
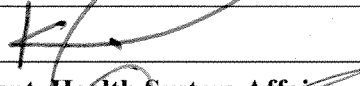
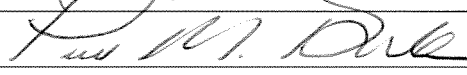
	(LMC) Patient Financial Assistance Policy 03-200-101	Type:	Tier 3
		Original Effective Date:	7/1/13
		Current (Revised) Date:	3/2/16
		Contact:	Corporate Revenue Cycle
Approval Signature:		Date Approved:	MAR 29 2016
Title: Executive Vice President and Chief Financial Officer			
Approval Signature:			
Title: Executive Vice President, Health System Affairs			
Approval Signature:			
Title: Vice President, Corporate Revenue Cycle			

General Policy Statement:

- a) Wake Forest Baptist Medical Center (WFBMC) carefully evaluates the patient's medical needs and the family's financial status and without regard to race, ethnicity, citizenship, religion, gender, sexual preference, age or disability attempts to be as generous and responsible as possible to all patients requesting or requiring services.
- b) It is the policy of WFBMC to:
 - i) Have a patient Financial Assistance Policy (FAP) that applies to financial assistance eligible patients receiving emergency and medically necessary care provided by WFBMC.
 - ii) Appropriately manage patient expectations regarding financial responsibility for non-emergent services and ensure that such patients have obtained financial clearance prior to receiving such services.
 - iii) Delay and reschedule services for non-emergent patients until financial clearance is obtained
- c) Scope:
 - i) This policy applies to (1) Wake Forest University Baptist Medical Center and its wholly-owned subsidiaries and affiliates (each, an "Affiliate"); (2) any other entity or organization in which Wake Forest Baptist Medical Center owns a direct or indirect equity interest greater than 50%; (3) any hospital or healthcare facility in which Wake Forest Baptist Medical Center or an Affiliate either manages or controls the day-to-day operations of the facility (each, a "WFBMC Facility") (collectively, "WFBMC"); (4) substantially-related entities; and (5) non-hospital providers listed on Addendum E.
 - ii) Affiliates:
 - (1) North Carolina Baptist Hospital
 - (2) Lexington Medical Center
 - (3) Davie County Emergency Health Corporation (DBA) Davie Medical Center
 - (4) Wake Forest University Baptist Medical Center Community Physicians

- d) WFBMC's Patient Financial Assistance Policy consists of the following components:
 - i) Financial Assistance Oversight Committee
 - ii) Program Budget Process
 - iii) Eligibility Criteria
 - iv) Method for Applying for Financial Assistance
 - v) Basis for Calculating Amounts Charged to Patients
 - vi) Financial Assistance Discounts
 - vii) Policy Publication Measures to Make Widely Available

- e) Responsible Department/Party/Parties:
 - i) Policy Owner: CFO, EVP Health System Affairs, and VP-Corporate Revenue Cycle
 - ii) Procedure: Corporate Revenue Cycle, Clinical Operations
 - iii) Supervision: Corporate Revenue Cycle
 - iv) Implementation: Corporate Revenue Cycle, Clinical Operations
 - v) Departments Affected: Corporate Revenue Cycle, Clinical Operations, Managed Care

2) Definitions: For purposes of this Policy, the following terms and definitions apply:

- a) **AGB Percentage:** A percentage of gross charges that a hospital facility uses under 26 C.F.R. §1.501(r)-5(b)(3) to determine the AGB for any emergency and other medically necessary care it provides to a FAP-eligible individual.

- b) **All-Hospital Plain Language Summary:** A written statement that notifies an individual that WFBMC offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such statement under the FAP for all WFBMC facilities. See Appendix A

- c) **Amounts Generally Billed (AGB):** Amounts generally billed for emergency and other medically necessary care to individuals who have insurance covering such care determined in accordance with 26 C.F.R. §1.501(r)-5(b).

- d) **Application Period:** The period during which WFBMC must accept and process an application for financial assistance under the FAP. The Application Period begins on the date the care is provided and ends on the 240th day after the WFBMC provides the first post-discharge billing statement for the care.

- e) **Charge Description Master (CDM):** a list of services/procedures, room accommodations, supplies, drugs/biologics, and/or radiopharmaceuticals that may be billed to a patient registered as an inpatient or outpatient on a claim.

- f) **Charity Care:** Services provided to a patient who does not have the financial ability to pay for medical care. Charity Care can be a partial discount or a full discount. Charity Care services is applicable only to Emergent and Medically Necessary Services.

- g) **Elective Services:** Services provides to a patient whose condition is such that a reasonable delay in treatment to permit the physician to exercise scheduling choices will not unfavorably affect outcome.

- h) **Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in 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, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part, or with respect to a pregnant woman who is having contractions that there is inadequate time to effect a safe transfer to another hospital before delivery, or that the transfer may pose a threat to the health or safety of the woman or her unborn child (42 U.S.C. §1395dd).
- i) **Extraordinary Collection Actions (ECA):** Actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's FAP that require a legal or judicial process or involve selling an individual's debt to another party or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus or deferring, denying or requiring payment before providing medically necessary care due to prior non-payment.
- j) **FAP-Eligible Individual:** A Responsible Individual eligible for financial assistance under the FAP without regard to whether the individual has applied for assistance, i.e.: charity care.
- k) **Financial Assistance Oversight Committee (FAOC):** Operational committee responsible for establishing, reviewing, implementing and monitoring application of the WFBMC FAP.
- l) **Financial Assistance Policy (FAP):** The WFBMC Financial Assistance Program for Patient Liability/Self Pay Policy, which includes eligibility criteria, the basis for calculating charges, the method for applying the policy and the measures to publicize the policy.
- m) **Financial Clearance:** Confirmed arrangement for reimbursement of services based on insurance verification, securing a pre-certification, authorization or referral and patient liability resolution, and/or enrollment in a funding source including but not limited to Medicaid, COBRA, an Exchange plan, or confirmed eligibility for financial assistance/charity care.
- n) **Gross Charges:** The full list price of services and supplies as listed in WFBMC's Charge Description Master (CDM).
- o) **Guarantor:** a person or entity that agrees to be responsible for his/her debt or performance under a contract or another's debt or performance under a contract, if the other fails to pay or perform.
- p) **Hospital Specific Plain Language Summary:** A written statement that notifies a Responsible Individual that WFBMC offers financial assistance under the FAP for inpatient and outpatient hospital services provided at the WFBMC location from which the patient received services.
- q) **Household Income:** Sources of income including but not limited to: Gross salary and wages, self-employment income, interest and dividends, real estate, rentals and leases, social security, alimony, child support, VA pension, settlement income, bonds, tax annuities, unemployment, disability payments, and public assistance.
- r) **Medical Indigence:** The condition in which individuals are financially unable to access adequate medical care without depriving themselves and their dependents of food, clothing, shelter, and other essentials of living.

- s) Medically Necessary Care: Services for a patient whose condition is such that while not likely to result in death or irreparable harm, it must be treated with dispatch and cannot wait for normal scheduling. Generally, the patient is scheduled for the first available and appropriate clinical accommodation.
- t) Non-Elective Services
 - i) Non-emergent services: Those services other than emergency and medically necessary care.
 - ii) Emergent services: Services for a patient whose condition is such that the delay in treatment may result in death or permanent impairment of the individual's health. Typically patients may present through the Emergency Department, Labor and Delivery or as an emergency in the office.
- u) Notification Period: The period during which WFBMC must notify a Responsible Individual about its FAP in order to have made reasonable efforts to determine whether the Responsible Individual is eligible under the FAP. The Notification Period begins on the first date care is provided to the patient and ends after 120 day after WFBMC provided the individual with the first post-discharge billing statement for the care.
- v) Policy: As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.
- w) Reservation of Right to Seek Reimbursement of Charges from Third Parties: In the event that any first or third party payor is liable for any portion of an Uninsured Patient's bill, WFBMC will seek full reimbursement of all charges incurred by the patient at the Hospital's Usual and Customary Charges from such first or third party payors, including situations governed by the provisions of N.C.G.S. Section 135-48.37, et seq. (or the analogous provisions of the laws of other states as applicable) despite any financial assistance granted pursuant to this policy.
- x) Responsible Individual: An individual person (non-corporate or other entity) that includes the patient, guarantor, and any other individual person legally responsible for paying for medical services provided to patient at WFBMC.
- y) Service Area: Physical addresses within zip codes bound by or intersecting one of the nineteen North Carolina counties WFBMC has defined as its service area (See Addendum B -Service Area Zip Codes).
- z) Single Patient Account: A report or description of a single event or visit
- aa) Substantially-Related Entity (SRE): a hospital facility treated as a partnership in which WFBMC or an affiliate owns greater than 35% capital or profits or is a general partner/managing member or in which WFBMC has sufficient control over the hospital operations.

- bb) Underinsured Patient: A patient whose health insurance plan will not cover a specific service or procedure at any hospital or healthcare facility, or if the patient has exhausted their medical or pharmacy benefit for a specified time period.
- cc) Uninsured Patient: A patient that presents for health care services without any type of health insurance or sponsorship (government or privately-funded).
- dd) Usual and Customary Charges: The rates for services covered under this FAP that are filed annually with the North Carolina Department of Health and Human Services or other applicable state agency/third party. If rates are not required to be filed annually with any state agency by the relevant Hospital, then the Usual and Customary Charges will be the rates for Covered Services as set forth in the Charge Description Master (CDM) or applicable price schedule at the time the Covered Services are rendered.
- ee) WFUBMC: Wake Forest University Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.

3) Policy Guidelines:

- a) Control and Reporting Mechanisms
 - i) Financial Assistance Oversight Committee (FAOC)
 - (1) It is the Policy of WFBMC to establish and maintain a FAOC for the purpose of establishing, reviewing, implementing and monitoring application of the WFBMC FAP.
 - (2) The FAOC will meet no less than annually to review the FAP and be staffed by:
 - (a) Vice President Corporate Revenue Cycle
 - (b) Vice President Faith and Health Ministries
 - (c) Director of Cash Posting & Customer Service
 - (d) Assistant Vice President Registration & Financial Clearance
 - (e) Director of Outpatient Registration
 - (f) Director of Operations -Downtown Health Plaza
 - (g) Director of Strategic Planning - Community Health Needs Assessment
 - (h) NCBH Center Community Representative
 - (i) Lexington Community Representative
 - (j) Davie County Hospital Community Representative
- b) Eligibility Criteria
 - i. WFBMC will provide financial assistance under this policy in the form of discounts from Gross Charges to Responsible Individuals who meet eligibility criteria as follows:
 - (1) Services for which discounts apply must be emergency or medically necessary care.
 - (2) Patient must be a valid resident within a zip code bounded by or intersecting one of the nineteen counties defined as WFBMC's Service Area (Addendum C).

- (3) If household income is < 400% of federal poverty level, patient must first enroll in all other primary payer programs for which patient is eligible and must assign benefits to WFBMC.
 - (4) Enrollment with a primary payer is not required if the policy premium associated with the enrollment will result in Medical Indigence.
 - (5) For patients with a third-party payer source, a balance remaining after insurance has paid will qualify for a discount if the balance results in Medical Indigence.
 - (6) If household income is > 400% of federal poverty level, patient is not eligible for financial assistance under this FAP.
- ii. WFBMC reserves the right to reverse any discount adjustments provided under the FAP if WFBMC learns that that the information provided during the determination process was false or misleading, or if WFBMC later learns of a funding or payment source that was or becomes available to pay for the relevant medical services.

4) Basis for Calculating Amounts Charged to Patients:

- a) Certain requirements include:
 - i) WFBMC will charge Responsible Individuals meeting FAP eligibility criteria an amount not to exceed Amounts Generally Billed (AGB) to patients covered by Medicare or private health insurance for emergency or other medically necessary care and less than gross charges for all other medical care covered under this policy.
 - ii) WFBMC annually calculates the AGB percentage under the look-back method using claims allowed by private insurers and Medicare fee-for-service over the immediately preceding year. These claims are multiplied by the associated gross charges for the same time period to yield the AGB percentage.
 - iii) WFBMC calculates Amounts Generally Billed for emergency and other medically necessary care provided to FAP eligible patients by multiplying the gross charges for the care provided by the AGB percentage (Addendum D).
 - iv) WFBMC will begin applying the AGB percentage by the 120th day after the 12 month period used to calculate the percentage.

5) Methods for Applying for Financial Assistance:

- a) Prospective Application
 - i) It is the Policy of WFBMC to employ a pre-service financial clearance process prior to approval and delivery of all services other than Emergency Medical Care or screening exams in the hospitals' emergency departments to determine if an Emergency Medical Condition exists.
 - ii) In conjunction with the WFBMC pre-service financial clearance process, WFBMC pre-registration staff will screen all Responsible Individuals seeking non-emergent services to determine the ability to pay their liability for the requested services (Addendum A).

b) Retrospective Application

- i) It is the Policy of WFBMC to comply fully with all obligations imposed by the Emergency Medical Treatment and Active Labor Act ("EMTALA") and related regulations including but not limited to providing services without regard to a patient's ability to pay (and without the necessity of any pre-treatment financial screening) the provision of a medical screening exam to any patient who comes to a WFBMC Emergency Department and requests an examination or treatment for a medical condition, including active labor, and the provision of either stabilizing treatment or an appropriate transfer for patients with Emergency Medical Conditions.
- ii) Without regard to a patient's ability to pay and without requirement of a pre-admission financial screening or clearance, WFBH will provide to any patient who requests services for an Emergency Medical Condition the full range of medically necessary services required to stabilize such condition that are routinely provided by WFBMC to other patients. For purposes of this procedure, the definition of "Emergency Medical Conditions" shall be as provided by 42 U.S.C. §1395dd.
- iii) Patients who are provided services pursuant to paragraph (i) and (ii) above, are referred to Financial Counseling on a post-admission basis for determination of FAP eligibility (Addendum A).
- iv) In the process of determining FAP eligibility, no actions are to be taken by WFBMC staff to discourage individuals from seeking emergency medical care or otherwise interfere with the provision of emergency medical care.

c) Presumptive Application

- i) It is the Policy of WFBMC to avoid billing and Extraordinary Collections Actions (ECAs) against any individual who would otherwise be FAP eligible.
- ii) It is the Policy of WFBMC to use commercially available financial profiling and credit scoring technologies to presumptively screen Responsible Individuals to determine eligibility for WFBMC's financial assistance discounts under its FAP before ECAs are initiated. Patients with household income of 200% and under the FPL will be granted a 100% financial assistance discount.
- iii) If the FAP presumptive eligibility screening process provides reasonable indications that the individual would otherwise be FAP eligible had the individual actually applied for FAP, WFBMC will accept these findings and presumptively award FAP eligibility consistent with the Financial Assistance Discounts under the FAP.

d) Billing and Collections

- i) It is the Policy of WFBMC to not engage in ECAs against a Responsible Individual before making reasonable efforts, as defined under federal regulation, to determine whether the individual is FAP eligible.

- ii) WFBMC reserves the right to employ ECAs against individuals deemed not FAP eligible after reasonable efforts have been made to determine FAP eligibility.
- iii) Refer to WFBMC Policy 03-002-104 Billing and Collections for a complete description of WFBMC patient billing and collections policies. Copies may be obtained at the following web address :

<http://www.wakehealth.edu/Insurance-and-Billing/Billing-Policies-and-Procedures/>

e) Financial Assistance Discounts

- i) It is the Policy of WFBMC that no FAP eligible individual will be charged more for emergency care or other Medically Necessary Care than AGB.
- ii) The minimum financial assistance discount available to FAP eligible individuals under this FAP will be equal to the AGB.
- iii) The maximum financial assistance discount available to FAP-eligible individuals under this FAP will be 100%, less any applicable co-payment amount.
- iv) WFBMC reserves the right to reverse any discount adjustments provided under the FAP if WFBMC learns that that the information provided during the determination process was false or misleading, or if WFBMC later learns of a funding or payment source that was or becomes available to pay for the relevant medical services.
- v) It is the Policy of WFBMC to use a sliding fee schedule in relation to federal poverty thresholds updated annually by the U.S. Census Bureau after publication in the Federal Register.
 - 1) FAP eligible individuals with a household income less than or equal to 200% of the Federal Poverty Level (FPL) threshold will be granted a 100% discount against Gross Charges, less a nominal co-payment as follows:
 - (i) \$100.00 per each inpatient admission.
 - (ii) \$50.00 per each emergency department visit, if the EMTALA screening exam determines that an Emergency Medical Condition does not exist. If the assessing provider determines that an Emergency Medical Condition exists, no co-payment will be assessed.
 - (iii) \$0.00 per each primary or specialty care visit.
 - 2) FAP eligible individuals with Household Incomes greater than 200% but less than or equal to 300% of the FPL Threshold will be granted a 75% discount against Gross Charges.
 - 3) FAP eligible individuals with Household Incomes greater than 300% but less than or equal to 400% of the FPL Threshold will be granted a 60% discount against Gross Charges.
 - 4) If the AGB Percentage exceeds the 60% discount amount, WFBMC will apply the AGB percentage since no FAP eligible individual will be charged more for emergency care or other Medically Necessary Care than AGB.

6) Policy Publication Measures To Make Widely Available:

- a) It is the policy of WFBMC that members of the public may obtain a free written copy (in English, Spanish, and any other language as required under federal law and regulation) of:
 - 1) The WFBMC FAP;
 - 2) FAP Application; and
 - 3) Plain Language Summary of the FAP:
 - (1) Online at:
<http://www.wakehealth.edu/Insurance-and-Billing/Financial-Assistance-Policy.htm>
 - (2) Request to:
Financial Assistance
WFBMC
100 Kimel Forest Drive
Winston Salem, NC 27103
 - (3) In public locations of the hospital, including the emergency department, admissions area or the cashier locations at:
 - 1. North Carolina Baptist Hospital (336) 716-0681
 - 2. Lexington Medical Center (336) 716-0681
 - 3. Davie Medical Center (336) 716-0681
- b) WFBMC will take measures to inform patients and visitors and to make available to the public information about its financial assistance policy by:
 - 1) Notifying and informing patients about the FAP during intake and discharge by offering a paper copy of the Plain Language Summary of the FAP;
 - 2) Placing a conspicuous written notice on the billing statement;
 - 3) Placing conspicuous public displays in the hospital with signs and brochures; and
 - 4) Providing via information sheets and pamphlets in the emergency department and other local public agencies and non-profits that serve the needs of the communities' low income population.

7) Review/Revision/Implementation:

- a) Review Cycle: This policy shall be reviewed by the CFO, EVP of Health System Affairs, and VP of Revenue Cycle every three years from the recorded effective date.
- b) Office of Record: After authorization, WFBMC's Legal Department shall house this policy in a policy database and shall be the office of record for this policy

8) Related Policies:

- a. Appropriation of Baptist Benevolent Fund
- b. 03-200-102 Pre-Service Financial Clearance
- c. 03-200-104 Billing and Collections
- d. 03-200-105 Guarantor Financial Discharge
- e. 03-200-106 Uninsured Patient Discount Policy

9) Governing Law or Regulations:

- a) Internal Revenue Code, Section 501 (26 U.S.C. § 501) and the regulations thereunder.

10) Attachments:

- a. Addendum A- Community Benefit/Statement of Income Application
- b. Addendum B- Service Area Zip Codes
- c. Addendum C- North Carolina Residency Declaration
- d. Addendum D- Amounts Generally Billed Calculation
- e. Addendum E- Non-hospital facility providers covered under FAP

**Wake Forest Baptist Health
Patient Financial Statement**

Addendum A

FOR INTERNAL USE ONLY			
Today's Date:	_____	Ins:	_____
Referred By:	_____	MRN #:	_____
CPI # and Visit #(s):	_____	Est Pt. Bal.	_____
Admit/Discharge Date(s):	_____	Est LOD:	_____
Diagnosis:	_____		
Procedure:	_____		

Patient Name: _____ DOB: _____
 Social Security Number: _____ County of Residence: _____
 Mail Address: _____ City: _____ State: _____ Zip: _____
 Phys. Address: _____ City: _____ State: _____ Zip: _____
 Home # _____ Work # _____ Cell # _____
 Is the patient a US Citizen? _____ If no, is the patient a legal Resident? _____

Immediate Family Members Living in the Home: (Less than 18 years old or full time student)

Relationship: _____	Name: _____	DOB _____	SSN: _____
Relationship: _____	Name: _____	DOB _____	SSN: _____
Relationship: _____	Name: _____	DOB _____	SSN: _____
Relationship: _____	Name: _____	DOB _____	SSN: _____
Relationship: _____	Name: _____	DOB _____	SSN: _____

Employment Information for Patient/Parent/Legal Guardian

Employer: _____	How Long At Current Employer: _____
Employee: _____	Relationship to Patient: _____
Hourly Wage: _____	Hours Worked per Week: _____
How Often Paid: _____	Monthly Gross Pay: _____
Date Last Worked: _____	Income while out of work: _____
(If currently unemployed)	

Employment Information for Patient/Parent/Legal Guardian

Employer: _____	How Long At Current Employer: _____
Employee: _____	Relationship to Patient: _____
Hourly Wage: _____	Hours Worked per Week: _____
How Often Paid: _____	Monthly Gross Pay: _____
Date Last Worked: _____	Income while out of work: _____
(If currently unemployed)	

Social Security Retirement / Disability / Survivor Income / SSI / Veteran / Child Support / Work First Family / Unemployment

Current Accessible Trust Fund

Type: _____ Monthly Amt. _____ Received by: _____ Date Began _____

By my signature below, I certify that the above information is an accurate and complete statement of my current financial position and give my permission to verify this information. WFBH reserves the right to reverse a discount previously recorded if it is determined that additional third party payer resources were available, or the information provided was false.

Signed By: _____ Date: _____

Relationship to Patient: _____

North Carolina

Addendum B

<u>County</u>	<u>City</u>	<u>Zip</u>	<u>County</u>	<u>City</u>	<u>Zip</u>	<u>County</u>	<u>City</u>	<u>Zip</u>	<u>County</u>	<u>City</u>	<u>Zip</u>
Alexander	Hiddenite	28636	Catawba	Hickory	28601	Forsyth, cont.	Hickory	27104	Winston Salem	Winston Salem	27104
	Stony Point	28678		Hickory	28602		Hickory	27105		Winston Salem	27105
	Taylorsville	28681		Hickory	28603		Hickory	27106		Winston Salem	27106
Allegany	Piney Creek	28663	Catawba	Catawba	28609	Forsyth, cont.	Catawba	27107	Winston Salem	Winston Salem	27107
	Laurel Springs	28644		Claremont	28610		Claremont	27108		Winston Salem	27108
	Sparta	28675		Conover	28613		Conover	27109		Winston Salem	27109
Ashe	Ennice	28623	Davidson	Maiden	28650	Forsyth, cont.	Maiden	27110	Winston Salem	Winston Salem	27110
	Glade Valley	28627		Newton	28658		Newton	27111		Winston Salem	27111
	Roaring Gap	28668		Sherrills Ford	28673		Sherrills Ford	27113		Winston Salem	27113
	Lansing	28643		Terrell	28682		Terrell	27114		Winston Salem	27114
	Creston	28615			27239		Denton	27115		Winston Salem	27115
	Warrensville	28693			27292		Lexington	27116		Winston Salem	27116
	Todd	28684			27293		Lexington	27117		Winston Salem	27117
	West Jefferson	28694			27294		Lexington	27120		Winston Salem	27120
	Fleetwood	28626			27295		Lexington	27127		Winston Salem	27127
	Glendale Springs	28629			29299		Linwood	27130		Winston Salem	27130
Burke	Jefferson	28640	Davie	Southmont	27351	Guilford	Southmont	27150	Winston Salem	Winston Salem	27150
	Scottville	28672		Thomasville	27360		Thomasville	27152		Winston Salem	27152
	Crumpler	28617		Thomasville	27361		Thomasville	27155		Winston Salem	27155
	Grassy Creek	28631		Wallburg	27373		Wallburg	27157		Winston Salem	27157
	Connelly Springs	28612		Welcome	27374		Welcome	27198		Winston Salem	27198
	Drexel	28619		Advance	27006		Advance	27199		Winston Salem	27199
	Glen Alpine	28628		Cooleemee	27014		Cooleemee	27284		Kernersville	27284
	Hildebran	28637		Mocksville	27028		Mocksville	27285		Kernersville	27285
	Jonas Ridge	28641		Belews Creek	27009		Belews Creek	27214		Browns Summit	27214
	Linville Falls	28647		Bethania	27010		Bethania	27233		Climax	27233
Caldwell	Morganton	28655	Forsyth	Clemmons	27012	Guilford	Clemmons	27235	Winston Salem	Colfax	27235
	Icard	28666		Lewisville	27023		Lewisville	27249		Gibsonville	27249
	Rutherford College	28671		Pfafftown	27040		Pfafftown	27260		High Point	27260
	Morganton	28680		Rural Hall	27045		Rural Hall	27261		High Point	27261
	Valdese	28690		Tobaccoville	27050		Tobaccoville	27262		High Point	27262
	Collettsville	28611		Walkertown	27051		Walkertown	27263		High Point	27263
	Granite Falls	28630		Rural Hall	27094		Rural Hall	27264		High Point	27264
	Lenoir	28633		Rural Hall	27098		Rural Hall	27265		High Point	27265
	Hudson	28638		Rural Hall	27099		Rural Hall	27282		Jamestown	27282
	Lenoir	28645		Winston Salem	27101		Winston Salem	27283		Julian	27283
Caldwell	Collettsville	28661	Forsyth	Winston Salem	27102	Guilford	Winston Salem	27301	Winston Salem	MC Leansville	27301
	Rhodhiss	28667		Winston Salem	27103		Winston Salem	27310		Oak Ridge	27310

North Carolina

<u>County</u>	<u>Zip</u>	<u>City</u>	<u>County</u>	<u>Zip</u>	<u>City</u>	<u>County</u>	<u>Zip</u>	<u>City</u>
Guilford, cont.	27313	Pleasant Garden	Iredell	28010	Barium Springs	Rowan	27013	Cleveland
	27342	Sedalia		28115	Moorestville		27054	Woodleaf
	27357	Stokesdale		28117	Moorestville		28023	China Grove
	27358	Summerfield		28123	Mount Mourne		28039	East Spencer
	27377	Whitsett		28166	Troutman		28041	Faith
	27401	Greensboro		28625	Statesville		28071	Gold Hill
	27402	Greensboro		28634	Harmony		28072	Granite Quarry
	27403	Greensboro		28660	Olin		28088	Landis
	27404	Greensboro		28677	Statesville		28125	Mount Ulla
	27405	Greensboro		28687	Statesville		28138	Rockwell
	27406	Greensboro		28688	Turnersburg		28144	Salisbury
	27407	Greensboro		28689	Union Grove		28145	Salisbury
	27408	Greensboro		28699	Scotts		28146	Salisbury
	27409	Greensboro	Randolph	27203	Asheboro		28147	Salisbury
	27410	Greensboro		27204	Asheboro		28159	Spencer
	27411	Greensboro		27205	Asheboro	Stokes	27016	Danbury
	27412	Greensboro		27230	Cedar Falls		27019	Germanton
	27413	Greensboro		27248	Franklinville		27021	King
	27415	Greensboro		27298	Liberty		27022	Lawsonville
	27416	Greensboro		27316	Ramseur		27042	Pine Hall
	27417	Greensboro		27317	Randleman		27043	Pinnacle
	27419	Greensboro		27341	Seagrove		27046	Sandy Ridge
	27420	Greensboro		27350	Sophia		27052	Walnut Cove
	27425	Greensboro		27355	Staley			
	27427	Greensboro		27370	Trinity			
	27429	Greensboro	Rockingham	27025	Madison			
	27435	Greensboro		27027	Mayodan			
	27438	Greensboro		27048	Stoneville			
	27455	Greensboro		27288	Eden			
	27495	Greensboro		27289	Eden			
	27497	Greensboro		27320	Reidsville			
	27498	Greensboro		27323	Reidsville			
	27499	Greensboro		27326	Ruffin			
				27375	Wentworth			

North Carolina

<u>County</u>	<u>Zip</u>	<u>City</u>	<u>County</u>	<u>Zip</u>	<u>City</u>
Surry	27007	Ararat	Yadkin	27011	Boonville
	27017	Dobson		27018	East Bend
	27024	Lowgap		27020	Hamptonville
	27030	Mount Airy		27055	Yadkinville
	27031	White Plains		28642	Jonesville
	27041	Pilot Mountain			
	27047	Siloam			
	27049	Toast			
	27053	Westfield			
	28621	Elkin			
	28676	State Road			
Watauga	28605	Blowing Rock			
	28607	Boone			
	28608	Boone			
	28618	Deep Gap			
	28679	Sugar Grove			
	28691	Valle Crucis			
	28692	Vilas			
	28698	Zionville			
	28606	Boomer			
	28624	Ferguson			
	28635	Hays			
Wilkes	28649	MC Grady			
	28651	Millers Creek			
	28654	Moravian Falls			
	28656	North Wilkesboro			
	28659	North Wilkesboro			
	28665	Purlear			
	28669	Roaring River			
	28670	Ronda			
	28683	Thurmond			
	28685	Traphill			
	28697	Wilkesboro			

Addendum C - English



North Carolina Residency Declaration

This form is used to verify that, _____, is a
(Applicant(s) Name)

resident of North Carolina and resides at _____.
(Physical Address)

I have personal knowledge that the above-named:

- ___ Intends to live in North Carolina permanently.
- ___ Intends to remain in North Carolina for an indefinite period of time.
- ___ Entered North Carolina in order to seek employment.
- ___ Entered North Carolina with a job commitment.

I hereby declare that the above information is true and accurate.

Signature

Relationship

Date

Address: _____

Telephone No: _____

Addendum C - Spanish



Declaración de Residencia de North Carolina

Este formulario sirve para verificar que, _____
(Nombre del aplicante)

es residente de North Carolina, y reside en _____
(Dirección)

Yo tengo entendimiento personal que la persona nombrada:

- _____ Tiene la intención de vivir en North Carolina permanentemente.
- _____ Tiene la intención de vivir en North Carolina por un tiempo indefinido.
- _____ Entro a North Carolina con la intención de buscar empleo.
- _____ Entro a North Carolina con un empleo prometido.

Yo declare que la información anotada es verdadera y precisa.

Firma

Relación

Fecha

Dirección _____

No Telefónico: _____

ADDENDUM D

**Wake Forest Baptist Medical Center
Amounts Generally Billed Calculation
For the period 7/1/14 - 6/30/15**

	<u>Charges</u>	<u>Contractuals</u>	<u>ABG %</u>
NCBH	3,017,837,291	(1,699,305,362)	43.7%
Lexington	71,015,625	(44,931,210)	36.7%
Davie	95,203,407	(60,004,981)	37.0%

Addendum E

Non-Hospital Providers providing emergency and other medically necessary care that are covered under North Carolina Baptist Hospital FAP

- Lexington Medical Center

Non-Hospital Providers providing emergency and other medically necessary care that are not covered under North Carolina Baptist Hospital FAP

- None