Brodstone
HEALTHCARE



FINANCIAL ASSISTANCE

PURPOSE

Brodstone Healthcare and Clinics ("Brodstone") is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government health benefit programs, or who are otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with its commitment to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and disenfranchised, Brodstone strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Brodstone will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Brodstone will base program eligibility on a person's inability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. This Financial Assistance Policy ("Policy" or "FAP") establishes how Brodstone identifies patients that may qualify for financial assistance, how it provides financial assistance, and how it accounts for financial assistance.

INTRODUCTION

I. To provide the appropriate level of financial assistance to the greatest number of persons in need, Brodstone's Board of Managing Trustees has approved this Policy and is responsible for its oversight. Any material changes to the standards in this Policy must be approved by the Board of Managing Trustees before being implemented by Brodstone.

II. This Policy:
   - A. Includes eligibility criteria for financial assistance -- free and discounted care (partial financial assistance);
   - B. Describes the basis for calculating amounts charged to patients eligible for financial assistance;
   - C. Describes how patients may apply for financial assistance;
   - D. Limits to amounts generally billed ("AGB") the amount that Brodstone will charge for emergency or other medically necessary care for patients eligible for financial assistance; and
   - E. Describes how Brodstone will widely publicize the Policy within the community it serves.

III. Financial assistance is not a substitute for personal responsibility. All requests for financial assistance are subject to evaluation and approval by Brodstone's management consistent with this Policy. Patients who request financial assistance are expected to cooperate with all Brodstone procedures under this Policy. Patients are expected to pay for the cost of their care based on their individual ability to pay.

IV. Individuals with the financial capacity to purchase health insurance are encouraged to do so, as a means of assuring personal access to health care services, for their overall personal health, and for the protection of their individual assets.

V. Brodstone reserves the right to deny financial assistance for certain services,

and to deny financial assistance to patients who do not cooperate with the requirements listed in this Policy.

VI. This Policy is intended to benefit patients who are unable to pay for their care and who are uninsured, underinsured, or otherwise ineligible for any government health care benefit program.

SCOPE

This Policy applies to Brodstone Healthcare and Brodstone Family Medical Center - Superior, Brodstone Family Medical Center - Nelson, Brodstone Family Medical Center - Edgar, and Brodstone Family Medical Center - Deshler. All Patient Financial Services staff, management, and administration shall follow the steps below in considering patient requests for financial assistance.

STEPS

I. Policy Relating to Emergency Medical Care
Consistent with EMTALA, Brodstone will provide an appropriate medical screening examination to any individual, regardless of ability to pay, who comes to Brodstone's emergency department requesting treatment for an emergency medical condition. If, following an appropriate medical screening examination, Brodstone personnel determine that the individual has an emergency medical condition, Brodstone will provide services, within the facility's capability, necessary to stabilize the individual's emergency medical condition. Alternatively, Brodstone will arrange for an "appropriate transfer" as defined by federal regulations. (See Brodstone's EMTALA Procedure).

As defined by federal law, the term "emergency medical condition" means (i) a medical condition with acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in— (a) 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, (b) serious impairment to bodily functions, or (c) serious dysfunction of any bodily organ or part; or (ii) with respect to a pregnant woman who is having contractions— (a) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (b) that transfer may pose a threat to the health or safety of the woman or the unborn child.

Brodstone will not delay providing an appropriate medical screening examination or further medical examination and stabilizing treatment of an individual to inquire about the individual's method of payment or insurance status.

VII. Services Eligible for Coverage by Financial Assistance
"Financial assistance" means the provision of certain inpatient or outpatient health care services by Brodstone without charge or at a discount to patients who qualify under this Policy. The following health care services are eligible for coverage under this Financial Assistance Policy:

A. Emergency medical services provided in Brodstone's emergency room;

B. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
C. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
D. Medically necessary services, evaluated on a case-by-case basis at Brodstone's discretion.

Financial assistance if approved under this Policy can apply only to care delivered by Brodstone, such as emergency and medically necessary care delivered by Brodstone's providers, such as Brodstone's emergency room physicians, anesthesiologists, and certified registered nurse anesthetists and Brodstone's providers at BFMC-Superior, BFMC-Nelson, BFMC-Edgar, and BFMC-Deshler. If eligible, patients may also receive financial assistance for deductibles, co-insurance, and co-payment responsibilities.

Addendum A of this Policy lists the providers delivering emergency or other medically necessary care at Brodstone. It also contains a complete list of providers whose services are and are not covered by this Financial Assistance Policy. This Financial Assistance Policy does not apply to physician or other professional fees billed separately from Brodstone's fees. Care provided by any affiliated or non-affiliated providers not employed by Brodstone will not be covered under this Policy unless otherwise listed in Addendum A.

Patients may obtain a current list of providers who are and who are not covered by this Policy. This list is available at no charge by visiting Brodstone's Patient Services at 520 East 10th St, Superior, NE 68978, the Hospital emergency room front desk, the Hospital admissions desk, by mail at

Brodstone Healthcare
520 E 10th St
Superior, NE 68978

or by calling Patient Services at 402-879-3281. Patients may also obtain a current list by visiting our website, https://www.brodstonehealthcare.org/patients/finance-services.

VIII. Eligibility for Financial Assistance
A. Eligibility for financial assistance will be considered for those patients who are unable to pay for their care who have family incomes that fall at or below 200% of the Federal Poverty Level or who are found to be medically indigent by Brodstone and who are uninsured, underinsured, or ineligible for any government health care benefit program. A patient's inability to pay for care will be based upon an individualized determination of financial need under this Policy.

IX. Presumptive Financial Assistance Eligibility
If a patient appears eligible for financial assistance, but there is no financial assistance application form on file due to a lack of supporting documentation, financial assistance may still be granted on a presumptive

basis. Often there is adequate information provided by the patient or available through other sources, to furnish enough evidence to justify financial assistance. In such cases, Brodstone may rely upon outside agencies for estimated income amounts when considering a financial assistance request and potential discount amounts. Presumptive eligibility may be determined based on the approval of Brodstone's management, in light of a patient's particular circumstances, including a patient who

A. Relies upon State-funded prescription programs;
B. Is transient, homeless, or unidentified, or who received care from a homeless clinic;
C. Participates in Women, Infants, and Children program ("WIC");
D. Is eligible for or participates in the Supplemental Nutrition Assistance Program ("SNAP") (Food Stamps);
E. Is eligible for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
F. Is a crime victim – billed charges after state or federal funds have paid or are exhausted;
G. Has low income/subsidized housing at a valid address;
H. Is deceased with no known estate or responsible party; or
I. Is a person whose income is at or below 100% of the current Federal Poverty Level.

Brodstone may also use prior financial assistance eligibility determinations and patient circumstances as a basis for determining eligibility if the patient is presently unable to provide sufficient documentation to support an eligibility determination.

If a presumptive determination of eligibility for financial assistance is made, and it is determined that an individual is eligible for less than the most generous financial assistance available under this Policy, Brodstone will

A. Notify the individual about the basis for the presumptive eligibility determination and how to apply for more generous assistance;
B. Give the individual a reasonable amount of time (up to thirty (30) days before initiating ECAs) to apply for more generous assistance before initiating ECAs; and
C. Process any complete application for additional financial assistance that the individual submits by the end of the application period.

X. How Patients May Apply for Financial Assistance

A. A patient can apply for financial assistance in person, over the phone, or through the mail using the forms available at Brodstone's website, https://www.brodstonehealthcare.org/patients/finance-services.
B. Brodstone recognizes that a patient's ability to pay over an extended period of time may be substantially altered due to illness or financial hardship. Therefore, patients may apply for financial assistance at any point from pre-admission to the final payment of their bills.
C. Referral of patients for financial assistance may be made by any member of Brodstone's staff or medical staff, including physicians, nurses, financial counselors, or social workers. A request for financial assistance may be made by the patient or by a family

member, close friends, or associates of the patient. Note that communications about an application are subject to applicable privacy laws. Contact information for Hospital staff that can provide additional information about Brodstone's financial assistance program is included in Addendum B.

D. Once they become aware of a request or need for financial assistance, all reasonable attempts are made by Brodstone financial counselors to meet with patients to recommend appropriate assistance such as federal, state, or local programs, or to determine eligibility for assistance under this Policy. When applicable, Brodstone financial counselors provide assistance to patients for qualifying for financial assistance under the Policy or to apply for various government health benefit programs, such as Medicaid. Brodstone can also initiate a financial assistance application on behalf of the patient.

E. Contact information for nonprofit organizations or government agencies that can assist patients with their financial assistance applications is included in Addendum C.

F. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance, and there is no assurance that a patient will qualify for financial assistance.

XI. Application to Request Financial Assistance and Notification to the Requesting Patient

A. Financial Assistance Application Process -- Where presumptive circumstances for financial assistance do not apply, individuals must apply for financial assistance and cooperate with Brodstone in determining whether or not the individual is eligible for assistance. This application process will involve the following:

1. The patient or the patient's guarantor is required to complete Brodstone's Financial Assistance Application Form and supply all personal, financial, and other information requested on the application form to allow Brodstone to determine whether the patient qualifies for assistance. Sources of gross income required include, but are not limited to, wages, salaries, farm income, self-employed income, interest/dividends, rental income, payments from Social Security, public assistance, unemployment and worker's compensation, veteran's benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets, and one-time insurance or compensation payments.
2. The evaluation of a request for financial assistance will include a review of the patient's income and family size. A review of income for the patient, spouse, and/or all parents of a patient who is a minor.

B. If the Financial Assistance Application Form is not complete when submitted, a Brodstone financial counselor will call or send a letter to the patient or patient representative requesting the additional information. The financial counselor may also attempt to obtain the information from third-party sources. See Addendum D for the Patient Financial Assistance Application Instruction Letter and

Financial Assistance Application Form for a list or description of information that is required to complete the application and to support the request for financial assistance.

C. Notification to Patients: Requests for financial assistance shall be processed promptly. Brodstone shall notify the patient or applicant in writing of approval/denial of a request for financial assistance within 30 business days of receipt of a completed application. If Brodstone denies the request for financial assistance, the reason for the denial will be provided in the letter. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information for an appeal.

D. Financial assistance will not be denied based on the omission of information or documentation if such information or documentation is not specifically required by this Policy or the financial assistance application form.

XII. Length of Eligibility for Financial Assistance

Once financial assistance has been approved, it is effective for all outstanding patient accounts and for all services provided within six months after approval. Financial assistance eligibility may be extended for an additional six months with verification of income and estimated income and household size.

XIII. Loss of Eligibility or Disqualification

A. Loss of eligibility for financial assistance or disqualification for such assistance may occur for reasons that include, but are not limited, to the following:

1. Falsification; misrepresentation. Financial assistance may be denied to the patient if the patient or responsible party is found to have provided false or materially incomplete information; or
2. Third Party Settlement. Financial assistance may be denied if the patient received a third party financial settlement associated with the care received at Brodstone. The patient is expected to use the settlement amount to satisfy any patient account balance.

XIV. Basis for Calculating Amounts Charged to Patients Who Qualify for Financial Assistance

A. Full or Partial Financial Assistance based on Federal Poverty Levels

1. Full or partial financial assistance is made available to eligible patients as determined in reference to the patient's financial circumstances and Federal Poverty Levels ("FPL") in effect at the time of the eligibility determination. (See Addendum E). Amounts charged for any emergency or other medically necessary care Brodstone provides to a patient eligible for full or partial financial Assistance will be limited to not more than the amounts generally billed ("AGB") to individuals with insurance covering that care. Full or partial financial assistance also applies to co-pays, deductibles, and co-insurance.
2. The financial assistance available to patients who qualify for full or partial financial assistance is as follows:

a. Patients whose family income is at or below 100% of the FPL are eligible to receive free care (full financial assistance)
b. Patients whose family income is at or above 101% of the FPL but not more than 200% of the FPL are eligible for partial financial assistance based on the specific eligibility criteria described in Addendum E.
c. See Addendum E for examples of how full or partial financial assistance may apply.

B. Financial Assistance in Catastrophic Situations: If a patient is not eligible for full or partial financial assistance as described above, financial assistance is available to patients after payment by all third parties has been received by Brodstone where a patient's medical or hospital bills exceed 30% of the patient's total gross income, and the patient is unable to pay the remaining bill. Under this Catastrophic Assistance Category, an eligible patient's responsibility will never exceed 30% of the patient's annual income. Any patient responsibility for care received in a 12-month period which exceeds 30% of the sum of the patient's annual income will be written off in full.

C. Amounts Generally Billed ("AGB"): For emergency or other medically necessary care for patients eligible for financial assistance, Brodstone will limit its charges to no more than the amounts generally billed to persons having insurance ("AGB"). A discount percentage reflecting the AGB is also referred to as the Amounts Generally Billed Percentage ("AGB Percentage"). The gross charges for emergency or medically necessary care provided to a patient eligible for financial assistance is multiplied by the AGB Percentage to determine the AGB.
1. Brodstone utilizes the look-back method to establish its AGB and AGB Percentage. The AGB and AGB Percentage is determined by the sum of Brodstone's allowed charges for all claims for emergency and other medically necessary care allowed by Medicare, Medicaid, or other private health insurers over a twelve-month period beginning the most recent fiscal year, divided by Brodstone's total gross charges for those claims. The resulting percentage is the AGB Percentage.
2. Claims are considered to be "allowed" not based upon when the care was provided, but when the insurer determines the allowable amount of the claim. The amount "allowed" includes the amount the insurer will pay plus the amount for which the individual is personally responsible (including co-pays and deductibles). Allowed claims are included in the AGB Percentage calculation regardless of whether they have been paid or collected.
3. "Health insurers" for purposes of this definition are Medicare, Medicaid, and all private health insurers.
4. Brodstone calculates its AGB Percentage on an annual basis. For purposes of this Policy, each new AGB Percentage will be implemented within 120 days of the end of the 12-month period used by Brodstone to calculate the AGB Percentage. Patients may obtain free of charge written information about

Brodstone's current AGB Percentage and a description of the calculation used by Brodstone in determining it by contacting Brodstone Healthcare's Patient Services by mail at

Brodstone Healthcare
Patient Services at
520 E 10th St
Superior, Nebraska 68978

Patients may also call Hospital Patient Services at 402-879-3281.

XV. Measures to Widely Publicize the Policy to Patients and Within the Community

A. Notification about financial assistance available from Brodstone shall be disseminated by various means, which may include, but are not limited to the following:

B. Brodstone shall make its current Policy, the Financial Assistance Application Form, and a plain language summary of the Policy available on Brodstone's web site at https://www.brodstonehealthcare.org/patients/finance-services.

C. Brodstone shall make the plain language summary of the Policy and the Financial Assistance Application Form available upon request and without charge in public locations in the Hospital and by mail. Brodstone shall clearly post signage about the Policy in the emergency department, admitting areas, and Hospital Patient Services.

D. The Policy, the Financial Assistance Application Form, and the plain language summary of the Policy will be available in English and in the primary language of any group with limited English proficiency ("LEP") that constitutes the lesser of 1,000 individuals or 5 percent of the community served. For patients speaking languages other than those for which the Policy, the Financial Assistance Application Form, and the plain language summary of the Policy have been translated, interpreters will be made available to clearly communicate the Policy and provide assistance in completing necessary forms.

E. Brodstone shall regularly distribute information sheets summarizing the Policy to appropriate local public agencies and nonprofit organizations that address the health needs of the community's low-income populations.

F. All patients will receive a summary of the Policy upon admission to the Hospital. In addition, the Hospital's financial counselors are required to visit with patients to answer questions about the FAP before dismissal from the facility.

G. All Hospital billing statements will include a notice about how to request information about the Policy, including a phone number for inquiries about the Policy.

H. Annually, all Hospital employees are required to receive training about the Policy. The training will include contact information on the department or individuals who can explain the Policy.

Employees who interact with patients will be instructed to direct questions about the Policy to the proper Hospital representatives.

XVI. Relationship to Collection Policy

A. The actions Brodstone may take to collect a patient account where the patient is able to pay for services, including collection actions and reporting to credit agencies are contained in Brodstone's Billing and Collection Policy.

B. For patients who are able to make payments on their account, who may have requested financial assistance and/or who are cooperating in good faith to resolve their outstanding account, Brodstone may offer extended interest-free or low interest payment plans.

C. For patients who qualify for financial assistance under this Policy, Brodstone will not send unpaid bills to outside collection agencies and will cease all collection efforts. Brodstone will not impose extraordinary collection actions such as lawsuits, liens on residences, or other similar legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this Policy.

D. Reasonable efforts shall include:

1. Notifying the patient of the Financial Assistance Policy upon admission, in written communications with the patient regarding the patient's bill, and including information about the Financial Assistance Policy on billing statements;
2. Written documentation that Brodstone has attempted to offer the patient the opportunity to apply for financial assistance pursuant to this Policy and that the patient has not complied with the Hospital's application requirements;
3. Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the Hospital;
4. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.
5. Patients may obtain a free copy of the Billing and Collections Policy by calling the telephone numbers listed on Addendum B.

XVII. Authorizations for Financial Assistance

All financial assistance applications must be evaluated first under the FPL guidelines listed on Addendum E.

XVIII. DEFINITIONS

Amounts generally billed (AGB) - means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

AGB Percentage - means a percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to a FAP-eligible individual.

Application period - means the period during which a hospital facility must accept and process an application for assistance under its Financial

Assistance Policy ("FAP") submitted by an individual in order to have made reasonable efforts to determine whether the individual is FAP-eligible. With respect to any care provided by a hospital facility to an individual, the application period begins on the date the care is provided to the individual and ends on the 360th day after the hospital facility provides the individual with the first billing statement for the care.

Charity care – see financial assistance.

Emergency medical care - means care provided by a hospital facility for emergency medical conditions.

Emergency medical conditions - means emergency medical conditions as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Extraordinary collection action ("ECA") - means an action described in §1.501(r)-6(b).

Family – defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

Income – 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. *Noncash benefits (such as food stamps and housing subsidies)* do not count.

Financial assistance or charity care – health care services that have been or will be provided but are never expected to result in cash inflows. Financial assistance or charity care results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

Financial assistance policy ("FAP") - means a written policy that meets the requirements described in §1.501(r)-4(b).

Financial Assistance Application Form - means the application form (and any accompanying instructions) that a hospital facility requires an individual to submit as part of his or her FAP application.

Gross charges (or the charge master rate) - means a hospital facility's full, established price for medical care that the hospital facility consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions.

Medically necessary - Services or items reasonable and necessary for the diagnosis or treatment of illness or injury, as defined by Medicare and/or other major commercial insurance companies: (1) Medical necessary service

must be supported by a physician order; (2) Medically necessary services exclude self-pay cosmetic services, bariatric surgery, and other elective procedures not covered by insurance.

Patient - refers to the actual patient or to any other party who may be legally responsible for an account's payment.

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.

REFERENCES

In implementing this Policy, Brodstone management and facilities shall comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy, including but not limited to any Proposed, Temporary, or Final Regulations issued under Section 501(r) of the Internal Revenue Code of 1986, as amended.

Last Reviewed 7-1-2025

ADDENDUM A –

(To be reviewed and updated quarterly)

Effective: 07/01/2025

In addition to care delivered by Brodstone Healthcare, emergency and medically necessary care delivered by the listed Brodstone Healthcare providers, including emergency room physicians, anesthesiologists, and certified registered nurse anesthetists, are covered under the Financial Assistance Policy.

Care provided by any affiliated or non-affiliated providers not employed by Brodstone Healthcare will not be covered under this Policy unless otherwise listed on the list referenced below.

COVERED PROVIDERS

Timothy D. Blecha, M.D.
Julie Theis, M.D.
Raymond Heller, M.D.
Jason Hass, PA-C
Allied Health Care Professionals
Amy Rempe, PA-C
Kendra Luebke, M.D.
Barry Bohlen, M.D.
Jodie Scheele, PA
Michelle Schiel, APRN
Tara Kirkpatrick, MD
Matthew Wade Gatlin, P.A.
Alisha Fangmeyer, APRN
Riley Butler, P.A.
Chris Souchek, CRNA
Lori Harris, CRNA
Teresa Frahm APRN, FNP, PMHNP
Pravardhan Birthi, M.D.
Ken Stallons, MS, FAAA
Ryan Ramaekers, MD
Sravanthi Sanivaripu, MD
Lillie Lueke, APRN

NON-COVERED PROVIDERS

Hastings General Surgery
Central Nebraska General Surgery
Grand Island Radiology Assoc.
Heartland Radiology
Paul J. Dietze, M.D.
Pathology Medical Services
Thomas Magnuson, M.D.
Joshua R. Anderson, M.D.
Grand Island Specialty Clinic St.
Mary Lanning Healthcare
Kalpesh Ganatra, M.D.
Jessica Gregg, APRN
Abby Gallagher, APRN
Robert C. Wilson, D.D.S.
Nebraska Heart Institute
Daniel Brailita, M.D.
Real Radiology LLC
Central Nebraska Orthopedics
Vascular Surgical Associates
Vascular Surgical – Bryan Heart
Erica Ferrell, APRN
Pornchai Jonglertham, M.D.
Obstetricians & Gynecologists PC
Francis Medical Center
Pioneer Heart Institute
Corey Blackburn, D.P.M.
Surgical Care, PC
Platte Valley Medical Group Pulmonology
Plains Radiology Services PC
Bryan LGH Heart Institute

Nebraska Forensic Medical Services
The Lanning Center for Behavioral Services
Associated Pathologists of Nebraska

Patients may obtain a current list of providers who are and are not subject to this policy at no charge by visiting Brodstone Healthcare Patient Services Center at 520 E 10th St, Superior, Nebraska 68978, the emergency room front desk, or the admissions desk, by mail at 520 E 10th St, Superior, Nebraska 68978, by calling Hospital Patient Services, 402-879-3281. Patients may also obtain a current list by visiting our website, https://www.brodstonehealthcare.org/patients/finance-services.

Last Updated 7/1/2025

ADDENDUM B –
Effective: 7/1/2025

Brodstone Healthcare Patient Services
402-879-3281
Financial Counselor 402-207-1539

Brodstone Healthcare Social Services
402-879-3281, ext. 5185 OR
402-207-1530

ADDENDUM C –

Effective: 7/1/2025

Contact Information of Nonprofit Organizations or Government Agencies that may be Sources of Assistance for Completing Financial Assistance Application Forms:

Community Services Coordinator
145 E 4th St
Superior, NE 68978
402-879-3715

Nuckolls County Senior Services
447 N Central Ave.
Superior, NE 68978
402-879-4679

ADDENDUM D –

Patient Financial Assistance Instruction Letter

Dear Patient,

Medical bills may be difficult to pay. Patients who are unable to pay for all or part of their health care services, may qualify for partial or full financial assistance. A program that is provided by Brodstone Healthcare. If you do not qualify for Federal or State medical assistance programs, please complete the enclosed financial assistance application and return with all of the required information.

In order for your application to be processed, you must provide:

- Information about your family.
  Fill in the number of family members in your household (this includes people related by birth, marriage, or adoption who live together).
- Information about your family's gross monthly income (before taxes and deductions).
- Attach additional information, if needed.
- Sign and date financial assistance form.

Income Source:

- Recent tax return for ALL family members.
- Proof of income for patient, spouse, and/or all parents of a minor child, a copy of last 2 months of payroll stubs, a copy of an unemployment check, a copy of a disability check, a copy of social security award letter and/or a copy of a pension letter.
- A copy of one bank statement.
- A letter of explanation for any documentation you are unable to obtain.

If you need help filling out the application, please contact our Social Services Department at 402-207-1530.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 30 days of receiving a complete financial assistance application, including documentation of income.

Please submit your application within 2 weeks of receiving this letter.

You can drop your application off at SFMC or BH Patient Services or mail to:

Brodstone Healthcare
PO Box 187
Superior, NE 68978

Sincerely,
Patient Accounts
402-207-1539

ADDENDUM E –

Financial Assistance Guidelines • Based upon Federal Poverty Level Guidelines for 2025
Effective: 1/1/2026

Size of Family Unit	Federal Poverty Level	Brodstone Healthcare Guideline 200% of Federal Poverty Level
1	$15,960	$31,921+
2	$21,640	$43,281+
3	$27,320	$54,641+
4	$33,000	$66,001+
5	$38,680	$77,361+
6	$44,360	$88,721+
7	$50,040	$100,081+
8	$55,720	$111,441+
8+	Add $5,680 each additional member	Add $12,780 each additional member

Calculation Process:
• Patients who are at or below FPL 100% guideline will receive a full write-off of charges.
• For patients who exceed the FPL 100%, but have income less than the 200% FPL guideline, a sliding scale will be used to determine the percent reduction of will apply. The matrix for deductions is below.

Family Income as % of FPL	Amount of Discount Applied to Gross Charges
<100%	100%
125%	80%
150%	60%
175%	40%
200%	20%
>200%	0%

Blue Cross and Blue Shield of Nebraska publishes machine-readable files on behalf of Brodstone Healthcare. View the machine-readable files here: https://bcbsneweb.healthsparq.com

Examples:

Brodstone Healthcare: An uninsured patient receives emergency medical services at Brodstone. This patient completes and submits the Financial Assistance Application Form. This patient's family income is equal to 150% of the Federal Poverty Level. Brodstone's financial counselor determines that the patient is eligible to receive a 60% financial assistance discount. Assuming the patient's hospital charges are $10,000, the 60% charity care discount, or $6,000 is applied to the outstanding balance. The patient's remaining obligation would be 40%, or $4,000.

Note: For uninsured or underinsured patients who apply for financial assistance, who are determined to not be eligible for discounts because of income in excess of the FPL 200%, but who otherwise demonstrate financial need, such patients may be offered the ABG discount as described in the Financial Assistance Policy.

ADDENDUM F –

Authorization for Financial Assistance

Effective: 1/1/2026

All financial assistance applications must be approved by the Financial Assistance Committee.

4851-9693-6833, v. 3

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402-879-3281
brodstonehealthcare.org

520 E 10th St. • Superior, NE 68978