

## **APPENDIX A**

### **PROVIDER LIST**

The Atlantic Health System, Inc. (“Atlantic Health System”) Financial Assistance Policy (“FAP”) shall apply to emergency or other medically necessary care provided at an Atlantic Health System hospital or provider-based outpatient facility that is billed by AHS Hospital Corp., a subsidiary of Atlantic Health System.

The FAP shall also apply to emergency or other medically necessary inpatient care provided at an Atlantic Health System hospital by Practice Associates Medical Group, P.A. d/b/a Atlantic Medical Group (“AMG”) physicians. The FAP shall not apply to the professional fees billed by AMG physicians for care provided outside of an Atlantic Health System hospital.

**OTHER PROVIDERS MAY PARTICIPATE IN YOUR CARE AT ATLANTIC HEALTH SYSTEM HOSPITALS AND OUTPATIENT FACILITIES. IF THOSE PROVIDERS ARE NOT SPECIFICALLY LISTED ABOVE, THEY DO NOT FOLLOW THE ATLANTIC HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY. YOU WILL BE BILLED SEPARATELY BY THOSE PROVIDERS AND WILL NEED TO MAKE PAYMENT ARRANGEMENTS ACCORDINGLY.**

This Provider List will be reviewed and updated quarterly, if necessary. For assistance with questions regarding the FAP or this Provider List, please call the Customer Service Department at 1-800-619-4024.