

GOV-2 – Financial Assistance Policy

Key Points

- University Hospitals (UH) is a charitable organization that provides care to individuals regardless of their ability to pay; all individuals are treated with respect, regardless of their individual financial circumstances.
- UH may provide charity care, referred to in this policy as, financial assistance, 100% discounted care, or discounted care, to individuals who are patients at UH hospital facilities (“Hospital Facilities”)¹. This Policy applies to the Hospital Facilities listed in Addendum 3 and those entities identified in Addendum 4.
- UH Hospital Facilities will provide, without discrimination, emergency medical care consistent with Section 1867 of the Social Security Act (EMTALA) and the UH Emergency Medical Care policy, to individuals regardless of their eligibility under this Financial Assistance Policy (this “Policy”).
- UH Hospital Facilities will provide financial assistance, including 100% Discounted Care² or Discounted Care³ to individuals who meet the following eligibility criteria:
 - Insured or uninsured with a household income of 0%-400% of the Federal Poverty Guidelines as described in Addendum 1, Exhibit A; or
- They must also:
 - Have had emergency or other medically necessary care at a participating Facility;
 - And provide the information required by this Policy and the financial assistance application.
- Individuals may apply for financial assistance at any time and up to two hundred forty (240) days after the date of their first post-discharge billing statement.
- Individuals must complete an application for every inpatient admission.
- Individuals must complete an application every 90 days for outpatient services to maintain application approval.

¹ This Policy applies to Hospital Facilities that are required to be registered with the Ohio Department of Health as a hospital.

² “100% Discounted Care” means services that are billed at a 100% discount.

³ “Discounted Care” means care that has been discounted to the rate set forth as the “Amount Generally Billed (“AGB”) more fully described in Addendum 2.

- Where an individual fails to apply for financial assistance, UH may conduct a presumptive eligibility analysis to determine if the individual qualifies for financial assistance.
- UH may grant financial assistance at any time during the care process and until all accounts for each individual are resolved.
- Participating Facilities shall take measures to widely publicize this Policy, and a plain language summary of this Policy, within the community and on the UH website.
- If an individual does not qualify under this Policy for financial assistance, he or she may request that his or her case be reviewed by a UH financial counselor.
- This Policy applies to services provided by and billed for by Hospital Facilities and those providers listed in Addendums 3 and 4

Policy

1. Individuals can apply for financial assistance at any time up to two hundred and forty (240) days after the date of their first post-discharge billing statement.
2. Financial assistance will be determined in accordance with this Policy. Such determination will be evaluated using the following tools:
 - 2.1 Financial assistance application form - the individual or the individual's guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Instructions regarding how to complete the financial assistance application form can be found on the application form. A financial assistance application form may be obtained at <https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance> ; and
 - 2.2 Individual's available assets – the individual or the individual's guarantor is required to provide an accounting of financial resources readily available to the individual. Bank statements are the required form of documentation to support household income. In the event that a patient does not have a bank account, an attestation indicating such must be included with the application. Household income may then be verified using any or all of these items; W2's, credit score, current state or federal tax return, payroll stubs. Monetary assets shall include all assets for an individual except for their primary residence or amounts held in pension or retirement plans.
 - 2.3 Prior to evaluating any application to determine if an uninsured individual meets the requirements for financial assistance, the individual is required to show proof that he or she, if eligible, has applied for Medicaid coverage or insurance coverage through the Federal Health Insurance Marketplace. Eligible patients are required to pursue coverage through the Marketplace during open enrollment periods and/or when they have a qualifying event to cover their cost of care for future visits.

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- 2.3.1 UH financial assistance counselors or others as designated by UH, will assist individuals with applying for Medicaid and will subsequently assist those same individuals with applying for financial assistance.
 - 2.3.2 If an eligible individual applies for financial assistance during the Federal Health Insurance Marketplace open enrollment period, such individual is required to seek coverage via the Federal Health Insurance Marketplace prior to UH's evaluation of any financial assistance application.
3. UH may not deny financial assistance under this Policy based on an individual's failure to provide information or documentation that is not clearly described in this Policy or the financial assistance application.
 4. Participating Facilities will provide financial counseling for individuals needing assistance in completing the financial assistance application. Individuals requiring assistance from a UH Finance Counselor may contact 866-771-7266 Monday through Friday 9 AM to 4 PM EST. Patients who received services at UH Lake West Medical Center or UH TriPoint Medical Center may contact 440-602-6682 Monday through Friday 9 AM to 4 PM EST.
 5. Individuals qualify for financial assistance under this Policy if they meet the following eligibility criteria and have had or are seeking emergency care or medically necessary⁴ services at a UH Facility:
 - 5.1. Facilities will provide 100% Discounted Care to uninsured, underinsured, or insured individuals whose household income is less than or equal to 250% of the current Federal Poverty Guidelines;
 - 5.2. Facilities will provide Discounted Care to uninsured, underinsured, or insured individuals with a household income between 251% and 400% of the current Federal Poverty Guidelines.
 - 5.3. Facilities will provide payment plans.
 - 5.4. Facilities reserve the right to provide either 100% Discounted Care or Discounted Care to any individual who may fall outside of the parameters set forth in Addendum 2, where such individual who has been identified, in the sole discretion of participating Facility and approved by the Chief Financial Officer of UH of having exceptional medical circumstances (i.e. terminal illness, excessive medical bills and/or medications, etc).
 - 5.5. Individuals must reside in the State of Ohio to receive assistance under this Financial Assistance Policy.
 6. Interest free payment plans are available to all patients as outlined in RC – 6 Collections and Payment Options for Revenue Cycle Management. If an individual defaults (does

⁴ For the purposes of this Policy, a UH physician will determine if the care is medically necessary by using the same definition for medical necessity as the Ohio Medicaid definition found in the Ohio Administrative Code at 5160-1-01.

not make payments for two (2) consecutive months) on a payment plan, UH reserves the right to initiate normal collection activities for the remaining discounted balances. Normal collection activities shall not be considered Extraordinary Collection Activities ("ECAs") as defined in 7.1 below, and shall be considered "reasonable efforts" on behalf of participating Facility to notify an individual about his/her ability to apply for financial assistance under this Policy. Such normal collection activities and reasonable efforts shall include:

- 6.1. Sending billing statements which including information on how to obtain a financial assistance application;
- 6.2. Processing any financial assistance application received within 240 days after the first post-discharge bill has been sent to the individual and place all normal collection activities on hold until a financial assistance determination has been made;
- 6.3. Initiating collection calls and letters each of which shall include information to the individual on how to apply for financial assistance;
- 6.4. Engage third party collection agency for additional collection activities, however, such third party collection agencies shall not engage in ECAs until after the appropriate notice is given per Section 7 below;
- 6.5. Provide the individual with written notice that indicates financial assistance is available for eligible individuals, identifies the ECA(s) that the hospital facility (or other authorized party) intends to initiate to obtain payment for the care, and states the deadline after which such ECAs will be initiated (no sooner than 30 days after the date this written notice is provided);
- 6.6. In the case of an incomplete financial assistance application, notify the individual about how to complete the financial assistance application and give the individual a reasonable opportunity (no less than sixty (60) days) to do so;
- 6.7. Provide the individual with a plain language summary of the financial assistance policy with the written notice that financial assistance is available for eligible individuals; and
- 6.8. Make a reasonable effort to notify individuals about the financial assistance policy and financial assistance application at least thirty (30) days prior to the initiation of ECAs.

Whether UH has made reasonable efforts to determine Financial Assistance eligibility and notify an individual about his/her ability to apply for financial assistance under this Policy shall be determined by the Director of Customer Service.

7. If an individual does not pay his or her portion of the amount as set forth on the billing statement, and UH has made reasonable efforts, per Section 6 above to determine if the individual is eligible for financial assistance, UH may engage in ECAs. UH may not engage in ECAs sooner than one hundred twenty (120) days after the initial billing date. UH shall give the individual thirty (30) days written notice before engaging in ECAs.

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- 7.1. UH may engage in the following ECAs:
 - 7.1.1. Selling an individual's debt to another party;
 - 7.1.2. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
 - 7.1.3. Deferring, denying, or requiring a payment before providing medically necessary care covered under this Policy; and
 - 7.1.4. Actions that require a legal or judicial process:
 - 7.1.4.1. Placing a lien on an individual's property;
 - 7.1.4.2. Attaching or seizing an individual's bank account or any other personal property;
 - 7.1.4.3. Commencing a civil action against an individual;
 - 7.1.4.4. Garnishing an individual's wages.

8. Presumptive Eligibility.

- 8.1. An individual may be considered "presumptively eligible" for financial assistance if during the previous three (3) months, the individual has received financial assistance from the Facility.
- 8.2. An individual who previously received 100% Discounted Care from the Hospital Facility may be considered presumptively eligible to receive 100% Discounted Care from the Facility on all medically necessary services for three (3) months from the date of the initial financial assistance determination.
 - 8.2.1. An individual who is receiving 100% Discounted Care may not receive written notification of such discount.
- 8.3. An individual who previously received Discounted Care from the Facility may be considered presumptively eligible to receive the same discount from the Facility on all medically necessary services for three (3) months from the date of the initial financial assistance determination.
 - 8.3.1. If an individual receives Discounted Care, the individual shall be notified in writing of the financial assistance provided and be provided information on how to apply for additional financial assistance.
- 8.4. When a patient does not provide a Financial Assistance Application or supporting documentation, Facilities may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility. An individual who is found to be presumptively eligible for financial assistance, and who has not previously submitted a Financial Assistance Application in the last three (3) months, shall receive a 100% discount.

9. Widely Publicized Policy.

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- 9.1. Participating Facilities shall make this Policy, financial assistance applications, and additional information about financial assistance available in the following ways:
- 9.1.1. The financial assistance application form and plain language summary of this form may be obtained at <https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance> ;
 - 9.1.2. Paper copies of this Policy, financial assistance application form, and plain language summary of this Policy will be available upon request, without charge, both by mail and in public locations at participating Facilities, in the emergency room, admissions areas, hospital registration areas, financial counseling areas, and financial assistance offices;
 - 9.1.3. Information about this Policy will be distributed to members of the community served by the Hospital Facilities in a way designed to reach community members who are most likely to require financial assistance from a Facility;
 - 9.1.4. Paper copies of the plain language summary of this Policy will be offered to individuals as part of the patient intake or discharge process;
 - 9.1.5. Information about how to apply for financial assistance can be found on all participating Facility billing statements, including a telephone number for the participating Facility office or department that can provide information about this Policy, the application process, the direct UH website address, and locations where copies of this Policy, financial assistance applications, and plain language summaries may be obtained;
 - 9.1.6. Public displays about the UH Financial Assistance Program shall be prominently displayed in the emergency and admissions areas at each Hospital Facility;
 - 9.1.7. Hospital Facilities will provide financial counseling for individuals needing assistance in completing the financial assistance application. Individuals requiring assistance from a UH Finance Counselor may contact 866-771-7266 Monday through Friday 9 AM to 4 PM EST. Patients who received services at UH Lake West Medical Center or UH TriPoint Medical Center may contact 440-602-6682 Monday through Friday 9 AM to 4 PM EST.
 - 9.1.8. Other methods as required by state or federal regulation.

10. Providers Who Are Providing Financial Assistance under This Policy.

- 10.1. A list of providers at the Hospital Facilities who offer financial assistance under this Policy are listed in Addendum 4. The list of providers is accurate as of the date listed on Addendum 4, which shall be updated, if necessary, but no less frequently than quarterly.

11. Providers Who Are Not Providing Financial Assistance under This Policy.

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11.1. A list of providers at the UH Facilities who do not offer financial assistance under this policy are listed in Addendum 5. The list of providers is accurate as of the date listed on Addendum 5, which shall be updated, if necessary, but no less frequently than quarterly.

12. Billing and Collections

12.1. The actions that may be taken by UH Facilities in the event of nonpayment are described in a separate Billing and Collections Policy (Gov 11). Members of the public may obtain free copies of the Gov-11 Billing and Collections Policy by accessing <https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance> or contacting a UH Finance Counselor at 866-771-7266 Monday through Friday 9 AM to 4 PM EST. Patients who received services at UH Lake West Medical Center or UH TriPoint Medical Center may contact 440-602-6682 Monday through Friday 9 AM to 4 PM EST.

13. UH Management, with the approval of the UH Board of Directors, reserves the right to amend the criteria by which an individual qualifies for assistance under this Policy.

14. Addendum 4 and Addendum 5 to this policy shall be updated on a quarterly basis, and Addendum 2 shall be updated annually. These updates shall be done in the frequency and manner as required by law to comply with Treas. Reg. §1.501(r). These changes shall not require approval by the UH Governance and Community Benefits Committee or UH Board of Directors.

Approved by the UH Board Governance Committee December 15, 2021

Addendum 1

Financial Assistance & Medical Indigence

Exhibit A

Financial Assistance Grid – Uninsured, Underinsured, and Insured *

Federal Poverty Guideline	0-250%	251-400%			
Discount	100%	AGB			

*Ohio HCAP Law is a 100% discount for individuals with a household income of 0-100%.

Exhibit B

Patients who do not qualify under Exhibit A above may still qualify for financial assistance if they can demonstrate that their medical expenses exceed an established percentage of their family income outlined below.

Expenses must have occurred within the calendar year and be considered medically necessary or be emergency hospital and physician services, pharmaceutical drugs, or durable medical equipment. Patients wishing to be considered for discounts under this policy must provide requested documentation of income, residence and qualifying medical expenses in a timely manner.

Medical Indigence**

FPL	401-600%	≥ 601%
Max Liability as a % Household Income	10%	15%

** At no time will the Max Liability as a % of Household Income exceed AGB.

Addendum 2 Amounts Generally Billed

Per Treasury Regulation §1.501(r), hospitals may not charge an individual who qualifies under this Financial Assistance Policy more than the discount determined under this policy (including Addendum 1) and at no time greater than the Amounts Generally Billed (AGB) to Commercial carriers and Medicare.

UH's 2022 and 2023 Amounts Generally Billed Rate by Facility:

Facility	2023 Rate	2024 Rate
Ahuja	34%	35%
Cleveland Medical Center	43%	43%
Conneaut	49%	48%
Elyria	29%	30%
Geauga	34%	37%
Geneva	42%	47%
Parma	27%	29%
Portage	33%	35%
Samaritan	56%	56%
St John	31%	32%
UH Home Care Services	72%	75%
UH Lake Health	27%	29%
UH Medical Practices	68%	63%
UH Regional Practices	70%	67%
UH Medical Group	48%	47%

UH Facilities 2022-AGB rates cover the dates of services during the period of:
January 1, 2022 – December 31, 2022

UH Facilities 2023-AGB rates cover the dates of services during the period of:
January 1, 2023 – December 31, 2023

Only accounts that were adjudicated during the calculation period are included in the calculation.

The calculation will be refreshed every year on December 31 and put into effect on January 1 of the following year and that calculation will be used to adjust charges for services for the next fiscal year.

The calculation of AGB is the percentage of Expected Reimbursement (the amount allowed by the insurer) divided by total charges as noted below. Each UH Facility's AGB percentage has been calculated separately. For example:

Total Charges	\$10,000
Expected Reimbursement	\$ 3,800

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AGB Rate = 38%

Expected reimbursement is defined as the payment amount expected to receive for a given service based on the amount agreed upon between UH and the insurance payer.

Insurance categories included in the calculation are Medicare, Anthem, Commercial, HMO, MMO, PPO, and Managed Care.

Insurance categories specifically excluded from the calculation are Medicare HMOs, Medicaid, Medicaid HMOs, Other Expected Self Pay Plans, Other Government Payers, and Patient Self Pay.

For any patient UH determines is eligible for financial assistance, and who has paid more than the amount UH determines that patient to be responsible, UH will refund such excess amount (regardless of whether that patient's account is outstanding or closed).

Addendum 3

Hospital Facilities Providing Financial Assistance

- Avon RH, LLC d/b/a University Hospitals Avon Rehabilitation Hospital
- Beachwood RH, LLC. d/b/a University Hospitals Rehabilitation
- Robinson Health System, Inc. d/b/a University Hospitals Portage Medical Center
- Samaritan Regional Health System d/b/a University Hospitals Samaritan Medical Center
- The Parma Community General Hospital Association d/b/a University Hospitals Parma Medical Center
- University Hospitals Ahuja Medical Center
- University Hospitals Cleveland Medical Center
- University Hospitals Conneaut Medical Center
- University Hospitals EMH Regional Medical Center d/b/a University Hospitals Elyria Medical Center
- University Hospitals Geneva Medical Center
- University Hospitals Geauga Medical Center
- University Hospitals Lake West Medical Center
- University Hospitals Rainbow Babies & Children's Hospital
- University Hospitals Regional Hospitals (Bedford and Richmond Campuses)
- University Hospitals St. John Medical Center
- University Hospitals TriPoint Medical Center

Addendum 4

Providers Who Provide Financial Assistance under this Policy

2024 Providers

- Lake Health Allied Health Professionals
- Lake Health Home Care Services
- Lake Health Physician Group
- Samaritan Regional Pain Management, LLC
- University Hospitals Home Care Services, Inc.
- University Hospitals Laboratory Services Foundation
- University Hospitals Medical Group, Inc.
- University Hospitals Regional Practices (except for those practices and/or physicians listed in Addendum 5)
- University Primary Care Practices, Inc. d/b/a University Hospitals Medical Practices (except for those practices and/or physicians listed in Addendum 5)

Addendum 5

Providers Who Do Not Provide Financial Assistance under this Policy

2024 Providers

- 4M Emergency – An IMMH Company
 - Alteon Health, Inc.
 - Anesthesia Associates
 - Anesthesia Associates PLL
 - Anesthesia Consultants, Inc.
 - Ashland Anesthesia P.S.C., Inc.
 - Associates in Neurology Inc.
 - Behavioral Healthcare Association, Inc.
 - Center for Dialysis Care
 - Centers for Comprehensive Pain Care Inc
 - Cleveland Clinic Foundation (Cardiac Perfusion)
 - Cleveland Hearing and Speech Center
 - Community Dialysis Center
 - Community Intensivists
 - Community Hospitalists, LLC
 - Diversified Clinical Services
 - Dr. Hill & Thomas Co.
 - Elsevier Inc
 - Elyria Anesthesia
 - Emergency Medicine Physicians of Lake County, LLC
 - Geauga Anesthesia
 - GMA Consultants
 - Highland Springs
 - Hill and Chapnick Inc.
 - HNI Healthcare
 - ID Consultants Inc.
 - Innovation Health Services
 - Island Medical Management/New Mountain Capital
 - Lake County and West EKG Associates
 - Laurelwood Hospital
 - Martin Healthcare Group
 - Midwest Pathology
 - Ohio Anesthesia Group
 - Powers Professional Corporation
 - Pediatrix Medical Group, Inc.
 - Pharmacy Healthcare Solutions Ltd
 - Physicians Emergency Services, Inc.
 - Physicians Link Centers, Inc.
 - Physician Staffing, Inc.
 - Portage Pathology Association, Inc.
 - Premier Physicians
 - Ravenna Radiology, LLC
 - Rocky Mouny Holdings, LLC d/b/a UHMedEvac
 - Roseline Okon MD, LLC
 - Safe Anesthesia, LLC
 - Samaritan Emergency Physicians, LLP
 - Seeley Medical
 - Sheffield Foot and Ankle
 - Southwest Orthopedics
 - Superior
 - Team Health
 - Tri County Ambulance
 - UH Clinical Associates, LLC
 - University Emergency Specialists, Inc
 - University Hospitals Urgent Care by Wellstreet, L
 - University Primary Care Practices, Inc. d/b/a Un
- specific to the following physicians:
- Hassan Abbass, MD
 - Rami Abbass, MD
 - Nabil Azar, MD
 - Tamar Bejanishvili, MD
 - Yelena Benyaminov, PA
 - Jason DeRoulet, MD
 - Sara Eapen, MD
 - William Ervine, DO
 - Daniel Fleksher, MD
 - Samuel Friedlander, MD
 - Riley Gurreri, DO
 - Ildiko Kondray, MD
 - Jill Kramer, AUD
 - Marina Kras-PA-C
 - Praveer Kumar, MD

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- Seth Levine, DO
- Nadia Mansour, MD
- Rajendra Mehta, MD
- Anthony Miniaci, MD
- Yoram Moyal, MD
- Kevin Okapal, MD
- Irina Papirova, MD
- Ante T. Pletikotic, DO
- Lauren Pike, AUD
- Raymond Rozman, MD
- Dominic Sanniti, DO
- Eric Shapiro, MD
- John Sullivan, MD
- David Thomas, MD
- George Topalsky, MD
- Jennifer Williams-Reid, MD
- Dawn Zacharias, MD

- US Acute Care
- West Branch Anesthesia Association, Inc.
- W IB Medical Management LLC

2024 Independent Physicans List

Abbud A. Rita, MD
 Abdelaziz Abdelrahman, MD
 Abdul-Aziz Samar, PA-C
 Aboumerhi Hassan, MD
 Abumeri H. Sana, MD
 Adamowicz J. Timothy, DO
 Adedipe A. Adebowale, MD
 Adkins M. Nicole, CNP
 Adornato C. Dominick, DDS
 Afsarifard Farshid, PhD
 Agarwal Rajesh, MD
 Agra G. Arlene, CRNA
 Ahmad Mushtaq, MD
 Ahmad M. Raghda, CNP
 Aiken A. Carrie, CNP
 Ajluni C. Steven, MD
 Al Saad M. Ahmad, DDS
 Alalao Bashar, MD
 Alalwani Mohamed, MD
 Alamir Samer, MD

Albrektson R. Joshua, MD
 Albright S. Rebecca, CNP
 Alfidi M. Mary, MD
 Alghamdi M. Abdullah, MD
 Allen Carleton, MD
 Alred R. Thayne, MD
 Alston A. Karen, CNP
 Altaqi Basel, MD
 Ambaram Rishal, MD, DDS
 Ambrose L. Holly, CNP
 An Ying, DDS, PhD
 Anand Akhil, MD
 Anastasia L. Ginger, CNP
 Anders A. Peter, MD
 Andersen D. Richard, DO
 Anderson Y. Kameka, CNP
 Anderson D. Stacie, DPM
 Andree J. Renee, CNP
 Andresen C. Matthew, MD
 Andrews L. Annette, MD
 Annable L. William, MD
 Anspach R. Ryan, PA-C
 Anthony E. Mary, DO
 Anyu F. Tse, DO
 Anzalone T. Kathryn, CRNA
 Archual G. Christopher, CRNA
 Argekar A. Pushkar, MD
 Armanazi Y. Mohammad, DDS
 Armstrong J. Gregory, PA-C
 Armstrong Murphy A. Maria, MD
 Arora Shilpkumar, MD, MPH
 Arora Sunil, MD
 Artman Christian, MD
 Asadi Tannaz, MD
 Ascha Ahmad, MD
 Assaf M. Hussein, DDS
 Assaf R. Richard, MD
 Aurand E. Kathryn, PA-C
 Avila R. Joseph, DO, MPH
 Azem M. Jamal, MD
 Azem May, MD
 Azem M. Rami, MD
 Babayev Yuriy, MD
 Bacevice E. Anthony, MD
 Backoff B. Bradley, DPM
 Bahner D. Jennifer, MD

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Balasubramanian Vijayalakshmi, MD
Banerjee Sara, MD
Bangayan P. James, DPM
Bansal Saurabh, MD
Baracz-Zimmerman A. Elizabeth,
DPM
Barkoukis T. Michael, MD
Barnes E. Jacob, PA-C
Barnett S. Brian, MD
Barnett Cory, PA-C
Barry S. Shannon, CNP
Bartolovich L. Mandy, LMT
Barton G. Edward, MD
Bassett Lauren, CNP
Baud B. Eric, MD
Baughman C. Brittany, MD
Baur A. Dale, DDS
Baxter E. Raegan, PA-C, MPH
Beard M. Jacqueline, DMD
Bears J. Robert, CRNA
Bechtel P. Christopher, MD
Beck A. Augustus, MD
Beckett B. David, OD
Beckwith S. Rebecca, CNP
Beharry C. Nicole, MD
Bej D. Mark, MD
Benjamin E. Jaye, MD
Bennet B. John, MD
Berardinelli L. Gina, CNP
Bergman H. Alf, MD
Beriswill J. Gail, CNP
Berkowitz J. Richard, DPM
Berndt A. Tresa, CNP
Bernhard C. Matthew, MD
Berte T. Michael, MD
Bescak M. George, DO
Bhaji Alok, MD
Bhalla Anita, MD
Bhardwaj S. Amar, MD
Bilderback C. Katherine, CNP
Binder P. Michael, MD
Bischoff J. Alex, DPM

Bisen S. Vikram, MD
Blair D. Amber, MD
Blair A. Russell, MD
Blanchard M. Janet, MD
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Blood S. William, MD, DDS
Bloom R. Henry, MD
Blossom B. David, MD
Bobincheck Deidra, CNP
Boden T. Kyle, MD
Bodman J. Michael, DPM
Bold W. Jonathan, MD
Boldt M. Lynda, CNP
Bolton J. Pamela, CNP, CNS
Boswell D. Christina, DO
Bowen A. Sydney, CNP
Bowman D. Kenneth, MD
Boyd N. Timothy, CRNA
Boylan T. Patrick, MD
Bradford A. Dorothy, MD
Brahmbhatt D. Rinjal, MD
Bray T. Beau, CNP
Bray A. Kyle, DPM
Brewster N. Stephanie, CNP
Brice E. Amy, MD
Briggs J. Lawrence, MD
Bright N. Brianna, CNP
Brinberg E. Don, MD
Brobbey K. Andrew, MD
Brock B. Lyndsay, CNP, DNP
Brody Robert, MD
Brown Delorise, MD
Brown B. William, PA-C
Brownlee R. Rosemary, MD
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Bryant E. Jennifer, MD
Bucca W. Antonino, MD
Bucchieri Z. Elizabeth, MD
Bucchieri S. John, MD
Burg Carol, MD
Burgess Meghan, PA-C
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Carrau Lebron L. Jose, MD
Carrol M. Anne, MD
Carter E. Jay, MD
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Caserta A. Kent, DDS
Caserta A. Laura, MD
Cataline R. Philip, MD
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Clark L. Elizabeth, CNP
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