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	Title: National Jewish Financial Assistance Policy		
	Department: Finance		
	Effective Date: 07/01/2025	Approval Date: 11/17/2025	Approved By: NJH Board of Directors

1. Policy Statement

National Jewish Health was founded on the principle of providing access to care for all patients, including those of limited means. As part of these efforts, National Jewish Health may participate in a variety of assistance programs.

National Jewish Health offers its own financial assistance program. The National Jewish Health Financial Assistance Program (NJFAP) is available for uninsured or underinsured patients who need help paying their hospital bills. The NJFAP is offered and available to all patients who qualify, based on the predetermined criteria that is outlined in this policy.

National Jewish Health will comply with all state and federal regulations/guidelines, including IRS-IRC 501(r). National Jewish Health will ensure that patients eligible for NJFAP will not be billed more than the Average Generally Billed (AGB) rate published on the website. Patients eligible under Colorado Hospital Discounted Care (HDC) will not be billed more than the State established HDC fee schedule.

2. Scope

National Jewish Health's Financial Assistance Program (NJFAP) is offered to patients with income up to 400% of the federal poverty level.

Patient's financial obligations will be determined using a Sliding Fee Scale (State approved copayment table).


NJFAP is available to both qualified new patients and established patients for services provided at National Jewish Health Licensed Sites. To ensure continuity of patient care, certain services may require internal referrals prior to scheduling. See Appendix A.

NJFAP will not be available to cover the following:

- Services provided by a National Jewish Health Physician(s) at a facility or site not listed in Appendix A.
- Services denied by insurance including pharmacy formulary restrictions.
- Ancillary services that are ordered by a non-National Jewish Health care provider.
- Patient meals, lodging and convenience items.

3. Procedure

Patients who are uninsured or express a financial need will be directed to Financial Counseling or to the National Jewish Health Website for information and direction to obtain financial assistance. Financial counselors will prescreen patients and determine the patient's eligibility for Medicaid, HDC, CHP+ or Medicare Part B & D, other financial assistance programs and/or NJFAP and will assist qualifying patients with the application process.

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National Jewish Health provides information and the application for NJFAP on its website as well as in the Patient Financial Services Office. To simplify the application process, National Jewish Health’s application for NJFAP will utilize criteria listed on Appendix B. Additionally, information about National Jewish Health Financial Assistance will be provided on patient statements, and signage within the facility, within the Patient Right to Know documents, as well as inquiries made into the Patient Financial Services customer service line.


Upon contacting the Patient Financial Services Office, patients will be provided with information required to apply for financial assistance. Patients can mail, fax, email or drop off their documents. The application process will determine financial assistance based on the Federal Poverty Levels and defined co-payments or discounts. See Appendix C.

NJFAP exempts patient debts from permissible collection activities for any patient determined eligible for the NJFAP whose income is at or below 250% FPL.

Appendices in this policy and on the application will be modified periodically to reflect current operations and updated regulations. NJFAP will maintain compliance with IRS 501r and other federal and state regulations.


4. Guidelines

- I. Non-Colorado resident applicants applying for the NJFAP as primary must provide current proof of Medicaid denial from his/her home state, if relevant. In the event that there is a financial need, but the patient does not qualify for other assistance, the financial counselors will determine if the patient qualifies for NJFAP.
- II. Patients who are eligible to enroll in, but either refuse to enroll or fail to comply with the application requirements for other programs including but not limited to: Medicare Part A, Part B or Part D, home residences’ state plans, Medicaid, CHIP programs, Hospital Discounted Care (HDC) - will not be eligible to apply for the NJFAP.
- III. Barring a change in financial circumstances, the initial eligibility period for NJFAP is 12 months. Each patient will need to re-apply at the end of each 12-month period in order to continue in the program. If there is a change in financial circumstances during the initial or subsequent twelve-month period(s), such as income or family status, an updated or new application must be completed. Applicants are required to inform the National Jewish Health Financial Counseling Office within 30 days upon any change in income, family status, insurance coverage and plans.
- IV. Patient Financial Services retains all the financial records relating to applications for seven (7) years.
- V. Patients who have insurance coverage, including pharmaceutical coverage, through a Commercial Health Plan, Workers Compensation, Medicare, Medicaid, or other insurance plans must first utilize and exhaust their insurance benefits. Patients with insurance plans that deny access to our facility are not eligible. A plan is considered to deny access if they refuse to authorize the patient to come to National Jewish Health

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or if the coverage is too restricted to be clinically effective. (I.e. insurance only covers physician visits or insurance plans that require members to utilize their required network providers, pharmacy plans that have pharmaceutical restrictions/limitations.)

- VI. The NJFAP is available to assist patients with co-insurance, deductibles, exhausted benefits (except for co-insurance, deductibles, and co-payments required by Medicaid, HDC, or other need-based programs or co-pays resulting from a physician service) for services ordered by a National Jewish Health provider and received at National Jewish Health.
- VII. Applicants who are eligible for an out of state Medicaid program as a secondary carrier are eligible to apply for NJFAP if National Jewish Health is not enrolled in the out of state Medicaid program. Primary and or secondary insurance requirements must still be followed. NJFAP will always be the payor of last resort.
- VIII. National Jewish Health reserves the right to review all information received, including the review of an applicant's credit report history, for purposes of processing the application.
- IX. Colorado residents who are not U.S. citizens or are not documented legal immigrants of the U.S. or its territories will be eligible to apply HDC but will not be eligible the NJFAP. National Jewish reserves the right to adjust qualification criteria to consider the unique circumstances surrounding applications for out of state individuals. Exceptions to the NJFAP may be made for patients under the age of 18.
- X. Patients who do not make current payments, or default on a payment plan will lose their financial assistance eligibility (including retracting a backdated eligibility).
- XI. New patients who fail provide requested documentation or provide incomplete information after 45 days from application date will not be eligible. Patients who have active balances due and fail to provide requested documentation or provide incomplete information after 240 days from application date will not be eligible.
- XII. For NJH Physician services provided at a non-NJH facility, NJH may honor the financial assistance established by that facility. Patient must present proof of approval. If patient is not eligible for HDC, and NJH will allow the AGB discount rate as published on National Jewish Health's website.
- XIII. Patients who applied and qualify for HDC at another facility, must provide their HDC card, or apply for HDC or NJFAP. NJH Patients have 15 days from the approval/denial date to request a management appeal. The Financial Counseling Supervisor will present all requests for management appeal to the Patient Financial Services Manager. Management Appeals do not guarantee approval.
- XIV. Patients who falsify the financial assistance application or withhold any information pertaining to the application requirements, will no longer be eligible for the program and will be held responsible for all charges incurred while enrolled in the program retroactively to the first day that charges were incurred under the program. Applicants may be referred to authorities for falsification of application of

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requirements.

- XV. All exceptions to this policy are contingent upon management approval.
- XVI. National Jewish Health will offer interest-free payment plans for up to 36 months to all patients regardless of income provided that the patient does not have an account in collections (see XVIII below). Term of the plan will be based on balances due. Payment plans for HDC eligible patients will be limited to 6% of patient's monthly income and be forgiven after 36 months of consistent payments.
- XVII. In the event of non-payment of the patient responsibility, the facility may, in accordance with the Fair Debt Collection Practices Act, use a collection agency for debts not resolved in 120 days from the date of the first statement with a patient balance. Patients may apply retroactively for financial assistance up to 240 days from the date of the first statement with a self-pay balance. Applications will be accepted from patients who have an account in collections up to 240 days from the date of the first statement. Legal process will only be initiated upon review of the account by the manager of Patient Financial Services.
- XVIII. National Jewish Health Retail Pharmacy Services – Retail Pharmacy services are not covered under the HDC program. NJFAP is available to cover prescriptions ordered by NJH providers and filled at NJH. Pharmacists will work with NJH providers to ensure that prescriptions are on NJH formulary. NJH pharmacy may further discount patient co-pays based on customary pricing of the drug, per the Retail Pricing Policy.
- XIX. National Jewish Health reserves the right to require payment in advance of future services or patients who have unresolved account balances in collections and may terminate the patient relationship for chronic offenders.

**National Jewish Financial Assistance Program
Appendix A**

National Jewish Hospital Sites:

- National Jewish Health (main campus) 1400 Jackson Street, Denver, CO 80206
- NJH Northern Hematology Oncology 9451 Huron St., Thornton, CO 80260
- NJH Western Hematology Oncology 400 Indiana St., Suite 230 Golden, CO 80401

National Jewish Financial Assistance Program Appendix B

Income categories are:

- Employment Income
- Unearned Income
- Self-Employment
- Liquid Resources

Documents needed to establish current financial income for the most recent month's income:

- First and last name, address, contact information (e.g., email, phone), and birth date for the applicant and any other household members included in the application
- Employer and income information for each working adult household member
 - For employed household members, excluding those who work exclusively jobs for cash, either paycheck stubs, payroll history, or other wage records, or a letter from their employer stating their salary or hourly wage and usual number of hours worked per pay period, or most recent tax return, or NJH may contact the employer to get verbal confirmation of pay. Documentation of who was contacted, their contact information, and the pay information they supplied must be kept within the patient's application.
 - For self-employed household members, either paycheck stubs, payroll history, or other wage records if they pay themselves as an employee of the business, business financial records, including but not limited to profit and loss statements, ledgers, business bank accounts showing deposits and withdrawals, invoices and receipts, etc. to show their monthly income, or most recent tax return, if the household member does not have an available record of more recent business income and expense activity.
 - Household members who work jobs for cash must provide bank receipts showing cash deposits made, or ledgers (account book, list of income and expenses, etc.) or other documentation of payments from clients, or letters from their employer (i.e. stating how much they normally pay them for their services in a month• For household members receiving unemployment benefits, their unemployment compensation documentation
- For household members receiving Short Term Disability, their Short-Term Disability payment information
- For adult household members with no income, a letter attesting they have no income.
- Liquid Resources - Liquid resources are resources that can be converted to cash immediately. Examples of liquid resources are: checking accounts, saving accounts, trust accounts (if funds are available immediately), the cash value of life insurance, short-term Certificate of Deposits (CD's) and partnership earnings kept in reserve. Retirement accounts and Tax Sheltered Annuities are liquid resources, if the applicant can draw funds out of the account without a penalty.

Deductions

Healthcare costs:

- Paid Medical Expenses for past year
- Medication costs.
- Insurance premiums

National Jewish Financial Assistance Program (NJFAP) FY2026 Copay Table

Appendix C

	Copay	Copay	Copay	Copay	Copay	Copay	Copay	Copay	Copay	Copay	Copay	Discount	Discount
Percent of FPL	Z 0 - 40% and Homeless	N 0 - 40%	A 41 - 62%	B 63 - 81%	C 82 - 100%	D 101 - 117%	E 118 - 133%	F 134 - 159%	G 160 - 185%	H 186 - 200%	I 201 - 250%	J 251 - 300%	K 301 - 400%
Ambulatory Surgery (HB)	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630	AGB	AGB
Inpatient Facility (HB)	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630	AGB	AGB
Hospital Physician (PB)	\$0	\$7	\$35	\$55	\$80	\$110	\$150	\$195	\$270	\$300	\$315	AGB	AGB
Outpatient Hospital Services (HB)	\$0	\$7	\$15	\$15	\$20	\$20	\$25	\$25	\$35	\$35	\$40	AGB	AGB
Specialty Outpatient (HB)	\$0	\$15	\$25	\$25	\$30	\$30	\$35	\$35	\$45	\$45	\$50	AGB	AGB
Retail Pharmacy	\$0	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35	\$40	\$45
Laboratory (HB)	\$0	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35	AGB	AGB
Basic Radiology & Imaging (HB)	\$0	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35	AGB	AGB
High-Level Radiology & Imaging (HB)	\$0	\$30	\$90	\$130	\$185	\$250	\$335	\$425	\$580	\$645	\$680	AGB	AGB