistance approved
2. The cost of financial assistance will be reported annually in the Community Benefit Report. Financial Assistance will be reported as the cost of care provided (not the charges for that care) using the most recently available operating cost and associated cost-to-charge ratio.

XVIII. Presumptive Financial Assistance Guidelines and Eligibility Criteria:

1. In the following situation, a patient is deemed to be eligible for 100% reduction from charges (i.e. full write-offs):
 - a. If a patient is currently eligible for Medicaid, in state or out of state, but was not eligible on a prior date of service. Instead of making the patient duplicate the required paperwork, the facility will rely on the financial assistance determination process from Medicaid up to 12 months prior to the eligibility date.

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 8 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

- b. If a patient states that he or she is homeless and the facility, through its own due diligence, does not find any evidence to the contrary. The due diligence efforts are to be documented.
- c. If a patient dies without an estate.
- d. If a patient is mentally or physically incapacitated and has no one to act on his/her behalf.
- e. If patient is dual eligible for Medicare and Medicaid they may be eligible on the oral medication that are not covered.
- f. If a patient is an inmate from the county jail and all other resources have been exhausted, then they may be eligible for financial assistance.

XIX. Payment Plans

1. Ozark Health, Inc. may provide care for a patient whose financial status makes it impractical or impossible to pay the patient portion balance in a single lump sum payment. In such circumstances, establishment of payment arrangements is consistent with, and essential to, the execution of our mission, vision, and values.
2. To assist the patient in meeting his/her financial responsibilities, Ozark Health, Inc. allows patients to make payment arrangements when payment in full is not possible. Ozark Health, Inc. will provide long and/or short-term payment plans, based on patient/guarantor needs and financial situations. Ozark Health, Inc. registration representatives will inform eligible patients/guarantors of the Ozark Health, Inc. payment plan option if a patient is unable to pay his/her self-pay amount in full.
3. Insured patients will not be referred to a collection agency unless first offered the opportunity to request a reasonable payment plan for the amount owed. Uninsured patients must be given the opportunity to assess the accuracy of their bill, apply for financial assistance, and avail themselves of a reasonable payment plan prior to the pursuit of collection agency activity.
4. If the patient cannot meet the requirements of the payment arrangement program, the patient should be evaluated for financial assistance.
5. Payment plans on partial financial assistance accounts need to be individually developed with the patient.

XX. In administering this policy, Ozark Health, Inc. will:

1. Ensure the dignity of the patient/guarantor
2. Encourage upfront financial counseling
3. Be patient-centric and patient-friendly
4. Serve the healthcare needs of everyone, regardless of ability to pay
5. Communicate collection procedures

XXI. Exclusions: Medical expenses excluded from uninsured discounts:

1. Individuals eligible for administrative discounts
2. Elective cosmetic surgery services or other elective non-covered services for which a price has been negotiated
3. Accounts for which any third parties may be liable for services
4. Non-emergent care in the Emergency Room
5. Cosmetic procedures
6. Services contracted by Ozark Health, Inc.
7. Patient balances resulting from the services of a 3rd party provider such as Radiology Associates, Quest Laboratories or Lab Corp are not considered for financial assistance.

XXII. Uninsured Allowance:

1. Exhibit B demonstrates a 48% uninsured allowance that will be available to all patients without insurance.

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 9 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

2. This discount is determined by taking 12 months' claims paid by Medicare and selected Private Insurers, and calculating the average discount given to those payers.
- XXIII.** The allowance percentage will be reviewed annually.
- XXIV. Prompt Pay Discounts:**
1. A 10% discount will be offered when a patient's estimated balance is paid in full at time of service.
- XXV. Other Discount:**
1. Upon request, a patient may be granted an additional 10% discount on all outstanding balances paid in full.

Table A

| Persons in Family Unit | Federal Poverty Guidelines | 225% of Federal Poverty Guidelines | 250% of Federal Poverty Guidelines | 275% of Federal Poverty Guidelines | 300% of Federal Poverty Guidelines | 325% of Federal Poverty Guidelines | 350% of Federal Poverty Guidelines |
|--------------------------------|----------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 1 | \$12,880 | \$28,980 | \$32,200 | \$35,420 | \$38,640 | \$41,860 | \$45,080 |
| 2 | \$17,420 | \$39,195 | \$43,550 | \$47,905 | \$52,260 | \$56,615 | \$60,970 |
| 3 | \$21,960 | \$49,410 | \$54,900 | \$60,390 | \$65,880 | \$71,370 | \$76,860 |
| 4 | \$26,500 | \$59,625 | \$66,250 | \$72,875 | \$79,500 | \$86,125 | \$92,750 |
| 5 | \$31,040 | \$69,840 | \$77,600 | \$85,360 | \$93,120 | \$100,880 | \$108,640 |
| 6 | \$35,580 | \$80,055 | \$88,950 | \$97,845 | \$106,740 | \$115,635 | \$124,530 |
| 7 | \$40,120 | \$90,270 | \$100,300 | \$110,330 | \$120,360 | \$130,390 | \$140,420 |
| 8 | \$44,660 | \$100,485 | \$111,650 | \$122,815 | \$133,980 | \$145,145 | \$156,310 |
| For each additional person add | \$4,540 | \$10,215 | \$11,350 | \$12,485 | \$13,620 | \$14,755 | \$15,890 |
| Allowance to Give | | 100% | 80% | 60% | 40% | 20% | 0% |

Exhibit B

A person without healthcare insurance, who does not qualify for financial assistance, shall receive an uninsured patient discount.

Uninsured patients will receive a general discount as noted below at the time of billing.

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 10 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

The amount of the general discount is:

| | |
|-----------------|------------------|
| Effective Date: | Gen Discount Amt |
| June 2021 | 48% |

Exhibit C

Ozark Health, Inc. Financial Assistance Form

Ozark Health, Inc. offers a financial assistance program for patients not eligible for other Assistance programs. If it is determined that eligibility exists for other programs, those applications must be completed before an Ozark Health, Inc. financial assistance discount can be approved. Services that are emergent or urgent are eligible for financial assistance. Services not covered under our financial assistance program include cosmetic services, and non-emergent Emergency Room visits. Services such as MRI's, surgical procedures, wound care, and therapy services will require prior approval for financial assistance. If you have questions or need help completing this application, please call the financial counselor at 501-745-9521. Please return the form and the required information to Ozark Health, Inc., PO Box 206, Clinton, AR 72031.

All information must be filled in completely.

1. Attach copies of income: pay stubs, social security checks, pension funds, support payments, previous year's federal tax return, etc.
2. Individuals under the age of 19 and over the age of 64 must apply for Medicaid and provide Ozark Health, Inc. with a copy of the approval or denial.
3. Individuals who have been approved for disability, but are not eligible for Medicare benefits, at this time, will need to apply for Medicaid and provide Ozark Health, Inc. with a copy of approval or denial.
4. Financial Assistance approvals will only be valid for 6 months at a time. Any services after the 6 month period has expired will need reconsideration.
5. Financial Assistance will only cover services performed and billed by Ozark Health, Inc..

ALL APPLICATIONS MUST INCLUDE PROOF OF INCOME PRIOR TO PROCESSING, WITHOUT DOCUMENTATION ASSISTANCE CAN NOT BE CONSIDERED.

| |
|--|
| Patient/Guarantor Name (Responsible Party) |
|--|

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 11 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

| |
|--|
| Mailing Address |
| City, State, Zip |
| Home Phone Number/Contact Phone Number |

HOUSEHOLD MEMBERS (list persons living in household, include yourself.)

| Name | SSN | Employer | Work phone | Age | Date of Birth | Relationship |
|------|-----|----------|------------|-----|---------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

HOUSEHOLD INCOME (list persons living in household, include yourself.)

| | Head of Household | Other Wage Earner | Other Wage Earner |
|---|-------------------|-------------------|-------------------|
| Total Income for Past Three Months (Proof of Income Required) | | | |
| Total Gross Pay | | | |
| Tips | | | |
| Farming or Self-employment (tax forms required) | | | |
| Social Security, SSI or other disability | | | |
| VA, retirement, unemployment & Worker's Comp | | | |
| Income from dividends, interest, rent, etc. | | | |
| Public Assistance | | | |
| Monthly child support or spousal support received | | | |
| Number of months worked during period reported | | | |

INCOME FROM LAST YEAR'S TAX RETURN (TAX RETURN REQUIRED)

| | YES | NO | YES | NO | YES | NO |
|--|-----|----|-----|----|-----|----|
| Did you file taxes for last year? | | | | | | |
| Adjusted Gross income from Total Income line on tax return | | | | | | |
| Number of months worked during last tax year | | | | | | |
| Number of months worked during current tax year | | | | | | |
| If self-employed, depreciation claimed on tax return | | | | | | |

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 12 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

Please record all income and resources in the space provided below and at right, Income and resource verification is required for all discounts. Tax forms, pay stubs, employee earning statements from employers, SSA statements, business account records, etc. may be submitted as verification of earnings. Statements for the past three months for all resources listed are required.

HOUSEHOLD RESOURCES (Verification required: Average beginning balance for past three months.)

| Type | Owner(s) | Average Beginning Balance for past three months |
|---|----------|---|
| Savings | | |
| Checking Account | | |
| Christmas Club or Credit Union | | |
| Cash on Hand | | |
| Stocks, bonds & other investment accounts | | |

1. Do you own your home or rent? _____

Landlord _____

2. Have you applied for Healthcare coverage (Insurance Exchange, Medicaid, or ARKids)?

3. If no, please give explanation:

4. What steps are you taking to improve your current financial situation?

I affirm that the information is true and correct to the best of my knowledge. I have not made any false statements, errors or omissions. If any information I have given proves to be untrue, I understand that this constitutes fraud and that Ozark Health, Inc. will seek legal action as deemed necessary.

____By initialing and signature below, I agree that my application will not be given consideration until all necessary documentation has been submitted.

Signature: _____ Date _____

Ozark Health, Inc. is under no legal obligation to provide financial assistance. It does so in order to help members of the community who are actively trying to help themselves.

Recommended by (Hospital Employee) Date
Date

Approved by (Hospital Employee)

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 13 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Overview

Ozark Health, Inc.'s Financial Assistance Policy exists to provide partially or fully discounted emergent or medically-necessary hospital care to eligible patients. This is a summary of Ozark Health, Inc.'s Financial Assistance Policy (FAP).

Availability of Financial Assistance

Patients will be considered for full or partial charity based on their ability to pay and the Federal Poverty Guideline issued and updated annually. The FAP only applies to services billed by Ozark Health, Inc. Other services which are separately billed by other providers, such as physicians, are not eligible under FAP.

Eligibility Requirements

Financial assistance is determined by household income compared to the Federal Poverty Guideline (FPG). Uninsured patients will be given an automatic discount equal to 48% applied to hospital charges. No person eligible for financial assistance under the FAP will be charged more for medically necessary care than amounts generally billed (AGB) to individuals who have insurance covering such care. If an individual has sufficient coverage or assets available to pay for care, he/she may be deemed ineligible for financial assistance.

Please refer to the full financial assistance policy for details.

Where to Obtain Information

There are numerous ways individuals may obtain information about the FAP application process or obtain copies of the FAP or FAP application form:

- Download the information online at www.ozarkhealth.net
- Request the information by telephone by calling Ozark Health, Inc.'s Financial Counselor at (501) 745-9521.
- Visit the Admissions Office located at the main entrance of Ozark Health, Inc. Monday thru Friday 07:00 a.m. to 4:00 p.m.

Providers

Ozark Health, Inc. has providers, other than the hospital facility itself, that deliver emergency or medically necessary care at Ozark Health, Inc. The listing below specifies which providers **are not** covered by Ozark Health, Inc.'s Financial Assistance Plan.

Providers Not covered under Ozark Health Inc.'s Financial Assistance Policy including but not limited to:

- All DME Vendors
- All medical transport services
- All pharmaceutical companies

| | |
|--------------------------------------|--|
| SUBJECT: Financial Assistance Policy | REFERENCE # |
| | PAGE: 14 OF: 14 |
| DEPARTMENT: Facility Wide | EFFECTIVE: 01/01/04 |
| APPROVED BY: | REVISED: 07/01/13, 3/01/2015, 11/2016, 11/14/17, 2018, 2020, 2021 |
| | |

- Arkansas Cardiology
- Carti
- Conway Regional
- LabCorp
- Radiology Associates
- RestorixHealth (wound care services)
- SMS
- **Ozark Health Specialty Clinic:**
 - Arkansas Eye Care Group
 - Arkansas Otolaryngology Center
 - Arkansas Urology
 - Conway Orthopedic & Sports Medicine
 - Conway Women's Health Center
 - Dermatology Group of Arkansas
 - Nephrology Associates
 - Ortho Arkansas
 - Ozark Medical & Pediatric Clinic – Family Medicine
 - St. Vincent Heart Clinic Arkansas
 - Surgical Clinic of Central Arkansas