

HAMILTON MEDICAL CENTER ORGANIZATIONAL POLICY

TITLE: Financial Assistance Policy (FAP)

EFFECTIVE DATE: September 21, 2022

SUPERSEDES: June 21, 2022

ORIGINAL DATE IMPLEMENTED: September 1, 2016

ATTACHMENTS: I: Notice of Financial Adjustment Letter
II: Application for Financial Assistance
III: Verification of Income
IV: Covered and non-covered providers of HMC's FAP

Background:

Hamilton Medical Center (HMC) is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care. Consistent with its mission to meet the health care needs of the community, HMC will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Purpose:

To define procedure and establish guidelines for determining patients who are eligible for HMC's financial assistance program. Further, to provide department specific procedures that relate to this Organizational Policy. The following is only applicable to services provided by and billed by HMC. This program does not apply to all separate physicians' fees not billed by HMC (Attachment IV).

Procedure:

The following procedures and definitions shall apply and patients are declared medically indigent by following the procedures listed:

1. Collections:

The primary role and responsibility of a Financial Counselor is to advise the patient of amounts due for services rendered, therefore the opening conversation with a patient should be to determine if a patient may have the ability to pay and if a payment plan may be established.

2. Death Certificates:

HMC will require a representative of the patient's estate to provide a copy of the patient's death certificate. If there is no estate, a letter of documentation is required to be signed by the patient's closest family member or Executor of any will. If no statement of estate is received, HMC will consider filing a lien against the estate at its discretion.

3. Presumptive Eligibility:

HMC will consider patients that are homeless or that may have received care from a homeless clinic, approved by the court for bankruptcy estate and patients receiving Supplemental Nutrition Assistance Program (SNAP) as eligible for financial aid assistance without providing complete documentation that is delineated below.

4. Household Size and Proof of Income:

- a. The most current years' federal income tax return will be used as the standard documentation for determination of household size and proof of income. If the patient did not file a tax return, the patient shall contact the IRS to receive a formal "Verification of Non-filing" letter. The patient may contact the IRS at 1-800-908-9946 or visit IRS.gov and click on "Order a Transcript". (Required for all applications)
- b. Considering the fact that income may change due to the patient's circumstances, HMC may also use the patient's most recent 13-week gross income to assist in determining the current income level. HMC may provide the "Verification of Income" form (Attachment III) to assist the patient in providing this information along with other acceptable proof of income, such as:
 - i. Most recent tax returns (If none available, call Financial Counselor for further direction).
 - ii. Child support
 - iii. TANF payments
- c. For the purposes of this policy, all adjusted gross income shall be considered, including business and investment income.
- d. Household size shall be determined by family members defined as self, spouse, any natural or adopted children under the age of 18 living with the patient and any other legal dependents on the most recent income tax return or financial documentation along with supporting proof of identity, such as:
 - i. Government issued photo I.D.
 - ii. Employment authorization card
 - iii. Birth certificate
 - iv. State Driver's License
 - v. Current U.S. Passport
 - vi. Certificate of Citizenship
 - vii. Certificate of Naturalization

- e. If no tax return is available, a “Verification of Non-filing” letter must be supplied for each member of the household along with proof of identity to determine household size.
- f. Financial assistance may be denied based on an applicant’s failure to provide requested information and/or documentation that is described in the Financial Assistance Policy (FAP).

5. Other Required Documentation:

- a. A letter of denial or other appropriate documentation from Georgia Medicaid that shows ineligibility for Medicaid Coverage.

6. Medical Necessity:

- a. Financial assistance is only applicable for emergent and other medically necessary services as defined by CMS.gov as “An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child; Serious impairment to bodily functions; or Serious dysfunction of any bodily organ or part”.
- b. HMC provides care for emergent and other medically necessary services to individuals, without discrimination and regardless of FAP eligibility.
- c. HMC disallows actions that discourage individuals from seeking medical care, *i.e.*, demanding emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care.
- d. Balances due from an insurance denial as a result of a patient’s failure to comply with the terms of their plan may not be considered for assistance.

7. Core Service Area and County of Residence:

Financial Assistance is available to residents of HMC’s core service areas, Whitfield, Murray and Catoosa counties. Applications received from residents outside the core areas may be considered for review for extenuating circumstances. These applications must be directed to the department Director for consideration and/or approval.

8. Amounts Generally Billed:

HMC does not charge any patient that qualifies for financial assistance any more than Amounts Generally Billed (AGB).

- a. HMC uses the “look back” method to calculate the AGB by multiplying the full price for medical care that is uniformly applied for services, before contractual discounts or deductions (Gross Charges), by the AGB percentage.

- b. The AGB percentage is calculated by dividing (i) the sum of the expected allowable collections for all claims for hospital care for Medicare Fee for Service and all primary payer private health insurers for the past fiscal year by the (ii) associated Gross Charges for these claims.
- c. HMC's AGB percentage for fiscal year 2020 is 35%. Accordingly, if a patient qualifies for financial assistance for services received at an HMC facility, the most an indigent patient will be charged is 35% of Gross Charges (e.g., if a patient's Gross Charges are \$10,000, the most an indigent patient will pay for these services is \$3,500).
- d. HMC's Central Business Office, in conjunction with the Financial Services Department, will calculate the AGB at the beginning of each calendar year when the Federal Poverty Guidelines are published using the previous fiscal year (October – September) data.

9. Applications:

Financial Assistance Applications (Attachment II) and/or assistance in completing the application may be obtained in HMC's Cashier/Financial Counseling Office at 1200 Memorial Drive Dalton, Ga. 30720 during office hours of 8:30 a.m. to 5:00 p.m., online at hamiltonhealth.com/hmc_bill-ins or request to have an application mailed by calling the HMC Financial Counseling Offices at (706) 272-6136 or (706) 272-6018.

- a. For Home Health/Hospice patients, the Medical Social Worker will determine through conversation with the patient and/or family, using the guidelines established by Patient Financial Services, if they will be unable to pay for services in the home and other medical related needs, and determine that they do not qualify for Medicaid, Medicare or any other method of financial assistance.
- b. All other patients will be directed to the HMC Cashier/Financial Counseling Office for an application and a Financial Counselor will determine if inability to pay is indicated or if Medicare, Medicaid or a Federal Exchange Plan is an alternative.

10. Timelines:

- a. Application for assistance must be made within 240 days following the first post discharge billing statement and approved applications will be considered valid and in effect for a period of 12 months from the date of approval.
- b. Approved financial assistance will be applied to all encounters dated 240 days previous to the last statement received and 365 days forward from the approval date.

Example: Last statement date of 11/5/2015 and assistance approval date of 11/18/2015
 11/5/2015 minus 240 days = 3/10/2015
 11/18/2015 plus 365 days = 11/17/2016
 Financial assistance is approved for dates of service from 3/10/2015 through 11/17/2016

- c. Patients should return the completed application to the Financial Counselors in the Cashier/Financial Counseling Office at HMC in person during office hours of 8:30 a.m.

to 5:00 p.m., by mail at HMC Attn.: Financial Counselor P.O. Box 1168 Dalton, Ga. 30720 or by fax at (706) 281-5613 or (706) 281-5614.

- d. Patients should respond in a timely manner and comply with request for additional documentation when an incomplete application has been submitted. Patients will be given 10 to 15 days to respond with the appropriate documentation. This timeline may be extended if the Counselor deems appropriate.
- e. Once all documentation is received, the Financial Counselor will thoroughly review all documentation to determine indigent status.

11. Eligibility Process:

- a. HMC will use the following Poverty Income Guidelines based on adjusted gross income to determine any indigent adjustment:

Hamilton Medical Center January 1, 2022
2020 Poverty Income Guidelines and Charity Care

Family Size	Poverty Income Guideline Base	125% of base for 100% adjustment	150% of base for 80% adjustment	200% of base for 70% adjustment	250% of base for 65% adjustment
1	13,590	16,988	20,385	27,180	33,975
2	18,310	22,888	27,465	36,620	45,775
3	23,030	28,788	34,545	46,060	57,575
4	27,750	34,688	41,625	55,500	69,375
5	32,470	40,588	48,705	64,940	81,175
6	37,190	46,488	55,785	74,380	92,975
7	41,910	52,388	62,865	83,820	104,775
8	46,630	58,288	69,945	93,260	116,575
9	51,350	64,188	77,025	102,700	128,375
10	56,070	70,088	84,105	112,140	140,175
11	60,790	75,988	91,185	121,580	151,975

- b. **Residents 100%:** Patients whose income is equal to or less than 125% of the Poverty Income Guidelines are eligible for a 100% adjustment of charges.
- c. **Residents 80%:** Patients whose income is between 125% and 150% the Poverty Income Guidelines are eligible for an 80% adjustment of charges.
- d. **Residents 70%:** Patients whose income is between 150% and 200% the Poverty Income Guidelines are eligible for a 70% adjustment of charges.
- e. **Residents 65%:** Patients whose income is between 200% and 250% the Poverty Income Guidelines are eligible for a 65% adjustment of charges.
- f. Patients whose income is over 250% of the Poverty Income Guidelines are not eligible for financial assistance.

12. Other Providers Participation:

- a. Please see Attachment IV for a listing of covered and non-covered providers under HMC's FAP. This policy will be reviewed for changes or updates each calendar quarter.

13. Collection Activities:

- a. HMC adheres to the billing and collection guidelines as detailed in the Central Business Office (CBO) departmental policy number PRC.GB.04002. A free copy of this policy may be obtained from HMC's Cashier/Financial Counseling Office at 1200 Memorial Drive Dalton, Ga. 30720 or request to have the policy mailed by contacting HMC Customer Service at (706) 272-6636
- b. If a patient's services are related to an accident or injury, HMC may pursue payment from a third party and may place a lien against the third party. This action is not considered extraordinary collection activity. The financial assistance application will be placed on hold until any third party liability is resolved.

14. Extraordinary Collection Activities (ECA):

- a. Guarantor balances process through a 120-day billing cycle containing a detailed itemized bill and three additional statements. Each statement will contain the current balance and information on how to apply for financial assistance. If the guarantor has not paid the account balance in full or set up a payment arrangement before the 120-day billing cycle is complete, the account will be eligible for a bad debt write off and placement with a Bad Debt Secondary Business Office (SBO). Placement with an SBO may result in Extraordinary Collection Activities (ECA) action such as adverse reporting to credit bureaus. No ECA will be initiated before the 120-day billing cycle is complete.
- b. The Executive Director of Patient Business Services will maintain responsibility for determining that the facility has made reasonable efforts to determine whether an individual is FAP-eligible and therefore engage in ECA's against the individual.
- c. Should a patient apply for financial assistance after the 120-day billing cycle is complete, and within the 240-day time limit; all ECA will be suspended pending the outcome of the application. Should the application be approved, all accounts will be

withdrawn from collection agencies and all reasonable measures will be taken to reverse any ECA.

15. Processing Applications:

- a. The Financial Counselor will notify the patient of approval or denial within 7 days of the determination using the “Notice of Financial Adjustment” letter (Attachment I). Denied applications will be scanned into the patient’s encounter in EDM under “Charity Documents” by the Financial Counselor.
- b. Approved applications are forwarded to the CBO Clerical Assistant with the “Notice of Financial Adjustment” letter who ensures the forms are signed by the appropriate person following the guidelines listed:
 - i. Balances of \$1- \$1,999 are approved by the Financial Counselor
 - ii. Balances of \$2,000-4,999 are approved by CBO Lead
 - iii. Balances of \$5,000-19,999 are approved by the CBO Manager
 - iv. Balances of \$20,000–49,999 are approved by the Executive Director of PBS
 - v. Balances of \$50,000 and greater are approved by the CFO
- c. The CBO Clerical Assistant then performs the adjustments in the Electronic Hospital System following the guidelines listed in the “Posting Manual Adjustments to the Electronic Hospital System” P & P number PRC.FTM.03001.
- d. If the adjustment results in a credit on the account greater than \$5.00 as a result of a patient payment, the information will be sent to the Credit Processing Representative and the full amount of the patient’s payment will be refunded.
- e. After posting all applicable adjustments, the CBO Clerical Assistant scans the “Notice of Financial Adjustment” form into EDM under “Charity Documents”

Sincerely,

Financial Counseling Department
Hamilton Medical Center
706-272-6018

LEGEND - Attachment I - Notice of Financial Adjustment Letter

Page 1

Box 1: Enter Current Date

Box 2: Enter Patient Name

Box 3: Enter Patient Address

Box 4: Enter City

Box 5: Enter State

Box 6: Enter Zip

Box 7: Enter Salutation (i.e. Mr. Jones, Mrs. Smith or Ms. Williams)

Box 8: Choose Status

APPROVED 100% DISCOUNT

APPROVED 80% DISCOUNT

APPROVED 70% DISCOUNT

APPROVED 65% DISCOUNT

DENIED

INCOMPLETE

Box 9: Choose County

Choose Category A, C, D when status is APPROVED.

Choose Whitfield or Out of County when status is Denied or Incomplete.

Box 10: Enter approval beginning date if approved.

If application is denied or incomplete, enter current date.

Box 11: Enter approval ending date if approved.

If application is denied or incomplete, enter 00/00/0000.

Box 12: User chooses only one statement from Line # 1 through 6 when application status is: APPROVED based on the status chosen from Box # 8 (i.e. If status is an 80% discount, user will choose Line # 2. If status is a 30% discount, user will choose Line #6)

User chooses Line # 7 when application status is **DENIED**.

User chooses Line # 8 when application status is **INCOMPLETE**.

1. Your current balances have been reduced by 100%.
2. Your current balances have been reduced by 80%. You are responsible for the 20% remaining balance.
3. Please contact our office at 706-272-6636 to pay the balance in full or to set up monthly payments.
4. Your current balances have been reduced by 70%. You are responsible for the 30% remaining balance. Please contact our office at 706-272-6636 to pay the balance in full or to set up monthly payments.

5. Your current balances have been reduced by 65%. You are responsible for the 35% remaining balance. Please contact our office at 706-272-6636 to pay the balance in full or to set up monthly payments.
6. The income submitted is above the maximum limit based on your family size. Please contact 706-272-6636 to pay your current balance in full or to make payment arrangements.
7. There are missing required documents. Please review the enclosed application and re-submit your application with the required documentation

Box 13: User chooses Line Item # 1 when application status is APPROVED.

User chooses Line Item # 2 below when application status is DENIED.

User chooses Line Item # 3 when application status is INCOMPLETE.

1. It is your responsibility to notify our office of any new services incurred at HMC during this one year in order for Financial Assistance discount to be applied.
2. You may re-apply for Financial Assistance if there is a change in your income over a 13-week period.
3. Your corrected application will be reviewed and a decision made within 30 days of receipt.

Table Insert: Click in first cell under “ENCOUNTER” and press tab to proceed to other cells across the table.

When table is completed, click on Box 14 to choose FC telephone number.

Box 14: Choose phone number of Financial Counselor completing letter.

ATTACHMENT II

**HAMILTON MEDICAL CENTER
DALTON, GEORGIA
APPLICATION FOR FINANCIAL ASSISTANCE**

Name: Last _____ First _____ M.I. _____
Address: Street _____ Apt. # _____
City _____ State _____ Zip Code _____ County _____
Home Phone _____ Employer _____
Family Size _____

Type of Service: _____
Date(s) of Service: _____
Proof of Identity: Driver's License Other
Patient's Statement _____

(All requested information must be provided, or your application will be returned to you as incomplete.)

APPLICANT'S CERTIFICATION

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any assistance (Medicaid, Medicare, Insurance, etc..) which may be available for payment of my hospital charge, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges.

I understand that this application is made so that the hospital can judge my eligibility for uncompensated services based on the established criteria on file in the hospital. If any information I have given proves to be untrue, I understand that the hospital may reevaluate my financial status and take whatever action becomes appropriate.

Date _____ Applicant's Signature _____

Date _____ Financial Counselor's Signature _____

Date _____ Director's Signature _____

Approved _____ Denied _____

ATTACHMENT III

Verification of Income

Hamilton Central Business Office
Financial Counselor
Phone: 706-272-6136 or 706-272-6018
Fax: 706-217-2047

Date: _____

Employee Name: _____

To Whom It May Concern: Please provide a listing of the last thirteen weeks' gross wages for the above named employee.

	<u>Amount</u>	<u>Date Paid</u>
<u>Week 1</u>	_____	_____
<u>Week 2</u>	_____	_____
<u>Week 3</u>	_____	_____
<u>Week 4</u>	_____	_____
<u>Week 5</u>	_____	_____
<u>Week 6</u>	_____	_____
<u>Week 7</u>	_____	_____
<u>Week 8</u>	_____	_____
<u>Week 9</u>	_____	_____
<u>Week 10</u>	_____	_____
<u>Week 11</u>	_____	_____
<u>Week 12</u>	_____	_____
<u>Week 13</u>	_____	_____

Signature: _____

Title: _____

Date: _____

Company name: _____

I, _____, give my permission to release the information above to Hamilton Medical Center's collection department.

ATTACHMENT IV

Covered and non-covered providers of HMC's FAP

The purpose of the provider list is to distinguish the services provided at HMC that are covered by the FAP.

Providers and physicians (see list below) not employed directly by HMC who may provide emergency or medically necessary care at HMC not covered by the FAP.

Name:	Specialty:
Cromie, Marc W, MD	Allergy/Immunology
Hollie, Michael C, MD	Allergy/Immunology
Levin, Todd A, MD	Allergy/Immunology
Patel, Jennifer K, MD	Allergy/Immunology
Perry, Lee M, MD	Allergy/Immunology
Ameredes, Theodore H, DO	Anesthesiology/Pain Management
Bloomston, Marc, MD	Anesthesiology/Pain Management
Elliott, Lee C, MD	Anesthesiology/Pain Management
Goodge, Brent J, MD	Anesthesiology/Pain Management
Gosdin, Daniel, MD	Anesthesiology/Pain Management
Hill, John S, MD	Anesthesiology/Pain Management
Mahvi, Kathleen A, MD	Anesthesiology/Pain Management
Neil, Ryan, MD	Anesthesiology/Pain Management
Schatzman, Nathan K, MD	Anesthesiology/Pain Management
Scruggs, Stewart L, MD	Anesthesiology/Pain Management
Sucher, John D, MD	Anesthesiology/Pain Management
Tomlinson, James, MD	Anesthesiology/Pain Management
Ahmad, Ezad N, MD	Cardiology
Verma, Rajiv, MD	Cardiology
Abbas, Noah, MD	Emergency Medicine
Atherton, Jeffrey, MD	Emergency Medicine
Cohen, Jeffrey L, DO	Emergency Medicine
Duffy, Terence, MD	Emergency Medicine
Frenchik, James A, MD	Emergency Medicine
Gaw, Erin N, MD	Emergency Medicine
Holsonback, Shawn M, DO	Emergency Medicine
Keller, John C, MD	Emergency Medicine
Reed, Miranda, MD	Emergency Medicine
Scott, Jamie, MD	Emergency Medicine
Sikes, Alexander, MD	Emergency Medicine
Smith, Quentin, MD	Emergency Medicine
Starnes, Jennifer L, MD	Emergency Medicine

Truban, Lisabeth, MD	Emergency Medicine
Walker, Wilson, MD	Emergency Medicine
Webster, James A, MD	Emergency Medicine
Whaley, Heather, MD	Emergency Medicine
Zotos, Alexander P, MD	Emergency Medicine
Antalis, John S, MD	Family Practice
Cook, Robert T, MD	Family Practice
DeLay, Brad D, MD	Family Practice
Neises, Kerry A, MD	Family Practice
Zuppa, James R, MD	Family Practice
Carson, D. Stephen, MD	Internal Medicine
Elam, Mark P, MD	Internal Medicine
Garcia, German J, MD	Internal Medicine
Garcia, Julia, MD	Internal Medicine
Jensen, Eric E, MD	Internal Medicine
Malpartida, Juan C, MD	Internal Medicine
Nisar, Azhar, MD	Internal Medicine
Perez, Pablo E, MD	Internal Medicine
Smith, Brandon, MD	Internal Medicine
Voegele, Stanford W, MD	Internal Medicine
Ta, Phuong-Lynh, MD	Internal Medicine
Wagner, Seth T, DO	Internal Medicine
Golding, John V, MD	Interventional Cardiology
Carroll, Travis R, MD	Neonatology
Safarulla, Azif, MD	Neonatology
Sherrow, Nicholas C, MD	Neonatology
Chamberlain, Nathan E, MD	Nephrology
Dennard, David T, MD	Nephrology
Duchesne, Rafael, MD	Nephrology
Ginther, Stuart G, MD	Nephrology
Grewal, Mandeep S, MD	Nephrology
Newby, F. David, MD	Nephrology
Poole, Christopher V, MD	Nephrology
Richmond, John D, MD	Nephrology
Tuel, Keelan, MD	Nephrology
Khaldi, Ahmad, MD	Neurological Surgery
Goreki, John, MD	Neurological Surgery
Lin, Franklin, MD	Neurological Surgery
Cruz, Marcos, MD	Neuromonitoring
Grays, Breyanna, MD	Neuromonitoring
Reid, Ruby, MD	Neuromonitoring
Scholl, Seth, DO	Neuromonitoring

Urbaniak, Steven, DO	Neuromonitoring
Vega Bermudez, Francisco, MD	Neuromonitoring
Zubkov, Sarah, MD	Neuromonitoring
Calfee, Eric F, MD	Obstetrics/Gynecology
Dindoffer, Timothy C, MD	Obstetrics/Gynecology
Loftis, Jr., Richard M, MD	Obstetrics/Gynecology
McDowell, Angela L, DO	Obstetrics/Gynecology
Smith, Mathew D, MD	Obstetrics/Gynecology
Stuckey, Wesley M, MD	Obstetrics/Gynecology
Tidwell, S. Craig, MD	Obstetrics/Gynecology
Wood, Angela, MD	Obstetrics/Gynecology
Duhaime, Lisa A, MD	Oncology/Hematology
Naguib, Hosam M, MD	Oncology/Hematology
Turner, James E, MD	Oncology/Hematology
Verma, Monica, MD	Oncology/Hematology
Hendrix, Joshua F, MD	Ophthalmology
Kim, Brian, MD	Ophthalmology
O`Boyle, Timothy E, MD	Ophthalmology
Chung, Bill D, DDS	Oral Surgery
Frix, J. Mitch, MD	Orthopedics
Goss, Jr., David, A, MD	Orthopedics
Hodges, III, F. Barry, MD	Orthopedics
Lashley, James E, MD	Orthopedics
Norman, Sr., John T, MD	Orthopedics
Reed, Nick, MD	Orthopedics
Wilson, Michael D, MD	Orthopedics
Coleman, Sean C, MD	Otolaryngology
Dinges, David L, MD	Otolaryngology
Ryals, Stephen H, MD	Otolaryngology
Patel, Amit, MD	Pain Management
Sohani, Sadiq, MD	Pain Management
Birsan, Christina M, MD	Pathology
Blount, Summer, MD	Pathology
Fong, Eugene, MD	Pathology
Hessler, Richard B, MD	Pathology
Mills, Joyce D, MD	Pathology
Oliver, Jorge, MD	Pathology
Proctor, Lori, MD	Pathology
Spence, David C, MD	Pathology
Swearingen, Mary, MD	Pathology

Border, William L, MD
Ferguson, M. Eric, MD
Iannucci, Glen J, MD
Kochilas, Lazaros K, MD
Kroph, Paulette A, MD
Lewis, Brooke, MD
Mahle, William T, MD
Mao, Chad, MD
McKane, Meghann, MD
McKay, Rachel, MD
Michelfelder, Erik C, MD
Porter, Andrew, MD
Sachdeva, Ritu, MD
Sallee III, Denver, MD
Samai, Cyrus, MD
Slesnick, Timothy C, MD
Watson, Timotheus G, MD
Wilson, Hunter, MD

Pediatric Cardiology
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Pediatric Cardiology

Ireland, Thomas, MD
Miller, III, Lewis M, MD

Pediatric Neurology
Pediatric Neurology

Breazeale, Richard I, MD
Shah, Rohan J, MD

Pediatric Ophthalmology
Pediatric Ophthalmology

Abdeldayem, Abeer M, MD
Azzouz, Rami, MD
Brandt, Emily A, MD
Carnevale, Nancy E, MD
DeWeese, Kristen P, DO
Edwards, William R, MD
Ezeoke, Cole C, MD
Filler, Karen M, MD
Fournet, Andrew, MD
Hale, Michael A, MD
Hartley, Susan T, MD
Hernandez, Milca L, MD
Horne, Adam C, MD
Kramer, Melissa, MD
Moscardini, Dahlia, MD
Point du Jour, Joseph D, MD
Riesco, Ricardo R, MD
Rifai, Ayman M, MD
Townes, Alexandra, MD
White, Jeffeory H, MD

Pediatrics, General
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Pediatrics, General

Sherrill, Reginald R, MD
Williams, Joel A, MD

Plastic Surgery
Plastic Surgery

Bazrafshan, Sam, DPM	Podiatry
Land, IV, John J, DPM	Podiatry
Lifferth, Greg S, DPM	Podiatry
Scarlett, Errol, DPM	Podiatry
Solomon, Aaron D, DPM	Podiatry
Noorani, Shaheen P, MD	Pulmonology
Humayun, Naseer A, MD	Pulmonology/Critical Care/Sleep
Abdou, John C, MD	Radiation Oncology
Ali, Arif N, MD	Radiation Oncology
Galanopoulos, Nicholas S, MD	Radiation Oncology
Golder, Stephen L, MD	Radiation Oncology
Hughes, Lorie L, MD	Radiation Oncology
McKay, William P, MD	Radiation Oncology
Mumber, Matthew P, MD	Radiation Oncology
Stapleford, Liza J, MD	Radiation Oncology
Ziel, Gilbert E, MD	Radiation Oncology
Fields, Braxton, MD	Radiology
Johnson, Kevin F, MD	Radiology
Miller, Adrian, MD	Radiology
Minor, Patrick E, MD	Radiology
Patel, Neil G, MD	Radiology
Strickland, Jr., E. C., MD	Radiology
Anderson, Fredrick, DO	Tele-radiology
Andrews, Gordon T, MD	Tele-radiology
Aschkennasi, Carl, MD	Tele-radiology
Babuis, Algis V, MD	Tele-radiology
Batten, Dean, MD	Tele-radiology
Bryant, Jennifer E, MD	Tele-radiology
Caldemeyer, Karen S, MD	Tele-radiology
Ciabattoni, Steven E, MD	Tele-radiology
Conway, Deborah, MD	Tele-radiology
Cooney, Michael J, MD	Tele-radiology
Giyanani, Ravi, MD	Tele-radiology
Goldberg, Neil L, MD	Tele-radiology
Gooding, Britta M, MD	Tele-radiology
Guisler, Paul, MD	Tele-radiology
Gutstein, Laurie L, MD	Tele-radiology
Johnson, Melissa, MD	Tele-radiology
Jones, Norman E, MD	Tele-radiology
McDonnell, Kevin M, MD	Tele-radiology
Mitchell, Richard A, MD	Tele-radiology
Naveed, Nausheen, MD	Tele-radiology
Parada-Orrego, Sandra, MD	Tele-radiology
Poleynard, Blake C, MD	Tele-radiology

Staib, Neil, MD	Tele-radiology
Strong, Benjamin, MD	Tele-radiology
Travis, Talitha, MD	Tele-radiology
Turner, James H, MD	Tele-radiology
Verma, Sumeet, MD	Tele-radiology
Idom, Jr., Charles B, MD	Urology
Rojas, Eduardo, MD	Urology
Veys, Joseph A, MD	Urology

** Certain professional fees may be covered by the Financial Assistance Policy if billed by Hamilton Medical Center.*

Patients should contact their provider to determine if financial assistance is offered on professional services.