



SOUTHEAST GEORGIA HEALTH SYSTEM

Financial Assistance Policy

Policy

Southeast Georgia Health System, Inc. (the “**Health System**”) is committed to providing emergency and necessary medical care to all patients regardless of their ability to pay. This policy (the “**Policy**”) establishes guidelines and procedures for ensuring that a patient (“**Patient**”) or any Responsible Party (as defined in this Policy) meeting certain eligibility and income guidelines receives Financial Assistance for all Emergency Treatment and Medically Necessary Care provided by the Health System.

The Policy applies to all Emergency Treatment and Medically Necessary Care that the Health System provides in the hospital setting at its Brunswick Campus, Camden Campus and the Health System facilities listed in **Exhibit C** (each a “**Hospital Facility**”), as well as the services provided at a Hospital Facility by those physicians and other providers listed in **Exhibit A**. Those physicians and providers who may provide Emergency Treatment and Medically Necessary Care at a Hospital Facility but who are not covered by this Policy are listed in **Exhibit B**. Services provided outside of the hospital setting, including in the physician office setting through Cooperative Healthcare Services, Inc. (“**CHSI**”) or through the Health System’s immediate care centers, are not subject to this Policy. Information regarding financial assistance available for those services can be obtained by contacting the CHSI Financial Advocates at 912.466.5899

Patients are expected to cooperate with the Health System’s policies and procedures for obtaining Financial Assistance and to contribute to the cost of their medical care based on their ability to pay. All financially capable individuals are encouraged to purchase health insurance to ensure access to health care services, for their overall personal health and for the protection of their assets.

Definitions

The following definitions shall apply to this Policy:

1. **Amounts Generally Billed (“AGB”)** – The amounts generally billed by the Health System for Emergency Treatment and Medically Necessary Care to Patients who have health insurance is referred to in this Policy as AGB. AGB is calculated using the look-back method by multiplying the Gross Charges for Emergency Treatment or Medically Necessary Care by one or more percentages. For purposes of calculating AGB, these percentages are based on the claims allowed during a prior twelve (12)-month period by

Medicare fee-for-service for such Emergency Treatment or Medically Necessary Care. Copies of the current percentages, together with an explanation of how these percentages were calculated, may be obtained for free by writing to Southeast Georgia Health System, 2415 Parkwood Drive Brunswick, Georgia 31520, Attn: Director, Patient Financial Services.

2. **Elective Procedures** – Procedures that do not qualify as Emergency Treatment or Medically Necessary Care are referred to in this Policy as Elective Procedures. Examples of Elective Procedures include, but are not limited to, services that are cosmetic in nature. Financial Assistance is not available under this Policy for Elective Procedures.
3. **Eligible Patient** – An Eligible Patient is a Patient who is a legal resident of Glynn, McIntosh, Brantley, Camden, Wayne or Charlton County and receives Emergency Treatment or Medically Necessary Care at a Hospital Facility.
4. **Emergency Medical Condition** – The term Emergency Medical Condition will be defined as set forth in the Emergency Medical Treatment and Labor Act (“EMTALA”).
5. **Emergency Treatment** – Emergency Treatment means the care or treatment provided for an Emergency Medical Condition.
6. **Extraordinary Collection Action** – Subject to the exceptions described below, an action taken by the Health System against an Eligible Patient or any Responsible Party that involves (i) legal or judicial process; (ii) selling an individual’s debt to a third party; (iii) reporting adverse information about the individual to a consumer credit agency or credit bureau; (iv) deferring or denying, or requiring a payment before providing, Medically Necessary Care because of an Eligible Patient’s nonpayment of one or more bills for previously provided care under the Policy; and (v) such other actions as defined by the Internal Revenue Service with respect to Section 501(r) of the Internal Revenue Code.

An **Extraordinary Collection Action** does not include (A) the sale of an individual’s debt to a third party if, prior to the sale, the Health System has entered into a legally binding agreement with the purchaser of the debt pursuant to which (i) the purchaser is prohibited from engaging in any Extraordinary Collection Action to obtain payment; (ii) the purchaser is prohibited from charging interest on the debt in excess of the rate allowable under Section 501(r) of the Internal Revenue Code at the date the debt is sold; (iii) the debt is returnable to or recallable by the Health System upon a determination that the individual is eligible for Financial Assistance; and (iv) if the individual is determined to be eligible for Financial Assistance and the debt is not returned to or recalled by the Health System, the purchaser is required to adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the purchaser and the Health System together more than he or she is personally responsible for paying as an individual eligible for Financial Assistance; (B) any lien that the Health System is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which care was provided; or (C) the filing of a claim in any bankruptcy proceeding.

7. **Federal Poverty Guidelines (“FPG”)** – Federal Poverty Guidelines or FPG means those guidelines that the U.S. Department of Health and Human Services issues each year in the Federal Register, as attached as **Exhibit D**. The effective date of the annual update to FPG for purposes of this Policy will be the first day of the month following the publication of FPG in the Federal Register.
8. **Financial Assistance** – Free or discounted medical care provided to Eligible Patients who meet the Health System’s criteria for Financial Assistance and are unable to pay for all or a portion of the Emergency Treatment and/or other Medically Necessary Care provided by the Health System.
9. **Income** – As defined by Appendix Q of *Part II, Policies and Procedures for Hospital Services* of the Georgia Department of Community Health, Division of Medicaid.
10. **Gross Charges** – The Health System’s full, established price for Emergency Treatment, Medically Necessary Care, or Elective Procedures, as the case may be, that the Health System consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions.
11. **Medically Necessary Care** – Medically Necessary Care means those health care services that satisfy the definition of “medically necessary services” for purposes of the Georgia Medicaid program.
12. **Notification Period** – The Notification Period refers to the period during which the Health System will notify individuals about the availability of Financial Assistance under this Policy. The Notification Period begins on the first date care is provided and ends on the 120th day after the Health System provides the individual with the first Post-Discharge billing statement for such care.
13. **Plain Language Summary** – A written statement that notifies an individual that the Health System offers Financial Assistance under this Policy and provides the following information: (i) a brief description of the eligibility requirements and assistance offered; (ii) the direct website address (or URL) and physical location(s) (including a room number, if applicable) where the individual can obtain copies of this Policy and the FAP Application; (iii) instructions on how the individual can obtain a free copy of this Policy and the FAP Application by mail; (iv) the contact information, including the telephone number(s) and physical location (including a room number, if applicable), of the Health System financial counselors who can provide an individual with information about this Financial Assistance Program and the FAP Application process, as well as contact information of nonprofit organizations or government agencies, that the Health System has identified as available sources of assistance with the FAP Applications; (v) a statement of the availability of language translations of this Policy, FAP Application form, and Plain Language Summary, if applicable; and (vi) a statement that no eligible individual will be charged more for Emergency Treatment or other Medically Necessary Care than AGB.

14. **Post-Discharge** – Post-Discharge means the period of time after medical care (whether inpatient or outpatient) has been provided and the individual has left the Hospital Facility.
15. **Reasonable Efforts** – Reasonable Efforts are the actions that the Health System will take to determine whether an individual is an Eligible Patient under this Policy. The Health System will (i) offer a paper copy of the plain language summary of this Policy to patients as part of the intake or discharge process; (ii) include a conspicuous written notice on billing statements that identifies the Policy and informs patients about the availability of Financial Assistance, including, without limitation, the website address where a Patient may obtain copies of this Policy, an application form and a plain language summary of the Policy as well as the phone number of the Health System department that can provide information about the Policy and the application process; (iii) make reasonable efforts to notify the patient about the Policy and the application process in oral communications regarding the bill that occur during the Notification Period; (iv) provide the patient with at least one written notice that contains a plain language summary of this Policy and describes the Extraordinary Collection Actions that the Health System may take if the patient does not submit a complete FAP Application or pay the amount due by a deadline specified in the notice that is no earlier than thirty (30) days after the date of the notice or the expiration of the Notification Period (whichever is later); and (v) take such other actions as are required by the Internal Revenue Service with respect to Section 501(r) of the Internal Revenue Code.
16. **Responsible Party** – A Responsible Party as used in this Policy is the Patient if the Patient is at least eighteen (18) years old and is not claimed by another person as a dependent for federal tax purposes. If the Patient is under the age of eighteen (18), the Responsible Party shall be the Patient’s parents (natural or adoptive) or legal guardians, unless someone else claims the Patient as a dependent for Federal tax purposes. If the Patient is claimed as a dependent by another person for Federal tax purposes, the Responsible Party shall be the person claiming the Patient as a dependent.

Financial Assistance Levels

Financial Assistance is available for Emergency Treatment or Medically Necessary Care provided by the Health System to Eligible Patients in accordance with following income limitations:

1. **Free Care** – When the Income of an Eligible Patient or any Responsible Party is either equal to or less than 125 percent of the Federal Poverty Guidelines, Financial Assistance for 100 percent of the Gross Charges of such services provided to such Eligible Patient is available.
2. **Discounted Financial Assistance** – When the Income of an Eligible Patient or any Responsible Party is greater than 125 percent but lower than 200 percent of the Federal Poverty Guidelines, Financial Assistance for 80 percent of the Gross Charges of such services provided to such Eligible Patient is available.

When the Income of an Eligible Patient or any Responsible Party is equal to or greater than 200 percent but lower than 300 percent of the Federal Poverty Guidelines, Financial Assistance

for 70 percent of the Gross Charges of such services provided to such Eligible Patient is available.

Under no circumstances will the Health System charge any Eligible Patient more than the AGB for any Emergency Treatment or Medically Necessary Care.

3. **Catastrophic Financial Assistance** – Individuals who do not qualify under the Health System’s Financial Assistance programs and have Health System medical debt in excess of \$10,000 may be considered for reduced cost/discounted services. A full financial disclosure consisting of assets, Income, debt and expenses with repayment schedules is required to determine ability to pay.

Eligibility for Financial Assistance will be determined in accordance with procedures that involve an individual assessment of financial need. This procedure includes an application process, in which the Eligible Patient or any Responsible Party must submit an application for Financial Assistance (the “**FAP Application**”) and supply personal, financial, and other information and documentation necessary to make a determination of financial need.

Patients with Medicare, Medicaid or Third Party Payer Coverage May Qualify for Only Limited Financial Assistance. For all payers (including Medicare, Medicaid or similar Federal or state health insurance program recipients), the Financial Assistance available under this Policy is limited to those charges for Emergency Treatment and Medically Necessary Care for which the Patient has financial responsibility, e.g. co-payments, deductibles, self-administered drugs, etc.

Method to Apply for Financial Assistance

1. **General Application Process.** If an Eligible Patient or any Responsible Party believes he or she possesses insufficient Income or resources to pay for Emergency Treatment or Medically Necessary Care provided by the Health System, the Eligible Patient or Responsible Party may request Financial Assistance by submitting a FAP Application. Determination of the amount of Financial Assistance is based on review of each case, including a review of the FAP Application and documentation submitted as well as the eligibility criteria set forth in this Policy. This Policy, a Plain Language Summary of this Policy, and the FAP Application may be obtained for free by writing to Southeast Georgia Health System, 2415 Parkwood Drive, Brunswick, Georgia 31520 Attn: Patient Financial Services, or by visiting <http://www.sghs.org/about/financialassistance>. This Policy, a Plain Language Summary of this Policy and the FAP Application are also available in the admissions areas, business offices and emergency rooms of the Health System Facilities.
2. **Proof of Income Information Requested.** It is the applicant’s responsibility to complete the FAP Application in full and to provide the supporting documentation that the FAP Application requires. Such information includes, without limitation, the Patient’s or Responsible Party’s name, citizenship, date of birth, number and age(s) of dependents, phone number, address, current employer, and position. All applicants must provide with the FAP Application proof of Income by including information required by the FAP Application.

3. **Submission of FAP Application.** The FAP Application may be submitted at any time, but must be completed in its entirety and any requested back-up documentation, including proof of Income, is considered part of the FAP Application. The completed FAP Application and any supporting criteria must be submitted to Southeast Georgia Health System, P.O. Box 1518, Brunswick, Georgia 31521 Attn: Financial Assistance Department. The Health System reserves the right to deny, prospectively or retrospectively, FAP Applications appearing to contain false or misleading information. The intentional withholding of any payment source from the FAP Application will result in a denial or reversal of approval and will deem the Patient or Responsible Party ineligible for Financial Assistance. If a Patient or Responsible Party is unable to complete and/or submit a FAP Application, a legally authorized individual may act on his/her behalf by providing FAP Application information that would allow an appropriate determination to be made.
4. **Applications for Catastrophic Financial Assistance.** Eligible Patients applying for Catastrophic Financial Assistance must provide additional Income-related information, including, but not limited to, information regarding any property owned, savings or money market accounts, and other relevant fiscal information. This information will be reviewed and used in determining qualification for Catastrophic Financial Assistance.
5. **Incomplete FAP Applications.** If the applicant submits an incomplete FAP Application, the Health System will suspend any Extraordinary Collection Actions (if any) that it has commenced against the applicant, and the Health System will provide the applicant with written notice regarding the information necessary to complete the FAP Application, including, without limitation, the telephone number and address of the Health System department that can provide information about this Policy and assistance with the FAP Application process. The Health System may also contact the applicant by telephone to determine whether the applicant received the notice and to discuss any questions the applicant might have regarding the missing information. The applicant will have at least thirty (30) days from the date of the written notice to submit the missing information.
6. **Financial Assistance Determinations.** Financial Assistance determinations will be made in accordance with this Policy and communicated to the applicant in writing. If deemed ineligible, the determination shall include the reasons and information relied upon in making such determination. Incomplete applications and requests and those lacking supporting data will not be considered and will be returned to the applicant. If denied eligibility, an applicant may reapply after thirty (30) days or at any time upon a change in status. Financial Assistance will not be denied due to failure to provide information or documentation that is not specified in this Policy or the FAP Application.
7. **Effective Date of Financial Assistance Determinations.** Approved Financial Assistance will be effective for a period of one (1) year from the eligibility determination approval date provided there is no change in an applicant's Income as affirmed in the FAP Application submission. A new FAP Application must be submitted for Patient liabilities occurring after the one (1) year eligibility determination period. The Health System may verify Patient and/or Responsible Party Income at any time during that one (1) year determination period.

Catastrophic Financial Assistance is valid only for the Patient's current episode of care and requires reapplication for assistance for subsequent episodes of care.

8. **Assistance with FAP Applications.** The Health System employs Financial Counselors who can assist with and provide information relating to this Policy and the FAP Application process. Financial counselors for the Brunswick Campus can be contacted at 912.466.1015 and are located adjacent to the Brunswick Campus Admissions Office at 2415 Parkwood Drive, Brunswick, Georgia 31520. Financial counselors for the Camden Campus can be contacted at 912.576.6109 and are located in the Camden Campus Admissions Office at 2000 Dan Proctor Drive, St. Marys, Georgia 31548.

Presumptive Eligibility

There are instances when a patient may be presumed or deemed eligible for Financial Assistance based on their enrollment in other programs or on information that is not directly provided by the patient through a FAP. The Health System may utilize a third-party to electronically review patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases to calculate an estimated Income level for the patient. After the Income Level is estimated, Financial Assistance is provided in accordance with this Policy. In the event a patient is presumptively eligible for less than 100% Financial Assistance, the Health System will notify the patient regarding the basis for the presumptive eligibility determination and the manner in which the patient may apply for additional assistance under this Policy through submission of a completed FAP.

Actions In the Event of Nonpayment

It is the policy of the Health System to pursue financial recovery for medical services in a moral, legal, and ethical manner based on ability to pay. The Health System's collections policies take into account the extent to which the Patient or any Responsible Party qualifies for Financial Assistance, an individual's good faith effort to apply for a governmental program or for Financial Assistance, and an individual's good faith effort to comply with his or her payment agreements.

For Patients or any Responsible Party who qualify for Financial Assistance and who are cooperating in good faith to pay their discounted bills, the Health System may offer extended payment plans. The Health System or any other authorized party will not impose Extraordinary Collections Actions against the Patient or Responsible Party without first making Reasonable Efforts to determine whether the individual is eligible for assistance under this Policy. Actions taken in the event of non-payment are described in the Health System's Billing and Collections Policy. A copy of the policy may be obtained for free by writing to Southeast Georgia Health System, 2415 Parkwood Drive Brunswick, Georgia 31520, Attn: Director, Patient Financial Services.

Methods to Publicize the Policy within the Community Served

This document may be obtained in writing and free of charge by visiting the Health System's homepage, at <http://www.sghs.org/about/financialassistance>, which provides a direct link to this document, or calling 912. 466.1015 or by submitting a request in writing to Southeast Georgia Health System, Attn: Financial Counselors, 2415 Parkwood Drive, Brunswick, Georgia 31520. The Health System will also make available upon request and without charge, both in public locations of the Health System and by mail, paper copies of this document. Visitors to the Health System will be informed of this Policy public displays in the Health System's emergency rooms, admissions offices and business office. As outlined in the Billing and Collections policy, billing statements will include information regarding this Policy.

Process of Appeal

Patients who were denied Financial Assistance are able to appeal that determination by submitting a request for reconsideration in writing via mail within thirty (30) days of the date of the determination to the Chief Financial Officer of the Health System, at 2415 Parkwood Drive Brunswick, Georgia 31520. Review and determination of a request for reconsideration by the Chief Financial Officer is final; however, applicants may call the Georgia Department of Community Health at 1.877.261.3117 or 404.463.5827 if the applicant still disagrees. Approval levels based on Income and assets are set by policy and are not eligible for reconsideration. Denials based upon the applicant intentionally falsifying or omitting financial information on the FAP Application may not be appealed for reconsideration. Inadvertent omissions or misinformation will be adjudicated on an individual basis in consideration of the rationale for submitting an erroneous application. Enforcement of this provision is at the sole discretion of the Health System.

Confidentiality

The Health System will uphold the confidentiality and individual dignity of each Patient. The Health System will meet all HIPAA requirements for handling personal health information.

EMTALA Obligations

The Health System will provide, without exception, Emergency Treatment to all Patients seeking such care, regardless of ability to pay or to qualify for Financial Assistance and in accordance with the requirements of EMTALA. In recognition of its obligations under EMTALA, the Health System will not undertake any action that would discourage an individual from seeking Emergency Treatment, such as demanding that emergency department Patients pay before receiving Emergency Treatment or by permitting debt collection activities in the emergency department or any other area of a Health System Facility that could interfere with the provision, without discrimination, of Emergency Treatment.

APPROVED BY THE BOARD OF DIRECTORS: April 26, 2016

Exhibit A

The Policy covers the Emergency Treatment and Medically Necessary Care performed at the Hospital's Facilities by the following physicians and other providers:

All Cooperative Healthcare Services, Inc. physician practices, including:

Anesthesia

Glynn Anesthesia Associates

Endocrinology

Southeast Georgia Physician Associates - Endocrinology & Diabetes

Gastroenterology

Southeast Georgia Physician Associates – Gastroenterology

General Surgery

Southeast Georgia Physician Associates – Brunswick General Surgery

Southeast Georgia Physician Associates – Camden General Surgery

Southeast Georgia Physician Associates – Glynn General & Vascular Surgery

Hospital Medicine

Southeast Georgia Physician Associates - Hospital Medicine Camden

Southeast Georgia Physician Associates – Hospital Medicine Brunswick

Infectious Disease

Infectious Disease Care Center

Internal Medicine

Southeast Georgia Physician Associates – Glynn Internal Medicine

Medical Oncology

Southeast Georgia Physician Associates – Hematology & Oncology

Neurology

Southeast Georgia Physician Associates – Neurosciences

Neurosurgery

Southeast Georgia Physician Associates – Neurosurgery

Obstetrics and Gynecology

Southeast Georgia Physician Associates – Obstetrics & Gynecology

Orthopaedic Surgery

Summit Sports Medicine & Orthopaedic Surgery

Otolaryngology

Southeast Georgia Physician Associates – Ear, Nose & Throat

Pediatrics

Financial Assistance Policy

Page 9 of 15

Community Care Center - Pediatrics
Southeast Georgia Physician Associates – Brunswick Pediatrics
Southeast Georgia Physician Associates – Camden Pediatrics
Southeast Georgia Physician Associates – St. Simons Pediatrics

Physical Medicine and Rehabilitation

Summit Sports Medicine & Orthopaedic Surgery

Primary Care

Brantley Family Medicine Center
Community Care Center – Family Medicine
Glynn Family Medicine Center
McIntosh Family Medicine Center
St. Simons Family Medicine Center
Southeast Georgia Physician Associates – Camden Primary Care
Southeast Georgia Physician Associates – Primary Care

Pulmonology

Southeast Georgia Physician Associates – Pulmonary Medicine

Radiation Oncology

Southeast Georgia Physician Associates – Radiation Oncology

Radiology

Southeast Georgia Physician Associates – Radiology

Rheumatology

Southeast Georgia Physician Associates – Rheumatology

Urology

Southeast Georgia Physician Associates – Urology

Vascular Surgery

Southeast Georgia Physician Associates - Glynn General and Vascular Surgery

Current as of August 2019; Updated Quarterly

Exhibit B

The Policy does **NOT** cover the Emergency Treatment and Medically Necessary Care performed at the Hospital Facilities by the following physicians and other providers:

Anesthesia

Alta Anesthesia, Inc.

Cardiology

Coastal Cardiology
Enrique Martinez, MD
Southern Heart Group
Strickland, Certain & Jones
University of Florida Cardiology Center

Colon & Rectal Surgery

Colon & Rectal Clinic

Dentistry

Whatley Jr., William L., DMD
Surfside Kids Pediatric Dentistry

Dermatology

Brunswick Dermatology Clinic

Emergency Medicine

Emergency Resources Group

Family Medicine

Greene, James MD
Lim, Astor MD
Kings Bay Walk-In Clinic

Gynecology

Carl Dohn, MD

General Surgery

Georgia Coast Surgical

Internal Medicine

Hospice of the Golden Isles

Medical Oncology

House Calls of Coastal Georgia, PC

Nephrology

Nephrology of the Golden Isles Coastal Nephrology Associates
Marshes Medical Diagnostic Clinic
Coastal Nephrology Associates

Financial Assistance Policy

Page 11 of 15

Neurology & Neurosurgery

University of Florida – Neurology
University of Florida Jacksonville Physicians, Inc.
Oklahoma Interventional Spine & Pain
Real Time Neuromonitoring Associates of California, PC
Pain and Rehab Institute, PA

Obstetrics and Gynecology

Lily Ob/Gyn
Robert D Mixson MD FACOG
Women's Health Group of Southeast Georgia
Women of Camden-Advanced OB/GYN

Ophthalmology

Sindu Thota, MD
Mario Forcina, Jr., PC

Oral and Maxillofacial Surgery

Camden Oral Surgery, PC
Coastal Oral Surgery Associates PC

Orthopaedic Surgery

Southern Orthopaedics & Sports Medicine, PC

Otolaryngology

Nemours Children's Specialty Clinic, Jacksonville

Pain Medicine

Consultants in Pain Management
The Spine Center of Southeast Georgia

Pathology

Southeastern Pathology Associates

Pediatrics

ABC Pediatrics & Family Care
Ayman Al-Jabi, MD, PC
Johnson, Evelyn MD
Pediatric Associates of Brunswick
UF Health Family Medicine and Pediatrics - St. Mary's

Pediatric Cardiology

Savannah Children's Heart Center
University of Florida Pediatric Cardiovascular Center

Pediatric Hematology/Oncology

Nemours Children's Clinic
University Pediatrics - Memorial University Medical Center

Pediatric Neurology

Coastal Georgia Child Neurology

Pediatric Surgery

Nemours Children's Clinic

Pediatric Urology

Nemours Children's Clinic

Physical Medicine and Rehabilitation

Pain Associates of South Georgia

Plastic Surgery

Golden Isles Center for Plastic Surgery

Renu Plastic Surgery

Summit Plastic Surgery

Podiatry

Ankle & Foot Associates, LLC

Coastal Foot and Ankle Specialist, LLC

Parkwood Podiatry

Psychiatry

Martelli & Associates, PC

Camden Behavioral Wellness

Psychology, Clinical

Greg Cox, PhD

Radiology

Aris Radiology

Frederica Imaging

ProDocs, LLC

The Radiology Group

Teleneurology

Baptist Neurological Institute

Lyerly Baptist Inc.

Urology

Glynn Urologist

Southeast Georgia Urology Associates

Vascular and Interventional Radiology

ProDocs, LLC

Current as of August 2019; Updated Quarterly

Exhibit C

The Policy covers the Emergency Treatment and Medically Necessary Care hospital services performed at the following Hospital Facilities:

Brunswick Campus, 2415 Parkwood Drive, Brunswick, Georgia, 31520

Camden Campus, 2000 Dan Proctor Drive, St Marys, Georgia 31558

Endoscopy Center – 3217 Forth Street, Brunswick, Georgia 31520

SGHS MRI & Imaging – 1111 Glyngo Parkway, Building 1, Brunswick, Georgia 31525

SGHS, Outpatient Rehabilitation Services Center – 6000 Wellness Way, Saint Simons Island, Georgia 31522

SGHS, Outpatient Rehabilitation Services Center – 1111 Glyngo Parkway, Building 2, Brunswick, Georgia 31525

Exhibit D

Federal Poverty Guidelines

The 2019 poverty guidelines issued by the Department of Health and Human Services (HHS) are as follows:

<u>Persons in Family/Household</u>	<u>Poverty Guideline</u>
1	\$15,613
2	\$21,138
3	\$26,663
4	\$32,188
5	\$37,713
6	\$43,238
7	\$48,763
8	\$54,288

For families/households with more than 8 persons, add \$5,525 for each additional person.