FINANCIAL ASSISTANCE: Hospital Facilities - Participating Entities

ncial POLICY DESCRIPTION: Financial Assistance
Participating and Non-Participating Entities
REVIEW DATES: November 2015, October 2021
REVISION DATES: June 2017; Sept 2017; April
2018, June 2018, November 2019, October 2021,
November 2022
CFR REFERENCE NUMBER: N/A

PURPOSE

To detail the entities and facilities participating and not participating in CHC's Hospital Financial Assistance program.

POLICY

Facilities covered under the Financial Assistance: Hospital Facilities policyCommonwealth Regional Specialty HospitalMedEquipMedical Center EMSMedical Center PsychiatryThe Medical CenterThe Medical Center at AlbanyThe Medical Center at CavernaThe Medical Center at FranklinThe Medical Center at Scottsville

*Any other provider not listed under <u>Facilities covered under the Financial Assistance: Hospital</u> <u>Facilities policy</u> above is **not** covered under the Financial Assistance: Hospital Facilities policy.