



Financial Assistance Policy: Berkshire Health Systems

I. Scope

Berkshire Medical Center (“BMC”), Fairview Hospital (“FVH”), and Berkshire Faculty Services (“BFS”). This policy jointly refers to these facilities as Berkshire Health Systems (“BHS”).

II. Purpose

To outline the process for making a reasonable determination of who is eligible to receive financial assistance at Berkshire Health Systems. To communicate the availability of financial assistance to patients and the public and to ensure that consistent guidelines are applied to requests for financial assistance, regardless of the Berkshire Health Systems location where the service is provided.

III. Philosophy

BHS is the frontline caregiver providing medically necessary care for all people who present to its facility and locations regardless of ability to pay. BHS offers this care to **all** patients that come to our facility 24 hours a day, seven days a week, and 365 days a year. As a result, BHS is committed to providing all of our patients with high-quality care and services. As part of this commitment, BHS works with individuals with limited incomes and resources to find available options to cover the cost of their care.

BHS will help uninsured and underinsured individuals apply for health coverage through a public assistance program or BHS’s financial assistance program and work with individuals to enroll as appropriate. Eligibility for these programs is determined by reviewing, among other items, an individual’s household income, assets, family size, expenses, and medical needs.

While BHS assists patients in obtaining health coverage through public programs and financial assistance through other sources whenever appropriate including BHS, BHS may also be required to appropriately bill for and collect specific payments, which may include but not be limited to, applicable co-payments, deductibles, deposits, and other amounts for which the patient agrees to be responsible. When registering for services or if receiving a bill, BHS encourages patients to contact our staff to determine if they and/or a family member are in need of and eligible for financial assistance.

In working with patients to find available public assistance or coverage through BHS’s financial assistance, BHS does not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability in its policies or in its application of policies, concerning the acquisition and verification of financial information, preadmission or pretreatment deposits, payment plans, deferred or rejected admissions, determination that an individual qualifies for Low Income Patient status as determined by the Massachusetts MassHealth / Health Connector eligibility system, or attestation of information to determine Low Income Patient status. This policy has been reviewed and approved by the Chief Financial Officer of Berkshire Health Systems.

We understand that each individual has a unique financial situation, so information and assistance regarding eligibility for public assistance programs and/or coverage through BHS’s financial assistance



program may be obtained by contacting the Lead Certified Application Counselor of the Advocacy for Access Program of Berkshire Medical Center at 413-447-3139, Monday-Friday, 8:00 a.m. to 4:00 p.m.

More information about this policy and BHS's financial assistance program, including the application form and a plain language summary of the financial assistance policy, are available on Berkshire Health Systems' website:

<https://www.berkshirehealthsystems.org/financial-counseling>

The actions that BHS may take in the event of nonpayment are described in BHS's separate billing and collections policy. Members of the public may obtain a free copy of the Billing and Collections Policy on Berkshire Health Systems' website:

<https://www.berkshirehealthsystems.org/financial-counseling>

IV. Coverage for Medically Necessary Health Care Services

BHS provides medically necessary medical and behavioral health care services for all patients who present at a BHS location regardless of their ability to pay. Medically necessary services include those that are reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity. Medically Necessary Services include inpatient and outpatient services as authorized under Title XIX of the Social Security Act.

The treating medical professional will determine the type and level of care and treatment that is necessary for each patient based on their presenting clinical symptoms and following applicable standards of practice. BHS follows the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements by conducting a medical screening examination for patients who present at a BMC location seeking emergency services to determine whether an emergency medical condition exists.

Classification of emergency and nonemergency services is based on the following general definitions, as well as the treating clinician's medical determination. The definitions of emergency or urgent care services provided below are further used by BHS for purposes of determining allowable emergency and urgent bad debt coverage under BHS's financial assistance program, including the Health Safety Net.

IV.1. Emergency and Urgent Care Services

Any patient who presents at BHS requesting emergency assistance will be evaluated based on the presenting clinical symptoms without regard to the patient's identification, insurance coverage, or ability to pay. BHS 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 or interfering with the screening for and providing of emergency medical care by first discussing the BHS financial assistance program or eligibility for public assistance programs.

- a. Emergency Level Services includes treatment for:



- i. A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, such *that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part*, or, with respect to a pregnant woman, as further defined in 42 U.S.C. § 1395dd(e)(1)(B).
 - ii. In accordance with federal requirements, EMTALA is triggered for anyone who presents to a hospital's property requesting examination or treatment of an emergency (as defined above) or who enters the emergency department requesting examination or treatment for a medical condition. Most commonly, unscheduled persons present themselves at the emergency department. However, unscheduled persons requesting services for an emergency medical condition while presenting at another inpatient/outpatient unit, clinic, or other ancillary area will also be evaluated for and possibly transferred to a more appropriate location for an emergency medical screening examination in accordance with EMTALA. Examination and treatment for emergency medical conditions, or any such other service rendered to the extent required under EMTALA, will be provided to the patient and will qualify as emergency level care. The determination that there is an emergency medical condition is made by the treating clinician or other qualified medical personnel of BHS as documented in the BHS medical record.
- b. Urgent Care Services include treatment for the following:
- i. Medically Necessary Services provided in an Acute Hospital after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) such *that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in placing a patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part*. Urgent Care Services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health. Urgent Care Services do not include Primary or Elective Care.

IV.2. Non-Emergent, Non-Urgent Services:

For patients who (1) the treating clinician determines is non-emergent or non-urgent level care or (2) seek care and treatment following stabilization of an emergency medical condition, BHS may deem that such care is primary or elective services.

- a. Primary or Elective Services includes medical care that is not an Urgent or Emergency level of care and is required by individuals or families for the maintenance of health and the prevention of illness. Typically, these services are medical or behavioral health procedures/visits scheduled in advance or on the same day by the patient or by the health care provider at a BHS location including but not limited to the main campus, a remote site or location, as well as an affiliated physician office, clinic, or community health center. Primary Care consists of health care services customarily provided by general practitioners, family practitioners, general internists, general pediatricians, and primary care nurse practitioners or physician assistants in a primary care service. Primary Care does not require the specialized resources of an Acute Hospital emergency



department and excludes Ancillary Services and maternity care services.

- b. Non-emergent or non-urgent health care services (i.e., primary or elective care) may be delayed or deferred based on the consultation with BHS's clinical staff, as well as the patient's primary care or treating provider if available and as appropriate. BHS may further decline to provide a patient with non-emergent, non-urgent services if the patient is medically stable and BHS is unable to obtain from the patient or other sources appropriate payment source or eligibility information for a public or private health insurance to cover the cost of the non-emergent and non-urgent care. Coverage for healthcare services, including medical and behavioral health, is determined and outlined in a public and private health insurer's medical necessity and coverage manuals. While BHS will attempt to determine coverage based on the patient's known and available insurance coverage, it may bill the patient if the services are not a reimbursable service and the patient has agreed to be billed.
- c. Coverage from a public, private, or hospital based financial assistance program may not apply to certain primary or elective procedures that are not reimbursable by such coverage options. If the patient is not sure if a service is not covered, they should contact the Financial Counselor at Berkshire Medical Center (413-447-2316) or Fairview Hospital (413-854-9605) to determine what coverage options are available.

IV.3. BHS Locations providing medically necessary services and covered by the Financial Assistance Policy:

A full listing of locations that are covered by BHS's financial assistance policy can be found in Appendix A.

Community Health Center patients who, under formal agreement can be referred to Berkshire Medical Center or Fairview Hospital for services, are excluded from the financial assistance policy. Financial assistance for this population is referenced in the applicable Billing and Collections Policy.

V. Financial Assistance Programs

BHS patients may be eligible for free or reduced cost of health care service through various programs such as MassHealth, or financial assistance available from BHS under Health Safety Net or the BHS Supplemental Financial Assistance Program. Eligibility for one program may depend on eligibility for another program in addition to other eligibility criteria. Patients may be eligible for assistance through the Supplemental Financial Assistance Program only to the extent that the patients or the specific services received are not eligible for assistance under a state public assistance program or the Health Safety Net, as described further below.

V.1. State Public Assistance Programs

Patients with self-pay obligations may be eligible for assistance through participation in: MassHealth Standard; MassHealth CommonHealth; MassHealth CarePlus; MassHealth Family Assistance; MassHealth Limited; Children's Medical Security Plan (CMSP); CMSP plus Limited; Emergency Aid to the Elderly, Disabled, and Children (EAEDC); or the Premium Assistance Payment Program operated by the Health Connector. Eligibility criteria vary for each public assistance program and the criteria are determined and applied by the state. Not all health care services provided by BHS may be covered by such public



assistance programs. As described in **VII.3.** of this policy, BHS will assist potentially eligible patients with the application process.

V.2. Health Safety Net

Through its participation in the Massachusetts Health Safety Net, BHS provides financial assistance to low-income uninsured and underinsured patients who are Massachusetts residents and who meet income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low-income uninsured and underinsured patients through free or discounted care across acute hospitals in Massachusetts. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for uninsured and underinsured patients with income under 300% of the Federal Poverty Guidelines (“FPG”). It is BHS’s policy that all patients who receive financial assistance under BHS’s financial assistance policy includes the Health Safety Net services as part of the uncompensated care provided to low-income patients.

Through BMC and FVH’s participation in the Health Safety Net, low-income patients receiving services at these facilities may be eligible for financial assistance, including free or partially free care for Health Safety Net eligible services defined in 101 CMR 613.00.

Given the relationship BFS has with both BMC and FVH, BFS honors the eligibility of HSN for their patients. While these services are not reimbursed to BFS, BMC or FVH, the recognition of this qualification is considered as a method of assistance to those of income under 300% of the FPG. It is BFS’s policy that all patients who receive financial assistance under BHS’s financial assistance policy include the Health Safety Net services as part of the uncompensated care provided to low-income patients.

(a) Health Safety Net - Primary

Uninsured patients who are Massachusetts residents with verified MassHealth MAGI household Income or Medical Hardship Family income, as described in 101 CMR 613.05(1)(b), between 0-300% of the Federal Poverty Guidelines (FPG) may be determined eligible for Health Safety Net Eligible Services.

The eligibility period and type of services for *Health Safety Net - Primary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program Operated by the Health Connector as described in 101 CMR 613.04(6)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Primary*.

(b) Health Safety Net – Secondary

Patients that are Massachusetts residents with primary health insurance and MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.05(1)(b), between 0 and 300% of the FPG may be determined eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net - Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program Operated by the Health Connector as described in 101 CMR 613.04(6)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net*



– Primary.

(c) Health Safety Net - Partial Deductibles

Patients that qualify for *Health Safety Net Primary* or *Health Safety Net - Secondary* with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPG may be subject to an annual deductible if all members of the Premium Billing Family Group (PBF) have an income that is above 150.1% of the FPG. This group is defined in 130 CMR 501.0001.

If any member of the PBF has an FPG below 150.1% there is no deductible for any member of the PBF. The annual deductible is equal to the greater of:

1. the lowest cost Premium Assistance Payment Program Operated by the Health Connector premium, adjusted for the size of the PBF proportionally to the MassHealth FPG income standards, as of the beginning of the calendar year; or
2. 40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group (PBF) and 200% of the FPG.

(d) Health Safety Net - Medical Hardship

A Massachusetts resident of any income may qualify for *Medical Hardship* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's Countable Income defined in 101 CMR 613.05(1)(b) as follows:

Income Level	Percentage of Countable Income
0 - 205% FPG	10%
205.1 - 305% FPG	15%
305.1 - 405% FPG	20%
405.1 - 605% FPG	30%
>605.1% FPG	40%

The applicant's required contribution is calculated as the specified percentage of Countable Income in 101 CMR 613.05(1)(b) based on the *Medical Hardship* Family's FPG multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible. Further requirements for *Medical Hardship* are specified 101 CMR 613.05.

V.3. BHS Supplemental Financial Assistance

In addition to the Health Safety Net, BHS provides supplemental financial assistance to those patients who meet its criteria as described below. This financial assistance is meant to supplement and not replace other coverage for services in order to ensure financial assistance is provided when needed. This supplemental financial assistance is available to patients who are uninsured with household income less



than or equal to 400% of the FPG.

An **uninsured patient** is defined as a patient that does not have any health insurance in effect for a specific date of service or where their coverage is not effective for a specific service due to network limitations, exhaustion of insurance benefits, or other non-covered services.

V.4. Limitations on Charges and Basis of Calculating Amount Charged

BHS will not charge any individual who is eligible for assistance under its financial assistance policy for emergency and medically necessary care more than the “amount generally billed” to individuals who have insurance for such care. Berkshire Medical Center, Fairview Hospital, and Berkshire Faculty Services will utilize the look back method to determine the percentage of the amount generally billed to patients as it applies to this Financial Assistance Policy. A combination of the previous year charges and payments for commercial and Medicare insurance products are used to determine the Payment on Account Factor (PAF). The PAF is used to determine the minimum discount applied to gross aggregate charges.

The “amounts generally billed” - stated as a percentage of gross charges - is as follows:

- **BMC inpatient services: 57.69%** **BMC outpatient services: 41.44%**
- **FVH inpatient services: 57.96%** **FVH outpatient services: 52.21%**
- **BFS office and non-office services: 48.48%**

Financial Assistance Discount Rates – Uninsured Patients

Family Income as % of FPG	Berkshire Medical Center		Fairview Hospital		Berkshire Faculty Services
	Inpatient	Outpatient	Inpatient	Outpatient	Office / Non-Office Services
0 – 400	42.31%	58.56%	42.04%	47.79%	51.52%

V.5. Eligibility Period

Applications for financial assistance must be received within 240 days from the date of the first post-discharge billing statement for the care provided. The financial assistance eligibility period will begin on the date the complete application is received by Advocacy for Access or Access Services. For applications sent by postal mail, the postmarked date will be accepted and used as date of receipt. If the application is approved, a financial assistance discount will be applied to all accounts within the eligibility period.

Eligibility will be in effect for one year from the date of approval.

Financial assistance will be terminated if at any time the criteria for eligibility has changed to the extent that the applicant would no longer be eligible. This may consist of changes to income, the number of household family members, or changes in the state or government programs in which the patient must apply. In such cases, the applicant will be notified via a letter of any termination of assistance. The reason for termination will be indicated.

BHS will not deny financial assistance under its financial assistance policy for information or documentation unless the information or documentation is described in its financial assistance policy or



application form.

VI. Appeal Process

Individuals who are denied financial assistance under the provisions of the policy may request a review of the determination. All requests for reviews must be submitted in writing.

VII. Notices & Application for Hospital Financial Assistance and Public Assistance Programs

VII.1. Notices of Available Hospital Financial Assistance & Public Assistance Options

For those individuals who are uninsured or underinsured, BHS will work with patients to assist them in applying for public assistance and/or BHS financial assistance programs that may cover some or all of their unpaid hospital bills. In order to help uninsured and underinsured individuals find available and appropriate options, BHS will provide all individuals with a general notice of the availability of public assistance and financial assistance programs during the patient's initial in-person registration at a BHS location for a service, in all billing invoices that are sent to a patient or guarantor, and when the provider is notified or through its own due diligence becomes aware of a change in the patient's eligibility status for public or private insurance coverage.

In addition, BHS also posts general notices at service delivery areas where there is a registration or check-in area (including, but not limited to, inpatient, outpatient, emergency departments, and satellite locations, in Certified Application Counselor offices, and in general business office areas that are customarily used by patients (e.g., admissions and registration areas, or patient financial services offices that are actively open to the public). The general notice will inform the patient about the availability of public assistance and BHS financial assistance (including MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, the Children's Medical Security Program, the Health Safety Net and Medical Hardship) as well as the location(s) within BHS and/or the phone numbers to call to schedule an appointment with a Certified Application Counselor. The goal of these notices is to assist individuals in applying for coverage within one or more of these programs.

VII.2. Application for Hospital Financial Assistance and Public Assistance Programs

BHS is available to assist patients in enrolling into a state public assistance program. These include MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, and the Children's Medical Security Plan. Based on information provided by the patient, BHS will also identify available coverage options through its financial assistance program, including the Health Safety Net and Medical Hardship programs.

For programs other than Medical Hardship, applicants can submit an application through an online website (which is centrally located on the state's Health Connector website), a paper application, or over the phone with a customer service representative located at either MassHealth or the Health Connector. Individuals may also ask for assistance from a BHS Certified Application Counselor with submitting the application either on the website or through a paper application.

For Medical Hardship, BHS will work with the patient to determine if a program like Medical Hardship



would be appropriate and submit a Medical Hardship application to the Health Safety Net. It is the patient's obligation to provide all necessary information as requested by BHS in an appropriate timeframe to ensure that BHS can submit a completed application. If the patient is able to provide all information in a timely manner, BHS will endeavor to submit the total and completed application within five (5) business days of receiving all necessary and requested information. If the total and completed application is not submitted within five business days of receiving all necessary information, collection actions may not be taken against the patient with respect to bills eligible for Medical Hardship.

Financial assistance provided through BHS may be available to patients and their family members with household income less than 400% of the FPG. To obtain a financial assistance application, call the Advocacy for Access program of Berkshire Medical Center. The application can also be accessed online at Berkshire Health Systems' website. In order to be determined eligible the applicant must:

1. Submit a financial assistance application that is complete, signed, and dated. One application will be sufficient for all family members listed on the application
2. Provide verification of all household income.
3. Provide verification of application for any state or governmental medical assistance program for which they may qualify (for example, state Medicaid)

The completed financial assistance application and verification documents can be returned to the Advocacy for Access program of Berkshire Medical Center.

Completed financial assistance applications will be reviewed by the Program Manager of Advocacy for Access or their designee for final decision. If all eligibility criteria have been met, a letter of approval will be sent to the applicant / guarantor that will indicate the eligibility period and percentage of discount. If all eligibility criteria have not been met, a letter of denial will be sent to the applicant / guarantor.

If the financial assistance application is not complete, a letter will be sent to the applicant indicating what information is needed to process the application. The applicant / guarantor must provide the required documentation within 30 days of the date of the follow-up letter. If the information is not received within this time frame, the application will be denied. A letter with the reason for denial will be sent to the applicant. A 30-day grace period will be allowed from the date of the denial for the applicant/guarantor to provide additional information. At the end of the 30-day grace period a new application must be completed.

BHS understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. There may be instances in which a patient / guarantor's qualification for financial assistance is established without completing the application form. Other information may be used by BHS to determine whether a patient / guarantor's account is uncollectible, and this information will be used to determine presumptive eligibility. Presumptive eligibility may be granted to patients based on their eligibility for other programs or life circumstances, such as being homeless or incarcerated. These examples are just that, and do not represent a completed list of conditions. Patients qualifying for such determination will have an application identifying such circumstances. Such determination would be



reviewed on an annual basis or until the patient completed another application within the year timeframe, whatever occurs first.

VII.3. Role of the Financial Counselor and Certified Application Counselor:

BHS will help uninsured and underinsured individuals apply for health coverage through a public assistance program (including but not limited to MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, and the Children's Medical Security Program), and work with individuals to enroll them as appropriate. BHS will also help patients that wish to apply for financial assistance from BHS, which includes coverage through the Health Safety Net and Medical Hardship.

BHS will:

- a. provide information about the full range of programs, including MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, the Children's Medical Security Program, Health Safety Net, and Medical Hardship;
- b. help individuals complete a new application for coverage or submit a renewal for existing coverage;
- c. work with the individual to obtain all required documentation;
- d. submit applications or renewals (along with all required documentation);
- e. interact, when applicable and as allowed under the current system limitations, with the Programs on the status of such applications and renewals;
- f. help to facilitate enrollment of applicants or beneficiaries in Insurance Programs; and
- g. offer and provide voter registration assistance.

BHS will advise the patient of their obligation to provide BHS and the applicable state agency with accurate and timely information regarding their full name, address, telephone number, date of birth, social security number (if available), current insurance coverage options (including home, motor vehicle, and other liability insurance) that can cover the cost of the care received, any other applicable financial resources, and citizenship and residency information. This information will be submitted to the state as part of the application for public program assistance to determine coverage for the services provided to the individual.

If the individual or guarantor is unable to provide the necessary information, BHS may, at the individual's request, make reasonable efforts to obtain any additional information from other sources. Such efforts also include working with individuals, when requested by the individual, to determine if a bill for services should be sent to the individual to assist with meeting the one-time deductible. This will occur when the individual is scheduling their services, during pre-registration, while the individual is admitted in BHS, upon discharge, or for a reasonable time following discharge from BHS. Information that the Financial Counselor or Certified Application Counselor obtains will be maintained in accordance with applicable federal and state privacy and security laws.

BHS will also notify the patient during the application process of their responsibility to report to both BHS and the state agency providing coverage of healthcare services any third party that may be responsible for paying claims, including a home, auto, or other insurance liability policy. If the patient has submitted a



third-party claim or filed a lawsuit against a third party, the Financial Counselor or Certified Application Counselor will notify the patient of the requirement to notify the provider and the state program within 10 days of such actions. The patient will also be informed that they must repay the appropriate state agency the amount of the healthcare covered by the state program if there is a recovery on the claim or assign rights to the state to allow it to recover its applicable amount.

When the individual contacts BHS, BHS will attempt to identify if an individual qualifies for a public assistance program or through the BHS financial assistance program. An individual who is enrolled in a public assistance program may qualify for certain benefits. Individuals may also qualify for additional assistance based on the BHS's financial assistance program based on the individual's documented income and allowable medical expenses.

Other related documents include:

- Plain Language Summary
- Financial Assistance Application

VIII. Revisions

Berkshire Health Systems reserves the right to alter, amend, modify, or eliminate this policy at any time without prior written notice. Any amendments to this policy are delegated to the Chief Financial Officer of Berkshire Health Systems and his/her delegates.

IX. Policies Superseded and Replaced

This policy supersedes and replaces the following policies as of 01/01/2023:

- Berkshire Medical Center Financial Assistance Policy
- Fairview Hospital Financial Assistance Policy
- Berkshire Faculty Services Financial Assistance Policy

X. Policy Development and Approval

Approved by:	Scott St. George (Chief Financial Officer, Berkshire Health Systems)
Original Approval Date:	09/29/2016
Revision Date(s)	07/17/2017, 09/14/2018, 03/22/2019, 11/26/2019, 12/31/2020, 01/19/2022, 11/28/2022
Effective Date:	01/01/2023



Appendix A: Provider List

The following Berkshire Health System locations and practices are covered under Berkshire Health Systems' Financial Assistance Policy:

Berkshire Medical Center

Acute Care

725 North St
Pittsfield MA 01201

Audiology

BMC Audiology and Hearing Center
510 North St Ste 6 Rm 202
Pittsfield MA 01201

Cancer Treatment

The Phelps Cancer Center
165 Tor Ct
Pittsfield MA 01201

Emergency Care

BMC Emergency Department
725 North St
Pittsfield MA 01201

Satellite Emergency Facility

71 Hospital Ave
North Adams MA 01247

Laboratory

Adams Collection Station
2 Park St
Adams MA 01220

BMC Medical Arts Complex Collection Station

777 North St
Pittsfield MA 01201

East Mountain Medical Collection Station

780 Main St
Gt Barrington MA 01230

East Street Collection Station

505 East St Ste 104
Pittsfield MA 01201

North County Collection Station

71 Hospital Ave Main Fl
North Adams MA 01247

Radiology

610 North St
Pittsfield MA 01201

725 North St

Pittsfield MA 01201

777 North St

Pittsfield MA 01201

71 Hospital Ave

North Adams MA 01247

Rehabilitation

777 North St 5th Fl
Pittsfield MA 01201

Renal Dialysis

Kidney Disease & Hypertension Services of BMC -
Central County Renal Dialysis Center
8 Conte Dr
Pittsfield MA 01201

Fairview Dialysis Center

10 Maple Ave
Gt Barrington MA 01230

Kidney Disease & Hypertension Services of BMC - North County Renal Dialysis Center

71 Hospital Ave
North Adams MA 01247



Sleep Disorders

BMC Sleep Disorders Center
165 Tor Ct
Pittsfield MA 01201

Wound Care

66 Wahconah St
Pittsfield MA 01201

Fairview Hospital

Acute Care

29 Lewis Ave
Gt Barrington MA 01230

Radiology

29 Lewis Ave
Gt Barrington MA 01230

Emergency Care

29 Lewis Ave
Gt Barrington MA 01230

Rehabilitation

10 Maple Ave
Gt Barrington MA 01230

Laboratory

Fairview Hospital Laboratory Collection Station
29 Lewis Ave
Gt Barrington MA 01230

Wound Care

10 Maple Ave
Gt Barrington MA 01230

Berkshire Faculty Services

Adams Internists of BMC
2 Park St 2nd Fl
Adams MA 01220

Berkshire Health Urgent Care
505 East St
Pittsfield MA 01201

Adams Podiatry
2 Park St 2nd Fl
Adams MA 01220

Berkshire Internists of BMC
777 North St Ste 207
Pittsfield MA 01201

Barrington Audiology
780 Main St Ste 103
Gt Barrington MA 01230

Berkshire OB/GYN of BMC
55 Pittsfield Rd Bldg 12B
Lenox MA 01240

Berkshire Ear, Nose, Throat & Audiology, P.C.
780 Main St Ste 103
Gt Barrington MA 01230

Berkshire OB/GYN of BMC
71 Hospital Ave 2nd Fl
North Adams MA 01247

Berkshire Ear, Nose, Throat & Audiology, P.C.
71 Hospital Ave
North Adams MA 01247

Berkshire OB/GYN of BMC
777 North St Ste 301
Pittsfield MA 01201

Berkshire Ear, Nose, Throat & Audiology, P.C.
510 North St Ste 10
Pittsfield MA 01201

Berkshire Osteopathic Health
2 Park St 2nd Fl
Adams MA 01220



Berkshire Health Systems

Berkshire Osteopathic Health
42 Summer St Ste 301
Pittsfield MA 01201

Berkshire Plastic Surgery of BMC
55 Pittsfield Rd Bldg 12D
Lenox MA 01240

Berkshire Surgical Services of BMC
777 North St Ste 407
Pittsfield MA 01201

Cardiology Professional Services of BMC
71 Hospital Ave 1st Fl
North Adams MA 01247

Cardiology Professional Services of BMC
777 North St 4th Fl
Pittsfield MA 01201

Cardiology Professional Services of Fairview Hospital
29 Lewis Ave
Great Barrington, MA 01230

Colon & Rectal Surgical Professional Services of BMC
777 North St 6th Fl
Pittsfield MA 01201

East Mountain Medical
780 Main St
Gt Barrington MA 01230

Endocrinology & Metabolism of BMC
71 Hospital Ave 1st Fl
North Adams MA 01247

Endocrinology & Metabolism of BMC
777 North St 3rd Fl
Pittsfield MA 01201

Fairview Endocrinology
780 Main St Ste 106
Gt Barrington MA 01230

Fairview Gastroenterology Services
780 Main St Ste 104
Gt Barrington MA 01230

Fairview Surgical Services
780 Main St Ste 104
Gt Barrington MA 01230

Fairview Urology Services
780 Main St Ste 104
Gt Barrington MA 01230

Gastroenterology Professional Services
777 North St Ste 203
Pittsfield MA 01201

Gastroenterology Professional Services of North
Adams
71 Hospital Ave Ste 302
North Adams MA 01247

Hematology Oncology Services of BMC
71 Hospital Ave 2nd Fl
North Adams MA 01247

Hematology Oncology Services of BMC
165 Tor Ct
Pittsfield MA 01201

Hillcrest Family Health of BMC
631B North St
Pittsfield MA 01201

Kidney Disease & Hypertension Services of BMC
10 Maple Ave
Gt Barrington MA 01230

Kidney Disease & Hypertension Services of BMC
71 Hospital Ave 1st Fl
North Adams MA 01247

Kidney Disease & Hypertension Services of BMC
777 North St Ste 607
Pittsfield MA 01201



Lenox Family Health of BMC
55 Pittsfield Rd Bldg 12D
Lenox MA 01240

MACONY Pediatric and Adolescent Medicine
100 Maple Ave Ste 1
Gt Barrington MA 01230

Neurology Professional Services of BMC
777 North St 5th Fl
Pittsfield MA 01201

Neurosurgery Professional Services of BMC
777 North St 5th Fl
Pittsfield MA 01201

Orthopaedics and Sports Medicine of Fairview
Hospital
780 Main St Ste 106
Gt Barrington MA 01230

Pain, Diagnosis & Treatment Center of BMC
71 Hospital Ave 1st Fl
North Adams MA 01247

Pain, Diagnosis & Treatment Center of BMC
777 North St 5th Fl
Pittsfield MA 01201

Palliative Medicine
777 North St Ste 605
Pittsfield MA 01201

Physical Medicine & Rehabilitation Services of BMC
777 North St 5th Fl
Pittsfield MA 01201

Pulmonary Professional Services of BMC
725 North St
Pittsfield MA 01201

Rheumatology Services of BMC
777 North St Ste 201A
Pittsfield MA 01201

Surgical Professional Services of BMC
71 Hospital Ave 1st Fl
North Adams MA 01247

Surgical Professional Services of BMC
777 North St 6th Fl
Pittsfield MA 01201

Urology Professional Services of BMC
71 Hospital Ave 1st Fl
North Adams MA 01247

Urology Professional Services of BMC
41 Wahconah St
Pittsfield MA 01201

Williamstown Medical
197 Adams Rd
Williamstown MA 01267

Williamstown Medical at North Adams
71 Hospital Ave 2nd Fl
North Adams MA 01247