

	<b>Original Effective Date:</b> January 2013 <b>Last Revision Date:</b> March 2016 <b>Revision Effective Date:</b> April 2016	<b>Page</b> 1 of 11	<b>Policy Number</b> CA-FIN-501
	<b>Subject: California Charity Care and Discount Payment Policy</b>		<b>Authorization: VP Revenue Cycle</b>

**Purpose:**

The purpose of this policy is to set forth Providence Health & Services (PH&S)'s Financial Assistance and Emergency Medical Care policies, which are designed to promote access to medically necessary care for those without the ability to pay, and to offer a discount from billed charges for individuals who are able to pay for only a portion of the costs of their care. These programs apply solely with respect to emergency and other medically necessary healthcare services provided by PH&S. This policy and the financial assistance programs described herein constitute the official Financial Assistance Policy ("FAP") and Emergency Medical Care Policy for each hospital that is owned, leased or operated by PH&S within the state of California.

**PH&S Hospitals in California:**

Providence Saint Joseph Medical Center, Providence Holy Cross Medical Center, Providence Little Company of Mary Medical Center San Pedro, Saint John's Health Center, Providence Tarzana Medical Center and Providence Little Company of Mary Medical Center Torrance.

**Policy:**

PH&S is a Catholic healthcare organization guided by a commitment to its Mission and Core Values, designed to reveal God's love for all, especially the poor and vulnerable, through compassionate service. It is both the philosophy and practice of each PH&S ministry that medically necessary healthcare services are available to community members and those in emergent medical need, without delay, regardless of their ability to pay. For purposes of this policy, "financial assistance" includes charity care and other financial assistance programs offered by PH&S.

1. PH&S will comply with federal and state laws and regulations relating to emergency medical services and charity care.
2. PH&S will provide charity care to qualifying patients with no other primary payment sources to relieve them of all or some of their financial obligation for medically necessary PH&S healthcare services.
3. In alignment with its Core Values, PH&S will provide charity care to qualifying patients in a respectful, compassionate, fair, consistent, effective and efficient manner.
4. PH&S will not discriminate on the basis of age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law when making charity care determinations.
5. In extenuating circumstances, PH&S may at its discretion approve financial assistance outside of the scope of this policy. Uncollectible/presumptive charity is approved due to but not limited to the following: social diagnosis, homelessness, bankruptcy, deceased with no estate, history of non-patient/guarantors inability to pay and why collection agency assignment would not result in resolution of the account.
6. This policy is to be interpreted and implemented so as to be in full compliance with California Assembly Bill 774, codified at Health and Safety Code Section 127400 *et. seq.*, effective January 1, 2007, as revised by California State Senate Bill 350, effective January 1, 2008, Assembly Bill 1503 effective January 1, 2011 and SB 1276 effective 01/01/2015. All collection agencies working on behalf of Providence Health and Services Southern California (PHSSC) facilities shall comply with Health and Safety Code Section 127400 *et. seq.* as amended and applicable PHSS policies regarding collection agencies. See related Regional Business Office Policy, GOV-107, Debt Collection Standards and Practices Policy.

## Definitions:

7. **“Charity Care”** refers to full financial assistance to qualifying patients, to relieve them of their financial obligation in whole for medically necessary or eligible elective health care services (full charity).
8. **“Discount Payment”** refers to partial financial assistance to qualifying patients, to relieve them of their financial obligation in part for medically necessary or eligible elective health care services (partial charity).
9. **Gross charges** are the total charges at the facility’s full established rates for the provision of patient care services before deductions from revenue are applied. Gross charges are never billed to patients who qualify for partial charity or Private Pay Discounts.
10. **Private Pay Discount** is a discount provided to patients who do not qualify for financial assistance and who do not have a third party payor or whose insurance does not cover the service provided or who have exhausted their benefits. See Private Pay Discount Policy, CA-FIN-5003.
11. **Emergency Physician** means a physician and surgeon licensed pursuant to Chapter 2 (commencing with Section 2000) of the Business and Professions Code who is credentialed by a hospital and either employed or contracted by the hospital to provide emergency medical services in the emergency department of the hospital, except that an “emergency physician” shall not include a physician specialist who is called into the emergency department of a hospital or who is on staff or has privileges at the hospital outside of the emergency department. Emergency room physicians who provide emergency medical services to patients at PHSSC hospitals are required by California law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350% of the federal poverty level.
12. **Providers Subject to PH&S’s FAP:** In addition to each applicable PH&S hospital facility, all physicians and other providers rendering care to PH&S patients during a hospital stay are subject to these policies unless specifically identified otherwise. Attachment A indicates where patients may obtain the list(s) pertaining to all Providers who render care in the PH&S hospital departments, and whether or not they are subject to the PH&S Financial Assistance Policy. This list can be accessed online at [www.providence.org](http://www.providence.org), and is also available in paper form by request through the Financial Counselor at the Hospital.
13. **Services Eligible Under the Policy:** The charity care and discount payment policy applies to all services provided to eligible patients receiving emergency or medically necessary care or eligible elective care, including self-pay patients and co-payment liabilities required by third party payors, including Medicare and Medi-Cal cost-sharing amounts, in which it is determined that the patient is financially unable to pay. Medically necessary health care includes:
  - a. Emergency services in the emergency department.
  - b. Services for a condition that, if not promptly treated, would lead to an adverse change in the patient’s health status.
  - c. Non-elective services provided in response to life-threatening circumstances outside of the emergency department (direct admissions).
  - d. Medically necessary services provided to Medicaid beneficiaries that are non-covered services.
  - e. Any other medically necessary services determined on a case-by-case basis by PH&S.
14. **Eligible Elective Health Care includes:**
  - a. Patients and their physicians may seek charitable services for elective, deferrable care. Elective care becomes eligible for charitable and discount services only when all of the following requirements are met:
    - i. A member of the medical staff of a PH&S facility must submit the charitable services request;
    - ii. The patient is already a patient of the requesting physician and the care is needed for good continuity of care; aesthetic procedures are not eligible for charitable services;
    - iii. The physician will provide services at the same discount rate as determined by the hospital per charity guidelines of this policy, up to and including free care;
    - iv. The patient lives within our services area (as determined by PH&S); and
    - v. The patient completes a Financial Assistance Application and receives approval in writing from PH&S prior to receiving the elective care.
15. **Eligibility for Charity** shall be determined by an inability to pay defined in this policy based on one or more of the following criteria:

- a. **Presumptive Charity** – Individual assessment determines that Financial Assistance Application is not required because:
  - i. Patient is without a residence address (e.g. homeless);
  - ii. Services deemed eligible under this policy but not covered by a third party payor were rendered to a patient who is enrolled in some form of Medicaid (Medi-Cal for California residents) or State Indigency Program (e.g. receiving services outside of Restricted Medi-Cal coverage) or services were denied Medi-Cal treatment authorization, as financial qualification for these programs includes having no more than marginal assets and a Medi-Cal defined share of cost as the maximum ability to pay; and/or
  - iii. Patient's inability to pay is identified via an outside collection agency income/asset search. Should the agency determine that a lawsuit will not be pursued, the account will be placed in an inactive status, where a monthly PH&S review will determine further action, including possible charity acceptance and cancellation from the agency and removal of credit reporting.
  - iv. Patient's inability to pay is identified by Regional Business Office staff through an income/asset search using a third party entity.
  
- b. **Charity** – Individual assessment of inability to pay requires:
  - i. Completion of a Financial Assistance Application for the Mary Potter Program for Human Dignity for all facilities in the PHSSC Region;
  - ii. Validation that a patient's gross income is less than three times (300%) the Federal Poverty Guidelines (FPG) applicable at the time the patient has applied for financial assistance. A patient with this income level will be deemed eligible for 100% charity care; and/or
  - iii. Validation that a patient's gross income is between 100% and 350% of the FPG applicable at the time the patient has applied for financial assistance and that their individual financial situation (high medical costs, etc.) makes them eligible for possible discount payment (partial charity care) or 100% charity care. Facility may consider income and monetary assets of the patient in assessing the patient's individual financial situation. Monetary assets, however, shall not include retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. Further, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility. Information obtained about income and monetary assets, however, shall not be used for collections activities.
  - iv. Patients with gross income at or below 350% of FPG will never owe more than 100% of the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare, Medi-Cal, the Healthy Families Program, or another government-sponsored program of health benefits in which the hospital where treatment was received participates, whichever is greater. This amount shall be verified at least annually. If the hospital where treatment was received provides a service for which there is no established payment by Medicare or any other government-sponsored program of health benefits in which the hospital participates, the hospital shall establish and appropriate discounted payment. A patient with a gross income exceeding 350% of FPG will owe no more than the applicable private pay inpatient or outpatient discounted reimbursement rate, or stated co-pay amount, whichever is less. In addition, uninsured and insured patients with gross incomes at or below 350% of FPG who incur total medical expenses in excess of ten percent (10%) of gross annual income during the prior 12 months will receive 100% charity benefit. Eligible costs for charity write off shall include only the patient liability amounts after insurance is billed and insurance liability amounts collected.

**Note:** Gross charges never apply to patients who qualify for partial charity or private pay discounts. Once gross charges are adjusted to the appropriate Medicare or private pay rate, the patient liability will not change even if eventually referred to a collection agency.

## 16. Basis for Calculating Amounts Charged to Patients Eligible for Financial Assistance

- a. Categories of available discounts and limitations on charges under this policy include
  - i. **100 Percent Discount/Free Care:** Any patient or guarantor whose gross family income, adjusted for family size, is at or below 300% of the current federal poverty level ("FPL") is eligible for a 100 percent discount off of total hospital charges for emergency or medically necessary care, to the extent that the patient or guarantor is not eligible for other private or public health coverage sponsorship.
  - ii. **Discounts Off Charges at 75 Percent :** The PH&S sliding fee scale set forth in Attachment B will be used to determine the amount of financial assistance to be provided in the form of a discount of 75 percent for patients or guarantors with incomes between 301% and 350% of the current federal

poverty level after all funding possibilities available to the patient or guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay for billed charges. Financial assistance may be offered to patients or guarantors with family income in excess of 350% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

- iii. **Limitation on Charges for all Patients Eligible for Financial Assistance:** Limitation on Charges for all Patients Eligible for Financial Assistance: No patient or guarantor eligible for any of the above-noted discounts will be personally responsible for more than the "Amounts Generally Billed" (AGB) percentage of gross charges, as defined in Treasury Regulation Section 1.501(r)-1(b)(2), by the applicable PH&S hospital for the emergency or other medically necessary services received. PH&S determines AGB by multiplying the hospital's gross charges for any emergency or medically necessary care by a fixed percentage which is based on claims allowed under Medicare. Information sheets detailing the AGB percentages used by each PH&S Hospital, and how they are calculated, can be obtained by visiting the following website: [www.providence.org](http://www.providence.org) or by calling: **1-866-747-2455** to request a paper copy. In addition, the maximum amount that may be collected in a 12 month period<sup>1</sup> for emergency or medically necessary health care services to patients eligible for financial assistance is 20 percent of the patient's gross family income, and is subject to the patient's continued eligibility under this policy.

#### 17. Charity Care is not:

- a. **Bad Debt:** A bad debt results from a patient's unwillingness to pay or from a failure to qualify for financial assistance that would otherwise prove an inability to pay;
- b. **Contractual adjustment:** The difference between the retail charges for services and the amount allowed by a governmental or contracted managed care payor for covered services that is written off; or
- c. **Other Adjustments:**
  - i. **Service Recovery Adjustments** are completed when the patient identifies a less than optimal patient care experience;
  - ii. **Risk Management Adjustments:** where a potential risk liability situation is identified and Providence Risk Management has elected to absorb the cost of care and not have the patient billed;
  - iii. **Payor Denials:** where the facility was unable to obtain payment due to untimely billing per contractual terms; or retroactive denial of service by a managed care payor where appeal is not successful.

18. **Reasonable Payment Plan:** a default plan required by SB 1276 for patients qualifying for partial charity when a negotiated plan cannot be reached. SB 1276 defines the plan as monthly payments that are not more than 10% of a patient's family income for a month, excluding deductions for essential living expenses.

- a. **"Essential Living Expenses"** means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs. Installment payments, laundry and cleaning, and other extraordinary expenses. Emergency Department physicians and their assignees may rely upon the hospital's determination of income and expenses in establishing a reasonable payment plan.

#### Evaluation Process:

Patients or guarantors may apply for financial assistance under this Policy by any of the following means: (1) advising PH&S's patient financial services staff at or prior to the time of discharge that assistance is requested, and submitting an application form and any documentation if requested by PH&S; (2) downloading an application form from PH&S' website, at [www.providence.org](http://www.providence.org), and submitting the form together with any required documentation; (3) requesting an application form by telephone, by calling: **1-866-747-2455**, and submitting the form; or (4) any other methods specified in PH&S's Billing and Collections Policy. PH&S will display signage and information about its financial assistance policy at appropriate access areas. Including but not limited to the emergency department and admission areas.

A person seeking charity care will be given a preliminary screening and if this screening does not disqualify him/her for charity care, an application will be provided with instructions on how to apply. As part of this screening process PH&S will review whether the guarantor has exhausted or is not eligible for any third-party payment sources. Where the guarantor's

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<sup>1</sup> The 12 month period to which the maximum amount applies shall begin on the first date, after the effective date of this policy, an eligible patient receives health care services that are determined to be eligible (e.g. medically necessary services).

identification as an indigent person is obvious to PH&S a prima-facie determination of eligibility may be made and in these cases PH&S may not require an application or supporting documentation.

A guarantor who may be eligible to apply for charity care after the initial screening will have until fourteen (14) days after the application is made or two hundred forty (240) days after the date the first post-discharge bill was sent to the patient, whichever is later, to provide sufficient documentation to PH&S to support a charity determination. Based upon documentation provided with the charity application, PH&S will determine if additional information is required, or whether a charity determination can be made. The failure of a guarantor to reasonably complete appropriate application procedures within the time periods specified above shall be sufficient grounds for PH&S to initiate collection efforts.

An initial determination of sponsorship status and potential eligibility for charity care will be completed as closely as possible to the date of service.

PH&S will notify the guarantor of a final determination in writing within ten (10) business days of receiving the necessary documentation.

The guarantor may appeal the determination of ineligibility for charity care by providing relevant additional documentation to PH&S within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the guarantor and the Department of Health in accordance with state law. The final appeal process will conclude within thirty (30) days of the receipt of a denial by the applicant. Other methods of qualifications for Financial Assistance may fall under the following:

- The legal statute of collection limitations has expired;
- The guarantor has deceased and there is no estate or probate;
- The guarantor has filed bankruptcy;
- The guarantor has provided financial records that qualify him/her for financial assistance; and/or
- Financial records indicate the guarantor's income will never improve to be able to pay the debt, for example with guarantors on lifetime fixed incomes.

**Billing and Collections:** Any unpaid balances owed by patients or guarantors after application of available discounts, if any, may be referred to collections in accordance with PH&S's uniform billing and collections policies. For information on PH&S' billing and collections practices for amounts owed by patients or guarantors, please see PH&S's Billing and Collections Policy, which is available free of charge at each PH&S hospital's registration desk, at: [www.providence.org](http://www.providence.org); or which can be sent to you if you call: **1-866-747-2455**.

## **REFERENCE(S)/RELATED POLICIES**

American Hospital Association Charity Guidelines

California Hospital Association Charity Guidelines

California Alliance of Catholic Healthcare Charitable Services Guidelines

Providence Health and Services Commitment to the Uninsured Guidelines

Patient Protection and Affordable Care Act of 2010 (Federal Exemption Standards) Private Pay Discounting Policy CA-FIN-5003

Regional Business Office Debt Collection Standards and Practices Policy, RBO-GOV-107

**COLLABORATION**

This policy was developed in collaboration with the following departments:

PHSSC Finance Division  
Providence Health & Services Department of Legal Affairs

**AUTHORIZATION:**

Teresa Spalding  
VP Revenue Cycle \_\_\_\_\_  
*Signature on file*

\_\_\_\_\_ Date

**ATTACHMENT A**  
**Hospital-Based Providers Not Subject to PH&S's Financial Assistance Policy and Associated Discounts**

A list is available of all Providers who render care in the PH&S Hospital, and whether or not they are subject to the PH&S Financial Assistance Policy. This list can be accessed online at [www.providence.org](http://www.providence.org), or is available in paper form by request through the Financial Counselor at the Hospital. If a Provider is not subject to the Financial Assistance Policy then that Provider will bill patients separately for any professional services that that Provider provides during a patient's hospital stay, based on the Provider's own applicable financial assistance guidelines, if any.

**ATTACHMENT B**  
**PH&S CA Charity Care Percentage Sliding Fee Scale**

For guarantors with income and assets above 300% of the FPL household income and assets are considered in determining the applicability of the sliding fee scale.

Assets considered for evaluation; IRA's, 403b, 401k are exempt under this policy, unless the patient is actively drawing from them. For all other assets, the first \$10,000 is exempt.

<b>Income and assets as a percentage of Federal Poverty Guideline Level</b>	<b>Percent of discount (write-off) from original charges</b>	<b>Balance billed to guarantor</b>
<b>100-300%</b>	<b>100%</b>	<b>0%</b>
<b>301-350%</b>	<b>75%</b>	<b>25%</b>



## ATTACHMENT C

### NOTICE OF COLLECTION PRACTICES PATIENT RIGHTS WITH RESPECT TO COLLECTION OF DEBTS FOR HOSPITAL SERVICES

State and Federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877- FTC-HELP (382-4357) or on-line at [www.ftc.gov](http://www.ftc.gov).

If you have coverage through group or private insurance, or other third party payer program, and you wish us to bill that organization, you must supply us with your enrollment information. This requirement is met by presenting your insurance card or other suitable document that provides policy information, (and dependent coverage, if applicable). If you require assistance in paying this debt, you may be eligible for the Medicare, Medi-Cal, Healthy Families, California Children's Services, liability California Victims of Violent Crimes, automobile medical insurance, or other third-party programs, including charity care. Ask a hospital admissions or business office representative if you would like to pursue these options. Hospital charity and self-pay discount policies may be obtained by either asking an admissions or business office representative for assistance, or by visiting the hospital's web site for a downloadable form.

Non-profit credit counseling services may also be of assistance. Please consult a telephone directory for a listing of these programs.

The patient or responsible person will be required to sign the Conditions of Hospital Admission or Outpatient Treatment. That document will include an acknowledgment of financial responsibility for payment for services provided by the hospital. The hospital will bill any third party payer for which you provide enrollment information. You will be asked to pay co- payments, as prescribed by those payers. You may be responsible for services those programs do not cover. You will be billed following the conclusion of your service, although deposits may be requested prior to services being rendered. Should the debt remain unpaid, the account may be referred to an outside collection agency under contract with the hospital. The collection agency will abide by the above debt collection principles. Should the debt remain unpaid, the collection agency, on behalf of the hospital, will list the unpaid debt with credit-reporting agencies and may initiate legal proceedings, which may result in wage garnishment or a lien placed against an asset of the patient or responsible party. The Providence Health and Services charity policy provides that persons with household gross income below 250% of Federal Poverty Guidelines (FPG) are eligible for full assistance upon submission of a Financial Assistance Application. Persons with gross income above 250% may also be eligible for partial or full assistance, depending upon the information provided on the application.

If you have any questions about this notice, please ask any admissions or business office representative or by calling 800 (insert phone number for appropriate hospital).



# Request for Financial Assistance

I. Patient Information					
PATIENT'S NAME LAST			FIRST MI		SOCIAL SECURITY NUMBER
ADDRESS STREET			CITY	STATE ZIP	TELEPHONE HOME WORK
DATE OF BIRTH	PRIMARY CARE PHYSICIAN (PCP)				U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO

II. Guarantor Information					
NAME OF PERSON RESPONSIBLE FOR PAYING THE BILL					RELATIONSHIP
ADDRESS STREET			CITY	STATE ZIP	SOCIAL SECURITY NUMBER
TELEPHONE NUMBER	HOME	WORK	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF BIRTH

Please check this box if you have not received services and are applying to pre-qualify.

Have you been approved for Financial Assistance by another Health Care organization?  YES  NO

If yes, please provide name of organization \_\_\_\_\_

Are you being referred by a physician or surgeon?  YES  NO

If yes, please provide name and phone of number of physician \_\_\_\_\_

**III. Household Information – Please indicate ALL people living in your household, including applicant use additional paper if needed**

Please list anyone living in your household (including yourself). Income includes (pre-tax) wages, child support income, alimony income, rental income, unemployment compensation, social security benefits, public/government assistance, rent or living expenses exchanged for services provided, etc.

HOUSEHOLD MEMBERS	AGE	RELATIONSHIP TO PATIENT	SOURCE OF INCOME OR EMPLOYER NAME	MONTHLY GROSS INCOME PRIOR TO DATE OF SERVICE	INSURED? (circle yes or no) If yes, list insurance (i.e. Blue Cross, PHP, etc.)
1.					Yes or No
2.					Yes or No
3.					Yes or No
4.					Yes or No
5.					Yes or No
6.					Yes or No
7.					Yes or No
8.					Yes or No
9.					Yes or No

Continued on the other side.

IV. Expenses and Assets

Rent \_\_\_\_\_  
 Mortgage payment \_\_\_\_\_  
 Mortgage balance \_\_\_\_\_  
 Cost of Utilities \_\_\_\_\_  
 Checking account balance \_\_\_\_\_  
 Savings account balance \_\_\_\_\_  
 Car Payment \_\_\_\_\_  
 Year and make of vehicle \_\_\_\_\_  
 Are you a full time student? \_\_\_\_\_

Recreational vehicles \_\_\_\_\_  
 Health insurance premiums \_\_\_\_\_  
 Stocks, bonds, retirement accounts, etc. \_\_\_\_\_  
 Monthly child care \_\_\_\_\_  
 Real estate other than primary home \_\_\_\_\_  
 Other assets \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Send proof  
 Send proof

Please send student loan report.

Do you receive any form of public assistance (food stamps, HUD housing, etc.) \_\_\_\_\_ If yes, please send proof.  
 What were your total medical expenses during the prior 12 months? (Please provide proof of payment)

Are you being supported by a parent or other person?  Yes  No  
 If yes, please provide income and tax information of the person supporting you.  
 If you need to write a letter explaining your individual situation please attach it to this form.

V. Required Information – Must be included with this application

Please check that you have included the following:

<input type="checkbox"/> Copy of previous year's tax returns	<input type="checkbox"/> Copy of last 3 months bank statements	<input type="checkbox"/> Income verification showing earnings or pay stubs for all income year to date
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If you are self-employed, please include a copy of the last 12 month's P & L statements and last year's tax return. Additional information may be required in order to process your application. If so, we will contact you.

VI. Authorization

I hereby certify the information contained in the above financial questionnaire is correct and complete to the best of my knowledge. I authorize Providence Health & Services to verify any or all information given and understand that a credit report may be run as part of this verification process.

X  
 \_\_\_\_\_  
 RESPONSIBLE PERSON'S SIGNATURE

\_\_\_\_\_  
 DATE

*Providence Health & Services strives to provide excellent service for your health care needs.*