



ADMINISTRATIVE/OPERATIONS POLICY FINANCIAL ASSISTANCE POLICY

Effective Date: July 1, 2016

Approval: CHRISTUS Health President

Policy Initiated by: Revenue Cycle

Application: System Wide

SCOPE: The provisions of this policy are applicable to all non-profit, tax-exempt hospitals operated by CHRISTUS Health in the United States, as listed in Attachment A.

PURPOSE: To describe the CHRISTUS Health Financial Assistance Program, including how CHRISTUS hospitals will determine patients' eligibility to receive free or discounted emergency and medically necessary health care. This Policy constitutes the Financial Assistance Policy and the Emergency Medical Care Policy (within the meaning of Section 501(r) of the Internal Revenue Code) for each hospital listed in Attachment A.

POLICY: CHRISTUS is committed to minimizing the financial barriers to health care, especially to those who are economically poor and underserved and to those who are not covered by health insurance or governmental health care programs. Consistent with its Mission and Values as a ministry of the Catholic Church, CHRISTUS will provide financial assistance to patients who qualify pursuant to this Policy. CHRISTUS hospitals provide, without discrimination, care for emergency medical conditions to patients regardless of whether the patients are eligible for financial assistance.

PROCEDURES:

A. Program Eligibility

1. To be eligible for the CHRISTUS Financial Assistance Program under this Policy, the patient must be uninsured or participate in a government-sponsored program for the indigent, such as county health care assistance programs. Commercially-insured and Medicare patients may be eligible for assistance under the CHRISTUS Hardship Discount Policy.
2. Patients interested in financial assistance will receive free financial counseling from CHRISTUS to identify potential public or private health coverage programs to assist with long-term health care needs.
3. Except as otherwise described in this Policy, uninsured or indigent patients who apply for the Financial Assistance Program will qualify if their gross family income is at or below 400% of the then-current Federal Poverty Guidelines. Uninsured patients who apply for the Financial Assistance Program may also qualify for assistance under this Policy, regardless of income level, if they have medical or hospital bills that exceed 10% of their gross family income.
4. CHRISTUS reserves the right to deny assistance to patients who meet the income level criteria if, in the judgment of CHRISTUS, such patients have sufficient net assets to pay for Covered

Services (as defined in Section B.1) at usual and customary charges. In reviewing available assets, CHRISTUS will not consider the value of a patient's primary residence, primary vehicle, or retirement account. Patients who disagree with the denial may appeal as described below in Section D.8.

5. Before finding a patient eligible for assistance under this Policy, CHRISTUS may require patients to apply for public health coverage programs for which CHRISTUS presumes the patients are eligible, as instructed by CHRISTUS financial counselors. CHRISTUS may deny eligibility for the Financial Assistance Program to patients who have been screened for a public health coverage program and are presumed to be eligible but are not cooperating with the process to apply for the health coverage program. As a condition to participation in the Financial Assistance Program, CHRISTUS may also require patients to apply for future health care coverage through the federal health care exchange if the individual is eligible for subsidized premiums.
6. Patients are not eligible for the Financial Assistance Program if the patient receives or is expected to receive a third-party financial settlement that includes payment intended to compensate the patient for charges related to medical care rendered by a CHRISTUS facility. The patient is expected to use the settlement amount to satisfy any patient account balances.
7. In making eligibility determinations, CHRISTUS may consider factors such as: the patient's and family's earning status, sources of income and assets, nature and extent of liabilities, ability to obtain additional credit, amount of medical bills, and family size.
8. CHRISTUS will evaluate patients to determine if they meet presumptive eligibility criteria for the Financial Assistance Program without the patients completing an application. Uninsured patients are ordinarily presumed to be eligible for financial assistance in the following circumstances:
 - a. The patient is homeless;
 - b. The patient was not required to file a Federal tax return for the most recently concluded calendar year; or
 - c. Electronic eligibility tools that use patient demographic data, credit reports, and other publicly available information indicate that the family's income is less than 200% of the Federal Poverty Guidelines.

A patient presumptively found to be eligible may be asked to verify basic financial information before receiving financial assistance.

B. Covered Services

1. Benefits under the Financial Assistance Program may be applied to any emergency and medically necessary health care services provided at the hospitals listed in Exhibit A ("Covered Services"). This Policy uses the Medicare definition of "medically necessary," which is "health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine."

2. Certain services are not eligible for benefits and are not considered Covered Services under the CHRISTUS Financial Assistance Program. These include, but are not limited to, the following:
 - a. Elective or lifestyle services that are not considered emergent or medically necessary as determined by a physician at a CHRISTUS facility;
 - b. Services provided for workers' compensation care or when a third party is liable for the injuries or illness requiring medical services; and
 - c. Services provided outside of the hospital setting, including at urgent care centers, ambulatory surgery centers, physician office clinics, home health and hospice. These facilities may have their own charity care policies for indigent patients.
3. CHRISTUS provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Policy. CHRISTUS will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical conditions. Emergency medical services are provided to all CHRISTUS patients in a non-discriminatory manner, pursuant to each hospital's Emergency Medical Treatment and Active Labor Act (EMTALA) policy.

C. How to Apply for Financial Assistance

1. The patient or patient's guarantor should complete and submit a Financial Assistance Program application to apply for financial assistance.
 - a. Patients and guarantors may request applications by:
 - i. Asking a financial counselor within the Admitting Department at any CHRISTUS hospital
 - ii. Calling Customer Service at 800-756-7999 (toll free), Monday through Friday, 8 a.m. to 5 p.m. (central time)
 - iii. Mailing a written request to CBO Customer Service, 919 Hidden Ridge, Irving, TX 75038
 - iv. Downloading an application at www.christushealth.org/charitycare
 - b. The application describes all the personal, financial, and other information or documentation that an individual must submit to be considered for eligibility in the CHRISTUS Financial Assistance Program.
 - c. CHRISTUS may presumptively qualify some patients for the most generous discount offered under the Financial Assistance Program based on external data sources and electronic eligibility tools that use patient demographic data, credit reports and other publicly available information. Patients who do not presumptively qualify may apply for the Financial Assistance Program using the application.
2. The application for the Financial Assistance Program must be submitted to CHRISTUS within 8 months of the date of the first post-discharge billing statement that pertains to the care for which the patient or guarantor is seeking financial assistance.
3. Completed applications, including all required information and documentation, should be submitted to CHRISTUS for eligibility determination. Completed applications may be:

- a. Submitted by mail to Customer Service using the address on the application; **or**
 - b. Delivered in person to the hospital admitting department.
4. Applicants are notified by mail when their application is incomplete and are given an opportunity to provide the missing documentation or information within 60 days of the date of notification. Written notices to persons with incomplete applications will include:
- a. Instructions for how to submit the requested documentation or information;
 - b. A plain language summary of this policy;
 - c. Information about Extraordinary Collection Actions (ECAs) that the hospital might take if it does not receive the information requested within the 60-day period; and
 - d. Contact information for a CHRISTUS department that can provide assistance with the application process.

In addition to the written notice, applicants may also receive a phone call if their application is incomplete.

D. Eligibility Determinations

1. For completed applications, CHRISTUS will make a determination regarding the applicant's eligibility in a timely manner and consistent with this Policy.
 - a. If CHRISTUS believes an individual who has submitted a completed application may qualify for Medicaid, CHRISTUS may postpone making a financial assistance eligibility determination until after a Medicaid application has been submitted and the Medicaid eligibility determination has been made.
 - b. Upon receipt of a completed application, CHRISTUS may not initiate or resume any ECAs to obtain payment for the care at issue until the eligibility determination has been made.
2. If CHRISTUS finds the applicant is eligible for free care (100% discount), CHRISTUS will:
 - a. Provide the applicant with a written notice that indicates the individual was determined to be eligible for free care;
 - b. Refund to the individual any amount that he or she has previously paid for the care, unless that amount is less than \$5; **and**
 - c. Take all reasonably available measures to reverse any ECA taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS credit disclosure made for the relevant episode of care.
3. If CHRISTUS finds the applicant is eligible for assistance other than free care, CHRISTUS will:

- a. Provide the applicant with a billing statement and written notice that indicates the amount the individual owes based on the financial assistance given, how that amount was determined, and how the individual may obtain information regarding the amounts generally billed (AGB) for the care;
 - b. Refund to the individual any amount that he or she has previously paid for the care that exceeds the amount he or she is personally responsible for as a person eligible for financial assistance, unless that amount is less than \$5; **and**
 - c. Take all reasonably available measures to reverse any ECA taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS credit disclosure made for the relevant episode of care.
4. If CHRISTUS finds the applicant is not eligible for assistance, CHRISTUS will provide the applicant with a billing statement and written notice that indicates the amount the applicant owes and the basis for the determination that the applicant was ineligible for financial assistance. The denial letter will also include information on how the applicant may appeal the decision, as described in Section D.10 below.
5. Under the following circumstances, CHRISTUS may revoke, rescind, or amend the financial assistance provided:
 - a. Fraud, theft, or misrepresentation by the patient or guarantor, or other circumstances that undermine the integrity of the Financial Assistance Program; or
 - b. Identification of a third-party payor, including a public or private health coverage program, workers' compensation, or third-party liability insurance.
6. If a denied applicant believes that his or her application was not properly considered, he or she may submit a written request for reconsideration within 60 days of the date of determination. The request should include information that was not submitted with the original application that supports the applicant's reason for appealing. The denial letter provides additional information about the appeal process. Appeals are reviewed by designated hospital staff, and appeal decisions are final.
7. Eligibility determinations will not be based on information that CHRISTUS has reason to believe is unreliable or incorrect or on information obtained from the applicant under duress or through the use of coercive practices. Coercive practices include delaying or denying emergency medical care to an individual until the individual has provided information requested to determine whether the individual is eligible for assistance under this Policy.

E. Length of Eligibility Determination

At the discretion of CHRISTUS, Financial Assistance Program eligibility will apply:

- a. To a particular episode of care or dates of service; or
- b. For up to a 12-month period from the initial eligibility determination.

If the eligibility determination is expected to last for a period of time following the date of the eligibility determination, CHRISTUS, at its discretion, may ask for an updated application or adjust the financial assistance for future episodes of care based on changes to the patient's or guarantor's demonstrated financial need.

F. Discounts Available Under the Financial Assistance Program

1. Following a determination of eligibility under this Financial Assistance Policy, a patient deemed to be eligible for financial assistance ("Eligible Patient") will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care ("AGB").
2. In general, Eligible Patients with a gross family income at or below 200% of the Federal Poverty Level will qualify for 100% discount (free care) on all Covered Services.
3. In general, Eligible Patients with a gross family income between 200% and 400% of the Federal Poverty Level will qualify for a sliding scale discount on all Covered Services, ranging from 50% to 100% discount on eligible services.
4. There may be circumstances in which CHRISTUS has billed a patient more than AGB before the patient had submitted a completed application or before CHRISTUS determined the patient was an Eligible Patient. If an Eligible Patient has paid charges in excess of AGB, the hospital will refund any amount the individual has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as an individual eligible for financial assistance, unless such excess payment is less than \$5.
5. Eligibility determinations will be made and discounts will be offered without regard to race, creed, color, religion, gender, orientation, national origin, or physical disability.

G. Amounts Generally Billed Calculation

CHRISTUS uses the Prospective Medicare Method to determine AGB, by using the billing and coding process it would use if the individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount it determines Medicare and the Medicare beneficiary together would be expected to pay for the care.

H. Actions in the Event of Non-Payment

1. Unpaid discounted balances of patients who qualify for the Financial Assistance Program are considered uncollectible bad debts.
2. CHRISTUS does not conduct, or permit collection agencies to conduct on its behalf, Extraordinary Collection Actions (ECAs), as defined under Internal Revenue Code Section 501(r), against individuals before reasonable efforts have been made to determine whether the patient is eligible for the Financial Assistance Program. Reasonable efforts include the hospital making a determination that the patient is ineligible for the Financial Assistance Program because the patient is covered by Medicare or commercial insurance.

3. The System Director of Patient Financial Services maintains oversight and responsibility for determining if CHRISTUS has made reasonable efforts and whether an ECA is appropriate. If a patient believes an ECA was initiated improperly, the patient should contact the CHRISTUS Integrity Line at 1-888-728-8383 and provide his/her contact information for follow up.
4. Under no circumstance will CHRISTUS pursue an ECA until 120 days after the date of the first post-discharge billing statement for the care at issue.
5. At least 30 days before initiating an ECA, CHRISTUS will:
 - a. Provide the individual with a written notice that: indicates financial assistance is available for eligible individuals, identifies the ECAs that the hospital intends to initiate to obtain payment for the care, and states that ECAs will be initiated 30 days after the date of the written notice;
 - b. Provide the individual with a plain language summary of this Policy; **and**
 - c. Make a reasonable effort to orally notify the individual about this Policy and about how the individual may obtain assistance with the application process.
6. As authorized by state and federal law, CHRISTUS may file a hospital lien on the proceeds of a judgment, settlement, or compromise owed to a patient (or his or her representative) as a result of personal injuries for which a CHRISTUS hospital provided care. This type of lien is not considered an ECA and does not require advance notice be given to the patient. CHRISTUS will notify the patient of such a lien in accordance with state law.

I. Providers Who Participate in the Financial Assistance Program

CHRISTUS hospitals may contract with physician groups and other independent contractors that provide medically necessary care but do not participate in the CHRISTUS Financial Assistance Program. Therefore, a patient who is eligible for the Financial Assistance Program will not necessarily receive financial assistance from those non-participating providers. Attachment B lists these contracted providers and indicates whether or not they participate in this Policy. Patients who receive care from one of the non-participating providers are advised to contact the provider directly to determine whether the provider has its own financial assistance program.

J. Distribution of the Policy

1. Each CHRISTUS hospital will offer a plain language summary of this Policy to patients as part of the intake or discharge process. CHRISTUS financial counselors will also distribute the summary of this Policy to patients as appropriate during counseling sessions.
2. Each billing statement from CHRISTUS will include a conspicuous written notice informing patients about the availability of financial assistance, including both a telephone number and website address where the patient may obtain additional information and copies of the plain language summary of this Policy.
3. Each hospital will have public displays in the emergency department and admissions areas notifying patients of the Financial Assistance Program.

4. This Policy, the plain language summary, and the Financial Assistance Program application will be available at www.christushealth.org/charitycare and are also available upon request and without charge in each hospital's emergency department and admissions areas.
5. This Policy, the plain language summary, and the Financial Assistance Program application will be translated into the language spoken by each limited English proficiency group that constitutes the lesser of 1,000 individuals or 5% of the community served by the hospital facility.



TITLE: Financial Assistance Policy		
DEPT: Revenue Cycle		Effective Date: 07/01/2016
REVISION: 1.0	Revision Date: 07/01/2016	

Attachment A
Participating Hospitals

CHRISTUS Coushatta Health Care Center...Coushatta, LA
CHRISTUS St Frances Cabrini Hospital...Alexandria, LA
CHRISTUS Hospital - St Elizabeth...Beaumont, TX
CHRISTUS Hospital - St Mary...Port Arthur, TX
CHRISTUS Jasper Memorial Hospital...Jasper, TX
CHRISTUS St Michael Hospital - Atlanta...Atlanta, TX
CHRISTUS St Michael Health System...Texarkana, TX
CHRISTUS St Michael Rehabilitation Hospital...Texarkana, TX
CHRISTUS St Patrick Hospital...Lake Charles, LA
CHRISTUS Lake Area Hospital...Lake Charles, LA
CHRISTUS Santa Rosa Children's Hospital...San Antonio, TX
CHRISTUS Santa Rosa Hospital - Medical Center...San Antonio, TX
CHRISTUS Santa Rosa Hospital - New Braunfels...New Braunfels, TX
CHRISTUS Santa Rosa Hospital - Westover Hills...San Antonio, TX
CHRISTUS Highland Medical Center...Shreveport, LA
CHRISTUS Spohn Hospital Alice...Alice, TX
CHRISTUS Spohn Hospital Beeville...Beeville, TX
CHRISTUS Spohn Hospital Corpus Christi – Memorial...Corpus Christi, TX
CHRISTUS Spohn Hospital Corpus Christi – Shoreline...Corpus Christi, TX
CHRISTUS Spohn Hospital Corpus Christi – South...Corpus Christi, TX
CHRISTUS Spohn Hospital Kleberg...Kingsville, TX
Good Shepherd Medical Center...Marshall, TX
CHRISTUS Good Shepherd Medical Center – Longview ...Longview, TX
CHRISTUS Mother Frances Hospital – Tyler...Tyler, TX
CHRISTUS Mother Frances Hospital – South Tyler...Tyler, TX
Louis & Peaches Owen Heart Hospital...Tyler, TX
CHRISTUS Trinity Mother Frances Rehabilitation Hospital, Affiliated with HealthSouth...Tyler, TX
CHRISTUS Mother Frances Hospital – Winnsboro...Winnsboro, TX
CHRISTUS Mother Frances Hospital – Jacksonville...Jacksonville, TX
CHRISTUS Mother Frances Hospital – Sulphur Springs...Sulphur Springs, TX
CHRISTUS St. Vincent Regional Medical Center...Santa Fe, NM

Attachment B
Provider Listing

Medically-necessary hospital services provided by CHRISTUS hospital employees are covered under the CHRISTUS Financial Assistance Policy. However, some services provided in CHRISTUS hospitals are not provided by CHRISTUS employees and instead are provided by independent physicians, groups or other entities. Payment arrangements for these services must be made directly with those individuals and groups. The attached list identifies providers who are authorized to provide care in this facility but do not participate in the CHRISTUS Financial Assistance Policy.

Please note that this **CHRISTUS Lake Area Hospital** does not employ physicians. Doctors employed by CHRISTUS Physician Group (CPG) are not employed by **CHRISTUS Lake Area Hospital** and do not follow this Policy, but they do follow a similar policy. Please ask your CPG doctor for more information.

CHRISTUS Lake Area Hospital
Lake Charles, LA

LastName	FirstName	Degree	Active Medical Staff
Carlin	John	MD	X
Doiron	Mark	MD	X
Fairchild	Chad	MD	X
Fairchild	Tammy	MD	X
Laborde	Richard	MD	X
Lemaire	Mark	MD	X
Lemoine	Dwight	MD	X
Lewis Sr	Ronald	MD	X
Nester	Kyle	MD	X
Price	Jere	MD	X
Walkin	Patrick	MD	X
Wise	Myra	MD	X
Dedo	William	MD	X
Depuy	Miguel	MD	X
Fastabend	Carl	MD	X
Foster	Corey	MD	X
Gilmore	Richard	MD	X
LeBeau	Jake	MD	X
Mulhearn	Thomas	MD	X
Turner	Michael	MD	X
Adams	Jessica	CRNA	X
Adams	Michael	CRNA	X
Allain	Jeffrey	CRNA	X
Belaire	Dwane	CRNA	X
Biggs	Randall	CRNA	X
Boyer	Claudia	CRNA	X
Breaux	Jason	CRNA	X
Brooks	James	CRNA	X
Conner	Derek	CRNA	X
Cooley	Brett	CRNA	X
Creasman	Michael	CRNA	X
Crookshank	Jason	CRNA	X
Darbonne	Stephen	CRNA	X
Dennis	Nathaniel	CRNA	X
Downs	Aaron	CRNA	X
Dufrene	Michael	CRNA	X
Duhon	Shawn	CRNA	X
Ford	Michael	CRNA	X
Foreman	Robert	CRNA	X
Fox	Jared	CRNA	X
Fusilier	Paul	CRNA	X
Guidry	Russell	CRNA	X
Hebert	Jude	CRNA	X

Hughes	Matthew	CRNA	X
Kelly	Courtney	CRNA	X
LeDoux	Chad	CRNA	X
Lemaire	Kevin	CRNA	X
Lemaire	Raymond	CRNA	X
Lindsay	Graham	CRNA	X
Lombardo	Vincent	CRNA	X
Moore	Mark	CRNA	X
Phillips	Robert	CRNA	X
Rogers	Kristen	CRNA	X
Ryan	Jacob	CRNA	X
Slaydon	Jason	CRNA	X
Stout	Hobin	CRNA	X
Ford	Brian	MD	X
Guidry	Kevin	MD	X
Miller	Lee	MD	X
Olivier	Maureen	MD	X
Smith	Shondra	MD	X
Adams	Heather	APRN	X
Akanbi	Bolarinwa	MD	X
Hillebrandt	Cole	MD	X
James	Kyle	MD	X
Sonnier	Jessica	MD	X
Stowell	Michael	NP	X
Ughovwa	Ejoro	MD	X
Agendia	Jude	MD	X
Bernauer	Robert	MD	X
Digiglia	John	MD	X
Foret	Ryan	MD	X
Guillermo	Andres	MD	X
Landry	David	MD	X
Lechtenberg	Keith	MD	X
Nabours	William	MD	X
O'Neal	Keane	MD	X
Peavy	Todd	MD	X
Primeaux	Arthur	MD	X
Rasberry	Melissa	MD	X
Soileau	Earl	MD	X
Whatley	Joshua	MD	X
Wilder	Errol	MD	X
Williams	Benjamin	MD	X
McCall	Ricardo	MD	X
Nichols	Paul	MD	X
Patel	Nisha	MD	X
Selim	Niazy	MD	X
Teran	Juan	MD	X
Chua	Rachel	MD	X

Fisher	Karen	MD	X
Monlezun	Lee	MD	X
Bruno	Sandra	MD	X
Nguyen	Ken	MD	X
Diket	Albert	MD	X
Newman	Mark	MD	X
St Amant	Marshall	MD	X
Veillon	Edward	MD	X
Bossano	Juan	MD	X
Lin	Chih	MD	X
Abushamat	Abdel	MD	X
Leung	Tony	MD	X
Lodhi	Ahad	MD	X
Nisar	Asif	MD	X
Odenheimer	Reynard	MD	X
Fletcher	Troy	NP	X
Stawecki	Laura	APN	X
Dahlen	Mary	CRNP	X
Del Castillo-Hyatt	Nicole	APRN	X
England	Michael	APRN	X
Huval	Adam	APRN	X
McLemore	Charles	APN	X
Perera LeBrun	Melissa	CRNP	X
Dougherty	Timothy	NP	X
Gabbert	Ellendale	APN	X
Hays	Ralph	APN	X
Hinton	Noel	APN, RN,FM	X
Landry	Anna	APN	X
Brown	James	MD	X
Colligan	John	MD	X
Darbonne	David	MD	X
Fontenot	Eugene	MD	X
Forsyth	Bradley	MD	X
Groves	James	MD	X
Guidry	Floyd	MD	X
Guidry	TriCia	MD	X
McAlpine	David	MD	X
Miller	Gladys	MD	X
Moore	Robert	MD	X
Porche'	Uzma	MD	X
Prestia	Alice	MD	X
Scroggs	Matthew	MD	X
Stelly	Howard	MD	X
Tran	Kimngan	MD	X
West	Kushatha	DO	X
Falgoust	Donald	MD	X
Gordon	Robert	MD	X

Richard	Gregory	MD	X
Boudreaux	Donald	DDS	X
Fisher	George	DDS	X
Cascio	Brett	MD	X
Foret	Jonathan	MD	X
Hale	Steven	MD	X
Hinton	Michael	MD	X
Noble	John	MD	X
Trappey IV	George	MD	X
Boyd	Susan	MD	X
Desonier	Keith	MD	X
LeBert	Brad	MD	X
LeBlanc	Blake	MD	X
Loehn	Bridget	MD	X
Williams	Roger	MD	X
Burton	Regina	MD	X
Eapen	Paula	MD	X
Kelly	Brandi	MD	X
Primeaux	Thad	MD	X
Richard	Stephanie	MD	X
Rumsey	Robert	MD	X
Vanhoose	John	MD	X
Gugol	Rubee Anne	MD	X
Kattash	Mudar	MD	X
Ardoin	Kipp	MD	X
Babineaux	Julie	MD	X
Breaux	Adrienne	MD	X
Broussard	Yang-Tze	MD	X
Chatters	Rachel	MD	X
Decker	Deborah	MD	X
Drez	Susan	MD	X
Hernandez Aviles	Maria	MD	X
Hickey-White	Sarah	MD	X
Karpovs	Anatole	MD	X
Karriker	Bryan	MD	X
Kordisch	Foster	MD	X
Landry	Stuart	MD	X
Maust	Jay	MD	X
McCanless	Edgar	MD	X
Murray	Elizabeth	MD	X
Richert Jr	Albert	MD	X
Richert Sr	Albert	MD	X
Rodgers	Alycia	MD	X
Saqer	Jamal	MD	X
Stephenson	Lyle	MD	X
Thomas	Jenny	MD	X
Thompson	Bruce	MD	X

Treme	Stephanie	MD	X
Wallace	David	MD	X
Lopez	Frank	MD	X
Lowry Jr	William	MD	X
McDonald	Katherine	PA-C	X
Abendroth	Jadie	PA	X
Daigle	Jeffrey	PA	X
Trosclair	Lindsay	PA	X
Leger	Noelle	PA-C	X
Colpitts	Ralph	MD	X
Smoot	Ernest	MD	X
Garber	Vernon	DPM	X
Green	Tyson	DPM	X
Hall	Daniel	DPM	X
Pourciau	John	DPM	X
Przybylski	Mallory	DPM	X
Williams	Luke	MD	X
Maze	James	MD	X
Bordlee	Bruce	MD	X
Braud	Jason	MD	X
Brdlik	Charles	MD	X
Brown	Robert	MD	X
Casey	Stephanie	MD	X
Dartez	Denny	MD	X
Delancey	Rebecca	MD	X
Garrett	Kevin	MD	X
Lim	Charles	MD	X
Martinez	Richard	MD	X
McFarland	David	MD	X
Olsan	Adam	MD	X
Thomas Jr	Donald	MD	X
Walker	Michael	MD	X
Wallace Jr.	David	MD	X
DiVittorio	Roy	MD	X
Dozier	Timothy	MD	X
Menn	Kirsten	MD	X
Osborne	Scott	MD	X
Rau	Jeremy	MD	X
Woolridge	Donald	MD	X
Mendez	Enrique	MD	X
Chung	Keith	MD	X
Newton Jr	Baron	MD	X
Rossowski	Thomas	MD	X
Foret	Andrew	MD	X
Wolf	Erich	MD	X
McBroom	Stacy	DO	X
Upshaw	John	MD	X