



DEPARTMENT: ADMINISTRATION  
NUMBER: P-21

EFFECTIVE DATE: 8/24

SUBJECT: Financial Assistance Program

SUPERSEDES: 5/05, 5/07, 8/09, 4/11,  
3/12, 6/14, 1/16, 5/16,  
2/17, 3/18, 2/19, 1/20,  
1/21, 5/22, 10/23,  
4/24

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**PURPOSE:**

Aspirus St. Luke's and Aspirus Lake View (hereinafter referred to as facilities) are committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay. Facilities strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

**POLICY STATEMENT:**

Facilities will provide low-income individuals with financial assistance based on current Federal Poverty Guidelines.

**DEFINITION:**

**Amounts Generally Billed (AGB) Limit:** The average amount collected by facilities for providing emergency and other appropriate hospital-based medical services to individuals who have insurance covering that service, as defined in IRS Reg. 1.501(r)-1(b)(1).

**Assets:** Assets that will be considered liquid include those that could be converted to cash within one year. These include checking accounts, savings accounts, retirement funds, trust funds, and other investments. Additionally, countable assets include the liquidated value of luxury items such as recreational vehicles and second homes. In lieu of liquidating the assets, they may be counted as current year's income in the financial assistance eligibility determination.

**Attorney General Agreement (AGA):** Agreements between facilities and the Minnesota Attorney General's Office relative to billing practices, collection practices, and uninsured patient discounts.

**Cosmetic Services:** Services provided to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.

**Exclusions:** An exclusion is a provision within an insurance policy that eliminates coverage for certain services. Things that are excluded are not covered by the plan. **See Attachment F**

**Extraordinary Collection Actions (ECAs):** Especially aggressive efforts to encourage individuals to pay a liability as defined in IRS 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).

**Family:** A household that resides in a defined residence and includes the following:

- Yourself
- Your spouse
- Your children under 19 that live with you
- Your spouse's children under 19 that live with you
- Your unmarried partner, if you have children together
- Anyone you include on your tax return, even if that person does not live with you
- Anyone else under 19 who lives with you that you take care of

**Family Income:** All income attributable to all members of the family in the defined residence, excluding amounts earned by family members under 19.

**Financial Assistance Program:** A program to provide health care services free or at a discount to individuals who qualify by meeting income and asset guidelines.

**Gross Charges:** Unadjusted process listed in facilities charge-master file (CDM).

**Income:** Income includes salaries, wages, self-employment income, payment from Social Security, Supplemental Security income, public assistance, veteran's payments, survivor benefits, disability payments, unemployment income, workers' compensation, pension or retirement benefits, child support, alimony, interest earnings, dividends, rents, royalties, income from trusts, educational assistance, assistance from outside the household, and income from other sources.

**Medically Necessary Services:** Services that are reasonable and necessary for the diagnosis or treatment of an illness or injury, or to improve the functioning of a malformed body member.

**Plain Language Summary (PLS):** A document containing a clear, simple explanation of the Financial Assistance Program and information about eligibility and the application process.

**Presumptive Financial Assistance Eligibility:** The process of reclassifying financial accounts as financial assistance accounts based on information from publicly available and purchased transaction data. An estimate of a guarantor's financial profile creates an estimated household size and household income range and is used to determine financial assistance eligibility. Some clinic services may not qualify for Presumptive Financial Assistance.

**Underinsured:** The patient/guarantor has some level of insurance or third-party assistance but still has expenses that exceed financial abilities.

**Uninsured:** The patient/guarantor has no level of insurance or third-party to assist with meeting payment obligations.

**SUBJECT KEY WORDS:**

Amounts generally billed, extraordinary collection actions, federal poverty guideline, financial assistance, presumptive financial assistance.

**PROCEDURE:**

**Uninsured Discount**

Facilities offer discounts to patients who are uninsured and require medically necessary health care services.

1. Facilities will make a reasonable effort to determine whether the patient is eligible for an uninsured service discount for medically necessary services before any collection efforts are initiated.
2. The Uninsured Discount will be applied to all self-pay accounts based on 100% of gross charges for services received upon initial billing and will appear on the patient's statement.
3. Facilities will not bill an uninsured patient for medically necessary services in an amount greater than what the provider would be reimbursed for that service or treatment from its most favored insurer. If insurance is later added to the account and payment is received, the Uninsured Discount will be reversed.
4. The patient has the option of applying for Financial Assistance. If the Financial Assistance Program discount is greater than the Uninsured Discount, the Uninsured Discount will be reversed, and the Financial Assistance Program discount will be applied to the account.
5. Patients who receive cosmetic services do not receive an Uninsured Discount. These patients must contact a hospital Financial Counselor or clinic representative to discuss financial arrangements prior to the services being provided.

**Patient Financial Assistance – General Guidelines**

1. This policy will apply to all patients regardless of race, creed, sex, age, or payer. Reasonable measures will be taken to ensure that any language or hearing barriers are addressed.

2. Financial assistance will be offered to those patients unable to pay all or a portion of their bill.
3. Patient Financial Assistance will be applied to all applicable accounts based on 100% of gross charges for services received upon initial billing and will appear on the patient's statement.
4. Eligibility will be determined on an individual basis and evaluated on an assessment of the patient's and/or family's need, financial resources, and obligations.
5. Financial assistance applies to all types of medically necessary services only. Cosmetic services will not be eligible for financial assistance.
6. Trauma/emergency care will be provided to all patients regardless of their ability to pay. Stabilization of the patient will occur prior to any determination of payment arrangements.
7. Eligibility limits may be adjusted at any time based on facilities' overall financial resources.
8. Patients must request financial assistance within the time frames identified in this policy. Lack of timeliness or cooperation on the patient's part will result in normal account collection activity. In some instances, presumptive financial assistance eligibility may be applied as outlined in the Presumptive Financial Assistance Eligibility section of this policy.
9. Eligibility assessment may include the use of external publicly available data sources that provide information on a patient's or guarantor's ability to pay.

#### **Patient Financial Assistance – Communication**

1. Reasonable efforts will be made to ensure that patients are aware of all financial assistance opportunities available to them including Federal, State, County, City and other private programs. Patients may be given assistance regarding application for any assistance program available to them. Programs and other sources of assistance available to patients include the following:
  - a. The Health Care Access Office, 218-722-9650  
4325 Grand Avenue, Duluth MN 55807  
or 3600 Tower Avenue, Superior WI, 54880 715-392-1955
  - b. Aspirus St. Luke's Hospital (218-249-5340) and Clinics (218-249-6870, option 2) can provide assistance. An onsite location for assistance is located at Aspirus St. Luke's Hospital, Financial Counselor Office, 915 E. 1<sup>st</sup> St, Duluth MN 55805 and Aspirus Lake View Hospital, 325 11<sup>th</sup> Ave, Two Harbors MN 55616.
  - c. Facilities contract with an outside patient advocacy agency which may aid the uninsured patient in applying for certain State and Federal programs.
2. The "Notice of Financial Aid" shall be posted in all major patient registration areas and on Aspirus St. Luke's web page. In addition, the notice is available to patients in printed form as a Plain Language Summary.
3. Facilities' billing statements will include notification that financial assistance is available under the Financial Assistance Program, the phone number and website the patient can use to obtain information about the Financial Assistance Program, and the application process.

4. Facilities will have the Plain Language Summary (PLS), Financial Assistance Policy (Financial Assistance Program), Billing and Collection Policy and Financial Assistance Program Application available on its website. Paper copies of these documents are available upon request and without charge by mail, in facilities' Emergency Departments (ER) and other admission areas.
5. A copy of the Plain Language Summary will be offered to patients.
6. Aspirus St. Luke's will distribute the PLS to not-for-profit entities working with the uninsured and underinsured population through its partners in the Insure Duluth Coalition.
7. Facilities' Financial Counselors will actively communicate the availability of all Financial Assistance Programs, including the facilities' Financial Assistance Program.
8. A financial counselor will be designated to coordinate financial assistance applications, outreach efforts, and help coordinate the financial assistance process. Financial counselors shall understand the Financial Assistance Program and be able to answer any questions.
9. Training and information regarding financial assistance will be provided to all staff members who interact with patients. At minimum, these individuals shall be prepared to refer the patient to the hospital Financial Counselors, clinic representative, Home Care Social Worker, Billing Administrator, Patient Access Support Specialist, or direct the patient to information regarding the widely publicized resources available.

#### **Patient Financial Assistance – Application**

1. All Patient Financial Assistance (Financial Assistance Program) applications will be treated with respect and financial information will be kept confidential.
2. Efforts should be taken within reason to determine a patient's eligibility for financial assistance at or before the time of registration or service. However, application and determination may be made after services are provided and must be considered prior to any Extraordinary Collection Actions.
3. Financial assistance application forms shall be written in an easy-to-understand manner and will include a list of required financial documents that must be submitted with the application (pay stubs, tax forms, etc.) See Attachment B.
4. The application will provide contact information including a phone number that the applicant can call for assistance. The applicant may request and receive assistance from a financial counselor to complete the form.
5. Applications may be mailed, emailed, faxed, or delivered in person.
6. Facilities will accept applications for up to 1 year from date of service.
7. Facilities may require the applicant to apply for Medical Assistance through the State Department of Health and Human Services except for services incurred at locations that participate in the National Health Service Corps Program (NHSC).
8. The applicant must provide the information needed to complete a financial assistance application unless the applicant qualifies for an exemption as outlined under Presumptive Financial Assistance Eligibility. Applications are available from the hospital Financial Counselors, clinic representative, Home Care Social Worker, Billing Administrator, Patient Access Support Specialist, Aspirus St. Luke's website, and at all admitting areas.

9. Upon receipt of the financial assistance application, the financial counselors will review the application and required documents. See Attachment B.
10. An interview with the applicant (or representative) to clarify application information will be scheduled, if required, as soon as practical at a mutually convenient time.
11. If the applicant submits an incomplete application within 1 year of date of service, facilities will send them a notice of what information is missing from the application and give a reasonable amount of time to complete the application before initiating any Extraordinary Collection Actions. If an individual submits a complete financial assistance application, facilities will cease all collection efforts until a Financial Assistance Program eligibility determination is made.

### **Patient Financial Assistance – Eligibility Determination**

1. Every effort will be made to determine the applicant's eligibility for the Financial Assistance Program at the earliest possible time.
2. Applications will be processed in an accurate, timely and consistent manner. Decisions will generally be communicated in writing to the applicant within 30 days of receipt of the completed application and financial documents. Collection activity will be put on hold during this assessment period.
3. Eligibility for the Financial Assistance Program is based on the value of the applicant's income and assets, except for balances incurred at locations that participate in the NHSC Program; these balances do not take into account the value of assets. The Financial Counselors, clinic representative, Home Care Social Worker, Billing Administrator, or Patient Access Support Specialist will complete the Financial Assistance Program eligibility calculations using income and assets information, except for balances incurred at locations that participate in the NHSC Program; these balances do not take into account the value of assets. The following will be calculated:
  - a. Earned income including monthly gross wages, salary, and self-employment income.
  - b. Unearned income including dividends, interest, and income from any other source such as unemployment or workers compensation.
  - c. Number of dependents in the household
  - d. Information to determine the applicant's financial status, including assets and liabilities.
4. An individual applicant with assets exceeding \$25,000, a family with assets exceeding \$50,000, or a business owner with assets exceeding \$500,000 is not eligible for financial assistance. Retirement assets less than \$100,000 are not included in the asset calculation. This requirement is not applicable for balances incurred at locations that participate in the NHSC Program.
5. The applicant's income and assets (except for balances incurred at locations that participate in the NHSC Program; these balances do not take into account the value of assets) are compared to current Federal Poverty Guidelines (see attachment A). The Financial Assistance Program eligibility and discount schedule is as follows:

<b>Poverty Level</b>	<b>Services Discount</b>
100% or less	100%
101% to 150%	90%
151% to 200%	75%
201% to 300%	Greater of AGB or 50%

6. Approval levels for Financial Assistance Program are as follows:

<b>Discount</b>	<b>Approver</b>
\$0 - \$9,999	Assigned Director
\$10,000 and over	Governing Body

7. If facilities have reason to believe that any information included in the application is inaccurate or incomplete, the application will be considered incomplete until all application requirements are fulfilled.
8. If a valid address is not provided with the application, financial assistance may be denied.
9. On occasion, extenuating circumstances may cause facilities to grant financial assistance to a patient who may otherwise not meet the quantitative criteria. Individuals may be granted eligibility for Financial Assistance Program based on individual life circumstances. Examples are homelessness or deceased patients with no known estate. Documentation in the patient's account will support this determination. In such cases, the Financial Counselor, clinic representative, Billing Administrator, or Department Director will document why the assistance was granted and supporting documentation will be maintained. If an individual would qualify for financial assistance but they are unable or unwilling to complete the required application, facilities' Governing Body may approve financial assistance if enough evidence exists to support that determination.
10. If an applicant is denied eligibility under the Financial Assistance Program, the applicant may appeal facilities' decision within 30 days. The appeal process will include an appropriate non-financial representative as well as a financial professional. The appeal process will be documented as a formal Patient Grievance.

### **Patient Financial Assistance – Discount Application**

1. Financial Assistance Program discount applies toward the remaining balance only. If an individual has made partial payment, and the individual is subsequently determined to qualify for financial assistance under this policy, any payment more than their newly calculated remaining liability shall be refunded within 30 days of the Financial Assistance Program eligibility determination. If the refundable amount is less than \$5.00, facilities may not issue a refund. Facilities may apply the refund to other open patient liability accounts. If the patient desires the refund instead, they must contact facilities within 30 days.
2. The Financial Assistance Program eligible discount may be applied to services provided up to one year before the application was approved.

3. If the applicant indicates that they qualify for Financial Assistance Program, the discount may apply to a service provided within one year following the application approval date.
4. If an application was previously approved and the patient is receiving ongoing clinic services, eligibility may be extended if the applicant provides documentation to prove that their financial circumstances have not changed. Evidence of financial status may be required as outlined in Attachment B.

### **Presumptive Financial Assistance Eligibility**

1. In some instances, a patient may appear eligible for Financial Assistance Program, but has not submitted an application and/or documentation on income and assets. In the event there isn't evidence to support a patient's eligibility, facilities may use outside agencies or vendors to determine eligibility and potential financial assistance. These agencies may use publicly available and purchased transaction data to estimate a guarantor's financial profile and household size. Examples of such data are:
  - a. Census data
  - b. Birth certificates
  - c. Marriage licenses
  - d. Legal notices
  - e. Bankruptcy filings
  - f. Automobile registrations
  - g. Property tax records
  - h. Point-of-sales transactions data that retailers and credit card companies make available for purchase

The agency uses scoring technology to determine Financial Assistance Program eligibility and the percent discount to apply to the patient's account.

2. Circumstances under which facilities may utilize third-party information to make presumptive determinations may include incomplete or missing information on a financial assistance application or prior to placement with a collection agency.
3. Individuals who meet presumptive eligibility criteria may be granted financial assistance without completing an application.
4. If the presumptive assessment determines that the patient is eligible for less than a 100% discount, facilities will notify the individual regarding the basis for the presumptive eligibility determination and information about how they may complete an application to determine if they are eligible for a larger discount under the Financial Assistance Program.
5. Individuals will be granted presumptive eligibility for Financial Assistance Program based on individual life circumstances. Examples are homelessness or deceased patients with no known estate. Documentation in the patient's account will support this determination.

### **Financial Assistance Program Relationship to Self-Pay Collections Policy**

1. Facilities have developed policies and procedures for internal and external collection practices (ECA's) that consider the extent to which the patient qualifies for financial



assistance and the patient's good faith effort to comply with his or her payment agreements.

2. If a patient fails or refuses to fulfill their financial obligation, facilities may engage in extraordinary collection actions, including:
  - a. Referral of unpaid balances to external collection agencies
  - b. Actions that require a legal or judicial process such as a lien on property or garnishment of wages
3. Prior to initiating ECA's, facilities will follow all applicable regulations and make reasonable efforts to determine whether an individual who has an unpaid account is eligible for Financial Assistance Program.
4. Facilities will refrain from any ECA's for at least 120 days after sending the first post-discharge billing statement.
5. The Billing and Collections Policy is available to the public online at and paper copies of the policy are available upon request and without charge by mail, in facilities' Emergency Departments (ER) and in admissions areas.

### **Amounts Generally Billed (AGB)**

1. An individual who is determined to be eligible for charity care under this policy shall not be required to pay more for emergency medical care and other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.
2. This AGB limit shall be used by facilities to determine the maximum amount that an individual may be liable to pay after such individual is determined to be eligible for charity care under this policy.
3. Facilities shall use the "look-back method" as described in Regulation 1.501(r)-5(b)(3).
4. Facilities shall calculate a new AGB limit at least annually.
5. Facilities shall implement the new AGB limit within 120 days of the end of the 12-month period used for the look-back method calculation.
6. Attachment C contains information about the currently applicable AGB limit and how it was calculated.

### **Patient Financial Assistance – Participating Providers and Exclusions**

1. This policy relates only to Aspirus St. Luke's Hospital, Aspirus St. Luke's Clinics, Aspirus St. Luke's Home Care, Aspirus St. Luke's Hospice, Aspirus Lake View Hospital, and Aspirus Lake View Clinics. A list of participating providers is included in Attachment D.
2. Aspirus St. Luke's Hospital and Aspirus Lake View Hospital may share Financial Assistance Program eligibility information. Eligibility at Aspirus St. Luke's or Aspirus Lake View does not guarantee that the individual will meet eligibility criteria at the other hospital.
3. A list of non-participating providers is included in Attachment E. Individuals may contact these other service providers for information about any Financial Assistance Programs they may have.
4. Only medically necessary services are covered under the Financial Assistance Program.

## **Recording of Patient Financial Assistance**

1. Patient Financial Assistance must be recorded and valued in accordance with the Healthcare Audit Guide.
2. Documentation of financial assistance must be maintained for a minimum of seven (7) years.

## **Accountability**

1. Aspirus St. Luke's Board of Directors will approve the Patient Financial Assistance Policy and any substantive changes to the policy.
2. Management will prepare and submit an annual report regarding the financial assistance policy and program to the Board of Directors.
3. Financial assistance information will be shared with appropriate community service agencies.

## **FORMS:**

Facilities Patient Financial Assistance Application  
Aspirus St. Luke's Behavioral Clinic – Duluth (an NHSC site) Financial Assistance Application  
Plain Language Summary of facilities' Financial Assistance Program

## **ATTACHMENTS:**

Attachment A – Federal Poverty Guidelines (current year)  
Attachment B – Financial Assistance Program Application Document Requirements  
Attachment C – Amounts Generally Billed  
Attachment D – List of Participating Providers with facilities Financial Assistance Program  
Attachment E – Clinics, Physicians and Providers that do not participate in facilities Financial Assistance Program  
Attachment F - List of Exclusions for the Aspirus St. Luke's and Aspirus Lake View Financial Assistance Policy and Uninsured Discounts

## **RELATED POLICIES:**

Business Services – Billing and Collections (C-32)  
Business Services – Uninsured Service Discount (C-41)

**ADDITIONAL RESOURCES:**

www.mnsure.org  
www.healthcare.gov  
www.insureduluth.org

**REFERENCE:**

Federal Poverty Guidelines – Updated each year in February and published in the Federal Register: <http://aspe.hhs.gov/poverty-guidelines>

Federal Register, Vol. 79, No. 250, December 31, 2014. Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return.

**COORDINATION:**

Director, Business Services

**KEY INVOLVED DEPARTMENTS:**

Business Services  
Central Business Office  
Hospice / Home Care Business Office  
Aspirus Lake View Finance

**APPROVED:** \_\_\_\_\_  
**Vice President**

**APPROVED:** \_\_\_\_\_  
**President/CEO**

**APPROVED:** \_\_\_\_\_  
**Chairman, Board of Directors**

ATTACHMENT A

**FEDERAL POVERTY GUIDELINES EFFECTIVE 4/1/2024**

<b>Household Size</b>	<b>100%</b>	<b>150%</b>	<b>200%</b>	<b>300%</b>
1	15,060	22,590	30,120	45,180
2	20,440	30,660	40,880	61,320
3	25,820	38,730	51,640	77,460
4	31,200	46,800	62,400	93,600
5	36,580	54,870	73,160	109,740
6	41,960	62,940	83,920	125,880
7	47,340	71,010	94,680	142,020
8	52,720	79,080	105,440	158,160

For family units of more than 8 members, add \$5,380 for each additional member.

## ATTACHMENT B

### **FINANCIAL ASSISTANCE PROGRAM APPLICATION DOCUMENT REQUIREMENTS**

1. Copy of written denial letter from Medical Assistance, if required.
2. Income information and verifications, such as copies of your paycheck stubs or a written statement from your employer showing year to date earnings.
3. Copy of last year's tax return.
4. Copies of the most recent statement(s) showing balance in each bank account(s).
5. Copies of the most recent statement(s) showing value of each investment listed.

## ATTACHMENT C

### Hospital Amounts Generally Billed Calculation and Information

Hospital uses the “look-back method” as defined in Reg. 1.501(r)-5(b)(3) to calculate the amount generally billed (“AGB”) to individuals who have insurance covering medically necessary care. An individual who is determined to be eligible for charity care under this policy shall not be required to pay more than the amounts generally billed to individuals who have insurance covering such care.

Hospital calculates a single AGB limit to apply to all individuals who qualify for charity care.

Aspirus St. Luke’s Financial Assistance Program: 63.15%

Aspirus Lake View Financial Assistance Program: 50%

The AGB limit was calculated using the following formula.

$$\frac{\text{Total Allowed Claims and Other Payments}}{\text{Gross Charges}}$$

In the AGB calculation, “Total Allowed Claims” are those claims that have been submitted by hospital and were allowed by Medicare fee-for-service and all private health insurers over a specified 12-month period. The calculation is not based on the date the service was provided to the individual or on the date the claim was paid. Hospital uses all claims for medical care in this calculation, rather than just those allowed for emergency and other appropriate hospital-based medical services.

“Other payments” are co-payments, co-insurance, deductibles, and any other payments made in relation to a claim included in Total Allowed Claims.

“Gross charges” are the total charges of the services for those claims included in Total Allowed Claims.

Hospital’s most recent calculation of the AGB limit was for the period that began 1/1/2023 and ended 12/31/2023. This AGB limit was calculated by Controller, Accounting/Finance and reviewed and approved by VP, Administration.

Last Updated: 8/16/2024

## ATTACHMENT D

### List of Participating Providers with Aspirus St. Luke's Financial Assistance Program

Aspirus St. Luke's Hospital

Aspirus St. Luke's Home Care and Hospice Services

Aspirus Lake View Hospital

#### Aspirus St. Luke's Primary Care Clinics

Aspirus Lake View Silver Bay Clinic, Silver Bay, MN

Aspirus Lake View Two Harbors Clinic, Two Harbors, MN

Aspirus St. Luke's Ashland Clinic, Ashland, WI

Aspirus St. Luke's Clinic - Duluth - 26 E Superior St

Aspirus St. Luke's Clinic - Duluth - 6351 E Superior St

Aspirus St. Luke's Clinic - Duluth - Grand Ave

Aspirus St. Luke's Clinic - Duluth - Internal Medicine

Aspirus St. Luke's Clinic - Duluth - Pediatrics

Aspirus St. Luke's Clinic - Duluth - Trinity Rd

Aspirus St. Luke's Clinic - Duluth - Woodland Ave

Aspirus St. Luke's Hermantown Clinic, Hermantown, MN

Aspirus St. Luke's Hibbing Clinic, Hibbing, MN

Aspirus St. Luke's Mountain Iron Clinic, Mountain Iron, MN

Aspirus St. Luke's Superior Clinic, Superior, WI

#### Aspirus St. Luke's Specialty Care Clinics

Aspirus Lake View Hospital - Urgent Care, Two Harbors, MN

Aspirus St. Luke's Behavioral Health Clinic - Duluth

Aspirus St. Luke's Cancer Care - Duluth

Aspirus St. Luke's Clinic - Duluth - Allergy & Immunology

Aspirus St. Luke's Hospital - Anesthesia

Aspirus St. Luke's Clinic - Duluth - Cardiology

Aspirus St. Luke's Clinic - Duluth - Cardiothoracic Surgery

Aspirus St. Luke's Clinic - Duluth - Clinical Nutrition

Aspirus St. Luke's Clinic - Duluth - Dermatology

Aspirus St. Luke's Clinic - Duluth - Ear, Nose & Throat

Aspirus St. Luke's Clinic - Duluth - Endocrinology

Aspirus St. Luke's Clinic - Duluth - Interventional Pain Management

Aspirus St. Luke's Clinic - Duluth - Interventional Radiology

Aspirus St. Luke's Clinic - Duluth - Gastroenterology

Aspirus St. Luke's Clinic - Duluth - General Surgery

Aspirus St. Luke's Clinic - Duluth - Genetic Counseling

Aspirus St. Luke's Clinic - Duluth - Nephrology

Aspirus St. Luke's Clinic - Duluth - Neurology

Aspirus St. Luke's Clinic - Duluth - Neurosurgery

Aspirus St. Luke's Clinic - Duluth - Obstetrics & Gynecology

Aspirus St. Luke's Clinic - Duluth - Oncology & Hematology

Aspirus St. Luke's Clinic - Duluth - Orthopedics & Sports Medicine

Aspirus St. Luke's Clinic - Duluth - Physical Medicine & Rehab

Aspirus St. Luke's Clinic - Duluth - Psychiatry

Aspirus St. Luke's Clinic - Duluth - Pulmonary Medicine

Aspirus St. Luke's Clinic - Duluth - Radiation Oncology

Aspirus St. Luke's Clinic - Duluth - Rheumatology

Aspirus St. Luke's Clinic - Duluth - Urology

Aspirus St. Luke's Clinic - Duluth - Vascular Surgery

Aspirus St. Luke's Eye Care - Duluth

Aspirus St. Luke's Hermantown Clinic - Eye Care, Hermantown, MN  
Aspirus St. Luke's Hermantown Clinic - Urgent Care, Hermantown, MN  
Aspirus St. Luke's Hibbing Clinic - Eye Care, Hibbing, MN  
Aspirus St. Luke's Hospital - Diagnostic Imaging  
Aspirus St. Luke's Hospital - Emergency Services  
Aspirus St. Luke's Hospital - Infectious Disease  
Aspirus St. Luke's Clinic - Duluth - International Travel Health  
Aspirus St. Luke's Occupational Health - Duluth  
Aspirus St. Luke's QCare - Duluth  
Aspirus St. Luke's Superior Clinic - Eye Care, Superior, WI



ATTACHMENT E

**Clinics, Physicians and Providers that DO NOT Participate in facilities' Financial Assistance Program**

<b>Physicians and Allied Health Professionals</b>		
<b>Clinic</b>	<b>Clinic Address</b>	<b>Specialty</b>
Aturaliya, Pravin DDS	920 East First Street, #102, Duluth, MN 55805	Dentistry
Bluestone Oral and Maxillofacial Surgery	720 Medical Arts Building Duluth, MN 55802	Dentistry
Center for American Indian Resources	211 W 4th St Duluth, MN 55806	Family Practice
Community Memorial Hospital	512 Skyline Boulevard Cloquet, MN 55720	Orthopedics
Conrad Meints & Associates	517 Medical Arts Building Duluth, MN 55802	Podiatry
Consulting Radiologists, LTD	7505 Metro Blvd. Suite 400 Edina, MN 55439	Radiology
Dental Implant and Reconstructive Center	1212 Medical Arts Building Duluth, MN 55802	Dentistry
William J. Schuldt, DDS	1229 Medical Arts Building, Duluth MN, 55802	Dentistry
Duluth Psychological Clinic	205 W Second St Duluth, MN 55805	Psychiatry
Waterstone Clinic	1626 London Rd #746, Duluth, MN 55812	Psychiatry
Essentia Health	400 E 3rd St Duluth, MN 55805	Multiple
Essentia Health Ely	303 W Conan St Ely, MN 55731	Family Practice
Essentia Health Cloquet	1413 Hwy 33 S, Cloquet, MN 55720	Family Practice
Essentia Health Hayward	11134 N State Rd 77 Hayward, WI 54843	Family Practice
Essentia Health Hermantown	4855 W Arrowhead Rd Hermantown, MN 55811	Family Practice
Essentia Health Lakeside	4621 E Superior St Duluth, MN 55804	Family Practice
Essentia Health Lakewalk	1502 London Road #102 Duluth, MN 55812	Family Practice
Essentia Health Proctor	211 S Boundary Ave Proctor, MN 55810	Family Practice
Essentia Health Superior	3500 Tower Ave Superior, WI 54880	Family Practice
Essentia Health West Duluth	4212 Grand Ave Duluth, MN 55807	Family Practice
Ever Smiles	4419 Airbase Rd Hermantown, MN 55811	Dentistry
Family Practice Center	330 N 8th Ave E Duluth, MN 55805	Family Practice
Gateway Family Health Clinic	4570 County Highway 61 Moose Lake, MN 55767	Family Practice
Gillette Children's Healthcare	200 University Ave E St. Paul, MN 55101	Physical Medicine & Rehabilitation
Great Lakes Children's Dental	2710 Piedmont Ave Duluth, MN 55811	Dentistry
Hanger Prosthetics and Orthotics	717 E Central Entrance Duluth, MN 55811	Physical Medicine & Rehabilitation
Human Development Center	1401 E 1st St Duluth, MN 55805	Psychiatry
Lab Med Spec of Duluth	915 E 1st St Duluth, MN 55805	Pathology

Lake Superior Community Health Center	4325 Grand Ave Duluth, MN 55807	Family Practice
University of Minnesota	420 Delaware Street, Minneapolis, MN 55455	Cardiology

<b>Clinic</b>	<b>Clinic Address</b>	<b>Specialty</b>
Maryland, Daniel MD	324 West Superior Street, Suite 509, Duluth, MN 55802	Ophthalmology
Mercy Hospital	710 S Kenwood Ave Moose Lake, MN 55767	General Surgery
Min-No-Aya-Win Clinic	927 Trettel Lane Cloquet, MN 55720	Family Practice
Neural Watch/Biotronic	812 Avis Dr Ann Arbor, MI 48108	Neurology
Northern Foot & Ankle	408 Medical Arts Building Duluth, MN 55802	Podiatry
Northern Oral and Maxillofacial Surgeons	3617 W Arrowhead Rd Duluth, MN 55811	Dentistry
Northern Orthotics and Prosthetics	925 E Superior St #102 Duluth, MN 55802	Physical Medicine & Rehabilitation
Northland Neuro and Myology	1000 E 1st St, Suite 105 Duluth, MN 55805	Neurology
Northland Plastic and Recon	1420 London Rd #101 Duluth, MN 55805	Plastic Surgery
Oral and Maxillofacial Associates	1000 E 1st St N302 Duluth, MN 55805	Dentistry
Orthopaedic Associates	1000 E 1st St N404 Duluth, MN 55805	Orthopedics
Pediatric Surgical Associates	347 Smith Ave N #502 St. Paul, MN 55102	Pediatrics
Piedmont Dental	2860 Piedmont Ave Duluth, MN 55811	Dentistry
The Children's Heart Clinic	2545 Chicago Ave #500 Minneapolis, MN	Pediatrics
The Dental Specialists	1835 County Rd C W Suite 290 Roseville, MN 55113	Dentistry
Raiter Clinic	417 Skyline Boulevard, Cloquet, MN 55720	Family Practice
Range Podiatric Care	809 6th Avenue North	Podiatry
Relf Eye Associates	4413 Airbase Road Hermantown, MN 55811	Ophthalmology
Twin Ports VA Clinic	3520 Tower Ave Superior, WI 54880	Family Practice
Twin Ports VA Clinic	3520 Tower Ave Superior, WI 54880	Internal Medicine
Weis Eye Center	4815 W Arrowhead Rd #120 Hermantown, MN 55811	Ophthalmology

## ATTACHMENT F

### **List of Exclusions for the Aspirus St. Luke's and Aspirus Lake View Financial Assistance Policy and Uninsured Discounts**

The following location, services and items are excluded from the Aspirus St. Luke's and Aspirus Lake View Uninsured Discount; this is not an all-inclusive list:

#### **Location:**

Rejuvenation Center

#### **Retail Items could include:**

Hearing aids  
Hearing aid supplies  
Hearing aid care packages  
Hearing aid molds  
Hearing aid impressions  
Swim plugs  
Hearing band-its  
Contact lenses  
Specialty lenses  
Medibeads

#### **Services:**

Reproductive Management  
Contact fittings  
Testing for specialty Lens  
Hearing aid repairs  
Sports, Camp or School Physicals  
DOT or FAA Physicals  
Travel Vaccines  
Immigration Exams  
eCare  
Cardiac Rehab III

Services excluded from the Aspirus St. Luke's and Aspirus Lake View Uninsured Discount are considered cosmetic, elective, not medically necessary or retail services exempt from the Attorney General agreement.