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Owner	Jennifer Sisco: Manager, Patient Financial Services
Policy Area	Revenue Cycle Support Services

Trinity Health Financial Assistance/Uninsured Policy

DEPARTMENT: Patient Financial Services , Revenue Cycle

SUBJECT: Trinity Health Financial Assistance Policy

Policy :

Trinity Health is dedicated to providing medically necessary health care to all patients. We believe that access to compassionate, high-quality care is a fundamental part of our mission to serve our community and promote the well-being of every individual we encounter.

Trinity Health is committed to providing financial assistance to patients who (i) receive eligible services (as defined in this policy); (ii) are uninsured or under-insured; (iii) do not qualify for governmental assistance; (iv) are unable to pay for medically necessary care; and (v) otherwise meet the criteria set forth in this policy.

Financial assistance will be provided without regard to race, national origin, disability, marital status, religion, gender, age, ethnicity, sexual orientation, or insurance status. In recognition that resources must be used prudently and effectively, patients applying for financial assistance are required to cooperate with Trinity Health's procedures for obtaining insurance coverage, financial assistance, or other forms of payment.

Purpose: This policy outlines the process for patients to apply for financial assistance, also known as charity care, and defines the billing and collections practices that apply to all patient accounts.

SCOPE:

Trinity Health facilities covered under this guideline include(s) Trinity Hospital, Trinity-St Joseph's Hospital, Trinity Medical Group, Trinity Oral/Facial Services, Trinity Home Health/Hospice, Kenmare Hospital, and Kenmare Health Center.It is important to note that some physicians provide services at Trinity Hospital but are not employed or contracted by Trinity Health. Services rendered by these independent physicians are not covered under this policy, and patients will be billed directly by those providers. **See Attachment A for additional details.**

I. Process for Communication

Financial Counselors are available to assist patients with their application for financial assistance and explain the complexities of health care billing. Patient Financial Services Department is located at: 2305 37th Ave Sw Minot, ND 58701 and Financial Counselors are available by phone at: 701-857-5105 Monday- Friday 8:00am-4:30pm CST or by email bsfincounselors@trinityhealth.org.

Trinity Health will notify and inform individuals about the availability of Financial Assistance in the following ways:

- Trinity Health shall set up conspicuous public displays that notify and inform patients about the financial assistance program. Such displays shall be located in the emergency room and all patient access areas. Displays will include a statement that Trinity Health offers financial assistance to eligible individuals, information about how or where to obtain information about the Trinity Health Financial Assistance policy, and plain language summary.
- Trinity Health will offer a paper copy of the plain language summary of this financial assistance policy to patients as part of the intake and/or discharge process.
- Paper copies of this Trinity Health Financial Assistance application, a plain language summary, and the Trinity Health Financial Assistance application shall be made available upon request and without charge. All Trinity Health staff will have access to print these upon request.
- Trinity Health will include the following information on all patient billing statements:
    - A statement indicating that financial assistance is available under the **Trinity Health Financial Assistance Policy**.
    - The **telephone number** for Patient Financial Services, where individuals can obtain information about the Financial Assistance Policy and application process.
    - The **direct website address** where the Trinity Health Financial Assistance Policy, a plain-language summary, and the financial assistance application can be accessed.
- Trinity Health will make reasonable efforts to help overcome any language or disability barrier that may serve as an impediment to informing patients and guarantors about the availability of financial assistance.
    - Multi-lingual signs in English and any other language that constitutes the primary language of at least 5% of the population in the community where the facility is located.
    - Providing interpreters upon request of the patient or patient companion/caretaker to accommodate either language or disability needs.

II Definitions:

For the purpose of this policy, the following terms are defined:

Amounts Generally Billed: (AGB) Amounts Generally Billed refers to amounts generally billed to individuals who have insurance for emergency or other medically necessary care. A methodology established by the IRS regulations is used to determine the amounts generally billed.The out-of-pocket expenses for uninsured patients who are eligible for financial assistance under this policy will not exceed the Amounts Generally Billed. **See Attachment for B additional details.**

Collection Actions: With the approval of Senior Leadership, Trinity Health may engage third-party collection agencies and pursue other legal actions deemed reasonable collection efforts under this policy to recover payment for medical services provided to patients.

Emergency Medical Condition: Pursuant to 42 U.S.C. § 1395dd, an emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in (i) 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, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

Emergency Medical Treatment and Active Labor Act (EMTALA): An act of the United States Congress passed in 1986. It requires hospital Emergency Departments that accepts payments from Medicare to provide an appropriate medical screening examination (MSE) to individuals seeking treatment for a medical condition. Participating hospitals may not transfer or discharge patients needing emergency treatment except with the informed consent or stabilization of the patient or when their condition requires transfer to a hospital better equipped to administer the treatment**.**

Eligible Services: The following services provided by Trinity Health are eligible under this financial assistance policy.

- Trauma and emergency medical services provided in an emergency setting.
- Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient.
- Treatment or services provided in response to life-threatening circumstances in a nonemergency room setting.
- Non-emergent and elective as subject to review.

All non-emergent and elective care will be subject to review. Medical necessity will be reviewed by Trinity Health Case Management, Patient Financial Services/Revenue Cycle, and by Physicians or other Health Care Providers. The Medical Chief of Staff or designee and the CFO will make the final decision on medical necessity after consulting with the above departments.

Extraordinary Collection Actions (ECA's): Especially aggressive efforts to encourage individuals to pay a liability, as defined in Reg. 1.501(r)-6(b). In general, extraordinary collection actions include, selling a debt to another party, reporting adverse information about an individual to a consumer credit reporting agency or credit bureau; deferring or denying medically necessary care because of nonpayment of a previous liability; requiring payment before providing medically necessary care because of nonpayment of a previous liability; and actions that require a legal or judicial process (including liens, foreclosures, attachments, seizures, civil actions, arrests, writs of body attachment, and garnishments). **See V. Trinity Health – Billing and Collection Process Summary.**

Family/Houseold: A family or household is defined to include spouses, domestic partners with or without shared children, and parents with their minor children, regardless of place of residence. Additionally, if a patient is claimed as a dependent on someone's income tax return, the income of that taxpayer will be considered when determining eligibility for financial assistance, in accordance with Internal Revenue Service rules.

Federal Poverty Guidelines: Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at http://aspe.hhs.gov/POVERTY/ .Trinity Health will apply the most current guidelines issued by the U.S. Department of Health and Human Services, which are published annually in the Federal Register. For purposes of this policy, the updated guidelines become effective on the first day of the month following their publication.

Financial Assistance: A decrease in an eligible patient's account balance provided in accordance with the Financial Assistance Policy. Financial assistance may result in either a full adjustment, eliminating the entire balance, or a partial adjustment, reducing but not fully eliminating the amount owed.

Gross Charges: Trinity Health's fully established rates and total charges for the provision of patient care services before contractual allowances (the difference between what the health insurer allows for a service and what the provider charges for that service), other deductions from revenue, or negotiated discounts are applied.

Income: Income shall include salaries, unemployment compensation, child support, any medical support obligations, alimony, social security income, disability payments, pension or retirement income, rents, royalties, income from estates and trusts, legal judgments, dividends, equity in real property, interest earnings, and all other taxable income under the IRS regulations.

Medical Hardship: Medical hardship is defined as significant out-of-pocket medical expenses or other overwhelming circumstances that make reasonable efforts to repay medical debt an undue burden. These catastrophic circumstances apply only to eligible services provided by Trinity Health for a given episode of care.

Medically Necessary Services: Medically necessary services are those typically defined by the Centers for Medicare & Medicaid Services as services or items reasonable and necessary for the diagnosis or treatment of illness or injury. Trinity Health reserves the right to determine, on a case-by-case basis, whether care and services meet the definition of "medically necessary" for the purpose of eligibility for financial assistance. Dental care and procedures performed by Trinity Health providers may be covered under the financial assistance policy if they are required to treat a serious health issue, rather than for cosmetic reasons.

Non-Eligible Services: The following services are not eligible for financial assistance or uninsured discount under this policy . This listing may not be inclusive

- Diabetes Prevention Program
- Medicaid Recipient Liability for Swing Bed
- Elective Circumcision
- Exercise Physiology (i.e. sports kinetics, etc.)
- Infertility workups, testings, injections, IUI's
- Cosmetic surgery (i.e. Radial keratotomy, Blepharoplasty, Liposuction, Lasik Eye Surgery, etc.)
- Sterilization procedures and birth control
- Retail Services (i.e. retail optical shop, retail pharmacy
- Therapeutic Shoes and Inserts

- Hearing Assistance Devices
- Ground Ambulance that is not to or from Trinity Health
- Wheelchair Van transport
- Dental services not deemed medically necessary
- Phase 3 Cardiac Rehab

Trinity Health reserves the right to determine patients' eligibility of financial assistance for non-covered services provided to those eligible for Medicaid or other indigent care programs, including charges for days exceeding a length of stay limit.

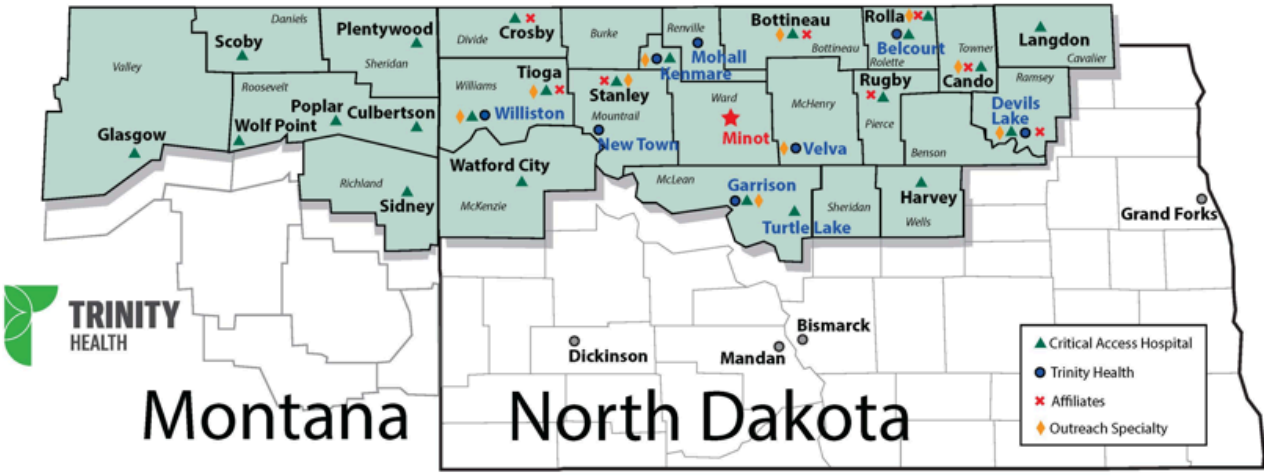
Financial Assistance may not be available under this Policy for services that meet any of the following criteria:

A. Criminal Activity-Related Services
Financial assistance may not be granted for medical services, supplies, or treatment provided in connection with injuries or conditions sustained during the commission of a crime, including but not limited to:
    - Driving under the influence (DUI/DWI)
    - Assault or battery
    - Theft, burglary, or other felonious activity
    - Any act resulting in incarceration at the time of service or thereafter

Presumptive Eligibility: Under certain circumstances, patients may be presumed or deemed eligible for financial assistance based on their enrollment in other programs or on information that is not provided directly by the patient. Presumptive screening and approval offers a community benefit by allowing Trinity Health to identify patients in financial need, reduce administrative burden, and extend Financial Assistance to patients and their guarantors — including those who may not have responded to the traditional Financial Assistance Application process.

"Prospective Method": Under Regulation 1.501(r)-5, the "Prospective Method" is one of two options a tax-exempt hospital facility can use to determine the **amounts generally billed (AGB)** to patients with insurance. This calculation helps set a ceiling on what the hospital can charge individuals who qualify for financial assistance (FAP-eligible individuals) for emergency or other medically necessary care. Trinity Health calculates the AGB for a FAP-eligible patient's care based on the billing and coding process it would follow if the patient were a Medicare fee-for-service or Medicaid beneficiary.

Service Area: Service Area: Trinity Health's service area includes Northwestern North Dakota and Northeastern Montana. Please refer to the shaded area in the map below for the counties included in this service area:



Underinsured:A patient with third-party insurance who faces financial limitations or cost-sharing responsibilities—such as deductibles, co-payments, and coinsurance—may have out-of-pocket expenses that exceed their ability to pay.

Uninsured Discount: Patients without any form of health coverage or third party payer are considered self-pay and Trinity Health will apply a 40% discount for all medially necessary services. Services denied as non covered by insurance or out of network are not eligible for this discount. Patients and services approved under any financial assistance provision are not eligible for the Uninsured Discount.

III Eligibility Criteria for Financial Assistance:

Patients who meet the following criteria and comply with Section IV may be eligible for financial assistance.

A. Applicants for Trinity Health's Financial Assistance Program must be U.S. citizen or permanent resident residing in North Dakota or Northeastern Montana and have received care at a Trinity Health facility; however, financial assistance may also be extended to patients outside of this criteria in the event of an emergency medical condition requiring treatment at a Trinity Health facility.

B. A qualifying applicant is considered to be uninsured or under-insured, has made reasonable efforts to pursue third-party coverage, and has been verified as ineligible for any other form of financial payment coverage. Before financial assistance can be granted, patients are required to exhaust all other sources of payment, including insurance, Medicaid, Indian Health Services, State Hospital Assistance, litigation, or third-party liability. In most cases, patients are not eligible until they have applied for and been deemed ineligible for applicable federal and state government assistance programs, though Trinity Health will provide support in completing these applications and may, at its discretion, process a financial assistance request while such applications are pending.

C. Trinity Health reserves the right to deny financial assistance to individuals who decline insurance coverage even though eligible. This includes Medicaid, Medicare, coverage through the Affordable Care Act (ACA)Marketplace, and employer sponsored coverage.

D. For applicants with health insurance coverage, patients may not be eligible for financial assistance if their health insurance designates Trinity Health as out-of-network or provides coverage only on a

non-contracted basis, unless the services are for emergency medical care provided in an emergency department.

E. Trinity Health does not participate in out-of-state Medicaid or indigent care programs and retains the discretion to determine which programs it will obtain certification for to submit claims. If Trinity Health is not a certified provider for a program and the patient is eligible for that out-of-state Medicaid or indigent care program, the patient may or may not qualify for financial assistance without completing a Financial Assistance Application. This provision also applies when Trinity Health participates in a program but submitted claims do not result in payment.

F. 100% approval under the Trinity Health Financial Assistance Program.

1. Household or family income must be below 275% of the Federal Poverty Income Guidelines.
2. Liquid assets (e.g., checking accounts, savings accounts) may not exceed $2,000 for a household of one, $4,000 for a household of two. For households larger than two, an additional $500 per person is allowed.
3. Value of all secured assets will be considered including recreational vehicles, campers, extra vehicles exceeding the number of licensed drivers in the household, real estate holdings (e.g., rental properties, vacation homes, and undeveloped land). Trinity Health may consider primary residence value in the calculations of secured assets. Land used for farming will be excluded.

If an applicant is approved for 100% financial assistance under this policy, the eligibility period shall not exceed **one (1) year**. Eligibility will begin on the **first day of the month** in which services were initially provided and may extend through the **last day of the month of the next "open enrollment period"** for health coverage under the Affordable Care Act (ACA), whichever occurs first. Approval of financial assistance does not obligate Trinity Health to provide ongoing or indefinite care. However, at the sole discretion of Trinity Health, medically necessary services may be continued.

1. Approval can also be granted retroactively for qualified care or services. If the account has previous unpaid qualified care or services that have been written off to bad debt and not aged more than 240 days, these balances may also will be considered for approval under the Trinity Health Financial Assistance Program.

G. Presumptive Charity under the Trinity Health Financial Assistance Program

1. Trinity Health reserves the right to presumptively approve Financial Assistance when research determines that a patient and/or household lacks the means to pay for services.
2. Medicaid Coverage**:** Patients with active North Dakota Medicaid coverage at the time of service may be presumptively approved for Financial Assistance without completing a Financial Assistance Application.
3. Exclusions**:** This guideline does not apply to patients with active coverage through **Medicaid Expansion** or for services listed under the **Non-Eligible Services** list.
4. Presumptive eligibility determinations are applied **retrospectively only** and do not

constitute approval for continuing care under the standard application process. Patients will not need to complete a Financial Assistance Application and will not be notified of this determination.

H. Medical Hardship Assistance

1. While financial assistance is generally provided according to standard eligibility criteria, Trinity Health recognizes that extenuating circumstances may warrant additional support.

    a. Patients, or their guarantors, may be considered for **Medical Hardship Assistance** if they have incurred **substantial out-of-pocket expenses equal to or greater than 30% of their estimated annual household income and assets** for medically necessary services provided by Trinity Health.

    To qualify, applicants must demonstrate that their financial situation represents a **catastrophic, unusual, or extraordinary hardship**.

    If approved, the applicant will be responsible for the lesser of the following two amounts:

        i. **30% of the total medical charges** for the specific episode of care, or

        ii. **30% of their total annual household income and assets.**

All Medical Hardship applications are reviewed on a case-by-case basis. Trinity Health retains sole discretion to approve or deny assistance based on the circumstances presented.

IV:Application Process

1. Applicants who wish to apply for financial assistance may do so by completing an application and submit all **required** documents

a. Completed and signed Financial Assistance application

b. One proof of (unexpired) Photo identification for all applicants over 18

    1. State issued ID/Driver's License/ Military ID
    2. Permanent Resident Card
    3. Passport

c. One proof of North Dakota / Northeastern Montana residency

    1. Current Rental/Lease/Mortgage Agreement
    2. Property Tax Bill
    3. Current utility bill (Electric, Gas, Water)
    4. While not all-inclusive, the following documents are not acceptable as proof of residency: cell phone bills, Trinity Health bills, or other medical bills, credit card statements, and bank statements.

d. North Dakota Medicaid approval or denial letter if applicable

e. Proof of household income
    1. Copy of most current Federal Tax Return (Form 1040 or equivalent), including all schedules
        a. Financial Assistance applications will not be held for more than 45 days waiting on tax return, even if a Federal Tax Return extension has been granted.
    2. Verification of current income, if applicable: examples include the two most recent pay stubs, final pay stub for any prior jobs held in current year, pension and retirement benefits, Social Security benefits, Veteran's benefits, etc.
    3. Copy of year to date payments for unemployment, workers compensation, short or long term disability, alimony, and child support
    4. Self employment/farming will be be based on prior year Federal Tax return
    5. Proof of income from dividends, interest, rents, royalties, annuity payments, estates, trusts, inheritance proceeds and student aid not subject to repayment

f. Proof of liquid assets
    1. Copy of two months (60 days) of complete bank statements for all checking and savings account
    2. Copy of two months statements for all stocks, bonds, investments, or similar financial assets

g. Proof of secured assets
    1. All secured assets are required to be disclosed on the Financial Assistance application. Applicants must provide the current value of each asset and, when applicable, any associated loan or financing information
        a. Primary residency, recreational vehicles, campers, and extra vehicles exceeding the number of licensed drivers in the household, properties, vacation homes, and undeveloped land

h. Completed applications and documentation should be submitted to the Patient Financial Services Office. Acceptable methods of submission include
    1. Mail to: PO Box 5020, Minot ND 58702-5020 Attn: Patient Financial Services
    2. Deliver in Person to: Patient Financial Services, 2305 37th Ave SW, Minot, ND 58701
    3. Deliver in Person to any Trinity Health Facility to be sent to: Patient Financial Services
    4. Fax to: 701-857-3011, Attn: Patient Financial Services
    5. Email to: bsfincounselors@trinityhealth.org
        a. All documents emailed must be in PDF form

i. If a responsible party submits an incomplete Financial Assistance Application, Trinity Health shall take the following steps to encourage them to complete the application
    1. Financial Counselor will send patient a letter requesting the additional documentation

2. The additional documentation should be returned to the Business Office within 14 days from the date of the letter.
3. Failure to provide necessary information to complete a financial assessment may result in a negative determination, but the account may be reconsidered upon receipt of the required documentation.

j. While a Financial Assistance Application is pending final eligibility determination, Trinity Health will not initiate collection efforts or request deposits, provided the responsible party cooperates with Trinity Health's efforts to reach a determination. Cooperation includes returning the completed application and all required supporting documentation within 14 days of submitting the application.
Following an initial request for financial assistance, Trinity Health may also pursue other potential sources of funding, such as Medicaid, Indian Health Services, or the State Hospital Assistance Program. In some cases, processing of a financial assistance application may be delayed until Medicaid eligibility has been determined.
All information related to the financial assistance application will remain confidential. Copies of supporting documents will be maintained with the application form.
Once an eligibility determination has been made, Trinity Health will notify the responsible party within 14-21 days of receiving a completed application and all necessary documentation. The outcome will be recorded in the comments section of the Patient Accounting System(s), and the patient will receive a letter from Patient Financial Services confirming the eligibility determination.

k. Trinity Health Financial assistance approval cards will be mailed to all qualifying household member with the exception of patients who qualify under Presumptive Charity and for Medical Hardship
    1. Patients are responsible for providing the approval card at time of service along with any applicable insurance
    2. Trinity Health Financial Assistance cards can be used at any Trinity Health location covered under this policy

l. Any individual who is determined to be eligible for financial assistance, **excluding those approved under the Medical Hardship guidelines,** shall not be required to pay more for emergency medical care and other appropriate medical services than the amounts generally billed (AGB) to individuals who have health insurance covering such care.
    1. Trinity Health shall use the "Prospective Method" as described in Regulation 1.501(r)(5) to determine the AGB.
    2. Attachment B contains information about the currently applicable AGB limit and how it was calculated

m. Applications that are denied for financial assistance, Trinity Health will notify the individual in writing of the denial and the basis for the denial; the letter will advise patients that collection efforts will resume.

n. Uninsured patients that do not qualify for the Trinity Health Financial Assistance program, will be eligible to receive a 40% Uninsured Discount.

o. Patients denied financial assistance may appeal the decision in writing. An appeal letter must be received within 30 days of the date of the denial letter.
    1. Patient Financial Services, Manager

2. 2305 37th Ave SW, Minot, ND 58701

p. Final approval for all Trinity Health Financial Assistance will follow below guideline

1. Patient Financial Services Supervisor: accounts with balances up to $499.
2. Patient Financial Services Manager: accounts with balances up to $4,999.
3. Revenue Cycle DIrector: accounts with balances up to $49,999
4. Chief Financial Officer: accounts with balances over $50,000
    a. Patient Financial Services Manager and Revenue Cycle Director will review a sample of processed applications monthly to assure that applications are being processed accurately based on policy.

V. Trinity Health – Billing and Collection Process Summary

This summary outlines Trinity Health's standard process to encourage payment for hospital-based medical care and describes the steps leading up to, and including, extraordinary collection actions (ECAs).

- Upon determining the balance due after insurance payments, Trinity Health issues the first post-discharge billing statement, which includes information on prompt-pay discounts, payment plans, and financial assistance options.
- Approximately every 30 days, statements or letters are sent:
    - 2nd statement (30 days later)
    - 3rd statement (60 days later)
    - 4th statement (120 days later – *Final Notice*) advising of financial assistance options, plain language summary, and potential referral to a collection agency.
- General collection activities conducted by **Financial Counselors** may include follow-up communication with patients or guarantors by telephone, text message, or email, using personal or work contact information on file.
- **14–30 days after the final notice**, unpaid accounts are referred to an **outside collection agency**, which:
    - Within a week of the receipt of the account, the collection agency sends a Reg-F Validation Letter advising account has been placed for collection
    - While the account is with the collection agency, the collection agency may attempt to contact the individual by mail, phone, email or auto dialer
    - May begin charging interest after ~45 days
    - The collection agency may commence legal action against the individual. Trinity Health limits allowable legal actions to lawsuits, liens, wage garnishments, bank garnishments, and sheriff levies.

Extraordinary Collection Actions (ECA)

- Trinity Health may defer, deny, or require payment for additional **non-emergent care** if a prior balance remains unpaid and only after:
    A. Providing the patient with a **Financial Assistance Program (FAP)** application and plain-language summary.
    B. Issuing written notice of available assistance and a **minimum 30-day deadline** (or 240 days from the first post-discharge statement, whichever is later).
    C. Processing any received applications on an expedited basis.
- The **Patient Financial Services Manager and Director** determine when reasonable efforts to establish financial assistance eligibility have been met before initiating an ECA.
    A. Trinity Health and its authorized partners are **prohibited from using ECAs** other than those listed above.
    B. No extraordinary collection action will occur **within 120 days** of the first post-discharge billing statement.

Approved by: Finance Committee

Date:

Approved by: Trinity Health Board

Date:

Attachment A

1. **Providers Not Subject to the Financial Assistance Policy:**

    - Medical and Dental Providers maintaining privileges at Trinity Hospital, Trinity-St. Joseph's Hospital, or Kenmare Community Hospital, who are not employed by or under contract with Trinity Health/Trinity Medical Group, are excluded from this Financial Assistance Policy and will bill patients directly.
    - Residents and faculty working under the University of North Dakota Medical School residency program or Center for Family Medicine Residency program are excluded from this Financial Assistance Policy and will bill patients directly.

Reviewed By: Robert Chandler

Date: 11/07/2025

Attachment B

Trinity Health utilizes the "Prospective Method," as defined in Regulation 1.501(r)-5(b), to determine the Amounts Generally Billed (AGB) to individuals who have health insurance covering medically necessary care. Patients determined to be eligible for financial assistance under this policy, **excluding those approved under the Medical Hardship guidelines,** will not be charged more than the amounts generally billed to insured individuals for such care.

1. Trinity Health will use the Medicaid Fee for Service on the following Services:

- Inpatient Rehabilitation
- Inpatient Psychiatric
- Hospital Inpatient
- Rural Clinics Non-Hospital Based

2. Trinity Health will use the Medicare Fee for Service on the following Services:

- Radiology
- Lab
- Outpatient Therapy
- Same Day Surgery
- Kidney Dialysis Services
- Ambulance Services- Fixed Wing, Rotary Air, and Ground to and from Trinity Health
- Hospital Observation Services
- Emergency Room
- Trinity Medical Group Physician Services

Reviewed By: Andrew Reiten

Date: 11/07/2025

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Approval Signatures

Step Description	Approver	Date
Vice President-CFO	Robin Nichols: Interim CFO	11/2025
Board of Directors	Robin Nichols: Interim CFO	11/2025
Director, Corporate Finance/ Assistant CFO	Rita Asare: Director, Corporate Finance/Assistant Cfo	11/2025
Revenue Cycle Director	Donald Sash: Dir Revenue Cycle Sup Svs	11/2025
Managed Care Coordinator	Andrew Reiten: Sr Financial Plan Analyst	11/2025
Manager, Patient Financial Services	Jennifer Sisco: Manager, Patient Financial Services	11/2025