

WESTERN MARYLAND HEALTH SYSTEM DEPARTMENTAL Policy Manual	Department/Division: Business Office	Policy Number: 400-04
	Effective Date: November 12, 2010	Reviewed/Revised: 4/11, 12/11, 5/12, 10/12, 8/13, 6/14, 4/15, 7/15, 4/2015, 6/2016, 2/2017

FINANCIAL ASSISTANCE POLICY

PURPOSE:

The purpose of this policy is to describe the circumstances under which the Western Maryland Health System (WMHS) will provide free or discounted care to patients who are unable to pay for medical services, explain how WMHS will calculate the amounts of potential discounts, describe how patients can obtain and apply for Financial Assistance, and describe the eligibility criteria for Financial Assistance.

POLICY:

WMHS is committed to providing financial assistance to persons who require medically necessary health care services, but who are uninsured, underinsured, ineligible for a government insurance program, or otherwise unable to pay for medically necessary care based on their individual situation. A patient can qualify for Financial Assistance based on indigence or excessive Medical Debt by furnishing the information requested pursuant to this Policy and meeting specified financial and other eligibility criteria.

In addition, WMHS is designated as charitable (i.e., tax-exempt) organizations under Internal Revenue Code (IRC) Section 501(c)(3). Pursuant to IRC Section 501(r), in order to remain tax-exempt, each tax-exempt hospital is required to adopt and widely publicize its financial assistance policy. WMHS will post notices of its Financial Assistance Policy at patient registration sites, Admissions, Patient Accounting Department and at the Emergency Department. Notices of its Financial Assistance Policy will also be sent to patients on patient bill statements. A Patient Billing and Financial Assistance Information summary will be provided to inpatients as part of the Admission Handbook given to every admitted patient prior to discharge and also upon request. The WMHS web site has Financial Assistance program summary, in addition to the financial assistance application which can be downloaded and printed. Patients may also call the main Patient Accounting phone number at 240-964-8435 to request an application, patients may also request special assistance with completion of the application. Financial counselors are available to assist with the oral completion of the application.

This policy covers Western Maryland Regional Medical Center and Physician Clinics and Practices owned by WMHS. See attached listing of employed medical providers.

DEFINITIONS:

Medical Debt: A Medical Debt is medical expense incurred by a patient for Medically Necessary Services provided by a hospital or physicians, clinics, and practices owned by WMHS. A Medical Debt does not include a medical expense for services furnished by a non-hospital employee or other independent contractor (e.g., independent physicians, anesthesiologists, radiologists, and pathologists).

Immediate Family: If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, and natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.

Family Income: Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, retirement/ pension income, Social Security benefits and other income defined by the Internal Revenue Service, for all members of immediate family residing in the household.

Financial Hardship: Medical Debt incurred by a family over a 12 month period that exceeds 10% of family income. Financial counselors will work closely with eligible parties taking into consideration issues such as lost wages due to health and any other financial barriers that a patient may face due to a sudden health condition. Assistance plans will be considered using a sliding scale from 3-10% of gross income. (See Medical Debt definition) Patients will also be granted an extended time period for payment, usually 2-3 years.

Medically Necessary: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

Exclusions: Financial Assistance is not available for certain services, including the following: cosmetic procedures, elective reproductive services, acupuncture, private duty nursing, and other services at WMHS' discretion.

Free Care: Available to patients in households between 0% and 200% of Federal Poverty Level (FPL) and who otherwise meet the requirements to receive Financial Assistance under the Policy.

Reduced-Cost Care: Available to patients in households between 200% and 300% of FPL and who otherwise meet the requirements to receive Financial Assistance under the Policy.

PROCEDURE:

1. Evaluation for Financial Assistance can begin in a number of ways. A patient may present to a hospital service area seeking medical care and inquire about financial assistance; or a patient may notify Patient Accounting personnel or a financial counselor that he/she cannot afford to pay a bill and request Financial Assistance. All hospital registration sites, outpatient diagnostic centers, and system owned clinics and practices will make available to patients the Financial Assistance Policy and application. Registrars are trained to offer the Financial Assistance Policy and applications to self-pay patients. All inpatients are visited by a financial counselor before discharge from the hospital. The Financial Assistance application is available on WMHS web site, and is also on the reverse side of every patient billing statement. Financial counselors are available to assist patients with this process, and can be reached by calling 240-964-8435. Western Maryland Health System will use the Maryland State Uniform Financial Assistance Application.
2. Patients must have United States citizenship to qualify for Financial Assistance. Patients may be required to provide proof documentation such as identification card, birth certificate or lawful permanent residence status (green card).
3. WMHS has a financial counselor and Medicaid eligibility specialists on site in the hospital. Financial counselors are also available in the Patient Accounting Department to support and counsel patients.
4. Determination should be made that all forms of insurance are not available to pay the patient's bill. The patient/guarantor shall be required to provide information and verification of

ineligibility for benefits available from insurance (i.e., individual and/or group coverage), Medicare, Medicaid, workers' compensation, third-party liability (e.g., automobile accidents or personal injuries) and other programs offered through Maryland Health Connections or other Healthcare Exchanges. If it is determined that a patient had or has the opportunity to obtain insurance that would have covered all or a portion of the patient's bill for medical services, but the patient failed or refuses to obtain such insurance, WMHS may consider such a decision on the part of the patient in determining whether the patient is eligible to receive Financial Assistance and/or the amount of Financial Assistance available to the patient. Patients with health spending accounts (HSAs) are considered to have insurance if the HSA is used only for deductibles and copays. All insurance benefits must have been exhausted. Patients must follow participating provider guidelines and seek medical care from their provider network. WMHS will not grant Financial Assistance to patients who violate their provider network regulations.

5. Patients who may qualify for Medical Assistance must apply for Medical Assistance and cooperate fully with the Medical Assistance specialist or its designated agent, unless the financial representative or supervisor can readily determine that the patient would fail to meet the eligibility requirements and thus waive this requirement.
6. Determination of income will be made after review of all required documents. The following supporting documents must be provided with the application:
 - a. Most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
 - b. A copy of the four (4) most recent pay stub (if employed) or other evidence of income of any person whose income is considered part of the family income as defined by Medicaid regulations.
 - c. Proof of disability income (if applicable) or workers compensation.
 - d. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, or statement from current source of financial support, etc.
 - e. Bank statements or brokerage statements.

WMHS may consider monetary assets in addition to income, excluding up to \$150,000 in a primary residence, and certain retirement benefits where the IRS has granted preferential treatment. At a minimum, the first \$10,000 in monetary assets is excluded.

7. When calculating total income for purposes of assessing eligibility for financial assistance, the following will be considered in the calculation of total income:
 - a. Earned Income
 - b. Social Security
 - c. Pension Income
 - e. Unemployment Compensation
 - f. Business or Farm Income less Business or Farm Expenses
 - g. Any other income such as rents, royalties, etc.
 - h. Fixed income and savings allowance calculation is based on life expectancy of 85 years, income calculation should be based on age 85 and the applicant's age, allowing the necessary funds for the life of the applicant.
8. Presumptive Financial Assistance Eligibility: These are instances when a patient qualifies for Financial Assistance based on the enrollment in the following government programs. In these instances, the Financial Assistance application process is abbreviated in that documentation of

eligibility can be demonstrated by proof of acceptance and participation in one of the following programs:

- a. Food Stamps
- b. Women's, Infants and Children (WIC Program)
- c. Households with children in the free and reduced lunch program
- d. Energy assistance
- e. Out of state medical assistance
- f. Unemployment under federal poverty guidelines and applicant is sole provider in the household.
- g. Patients eligible for out of state medical assistance and WMHS is not enrolled with participating provider credentials to file the claim

Homeless patients, deceased patients with no known estate and members of a recognized religious organization who have taken a vow of poverty are also considered eligible for Presumptive Financial Assistance. Patients unable to provide sole support and relying on someone else for support may provide a "Letter of Support" for consideration of eligibility. Other documentation may be required and considered on a case by case basis.

A 25% discount will be extended for all Amish and Mennonite patients. For religious reasons the Amish and Mennonite community are opposed to accepting Medicare, Medicaid, public assistance or any form of health insurance coverage.

Presumptive financial assistance may also be determined based on eligibility algorithms and/or data analytics provided by specialty software systems.

Presumptive Financial Assistance is valid 6 months from date of application, at which time eligibility for Financial Assistance must be demonstrated again.

9. The application, with supporting documents, should be completed by the applicant and returned to the Financial Counseling Department within 10 business days. In the event that the account(s) have been placed in collections status, all extraordinary collection action will be suspended until the application and review process are completed. If partial information is returned, WMHS will provide the applicant with written notice of that describing the missing information and the applicant will be given an additional 10 days to provide the required information and supporting documents. The request for additional information displays contact information for financial counseling support personnel. All extraordinary collection action will suspend during this period. If the applicant does not respond, the applicant's request for Financial Assistance will be considered incomplete and WMHS will provide the applicant with written notice of closed status. WMHS will accept applications up to at least 240 days after the first post-discharge bill statement to the patient.
10. Based on the Federal poverty guidelines published annually in the Federal Register, a patient may be eligible to receive 100% Free Care or Reduced-Cost Care, which is a discount based on a percentage of the patient's Medical Debt according to the patient's income and number of dependents. The patient's responsibility for a Medical Debt may be capped based on a percentage of the patient's income, in which case the patient/ guarantor will be responsible to pay a certain percentage of the Medical Debt and the remainder will be charged to the Financial Assistance Program. Financial counselors will use the WMHS Charity Calculation form to determine level of Financial Assistance available to the patient. Patients receiving partial financial assistance based on calculation will receive a letter stating financial assistance amount granted, and amount owed by the patient. The patient will be given a payment plan to meet

their remaining financial obligation. Patients may request a copy of Accounts Receivable Collection policy, by calling Patient Accounting personnel at 240-964-8435.

11. Once the Financial Assistance application is complete, decisions on eligibility will be made within 20 business days by the financial counselor and Director, Patient Accounting. Financial Assistance grants over \$5,000 will also require the approval of Chief Financial Officer. The Director and Chief Financial Officer have the ability to make exceptions as circumstances deem necessary for all applications. In the event a patient has medical services scheduled within this 20 day review period, all reasonable measures will be taken to expedite review of the application. The applicant will be notified in writing by the WMHS financial counselor of the determination.
12. If the patient's application for Financial Assistance is approved, it will be made effective for medical services furnished within the 12-month period prior to the approval date and remain effective for 12 months after approval date. The patient will be notified in writing of the approval showing the percentage of assistance granted and any amount owed by the patient.
13. If within a two year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding \$5.00.
14. If the application for Financial Assistance is denied, the patient has the right to request the application be reconsidered, in which case the application will be reviewed by the Chief Financial Officer for final evaluation and decision.

CHARGES:

Charges for medical care provided to uninsured patients will be same as or equal to patients who have insurance. WMHS determines the amounts generally billed to patients and insurers based on Maryland HSCRC regulations.

EMERGENCY MEDICAL CARE:

Any patient seeking urgent or emergent care [within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)] at WMHS shall be treated without discrimination and without regard to a patient's ability to pay for care or whether the patient may be eligible for Financial Assistance. WMHS operates in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). WMHS' emergency medical care policy prohibits any actions that would discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities in the emergency department or in other areas of the hospital facility where such activities could interfere with the provision, without discrimination, of emergency medical care. WMHS has separate Emergency Care Policy.

Business Operations – Trivergent Health Alliance

Sr. Vice President, Chief Financial Officer

**2016/2017 SLIDING SCALE ADJUSTMENTS
WMHS FINANCIAL ASSISTANCE PROGRAM**

Patient Responsibility Percentages

Size of Family Unit	0%	10%	20%	30%	40%
1	\$11,880- \$23,760	\$23,761- \$26,611	\$26,612- \$29,581	\$29,582- \$32,551	\$32,552- \$35,640
2	\$16,020- \$32,040	\$32,041- \$35,885	\$35,886- \$39,890	\$39,891- \$43,895	\$43,896- \$48,060
3	\$20,160- \$40,320	\$40,321- \$45,158	\$45,159- \$50,198	\$50,199- \$55,238	\$55,239- \$60,480
4	\$24,300- \$48,600	\$48,601- \$54,432	\$54,433- \$60,507	\$60,508- \$66,582	\$66,583- \$72,900
5	\$28,440- \$56,880	\$56,881- \$63,706	\$63,707- \$70,816	\$70,817- \$77,926	\$77,927- \$85,320
6	\$32,580- \$65,160	\$65,161- \$72,979	\$72,980- \$81,124	\$81,125- \$89,269	\$89,270- \$97,740
7	\$36,730- \$73,460	\$73,461- \$82,275	\$82,276- \$91,458	\$91,459- \$100,640	\$100,641- \$110,190
8	\$40,890- \$81,780	\$81,781- \$91,594	\$91,595- \$101,816	\$101,817- \$112,039	\$112,040- \$122,670
FPL Range	Thru 200%	201%-224%	225%-249%	250%-274%	265%-300%

Scale Effective 6/9/16

WESTERN MARYLAND HEALTH SYSTEM
Employed Providers
February 2017

Western Maryland Health System Corporation TIN# 52-0591531
NPI# 1609831247

12500 Willowbrook Road
Cumberland, MD 21502-6393

(Denotes each practice location within each group)

WMHS Behavioral Health Services IP NPI#

1285779884

WMHS Behavioral Health Services (Clinic) OP NPI# 1306092531

- **12502 Willowbrook Road, Suite 380**
Cumberland, MD 21502-6592
Telephone: (240) 964 -8585
FAX: (240) 964- 8586

REMIT: P.O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Alan N. Arnson, M.D.	1922083161
Edward M. Ehlers, M.D.	1104883883
Kevin H. Peterson, EdD	1053527895
Jean H. Ruiz, CRNP-PMH	1063471134
Debra N. Schaaf, PhD	1790737195
David K. Strickland, M.D.	1669578688
Gretia Zbarcea M.D.	1497860399

WMHS Specialty Services NPI#

1184769952

- **12502 Willowbrook Road, 3rd Floor, Ste. #470** *(Cardiothoracic Services)*
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Telephone: (240) 964 -8724
FAX: (240) 964 - 8735

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WMHS Specialty Services

NPI#

1184769952

Continued

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Peter Horneffer M.D.	1437145356
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Heidi N. Race, P.A.	1154512556
Andrea Velandia, P.A.	1467478925
Mark F. Wilt, PA-C	1003975400
Tina Long, PA-C	1841747722

- **12502 Willowbrook Road, Ste. # 420** (*Cardiology Services*)
Cumberland, MD 21502-6567
Telephone: (240) 964 -8740
FAX: (240) 964 -8741

REMIT: P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
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Michael J. Curran, M.D.	1609846476
Christopher Haas, D.O.	1093786436
Mark F. Wilt, PA-C	1003975400
Kenneth G. Judson, Jr D.O.	1770525891
Aje, Temiolu M.D.	1083816987

- **12502 Willowbrook Road, Ste. 360** (*Wound Care*)
Cumberland, MD 21502-6498
Telephone: (240) 964-8711
Fax: (240) 964-8716

REMIT: P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
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Debra Dempsey, CRNP	1841298908

WMHS Specialty Services

NPI#

1184769952

Continued

- **12502 Willowbrook Road, Ste. # 640** (*Gastroenterology*)
Cumberland, MD 21502-
Telephone: (240) 964 -8717
FAX: (240) 964 -8720

REMIT: P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Nii Lamptey-Mills, M.D.	1689659997
Arya Karki, M.D.	1750532156
Vamshidhar Vootla M.D.	1144485467
Beverly Moser, CRNP	1023411683

- **12502 Willowbrook Road, Ste. #440** (*Medical Oncology/Int. Med.*)
Cumberland, MD 21502-6567
Telephone: (240) 964 -8680
FAX: (240) 964 -8688

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Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Blanche H. Mavromatis, M.D.	1336137876
Faye Yin, M.D.	1780879742

- 12502 Willowbrook Road, Ste. # 280** (*Pulmonary*)
Cumberland, MD 21502-6494
Telephone: (240) 964-8750 (Drs. Sagin and Sprenkle)
(240) 964-8690 (Dr. Schmitt)
FAX: (240) 964 -8699

REMIT: P. O. Box 1671
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Richard G. Schmitt, M.D.	1336271667
Boyd E. Sprenkle, M.D.	1306808159
Shannon R. Sprenkle CRNP	1013384072

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WMHS Specialty Services

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1184769952

Continued

- **Western Maryland Health System**
12500 Willowbrook Road
Cumberland, MD 21502-6393

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Juan A. Arrisueno, M.D. (<i>General Surgery Trauma</i>)	1851393565
Kheder Ashker, M.D. (<i>Neurosurgery Trauma</i>)	1770561979
Robert Beer, M.D. (<i>Ortho Trauma Coverage</i>)	1821061813
Mary Ann Bishop, M.D. (<i>Nephrology Coverage</i>)	1609929801
Erin M. Bohem, M.D. (<i>Nephrology Coverage</i>)	1538263082
Roy J. Carls, M.D. (<i>Orthopedic Surgery Trauma</i>)	1326093634
Roy D. Chisholm, M.D. (<i>General Surgery Trauma</i>)	1275550279
Chintamaneni Choudari M.D. (<i>Gastro Coverage</i>)	1538148283
Augusto F. Figueroa, M.D. (<i>Neurosurgery Trauma</i>)	1740268945
Alison Grazioli M.D. (<i>Nephrology Coverage</i>)	1811214596
Tom F. Ghobrial, M.D. (<i>Ortho Surgery Trauma</i>)	1518928746
Rashid Hanif M.D. (<i>Gastroenterology Coverage</i>)	1285637116
Isabelle Hertig M.D. (<i>Pulmonary Coverage</i>)	1013127695
Elaine Kaime M.D. (<i>Oncology Coverage</i>)	1396716114
Rohit Khirbat M.D. (<i>Pulmonary Coverage</i>)	1194926063
Milton Lum, M.D. (<i>General Surgery Trauma</i>)	1740507433
Norman Martin M.D. (<i>Oncology Clinic Coverage</i>)	1811955495
Chetanna Okasi, M.D. (<i>OB Coverage</i>)	1356484083
Kevin Rossiter M.D. (<i>Nephrology Coverage</i>)	1093784332
Cynthia J. Shriver, CRNP (<i>Radiation Oncology</i>)	1831485572
Michael W. Stasko, M.D. (<i>General Surgery Trauma</i>)	1740365584
Jean Talbert M.D. (<i>OB Coverage</i>)	1407918741
William Waterfield M.D. (<i>Oncology Coverage</i>)	1871552760
Gregg Wolff, M.D. (<i>Orthopedic Surgery Trauma</i>)	1 861431561

WMHS Specialty Services

NPI#

1184769952

Continued

- **12502 Willowbrook Road, Ste 400** (*Infectious Diseases*)
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FAX: (240) 964-8911

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Cumberland, MD 21501-1671
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- **1050 Industrial Boulevard** (*Occupational Health*)
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Telephone: (240) 964-9355
FAX: (240) 964-9356

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Cumberland, MD 21501-1671
Telephone: (240) 964-8515
FAX: (240) 964 -8336

James B. Deren, M.D.
Vamsi Kanumuri, M.D.

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- **12502 Willowbrook Road, Suite 400** (*Nephrology*)
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FAX: (240) 964-8735

REMIT: PO Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8910
FAX: (240)-964-8911

Umair Syed Ahmed M.D.

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WMHS Specialty Services

NPI#

1184769952

Continued

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FAX: (240) 964-8336**

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Beth H. Jelinek, M.D.	1689700023
Tom Hartsuch, M.D.	1306830252
Victoria Willey, CRNP	1972695070

- **12502 Willowbrook Road, Ste. # 640 (General Surgery)
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Cumberland, MD 21501-1671
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- **12502 Willowbrook Road, 3rd Floor, Ste. # 590 (Ortho Surgery)
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Telephone: (240) 964 -8631
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Telephone: (240) 964-8515
Fax: (240) 964 -8336**

Robert Beer M.D.	
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- **12502 Willowbrook Road, Ste 450 (Plastic Surgery)
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WMHS Specialty Services **NPI#**
1184769952

Continued

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Telephone: (240) 964-8907
FAX: (240) 964-8901

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Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

- **12502 Willowbrook Road, Ste 330** (*Endocrinology*)
Cumberland, MD 21502
Telephone: (240) 964-8900
FAX: (240) 964-8901

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Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

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- **12502 Willowbrook Road, Ste. # 300** (*Heart Failure Clinic*)
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FAX: (240) 964 - 8687

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Cumberland, MD 21501-1671
Telephone: (240) 964-8515
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WMHS Specialty Services

NPI#

1184769952

Continued

- **Center for Clinical Resources** *(Diabetes Program)*
12502 Willowbrook Road, Suite 300
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FAX: (240) 964-8687

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- **12501 Willowbrook Road, 2nd Floor** *(Outpatient Nutritional Counseling)*
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FAX: (240) 964-8415

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Allison Lutz, R.D.	1205122421
Theresa A. Stahl, R.D.	1447520770

WMHS Primary Care Services

NPI#

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- **625 Kent Avenue, Ste. 204** (*Internal Medicine*)
Cumberland, MD, 21502-3799
Telephone: (301) 777-7300
FAX: (301) 777-7121

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Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Muhammad Naeem, M.D.
Autumn Painter, CRNP

1710186291

- **1313 National Highway** (*Family Practice*)
La Vale, MD 21502-7618
Telephone: (240) 362-0288
FAX: (240) 362-0052

REMIT: P. O. Box 1671
Cumberland, MD 21501-1671
Telephone: (240) 964-8515
Fax: (240) 964 -8336

Jennifer Barlow, CRNP
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Cumberland, MD 21502
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WMHS Primary Care Services

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- **1050 W. Industrial Blvd, Ste. 17** (*South Cumberland Marketplace*)
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WMHS Urgent Care Services

- **Frostburg Health Center** **1952495079**
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Frostburg, MD 21532-1457
Telephone: (301) 689-3229
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WMHS Urgent Care Services

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- **Hunt Club Medical Clinic** **1346341716**
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