



## ADMINISTRATIVE/OPERATIONS POLICY FINANCIAL ASSISTANCE POLICY

Effective Date: July 1, 2026  
Approval: CHRISTUS Health President  
Policy Initiated by: Revenue Cycle  
Application: System Wide

**SCOPE:** The provisions of this Financial Assistance Policy (Policy) are applicable to all nonprofit, tax-exempt services in the CHRISTUS Health System (CHRISTUS Hospitals and CHRISTUS Clinics) in the United States, as listed in Attachment A.

**PURPOSE:** To describe the CHRISTUS Health Financial Assistance Program, including how CHRISTUS hospitals and CHRISTUS clinics will determine patients' eligibility to receive full or discounted Emergency and Medically Necessary Care. This Policy constitutes the Financial Assistance Policy and the Emergency Medical Care Policy (within the meaning of Section 501(r) of the Internal Revenue Code) for each hospital and clinic listed in Attachment A. This Policy also contains information surrounding the Uninsured Discount for Uninsured Patients not eligible for Financial Assistance.

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

**DEFINITIONS:** For the purpose of this Policy, the terms below are defined as follows:

***Amounts Generally Billed (AGB):*** The maximum amount CHRISTUS Hospitals and CHRISTUS Clinics will bill to a patient eligible for Financial Assistance under this Policy. CHRISTUS Hospitals and CHRISTUS Clinics determine Amounts Generally Billed on a retrospective basis using the expected reimbursement as compared to total charges for Medicare only to generate the discount percentage for Emergency or other Medically Necessary Care.

***Bad Debt:*** Bad debt results from a patient balance that has remained unpaid following reasonable internal collection efforts consistent with this Policy and CHRISTUS's Billing and Collections Policy.

*Balance After Insurance:* The amount owed by a patient or Guarantor after the insurance company submits its portion of the bill to the provider. Examples of Balance After Insurance include coinsurance, deductible, and copayments as defined by the insurance company, and amounts resulting from exhausted benefits, length of stay limitations, and lower reimbursement because patient's plan is not contracted with the facility or because the patient is covered under a limited benefit insurance plan.

*CHRISTUS Health (CHRISTUS):* A nonprofit corporation sponsored by the Sisters of Charity of the Incarnate Word in Houston and San Antonio and the Sisters of the Holy Family of Nazareth.

*CHRISTUS Health System:* CHRISTUS Health System includes all direct and indirect subsidiaries of CHRISTUS, together with their respective facilities and operations.

*Covered Services:* Covered Services include any Emergency and other Medically Necessary Care provided at the CHRISTUS Hospitals and CHRISTUS Clinics listed in Exhibit A.

*Independent Eligibility Assessment (IEA) Charity Care:* The use of external publicly available data sources that provide information on a patient's ability to pay and eligibility for full charity care.

*Independent Eligibility Assessment (IEA) Screening:* A patient account mechanism that uses patient demographic data to estimate the financial status of a patient by accessing numerous publicly available databases to determine whether the patient is electronically eligible for full charity care under this Policy.

*Emergency Care:* Care provided by a hospital for emergency medical conditions, which are conditions of sufficient severity such that in the absence of immediate medical attention the condition could result in serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or serious jeopardy to the health of the patient (or unborn child if the patient is pregnant). For pregnant women having contractions, Emergency Care includes any care required if there is inadequate time to affect a safe transfer to another hospital before delivery or if transfer may pose a threat to the health of the mother or child.

*Episode of Care:* The set of services provided to treat one or more procedures related to the same clinical condition

*Excluded Assets:* Assets excluded from Financial Assistance eligibility consideration such as a patient's primary residence, primary vehicle, retirement account, or any household affects, or personal items used in the patient's primary residence.

*Extraordinary Collection Action (ECA):* Actions against a patient or Guarantor related to obtaining payment for a hospital and clinic bill that: (1) require legal or judicial process, (2) report adverse information about the Guarantor to consumer credit reporting agencies, (3) sell an individual's debt to another party, or (4) defer, deny, or require payment before providing Medically Necessary Care because the Guarantor previously did not pay for care covered under this Policy. Extraordinary Collection Actions do not include transferring a patient account to another party for purposes of

collection on behalf of the hospital and clinic without the use of Extraordinary Collection Actions or asserting a lien on the proceeds of a judgment, settlement or compromise owed to an individual as a result of a personal injury for which medical services were provided.

*Family*: As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, adoption, marriage, or domestic partnership.

*Federal Poverty Level ("FPL")*: The federal poverty level is defined by the federal poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>.

*Financial Assistance*: For purposes of this Policy, Financial Assistance means the income-based discounts described in Section A of this Policy.

*Guarantor*: The person held accountable for the patient's bill. The Guarantor is always the patient, unless the patient is a minor or an incapacitated adult.

*Medically Necessary Services*: Health care services or supplies provided in a hospital and clinic and needed to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

*Non-Excluded Assets*: An applicant's assets are the combined assets (as follows) of all adult members of the family living in the household. Assets include:

- All funds available in Bank Accounts
- Certificates of Deposit (CD's)
- All Funds, stocks, and other securities in Investment Accounts,
- Real Estate (excluding primary residence)
- Other assets, other than Excluded Assets

*Plain Language Summary*: A written statement that notifies patients and Guarantors that CHRISTUS Hospitals and CHRISTUS Clinics offer financial assistance, summarizes who is eligible for such assistance, and explains how to apply.

*Propensity-to-Pay Tool*: An IEA analytical tool that predicts the likelihood patients will pay their portion of medical expenses.

*Responsible Party*: A tortfeasor individually; a tortfeasor's insurance company; any underinsured/uninsured automobile insurance coverage that provides benefits to a patient; no fault insurance coverage; any award, settlement or benefit paid under any worker's compensation law, claim or award; any indemnity agreement or contract; and/or any other payment for a patient as compensation for injuries sustained or illness suffered as a result of the negligence or liability of any individual or entity.

Uninsured Balance: The amount owed by an Uninsured Patient.

Uninsured Discount: A discount offered to Uninsured Patients who do not otherwise qualify for Financial Assistance under this Policy.

Uninsured Patient: A patient whose hospital and clinic services are not covered by a healthcare savings account, a health insurer, health care service plan, Medicare, or Medicaid; and where applicable, the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or any form of third-party liability as attested by the patient and determined and documented by the CHRISTUS hospital and CHRISTUS clinic. A patient whose treatment could be considered a non-covered service by their health insurance plan or who has exhausted benefits under their health insurance plan may be deemed to be an Uninsured Patient. A patient who is fully responsible for the entire allowable amount, based off a co-payment or deductible outstanding, is not deemed to be an Uninsured Patient. A patient who has insurance that does not have a contractual relationship with the CHRISTUS hospital and CHRISTUS clinic may not be deemed an Uninsured Patient. A patient who is covered by and/or has a claim against any Responsible Party for the hospital and clinic services provided will not be deemed to be an Uninsured Patient.

## **PROCEDURES:**

### **A. Discounts Available Under the Financial Assistance Program**

- 1. Full Charity Care.** Any patient whose gross family income is at or below 300% of the FPL will be extended a full 100% charity care discount for any Uninsured Balance or Balance After Insurance on patient responsibility for Covered Services prior to the application of the Uninsured Discount, if applicable.
- 2. Charity Care Discount.** Any patient whose gross family income is more than 300% and less than 401% of the FPL will be extended a partial charity care discount for any Uninsured Balance or Balance After Insurance wherein a patient cannot be held responsible for any balance generated as a result of gross charges for the patient's care that exceed the AGB.
- 3. Hardship Discount.** Any guarantor whose out of pocket amount due, which could include Balance After Insurance, exceeds 10% of the patient's gross family income will be eligible for a discount of up to a 100% charity care discount for any patient liability that falls within the approval period for the application and is in excess of 10% of the patient's gross family income.
- 4. Other Discounts.** CHRISTUS Health will allow for the approval of charity care for patients being treated for specific high need and high dollar services, wherein the organization identifies a need to provide financial assistance outside of the parameters listed above. The details of these programs can be found on separate policies and/or be subject to individual approval by the CHRISTUS Health leadership upon discovery of a need within our patient population.

**Limitation on Charges.** If a patient is eligible for Financial Assistance under this Section A, the patient will not be charged more for Emergency or other Medically Necessary Care than the Amounts Generally Billed as described below in Section H.

## **B. Covered Services**

1. Benefits under this Policy may be applied to any Covered Services
2. Certain services are not eligible for Financial Assistance under this Policy and are not considered Covered Services under the Financial Assistance Program. These include, but are not limited to, the following:
  - a. Elective or lifestyle services that are not considered emergent or medically necessary as determined by a physician at a CHRISTUS hospital and CHRISTUS clinic;
  - b. Services provided for workers' compensation care
  - c. Services provided to a patient who is covered by and/or has a claim against any Responsible Party; and
  - d. .
3. CHRISTUS Hospitals provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Policy. CHRISTUS Hospitals will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical conditions. Emergency medical services are provided to all CHRISTUS Hospital patients in a non-discriminatory manner, pursuant to each CHRISTUS Hospital's Emergency Medical Treatment and Active Labor Act (EMTALA) policy.

## **C. Financial Assistance Program Eligibility**

1. In determining a patient's gross family income, CHRISTUS Hospitals and CHRISTUS Clinics will consider the following sources of income for all Family members:
  - a. Wages, salaries, tips
  - b. Business income
  - c. Social Security income
  - d. Pension or Retirement Income
  - e. Dividends and Interest
  - f. Rent and Royalties
  - g. Unemployment compensation
  - h. Workers' compensation income
  - i. Alimony and Child support
  - j. Legal judgments
  - k. Cash, bank accounts, and money market accounts



8. Only a patient with an active account, a scheduled service, or a known treatment plan are eligible to apply for charity for those services known to the hospital at time of application.

#### **D. How to Apply for Financial Assistance**

1. Financial counseling is provided free of charge by CHRISTUS Hospitals and CHRISTUS Clinics.
2. The patient or Guarantor should complete and submit a Financial Assistance Program application to apply for Financial Assistance.
  - a. Patients and Guarantors may request applications by:
    - i. Asking a financial counselor within the Admitting Department at any CHRISTUS hospital and CHRISTUS clinic;
    - ii. Calling Customer Service at 800-877-8623, Monday through Friday, 8 a.m. to 5 p.m. (central time);
    - iii. Mailing a written request to CBO Customer Service, 5101 N. O'Connor Blvd Irving, TX 75039; or 2900 North Loop West, Ste 1300 Houston TX 77092
    - iv. Downloading an application at <https://www.christushealth.org/plan-care/bill-pay/financial-assistance>
  - b. The application describes all the personal, financial, and other information or documentation that an individual must submit to be considered eligible for the Financial Assistance Program.
3. The application for the Financial Assistance Program must be submitted to the CHRISTUS Hospital and CHRISTUS Clinic within twelve (12) months of the date of the first post-discharge billing statement that pertains to the care for which the patient or Guarantor is seeking Financial Assistance.
4. Completed applications, including all required information and documentation, should be submitted to the CHRISTUS Hospitals and CHRISTUS Clinics for eligibility determination. Completed applications may be:
  - a. Submitted by mail to Customer Service using the address on the application;  
or
  - b. Delivered in person to the hospital admitting department.
5. Applicants are notified by mail when their application is incomplete and are given an opportunity to provide the missing documentation or information within sixty (60) days of the date of notification. Written notices to persons with incomplete applications will include:

- a. Instructions for how to submit the requested documentation or information;
- b. A Plain Language Summary of this Policy;
- c. Information about Extraordinary Collection Actions that the CHRISTUS hospital might take if it does not receive the information requested within the 60-day period; and
- d. Contact information for a CHRISTUS department that can provide assistance with the application process.

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

6. Despite not completing an application, an Uninsured Patient will still be eligible to receive an Uninsured Discount as described in Section G and may be eligible for full or discounted charity care based on an electronic eligibility determination as described in Section G.

#### **E. Eligibility Procedures**

1. For completed applications, CHRISTUS Hospitals and CHRISTUS Clinics will make a determination regarding the applicant's eligibility in a timely manner and consistent with this Policy.
  - a. If a CHRISTUS Hospital and CHRISTUS Clinic believes an individual who has submitted a completed application may qualify for Medicaid, the CHRISTUS Hospital may postpone making a Financial Assistance eligibility determination until after a Medicaid application has been submitted and the Medicaid eligibility determination has been made.
  - b. Upon receipt of a completed application, CHRISTUS Hospitals and CHRISTUS Clinics may not initiate or resume any Extraordinary Collection Actions to obtain payment for the care at issue until the eligibility determination has been made.
  - c. CHRISTUS Hospitals and CHRISTUS Clinics will not deny eligibility for Financial Assistance under this Policy based on an applicant's failure to submit information or documentation that is not specifically required by this Policy or the application.
2. If a CHRISTUS Hospital and CHRISTUS Clinic finds an applicant is eligible for a full charity care discount as the result of a completed application, the CHRISTUS Hospital and CHRISTUS Clinic will:
  - a. Provide the applicant with a written notice that indicates the individual was determined to be eligible for full care, but that

approval for charity is subject to review and will be communicated at time of billing/adjustment, not prior to or at time of service.

- b. Refund to the individual any amount that he or she has previously paid for the care, unless that amount is less than \$5; and
  - c. Take all reasonably available measures to reverse any Extraordinary Collection Actions taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS Hospital credit disclosure made for the relevant Episode of Care.
3. If a CHRISTUS Hospital and CHRISTUS Clinic finds an applicant who is eligible for a full charity care discount as the result of an IEA screening, the patient's account will be reclassified as Financial Assistance and any remaining balance due will be forgiven.
4. If a CHRISTUS Hospital and CHRISTUS Clinic finds an applicant is eligible for a partial charity care discount as the result of a completed application, the CHRISTUS Hospital and CHRISTUS Clinic will:
  - a. Provide the applicant with a billing statement and written notice that indicates the amount the individual owes based on the Financial Assistance given, how that amount was determined, and how the individual may obtain information regarding the Amounts Generally Billed for the care;
  - b. Refund to the individual any amount that he or she has previously paid for the care that exceeds the amount he or she is personally responsible for as a person eligible for Financial Assistance under this Policy, unless that amount is less than \$5; and
  - c. Take all reasonably available measures to reverse any Extraordinary Collection Actions taken against the individual, including removing any adverse information from a credit report that arose as a result of a CHRISTUS Hospital credit disclosure made for the relevant Episode of Care.
5. If a CHRISTUS Hospital and CHRISTUS Clinic finds an applicant is eligible for a partial charity care discount as the result of an IEA screening, the CHRISTUS Hospital and CHRISTUS Clinic will notify the patient of the partial discount, provide information on what information was accessed to reach that decision, provide the patient and/or Guarantor with information on how to apply for full charity care discount, and provide the patient with time to apply as required by law.
6. If a CHRISTUS Hospital and CHRISTUS Clinic finds an applicant not eligible for Financial Assistance as the result of an IEA screening, the patient may still provide requisite information and be considered under the application process.

7. If a CHRISTUS Hospital and CHRISTUS Clinic finds an applicant is not eligible for Financial Assistance under this Policy, the CHRISTUS Hospital and CHRISTUS Clinic will provide the applicant with a billing statement and written notice that indicates the amount the applicant owes and the basis for the determination that the applicant was ineligible for Financial Assistance. The denial letter will also include information on how the applicant may appeal the decision, as described in Section I below. Uninsured Patients determined to be ineligible for Financial Assistance may still be eligible for a discount, pursuant to CHRISTUS's Uninsured Discount as discussed in Section O.
8. Under the following circumstances, CHRISTUS Hospitals and CHRISTUS Clinics may revoke, rescind, or amend the Financial Assistance provided:
  - a. Fraud, identity theft, or misrepresentation by the patient or Guarantor, or other circumstances that undermine the integrity of the Financial Assistance Program; or
  - b. Identification of a third-party payor, including a public or private health coverage program, workers' compensation, or any Responsible Party.
9. If a denied applicant believes that his or her application was not properly considered, he or she may submit a written request for reconsideration within forty-five (45) days of the date of determination. The request should include information that was not submitted with the original application that supports the applicant's reason for appealing. The denial letter provides additional information about the appeal process. Appeals are reviewed by designated hospital staff, and appeal decisions are final.
10. Eligibility determinations will not be based on information where CHRISTUS Hospitals and CHRISTUS Clinics have reason to believe is unreliable or incorrect or on information obtained from the applicant under duress or through the use of coercive practices. Coercive practices include delaying or denying emergency medical care to an individual until the individual has provided information requested to determine whether the individual is eligible for assistance under this Policy.
11. Recognizing that circumstances relating to a patient's or Guarantor's ability to pay may change subsequent to an initial eligibility determination, CHRISTUS Hospitals and CHRISTUS Clinics may make subsequent eligibility determinations at any time during the collection cycle. Upon approval of an application, balances associated with dates of service prior to the episode of care for which the application was submitted may be considered for Financial Assistance.

## **F. Length of Eligibility Determination**

At the discretion of CHRISTUS Hospitals and CHRISTUS Clinics, eligibility for Financial Assistance for patients who submit an application for Financial Assistance under this Program will apply:

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

If the eligibility determination is expected to last for a period of time following the date of the eligibility determination, CHRISTUS Hospitals and CHRISTUS Clinics, at their discretion, may ask for an updated application or adjust the Financial Assistance for future episodes of care based on changes to the patient's or Guarantor's demonstrated financial need.

## **G. Presumptive Eligibility and Screening**

1. CHRISTUS Hospitals and CHRISTUS Clinics will evaluate a patient to determine if the patient is presumptively eligible for Financial Assistance under this Policy without the patient completing an application. An Uninsured Patient is ordinarily presumed to be eligible for full charity care (100% discount) in the following circumstances:
  - a. Homelessness;
  - b. Deceased;
  - c. Mentally incapacitated with no one to act on the patient's behalf;
  - d. Eligible for Medicaid or indigent programs but not on date of service or for non-covered services; Medicaid or indigent program benefits have been exhausted or exceeded the length of stay for Medicaid or indigent program; or when the patient is enrolled in a Medicaid or indigent program but not in the state or county where the services were rendered;
  - e. Personal bankruptcy within the past 7 years;
  - f. Incarceration in a penal institution where services are not covered by the Department of Corrections;
  - g. Recipient of any local, state, or federal needs based program such as WIC, food stamps, etc.;
  - h. Affiliation with a religious order with a vow of poverty;
  - i. Recipient is a Victim of Crime where funding has been exhausted;
  - j. Recipient is a beneficiary of a county program for reimbursement and the program funding has expired or otherwise been exhausted;

- k. Not required to file a Federal tax return for the most recently concluded calendar year; or
- l. In the custody of any state or federal agency where services are not covered by said agency.

2. **Independent Eligibility Assessment Screening.** For a patient or Guarantor who has not applied for Financial Assistance or been determined to be presumptively eligible for Financial Assistance as set forth in the section above, an independent eligibility assessment (IEA) using other sources of information may be used to determine whether a patient is eligible for Financial Assistance under this Policy. Such Independent Eligibility Assessments may be done through a third party engaged by CHRISTUS hospitals to perform an electronic financial need screening process to review a patient's or Guarantor's information to assess financial need.

This review utilizes a healthcare industry-recognized, predictive model that could include public record databases, algorithms that incorporate data from credit bureaus, demographic databases, and hospital specific data to infer and classify individuals into respective economic means categories. The model's rule set is designed to assess each patient based upon the same standards. When the model is utilized, it will be deployed prior to Bad Debt assignment or after all other eligibility and payment sources have been exhausted. This allows CHRISTUS Hospitals and CHRISTUS Clinics to screen all patients for eligibility for Financial Assistance prior to pursuing any Extraordinary Collection Actions.

Financial Assistance determined under the IEA Screening process may result in a determination to apply a full charity care discount for Covered Services for retrospective dates of service only. This decision will not constitute Financial Assistance for a full Episode of Care as available through the traditional application process. These accounts will be treated as eligible for Financial Assistance under this Policy. They will not be sent to collection, will not be subject to further collection action, and will not be included in CHRISTUS Hospitals' and CHRISTUS Clinics' bad debt expense. Patients will not be notified of such decision when the patient qualifies for the most generous level of free care, nor will the individual be eligible for a refund of payments already made. A patient will only be eligible to receive written notice or a refund if the patient subsequently completes and is approved through the application process.

## **H. Amounts Generally Billed Calculation**

The maximum amount CHRISTUS Health Hospitals and Clinics will bill a patient eligible for Financial Assistance under this Policy is the Amounts Generally Billed. CHRISTUS Hospitals and CHRISTUS Clinics determine Amount General Billed using the look-back method by multiplying the hospital's gross charges for that care by the percentages of gross charges for Medicare for any emergency or other medically necessary care provided.

There may be circumstances in which a CHRISTUS Hospital and CHRISTUS Clinic billed a patient more than the Amounts Generally Billed before the patient had submitted a completed application or before the CHRISTUS Hospital and CHRISTUS Clinic found the patient eligible for Financial Assistance under this Policy. If a patient eligible for Financial Assistance under this Policy has paid charges in excess of the Amounts Generally Billed, the CHRISTUS Hospital and CHRISTUS Clinic will refund any amount the individual has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as an individual eligible for Financial Assistance under this Policy, unless such excess payment is less than \$5.

Questions concerning Amounts Generally Billed should be directed to the CHRISTUS Health Customer Service department at 800-877-8623, Monday – Friday between the hours of 8:30 am and 4:30 pm (central time).

## **I. Appeals and Disputes**

Patients may seek a review from CHRISTUS Hospitals and CHRISTUS Clinics in the event of a dispute over the application of this Policy. Patients denied Financial Assistance may also appeal their eligibility determination. Disputes and appeals may be filed by contacting the CHRISTUS Health Financial Assistance Dept at 2900 North Loop West, Ste 1300 Houston TX 77092. The basis for the dispute or appeal should be in writing and submitted within forty-five 45 days of the patient's experience, giving rise to the dispute or notification of the decision on Financial Assistance eligibility.

## **J. Actions in the Event of Non-Payment**

1. CHRISTUS Hospitals and CHRISTUS Clinics do not conduct, or permit collection agencies to conduct on their behalf, Extraordinary Collection Actions, as defined under Internal Revenue Code Section 501(r), against individuals before reasonable efforts have been made to determine whether the patient is eligible for the Financial Assistance Program. Reasonable efforts include the hospital making a determination that any portion covered by Medicare or commercial insurance is ineligible for the Financial Assistance Program. Collection agencies may access consumer credit reports as part of their collection process and determine account qualifications or collectability.

2. The System Director of Patient Financial Services maintains oversight and responsibility for determining if CHRISTUS has made reasonable efforts and whether an Extraordinary Collection Action is appropriate. If a patient believes an Extraordinary Collection Action was initiated improperly, the patient should contact the CHRISTUS Integrity Line at 1-888-728-8383 and provide his/her contact information for follow up.
3. Under no circumstance will CHRISTUS Hospitals and CHRISTUS Clinics pursue an Extraordinary Collection Actions until 120 days after the date of the first post-discharge billing statement for the care at issue.
4. At least 30 days before initiating an Extraordinary Collection Actions, CHRISTUS Hospitals and CHRISTUS Clinics will:
  - a. Provide the individual with a written notice that: indicates Financial Assistance is available for eligible individuals, identifies the ECAs that the hospital intends to initiate to obtain payment for the care, and states that ECAs will be initiated 30 days after the date of the written notice;
  - b. Provide the individual with a Plain Language Summary of this Policy; and
  - c. Make a reasonable effort to orally notify the individual about this Policy and about how the individual may obtain assistance with the application process.

The patient's collection cycle will vary based upon the Guarantor's Propensity-to-Pay, which affects the allotted timeline for payment.

5. Electronic eligibility screening occurs prior to the bad debt placement; therefore, reasonable efforts are made to determine Financial Assistance eligibility by the Self-Pay Collection's Department. This department is also responsible for evaluating that reasonable efforts were made to determine eligibility.
6. As authorized by state and federal law, CHRISTUS Hospitals and CHRISTUS Clinics may file a hospital lien on the proceeds of a judgment, settlement, or compromise owed to a patient (or his or her representative) as a result of personal injuries for which a CHRISTUS hospital and CHRISTUS clinics provided care. This type of lien is not considered an ECA and does not require advance notice be given to the patient. CHRISTUS Hospitals and CHRISTUS Clinics will notify the patient of such a lien in accordance with state law.
7. For information on CHRISTUS's billing and collections practices for amounts owed by patients or Guarantors, please see CHRISTUS's Billing and Collections Policy, which is available free of charge at each CHRISTUS hospital, or at [www.christushealth.org](http://www.christushealth.org)

**K. Providers Participating in the Financial Assistance Program**

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

**L. Distribution of this Policy**

1. Each CHRISTUS hospital and CHRISTUS clinic will offer a Plain Language Summary of this Policy to patients as part of the intake or discharge process. CHRISTUS Hospitals' and CHRISTUS Clinics' financial counselors will also distribute the summary of this Policy to patients as appropriate during counseling sessions.
2. Each billing statement from CHRISTUS Hospitals and CHRISTUS Clinics will include a conspicuous written notice informing patients about the availability of Financial Assistance, including both a telephone number and website address where the patient may obtain additional information and copies of the Plain Language Summary of this Policy.
3. Each CHRISTUS hospital and CHRISTUS clinic will have public displays in the emergency department and admissions areas notifying patients of the Financial Assistance Program.
4. This Policy, the Plain Language Summary, and the Financial Assistance Program application will be available at [www.christushealth.org/charitycare](http://www.christushealth.org/charitycare) and are also available upon request and without charge in each CHRISTUS hospital's emergency department and admissions areas.
5. This Policy, the Plain Language Summary, and the Financial Assistance Program application will be translated into the language spoken by each limited English proficiency group that constitutes the lesser of 1,000 individuals or 5% of the community served by the CHRISTUS hospital facility.

#### **M. Regulatory Requirements**

CHRISTUS Hospitals will comply with all federal, state and local laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this Policy. Each CHRISTUS Hospital's and CHRISTUS Clinics' Policy will comply with applicable state laws and may be revised as necessary to comply with state law. This Policy requires that CHRISTUS track Financial Assistance provided to ensure accurate reporting. Information on Financial Assistance provided under this Policy will be reported annually on the IRS Form 990 Schedule H.

#### **N. Record Keeping**

CHRISTUS Hospitals and CHRISTUS Clinics will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements.

#### **O. Other Assistance for Uninsured Patients Not Eligible for Financial Assistance**

Uninsured Patients who are not eligible for Financial Assistance under this Policy will be treated fairly and with respect at all times regardless of their ability to pay. CHRISTUS hospitals and CHRISTUS clinics will offer a discount calculated in a standard manner that approximates the average contracted rate with the hospital's major commercial payors. Uninsured Patients who do not otherwise qualify for Financial Assistance under this Policy for Emergency and Medically Necessary Care. The Uninsured Discount will be automatically applied to the account upon initial billing to the Uninsured Patients. In the interest of completeness for CHRISTUS Hospital and CHRISTUS Clinic patients, the Uninsured Discount is included in this Policy but is not need-based and is not intended to be subject to Internal Revenue Code Section 501(r).

**P. Policy Approval**

This Policy was last reviewed and approved by the Mission Integration and Human Resources Committee as delegated by the CHRISTUS Board on January 27th, 2026. The CHRISTUS Financial Assistance Policy is subject to periodic review. Significant changes to this Policy must be approved by the CHRISTUS Board of Trustees (or designated committee). CHRISTUS reserves the right to modify or change this Policy at any time with the approval of the CHRISTUS governing body.

**APPROVED BY:**

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Ernie W. Sadau  
President & CEO

\_\_\_\_\_  
Date



<b>TITLE:</b> Financial Assistance Policy	
<b>DEPT:</b> Revenue Cycle	<b>Effective Date:</b> 07/01/2026

Revised 1/27/2026 to reflect a change in the process and requirements for applying for financial assistance.
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**Attachment A**  
Participating Hospitals

<b>Facility Name</b>	<b>Business Office Address &amp; Hours of Operation</b>	<b>URL to Financial Assistance Policy &amp; Physician Listing</b>	<b>Business Office Phone Number</b>	<b>AGB % Discount</b>
CHRISTUS Bossier Emergency Hospital	2531 Viking Drive Bossier City, LA 71111	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	86%
CHRISTUS Highland Medical Center -Shreveport	1453 East Bert Kouns Industrial Loop Shreveport, LA 71105	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	86%
CHRISTUS St. Frances Cabrini Hospital- Alexandria	3330 Masonic Drive Alexandria, Louisiana 71301	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	86%
CHRISTUS Coushatta Health Care Center -	1635 Marvel Street Coushatta, Louisiana 71019	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	70%
CHRISTUS St. Patrick Hospital- Lake Charles	524 Dr. Michael Debakey Lake Charles, LA 70601	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	84%
CHRISTUS Lake Area Hospital- Lake Charles	4200 Nelson Rd. Lake Charles, LA 70601	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	93%
CHRISTUS St. Michael Hospital- Texarkana	2600 St Michael Dr. Texarkana, TX 75503	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	88%
CHRISTUS St. Michael Rehabilitation Hospital-	2400 St Michael Dr. Texarkana, TX 75503	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	73%
CHRISTUS St. Michael Hospital Atlanta- Atlanta	1007 Williams Atlanta, TX 75551	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	88%
CHRISTUS St. Elizabeth Hospital Beaumont	2830 Calder St. Beaumont, TX 77702- 1809	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	85%
Kate Dishman Rehabilitation Hospital Beaumont	2830 Calder Street Beaumont, TX 77702	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	85%
CHRISTUS Hospital St. Mary- Beaumont	3600 Gates Blvd. Port Arthur, TX 77642-3858	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	92%

<b>Facility Name</b>	<b>Business Office Address &amp; Hours of Operation</b>	<b>URL to Financial Assistance Policy &amp; Physician Listing</b>	<b>Business Office Phone Number</b>	<b>AGB % Discount</b>
CHRISTUS Jasper Memorial Hospital- Jasper	1275 Marvin Hancock Dr. Jasper, Tx 75951-4935	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	79%
CHRISTUS Spohn Shoreline Hospital- Corpus Christi	600 Elizabeth St. Corpus Christi, TX 78404	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	85%
CHRISTUS Spohn Memorial Hospital-Corpus	2606 Hospital Blvd. Corpus Christi, TX 78405	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	95%
CHRISTUS Spohn South Hospital- Corpus Christi	5950 Saratoga Blvd. Corpus Christi, TX 78414	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	86%
CHRISTUS Spohn Hospital Kleberg	1300 General Cavazos Blvd. Kingsville TX 78363	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	88%
CHRISTUS Spohn Hospital Alice	2500 East Main St. Alice, TX 78332	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	87%
CHRISTUS Spohn Hospital Beeville	1500 East Houston St. Beeville, TX 78102	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	86%
CHRISTUS Santa Rosa- Alamo Heights	403 Treeline Park San Antonio, TX 78209	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	87%
CHRISTUS Santa Rosa Hospital Medical Center- San Antonio	2827 Babcock Rd. San Antonio, TX 78229	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	83%
CHRISTUS Santa Rosa Hospital Westover Hills-San Antonio	11212 State Hwy 151 San Antonio, TX 78251	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	84%
CHRISTUS Santa Rosa Hospital New Braunfels- New Braunfels	600 N Union New Braunfels, TX 78130	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	85%
CHRISTUS Santa Rosa Creekside ED- San Antonio	244 Creekside Crossing New Braunfels, TX 78130	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	92%
CHRISTUS Santa Rosa Alon ED -San Antonio	11503 NW Military Hwy #122 San Antonio, TX 78229	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	92%
CHRISTUS Children's	333 N Santa Rosa San Antonio, TX 78207	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	93%

<b>Facility Name</b>	<b>Business Office Address &amp; Hours of Operation</b>	<b>URL to Financial Assistance Policy &amp; Physician Listing</b>	<b>Business Office Phone Number</b>	<b>AGB % Discount</b>
CHRISTUS St. Vincent Regional Medical Center-	455 St. Michaels Dr. Santa Fe, New Mexico 87505	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	81%
CHRISTUS Mother Frances	800 E. Dawson Tyler, Texas	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	90%
CHRISTUS Mother Frances South Tyler -Tyler	8389 S. Broadway Tyler, Texas 75703	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	90%
CHRISTUS Mother Frances Hospital Sulphur Springs-Sulphur Springs	115 Airport Rd. Sulphur Springs, Texas 75482	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	90%
CHRISTUS Mother Frances Hospital Jacksonville - Jacksonville	2026 S. Jackson Jacksonville, Texas 75766	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	83%
CHRISTUS Mother Frances Hospital Winnsboro-Winnsboro	719 W. Coke Rd. Winnsboro, Texas 75494	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	83%
CHRISTUS Mother Frances Louis and Peaches Heart Hospital- Tyler	703 S. Fleishel Tyler, Texas 75701	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	90%
CHRISTUS Trinity Mother Rehabilitation Hospital	3131 Troup Hwy. Tyler, Texas 75701	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	90%
CHRISTUS Good Shepherd Medical Center- Longview	700 E. Marshall Ave. Longview, Texas 75601	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	87%
CHRISTUS Good Shepherd Medical Center- Marshall	811 South Washington Marshall, Texas 75670	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	89%
CHRISTUS Santa Rosa Hospital – San Marcos	1301 Wonder World Drive San Marcos, TX 78666	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	89%
Christus Surgical Hospital	6130 Parkway Dr. Corpus Christi, TX 78414	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	86%
Otero County Hospital Association	2669 North Scenic Drive Alamogordo, NM 88310	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	

CHRISTUS Mother Frances Hospital – Winnsboro d/b/a CHRISTUS Health – Mount Pleasant	130 Tankersley Road Mount Pleasant, TX 75455	<a href="https://christushealth.org/patient-resources/financial-assistance">https://christushealth.org/patient-resources/financial-assistance</a>	800-877-8623	83%
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**Attachment B**  
Provider Listing (Add Provider List)

Medically-necessary services provided by CHRISTUS hospital and CHRISTUS clinic employees are covered under the CHRISTUS Financial Assistance Policy. However, some services provided in CHRISTUS hospitals and CHRISTUS clinics are not provided by CHRISTUS employees and instead are provided by independent physicians, groups or other entities. Payment arrangements for these services must be made directly with those individuals and groups. A list of providers who are authorized to provide care in this facility and whether the provider does or does not participate in the CHRISTUS Financial Assistance Policy can be found at [www.christushealth.org/charitycare](http://www.christushealth.org/charitycare) or can be obtained at the Emergency Department of the CHRISTUS facility.