See a Social Security Number? Say Something!
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**SCHEDULE H (Form 990)**

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public Inspection

**Name of the organization**

JACKSON HOSPITAL AND CLINIC, INC.

**Employer identification number**

63-6001820

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | Yes | No |
|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | X | |
| 1b | b If "Yes," was it a written policy? | X | |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br>[X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities<br>[ ] Generally tailored to individual hospital facilities | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | |
| 3a | a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br>[X] 100% [ ] 150% [ ] 200% [ ] Other _____ % | X | |
| 3b | b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:<br>[ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [ ] Other _____ % | | X |
| | c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | X | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | X | |
| 5b | b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | X | |
| 5c | c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | X |
| 6a | Did the organization prepare a community benefit report during the tax year? | | X |
| 6b | b If "Yes," did the organization make it available to the public? | | |

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Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheet 1) | | | 7,620,868. | | 7,620,868. | 4.69% |
| b Medicaid (from Worksheet 3, column a) | | | 21,125,114. | 21,630,033. | -504,919. | .00% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 28,745,982. | 21,630,033. | 7,115,949. | 4.69% |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 4 | | 12,500. | | 12,500. | .01% |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | 2 | | 1,729,954. | | 1,729,954. | 1.06% |
| h Research (from Worksheet 7) | | | 18,670. | | 18,670. | .01% |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 22 | | 920,021. | | 920,021. | .57% |
| j **Total.** Other Benefits | 28 | | 2,681,145. | | 2,681,145. | 1.65% |
| k **Total.** Add lines 7d and 7j | 28 | | 31,427,127. | 21,630,033. | 9,797,094. | 6.34% |

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves

| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|---|
| 1 | Physical improvements and housing | | | | | | |
| 2 | Economic development | | | | | | |
| 3 | Community support | | | | | | |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | | | | | | |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | | | | |
| 10 | **Total** | | | | | | |

**Part III Bad Debt, Medicare, & Collection Practices**

| | | | Yes | No |
|---|---|---|---|---|
| **Section A. Bad Debt Expense** | | | | |
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | X | |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount | 2 4,486,080. | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | |
| **Section B. Medicare** | | | | |
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 48,231,639. | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 53,199,548. | | |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 -4,967,909. | | |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 | | | |
| | Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other | | | |
| **Section C. Collection Practices** | | | | |
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | X | |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | X | |

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|
| 1 JACKSON IMAGING CENTER, LLC | RADIOLOGY PROCEDURES | 67.00% | | 33.00% |
| 2 JACKSON SURGERY CENTER, LLC | OUTPATIENT SURGERY | 51.00% | | 49.00% |
| | | | | |
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| | | | | |

## Part V Facility Information

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

| Name, address, and primary website address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 JACKSON HOSPITAL AND CLINIC<br>1725 PINE STREET<br>MONTGOMERY, AL 36106-1117 | X | X | | | | | X | | DISPROPORTIONATE SHARE HOSPITAL | |

**Part V** Facility Information *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or facility reporting group** JACKSON HOSPITAL & CLINIC

**For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A)** 1

| | | Yes | No |
|---|---|---|---|
| **Community Health Needs Assessment** (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012) | | | |
| 1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 | 1 | | X |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| a ☐ A definition of the community served by the hospital facility | | | |
| b ☐ Demographics of the community | | | |
| c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d ☐ How data was obtained | | | |
| e ☐ The health needs of the community | | | |
| f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h ☐ The process for consulting with persons representing the community's interests | | | |
| i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| j ☐ Other (describe in Part VI) | | | |
| 2 Indicate the tax year the hospital facility last conducted a CHNA: 20____ | | | |
| 3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 3 | | |
| 4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI | 4 | | |
| 5 Did the hospital facility make its CHNA report widely available to the public? | 5 | | |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | | |
| a ☐ Hospital facility's website | | | |
| b ☐ Available upon request from the hospital facility | | | |
| c ☐ Other (describe in Part VI) | | | |
| 6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date): | | | |
| a ☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA | | | |
| b ☐ Execution of the implementation strategy | | | |
| c ☐ Participation in the development of a community-wide plan | | | |
| d ☐ Participation in the execution of a community-wide plan | | | |
| e ☐ Inclusion of a community benefit section in operational plans | | | |
| f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA | | | |
| g ☐ Prioritization of health needs in its community | | | |
| h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community | | | |
| i ☐ Other (describe in Part VI) | | | |
| 7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs | 7 | | |
| 8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 8a | | |
| b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? | 8b | | |
| c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $____ | | | |

**Part V Facility Information** *(continued)* JACKSON HOSPITAL & CLINIC

| | | Yes | No |
|---|---|---|---|
| **Financial Assistance Policy** | | | |
| | Did the hospital facility have in place during the tax year a written financial assistance policy that: | | |
| 9 | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | X | |
| 10 | Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care? | X | |
| | If "Yes," indicate the FPG family income limit for eligibility for free care: 100 % | | |
| | If "No," explain in Part VI the criteria the hospital facility used. | | |
| 11 | Used FPG to determine eligibility for providing *discounted* care? | | X |
| | If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ % | | |
| | If "No," explain in Part VI the criteria the hospital facility used | | |
| 12 | Explained the basis for calculating amounts charged to patients? | X | |
| | If "Yes," indicate the factors used in determining such amounts (check all that apply): | | |
| a | [X] Income level | | |
| b | [ ] Asset level | | |
| c | [X] Medical indigency | | |
| d | [ ] Insurance status | | |
| e | [X] Uninsured discount | | |
| f | [ ] Medicaid/Medicare | | |
| g | [ ] State regulation | | |
| h | [ ] Other (describe in Part VI) | | |
| 13 | Explained the method for applying for financial assistance? | X | |
| 14 | Included measures to publicize the policy within the community served by the hospital facility? | X | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | |
| a | [X] The policy was posted on the hospital facility's website | | |
| b | [ ] The policy was attached to billing invoices | | |
| c | [X] The policy was posted in the hospital facility's emergency rooms or waiting rooms | | |
| d | [ ] The policy was posted in the hospital facility's admissions offices | | |
| e | [ ] The policy was provided, in writing, to patients on admission to the hospital facility | | |
| f | [X] The policy was available on request | | |
| g | [X] Other (describe in Part VI) | | |
| **Billing and Collections** | | | |
| 15 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | X | |
| 16 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP: | | |
| a | [ ] Reporting to credit agency | | |
| b | [ ] Lawsuits | | |
| c | [ ] Liens on residences | | |
| d | [ ] Body attachments | | |
| e | [ ] Other similar actions (describe in Part VI) | | |
| 17 | Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? | | X |
| | If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a | [ ] Reporting to credit agency | | |
| b | [ ] Lawsuits | | |
| c | [ ] Liens on residences | | |
| d | [ ] Body attachments | | |
| e | [ ] Other similar actions (describe in Part VI) | | |

**Part V** **Facility Information** *(continued)* JACKSON HOSPITAL & CLINIC

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a ☐ Notified individuals of the financial assistance policy on admission
- b ☐ Notified individuals of the financial assistance policy prior to discharge
- c ☐ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e ☐ Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

| | | Yes | No |
|---|---|---|---|
| 19 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | X | |

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d ☐ Other (describe in Part VI)

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b ☒ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d ☐ Other (describe in Part VI)

| | | | |
|---|---|---|---|
| 21 | During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI | | X |
| 22 | During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI | | X |

**Part V Facility Information** *(continued)*

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 3

| Name and address | Type of Facility (describe) |
|---|---|
| 1 JACKSON CLINIC FAMILY MEDICINE CENTER<br>1111 OLIVE STREET<br>MONTGOMERY, AL 36106 | FAMILY MEDICINE/OUTPATIENT |
| 2 JACKSON SURGERY CENTER<br>1725 PARK PLACE<br>MONTGOMERY, AL 36106 | OUTPATIENT SURGERY |
| 3 JACKSON IMAGING CENTER<br>1825 PARK PLACE<br>MONTGOMERY, AL 36106 | MEDICAL IMAGING |
| | |
| | |
| | |
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| | |
| | |

## Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc )

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 3C: FOR INDIVIDUALS THAT DO NOT QUALIFY FOR FREE CARE UNDER OUR CHARITY CARE POLICY, JACKSON HOSPITAL DISCOUNTS SELF-PAY ACCOUNTS BY 30% AT THE TIME OF PATIENT DISCHARGE.

PART I, LINE 7G: JACKSON HOSPITAL HAS SEVERAL HEALTH PROGRAMS OPERATED AT A LOSS FOR THE BENEFIT OF THE COMMUNITY. THESE DEPARTMENTS, INCLUDED ON PART I, LINE 7(G) ARE:

| | |
|---|---|
| EMERGENCY ROOM - | $1,679,035 |
| OBSTETRICS - | 50,919 |
| TOTAL | $1,729,954 |

PART I, LN 7 COL(F): THE AMOUNT LISTED ON FORM 990, PART IX, LINE 25 CONTAINS A BAD DEBT EXPENSE OF $ 18,614,438 THAT HAS BEEN REMOVED FOR PURPOSES OF CALCULATING PERCENT OF TOTAL EXPENSE ON PART I, LINE 7, COLUMN (F).

**Part VI Supplemental Information**

PART III, LINE 4: WORKSHEET 2 OF THE 2012 SCHEDULE H INSTRUCTIONS WAS USED TO COMPUTE A COST-TO-CHARGES RATIO USED TO CALCULATE BAD DEBT EXPENSE AT COST FOR PURPOSES OF PART III, LINE 2.

RECEIVABLES FROM PATIENTS, INSURANCE COMPANIES, AND THIRD-PARTY CONTRACTUAL AGENCIES ARE RECORDED AT REGULAR PATIENT SERVICE CHARGE RATES. A MAJORITY OF THE COMPANY'S PATIENTS ARE INSURED BY CERTAIN THIRD PARTY INSURERS (PRINCIPALLY BLUE CROSS, MEDICARE, AND MEDICAID) BASED ON CONTRACTUAL AGREEMENTS WHICH GENERALLY RESULT IN THE COMPANY COLLECTING LESS THAN THE ESTABLISHED CHARGE RATES. FINAL DETERMINATION OF PAYMENTS UNDER THESE AGREEMENTS IS SUBJECT TO REVIEW BY APPROPRIATE AUTHORITIES. ADEQUATE ALLOWANCES ARE PROVIDED FOR DOUBTFUL ACCOUNTS, CONTRACTUAL ADJUSTMENTS AND OTHER UNCERTAINTIES. CREDIT LOSSES HAVE HISTORICALLY BEEN WITHIN MANAGEMENT'S EXPECTATIONS. DOUBTFUL ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE AFTER ADEQUATE COLLECTION EFFORT IS EXHAUSTED AND RECORDED AS RECOVERIES OF BAD DEBTS IF SUBSEQUENTLY COLLECTED.

PART III, LINE 8: THE ORGANIZATION USED ITS MEDICARE COST REPORT TO CALCULATE ALLOWABLE COSTS OF CARE RELATED TO MEDICARE FOR PURPOSES OF PART III, LINE 6.

PART III, LINE 9B: THE ORGANIZATION QUALIFIES PATIENTS FOR ITS CHARITY CARE POLICY AT TIME OF DISCHARGE. DISCOUNTS ON SELF-PAY PATIENTS ARE APPLIED USING A NON-FINANCIAL MEASURE, SO ACCOUNTS IN BAD DEBTS ARE NOT LIKELY ELIGIBILE FOR FURTHER FINANCIAL ASSISTANCE AFTER HAVING THEIR FINAL BILLS ISSUED. THE HOSPITAL PRIMARILY USES A THIRD-PARTY TO HANDLE BAD DEBT COLLECTIONS, AND ROUTINELY REEVALUATES ITS BAD DEBT ACCOUNTS TO DETERMINE PATIENTS THAT QUALIFY UNDER THE ORGANIZATION'S CHARITY CARE

**Part VI Supplemental Information**

POLICY.

JACKSON HOSPITAL & CLINIC:

PART V, SECTION B, LINE 11: FOR INDIVIDUALS THAT DO NOT QUALIFY FOR FREE CARE UNDER OUR CHARITY CARE POLICY, JACKSON HOSPITAL DISCOUNTS SELF-PAY ACCOUNTS BY 30% AT THE TIME OF PATIENT DISCHARGE.

JACKSON HOSPITAL & CLINIC:

PART V, SECTION B, LINE 14G: PATIENTS ARE INTERVIEWED FOR SELF PAY ADMISSIONS.

PART VI, LINE 2: JACKSON HOSPITAL IS A COMMUNITY NOT-FOR-PROFIT HOSPITAL SERVING MONTGOMERY AND THE ALABAMA RIVER REGION LICENSED FOR 344 BEDS. OUR COMPREHENSIVE HEALTHCARE SERVICES INCLUDE CARDIAC, CANCER, NEUROSCIENCES, ORTHOPEDICS AND WOMEN'S AND CHILDREN'S CARE, ALONG WITH 24 HOUR EMERGENCY SERVIES. IT RANKS AMONG THE LARGEST HOSPITALS IN ALABAMA AND IS WIDELY RECOGNIZED FOR PROVIDING EXCELLENCE IN CARE. EVEN WITH OUR LEADING TECHNOLOGY AND FACILITIES, WE REMAIN TRUE TO OUR MISSION OF PROVIDING SUPERIOR PERSONAL HEALTHCARE IN A SAFE, COMPASSIONATE ENVIRONMENT WHILE FULFILLING OUR COMMITMENT AS A CHARITABLE ORGANIZATION

PART VI, LINE 3: THE HOSPITAL PROVIDES SIGNAGE IN AND AROUND THE EMERGENCY ROOM STATING THE CONTACT INFORMATION FOR FINANCIAL ASSISTANCE REPRESENTATIVES.

"YOU MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE TERMS AND

**Part VI Supplemental Information**

CONDITIONS THE HOSPITAL OFFERS TO QUALIFIED PATIENTS. FOR ADDITIONAL INFORMATION, CONTACT THE HOSPITAL FINANCIAL ASSISTANCE REPRESENTATIVE AT 334-293-6970."

IN ADDITION, A REPRESENTATIVE VISITS EACH SELF-PAY INPATIENT, AND AN APPLICATION FORM FOR ASSISTANCE IS COMPLETED AT THAT TIME. EACH PRIVATE PAY PATIENT IS INTERVIEWED TO DETERMINE QUALIFICATION BASED ON NATIONAL POVERTY GUIDELINES FOR FINANCIAL ASSISTANCE. BASED ON THIS DETERMINATION, A DECISION IS MADE AS TO ELIGIBILTY FOR FINANCIAL ASSISTANCE.

PART VI, LINE 4: JACKSON HOSPITAL'S PRIMARY SERVICE AREA IS COMPRISED OF MONTGOMERY, ELMORE, AND AUTAUGA COUNTIES, LOCATED IN THE EASTERN CENTRAL PART OF THE STATE OF ALABAMA. THE SECONDARY SERVICE AREA IS COMPRISED OF BULLOCK, BUTLER, CRENSHAW, DALLAS, LOWNDES, MACON, AND PIKE COUNTRIES. JACKSON HOSPITAL IS ADJACENT TO I-85 AND NEAR THE INTERSECTION OF I-65 AND I-85, PROVIDING FOR EASY ACCESS FROM THE PRIMARY AND SECONDARY SERVICE AREAS. MAJOR PRIMARY SERVICE AREA EMPLOYERS ARE MAXWELL AIR FORCE BASE, STATE OF ALABAMA, HYUNDAI MOTOR MANUFACTURING ALABAMA, ALFA INSURANCE COMPANIES, ALABAMA STATE UNIVERSITY, AUBURN UNIVERSITY MONTGOMERY AND CITY OF MONTGOMERY.

PART VI, LINE 5: A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES, INDEPENDENT CONTRACTORS, NOR A FAMILY MEMBER OF AN EMPLOYEE OF THE ORGANIZATION. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEDGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY TO MOST OF ITS DEPARTMENTS. IN ADDITION, SURPLUS FUNDS ARE REINVESTED IN THE HOSPITAL THROUGH THE PURCHASE OF TECHNOLOGY, PROPERTY, AND PLANT EQUIPMENT.

**Part VI Supplemental Information**

PART VI, LINE 6: THE HOSPITAL IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.