



FORM 0928A
Section O
Hospitals

This information must be completed by any organization that indicated in Section H that it is a hospital described in 170(b)(1)(A)(iii).

1.	Are all the doctors in your community eligible for staff privileges?		
	Yes		No
	If no, give the reasons why and explain how the medical staff is selected		
2.	Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance?		
	Yes		No
	If no please explain.		
3.	Do you or will you provide medical services to all individuals in your community who participate in Medicare or Medicaid?		
	Yes		No
	If no please explain.		
4.	Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services?		
	Yes		No

	If yes, please explain.		
5.	Do you or will you maintain a full-time emergency room?		
	Yes		No
	If no, explain why you do not maintain a full-time emergency room, and describe any emergency services you do provide, if applicable.		
6.	Do you have a written financial assistance policy?		
	Yes		No
	If no, please explain.		
7.	Do you or will you use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?		
	Yes		No
a	If yes, indicate the family income limit to be eligible for discounted care.		
b	If no, describe the income-based or other criteria used for determining eligibility for free or discounted care.		

8.	Do you provide for a portion of your services and facilities to be used for charity patients?			
	Yes		No	If "No," go to question 9.
a	If yes, explain your policy regarding charity cases, and specifically, how you distinguish between charity care and bad debts.			
b	If yes, describe any arrangements you have with federal, state or local governments or agencies for paying for the cost of treating charity care patients.			
c	If yes, do you provide services on a sliding fee schedule depending on financial ability to pay?			
	Yes		No	Attach a copy of your sliding fee schedule.
9.	Do you or will you have a written debt collection policy?			
	Yes		No	
	If yes, explain the efforts you make to determine whether an individual is eligible for assistance under your financial assistance policy.			

10.	Do you or will you carry on a formal program of medical training or medical research?		
	Yes		No
	If yes, describe the types and scope of such programs, and any affiliations with other hospitals or medical care providers with which you carry on such programs.		
11.	Do you or will you carry on a formal program of community education?		
	Yes		No
	If yes, describe such programs, including the type and scope of such programs, and any affiliations with other hospitals or medical care providers with which you carry on such programs.		
12.	Do you or will you provide office space to physicians carrying on their own medical practices?		
	Yes		No
	If yes, describe the criteria for who may use the space and how you determine that you are paid at least fair market value.		

13. Is your board of directors comprised of a majority of individuals who are representative of the community you serve?			
Yes		No	
Identify each board member you listed in Section C who is representative of the community and describe how that individual is a community representative.			
14. Do you participate in any joint ventures?			
Yes		No	
Describe your joint ventures, and how each joint venture furthers your exempt purpose.			
15. Will you use your own employees or volunteers to manage your activities or facilities?			
Yes		No	
If no, describe which activities will be managed by others, how you select them, and how any agreements for such services will be negotiated at arms' length.			

16.	Do you or will you offer recruitment incentives to physicians?		
	Yes		No
	If yes, describe the incentives and attach copies of all written incentive policies.		
17.	Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you?		
	Yes		No
	If yes, explain how you establish a fair market value for the lease.		
18.	Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase?		
	Yes		No
	If yes, describe how you arrived at fair market value.		