

**Shore Rehabilitation Institute
Financial Assistance Policy – Plain Language Summary**

The Financial Assistance Policy ("FAP") of Shore Rehabilitation Institute exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, or ineligible for other government assistance, or are otherwise unable to pay for medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for medically necessary healthcare services. Not all services provided within the Shore Rehabilitation Institute facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of SRI's FAP for a list of providers that deliver healthcare services and are covered under the FAP.

Compassionate Care Program

The SRI Compassionate Care Program is available to individuals who have healthcare needs and are uninsured, or are otherwise unable to pay for medically necessary healthcare.

If a patient has no insurance coverage, they will be asked to sign an "attestation of no insurance". Additionally, it will be explained that if subsequently they provide insurance it would not be billed for dates of service that have already occurred under Compassionate Care as referrals and/or precert would not have been obtained and/or the timely filing limits may have passed. Future dates of service will need to have all referral and/or precert insurance requirements met before continuing with treatment.

When a patient provides insurance coverage however verification shows that benefits have exhausted or there is no benefit for the service(s) to be provided, they will be asked to sign a "notice of non-coverage", indicating the reason for non-coverage and the acceptance to be personally responsible. Patients will then be offered the Compassionate Care Program for the non-covered services.

If patient requests insurance to be billed while knowing that the service is non-covered by their current benefit package, it will be explained that even if the Explanation of Benefits denial shows that patient is not responsible, they will be personally responsible due to the prior notification of non-coverage.

The FAP, Request for Compassionate Care Program and PLS are all available on-line at the following website: <https://www.meridianhealth.com/location/shore-rehabilitation-institute/index.aspx>

An individual deemed eligible for financial assistance will be notified in writing of a favorable determination. In accordance with IRC §501(r) SRI will also:

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") Medically Necessary Healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by SRI.

For help, assistance or questions please call:

Clinical Data Management at 732-321-7000 - Ext. 66521, or Ext. 62434, or Ext. 66280