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|---|------------------------------------|--|--------------------------------------|
| POLICY: | FINANCIAL ASSISTANCE POLICY | | |
| OWNER: | DIRECTOR OF REVENUE CYCLE | | |
| EFFECTIVE DATE: 3/31/2025 | | | ORIGINAL EFFECTIVE DATE: 4/92 |
| REGULATORY REFERENCE: INTERNAL REVENUE SERVICE SECTION 501r REPORTING AND THE ILLINOIS HOSPITAL UNINSURED PATIENT DISCOUNT ACT | | | HAM |

I. Purpose:

Morris Hospital & Healthcare Centers (MHHC) is a not-for-profit, tax-exempt entity with a charitable mission of providing emergency and medically necessary health care services to residents of the City of Morris and MHHC's defined primary and secondary service area, regardless of their financial status and ability to pay. The purpose of this policy, Provision of Financial Assistance, is to ensure that processes and procedures exist for identifying and assisting patients whose care may be provided without charge or at a discount commensurate with their financial resources and ability to pay.

II. Overview:

In furtherance of its charitable mission, MHHC will provide both (i) emergency treatment to any person requiring such care; and (ii) medically necessary health care services to patients who meet the conditions and criteria set forth in this policy; in each case, without regard to the patients' ability to pay for such care at all facilities (**Exhibit 7**).

It is the policy of MHHC to provide financial assistance (either free care or at discounted rates) to persons or families where: (i) there is limited or no health insurance available; (ii) the patient fails to qualify for governmental assistance (for example, Medicare or Medicaid); (iii) the patient cooperates with MHHC in providing the requested information demonstrating financial need, or other facts and circumstances readily demonstrate financial need; and (iv) MHHC makes an administrative determination that financial assistance is appropriate based on the patient's ability to pay (as established by family income or based on criteria demonstrating presumptive eligibility) and the size of the patient's medical bills.

MHHC will regularly review this policy to ensure that at all times it: (i) reflects the mission of MHHC; (ii) explains the decision processes of who may be eligible for financial assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to patients who are uninsured or otherwise eligible.

III. Nondiscrimination:

- A.** MHHC will render health care services, inpatient and outpatient, who are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistance pursuant to this policy.
- B.** MHHC will not engage in any actions that discourage individuals from seeking emergency medical care, such as demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

IV. Definitions:

- A. Assets:** Any item of economic value owned by an individual, especially one that could be converted to cash. Examples are cash, securities, accounts receivable, inventory, equipment, a house (other than primary residence), a car, and other property. For these purposes, assets do not include a primary residence or other property exempt from judgment under Illinois law, or any amounts held in pension or retirement plans (although distributions and payments from such plans may be included as family income for purposes of this policy).
- B. Bad Debt Expense:** Uncollectible accounts receivable (where reasonable attempts to collect have been made), excluding contractual adjustments, arising from the failure to pay by patients: (i) whose health care has not been classified as financial assistance care; or (ii) who have qualified for financial assistance in the form of discounted care but have failed to pay the remaining balances due after application of discounts pursuant to this policy.
- C. Family:** The patient, their spouse, and their legal dependents according to Internal Revenue Service rules.
- D. Family Income:** The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. Family income includes gross wages, salaries, dividends, interest, Social Security benefits, workers' compensation, veterans' benefits, training stipends, military allotments, regular support from family members not living in the household (other than child support), government pensions, private pensions, insurance, annuity payments, income from rents, royalties, estates, trusts, and other forms of income.
- E. Financial Assistance:** Either full or partial reduction in charges to patients for emergency or medically necessary care, in the case of patients who are financially eligible, presumptively eligible, or medically indigent, as those terms are defined in this policy. Financial assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, deductibles, or both.
- F. Financially Eligible:** A patient whose family income is at or below 600% of the Federal Poverty Guidelines, as set forth in **Exhibit 1** hereto, as demonstrated based on factual information provided by the patient on the Financial Assistance Application.
- G. Good Faith Payment:** is a sum of money provided by the patient prior to services rendered or after receiving a statement. Any earnest money paid prior to receiving approval from MHHC will be non-refundable and deem a good faith payment. Refunds will only occur for payments made after approval of financial assistance.
- H. Medically Indigent:** A patient whose medical or hospital bills after payment by a third-party payer exceed 20% of the patient's annual family income and who is financially unable to pay the remaining bill. A patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system.

- I. Indigent Patient:** A patient of MHHC who does not comply with one or more of the patient responsibilities set forth below to apply for financial assistance but who MHHC determines through other reliable means to be in need of financial assistance.
- J. Uninsured Patient:** A patient of MHCC who is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including but not limited to high deductible health insurance plans, workers' compensation, accident liability insurance, or other third part liability insurance. A discount of 72.92% off of gross charges, is provided to all uninsured patients without requiring evidence of inability to pay. This discount is provided in accordance with the Illinois Uninsured Act and is calculated annually. If a patient is subsequently approved for financial assistance, the automatic discount will be reversed so that the full amount can be recognized as a charity allowance.
- K. Medically Necessary:** Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under their insurance plan and determined by an active member of MHHC's active medical staff to be medically necessary. Medically necessary services do not include: (i) non-medical services such as social and vocational services; or (ii) elective cosmetic surgeries (for these purposes, plastic surgery procedures designed to correct disfigurement caused by injury, illness, or congenital defect or deformity are not considered "elective").
- L. Presumptively Eligible:** A patient who has not submitted a completed Financial Assistance Application, but who nonetheless is subject to one or more of the following criteria:
- Homeless
 - Deceased with no estate
 - Mentally incapacitated with no one to act on their behalf
 - Medicaid eligible, but not on the date of service or for non-covered services
 - Enrolled in the following programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Guidelines:
 - Women, Infants, and Children Nutrition Program (WIC)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Illinois Free Lunch and Breakfast Program
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership
 - Receipt of grant assistance for medical services
 - Personal bankruptcy within the last 12 months
 - Incarceration in a penal institution
 - Affiliation with a religious order and vow of poverty
 - Enrollment in the following programs for low-income individuals:
 - Temporary Assistance for Needy Families (TANF)
 - IHDA's Rental Housing Support Program

MHHC trained Financial Service Representatives will routinely review the foregoing criteria with patients, before asking patients to complete the Financial Assistance Application. MHHC may also utilize other systems to determine presumptive eligibility, such as the AmeriCollect Charity ScoreSystem. Patients who meet any of

the foregoing criteria for presumptive eligibility will be deemed to be eligible for a 75% to 100% discount, and will not be asked or required to submit a Financial Assistance Application.

V. Eligibility for Financial Assistance:

- A.** There are three ways a patient may be deemed to have financial need to be eligible for financial assistance: (i) be a determination that the patient's Family income is below certain federal poverty guidelines ("income based discount"); (ii) by a determination that the patient's emergency or other medically necessary care expenses exceed a certain percentage of the patient's annual Family Income ("Medically Indigent"); (iii) if MHHC learns of certain patient circumstances that by their nature indicate the patient is indigent ("Presumptive Eligibility") including but not limited to passive eligibility (no active participation) using 3rd party technology data reporting to determine eligibility .
- B.** A determination of qualification for financial assistance will cover services provided by MHHC on an inpatient or outpatient basis. For these purposes, the policy also covers the rendering of professional services by physicians and other providers employed directly by MHHC, as listed on **Exhibit 3**. A determination of qualification for financial assistance will also cover professional services rendered by the other physicians and providers set forth on **Exhibit 4**, all of whom participate in the provision of emergency and/or medically necessary care at MHHC and have agreed to be covered by this policy. Any other physicians or providers of care at MHHC are not subject to this policy listed in Exhibit 5 and, accordingly, each patient will be responsible for satisfaction or resolution of any bills issued by such physicians or providers for their professional services.
- C.** At the time of the initial patient interview, the Financial Service Representative will gather routine demographic information and information regarding all existing third-party coverage. In cases where a patient has limited or no third-party coverage, the Financial Service Representative will determine if the patient qualifies for medical assistance from other existing financial resources such as Medicare, Medicaid, KidCare, FamilyCare, Will-Grundy Medical Clinic, or other state and federal programs. The Financial Service Representative or outside vendor (Elevate) will be available to assist the patient with enrolling in any of the foregoing governmental payment programs that may be available. If the patient refuses to apply for or provide information necessary to the application process, he or she will be ineligible for financial assistance pursuant to this policy. If the application(s) to the above-mentioned medical financial assistance resource(s) is/(are) denied, not adequate, or was/(were) previously denied, consideration for financial assistance will then be given.
- D.** In cases where third-party coverage (including private insurance or payment by governmental program) is nonexistent or likely to be inadequate, the Financial Service Representative will inform the patient of the availability of Financial Assistance. Patients seeking financial assistance will be asked to complete the Financial Assistance Application attached as **Exhibit 2** to this policy. Copies of the application form are available from any Financial Service Representative and at <http://www.morrishospital.org/financialassistanceapplication>. Applications may be completed directly by the patient, by the patient's guarantor and/or other legal representative, or by a Financial Service Representative based on information derived from any of the foregoing through an interview either in person or by telephone, or

reliable information provided in writing. If assistance is needed with gathering necessary information or materials requested as part of the Financial Assistance qualifying process, patients are encouraged to contact one of MHHC's trained Financial Service Representatives at (815)942-2932. Financial Service Representatives may also assist patients with assessing their financial situations, gathering information requested by MHHC, and assisting with similar tasks.

- E.** Patients completing the Financial Assistance Application must return the signed form through any of the following measures:
- Hand-deliver the form to a Patient Service Representative; to the cashier or Financial Assistance Office at Morris Hospital, 150 W. High St., Morris, IL (First Floor); or to the Patient Registration Desk at any of the Healthcare Centers
 - Mail to Morris Hospital & Healthcare Centers, Attn: Patient Financial Assistance Office, 150 W. High St., Morris, IL 60450
 - E-mail the form to financialassistance@morrishospital.org
 - Fax: 815-941-2476 or 815-705-1738

Financial Assistance Applications will be considered if received at any time during the 240-day period following the first post-discharge billing statement issued by MHHC to the patient for such care.

- F.** Eligibility for financial assistance is conditioned upon the patient's provision of complete and accurate information on the Financial Assistance Application set forth as **Exhibit 2**, and the patient's timely cooperation throughout the financial assistance application process. In connection with determining a patient's eligibility for financial assistance, MHHC will not request information other than as described on **Exhibit 2**, although patients may voluntarily provide additional information that they believe to be pertinent to eligibility. If MHHC contacts the patient to request missing information, the patient will have a period of 30 days to respond. Failure to respond within that 30-day period will result in the Application being suspended from further processing; the patient may re-activate the Application by providing the requested information at any time during the 240-day period following the first post-discharge statement issued by MHHC to the patient for such care. If a patient provides information that is inaccurate or misleading, they may be deemed ineligible for financial assistance and, accordingly, may be expected to pay his or her bill in full.
- G.** Once a completed Financial Assistance Application is received, the Financial Service Representative will review the application and calculate the appropriate discount to be applied using Exhibit 1 (Financial Assistance Guidelines). Patients who are determined to be presumptively eligible will be processed for financial assistance without need for completion of the Financial Assistance Application or other additional information from the patient.
- H.** Patients who are uninsured and who do not qualify for financial assistance may contact MHHC to discuss payment options, including the availability of a payment plan. Financial Service Representatives will inform such patients of any other discounts that may be available under other MHHC policies (including the [MHHC Billing and Collections Practices Policy](#)).

VI. Determination and Notification Regarding Financial Assistance:

- A.** In the case of patients who are determined to be financially eligible for financial assistance, patients with family income of at or below 200% of the current Federal Poverty Guidelines will receive for a 100% reduction in the patient portion of billed charges (*i.e.*, full write-off), as set forth on **Exhibit 1**. Patients with family income of between 201% and 600% of the current Federal Poverty Guidelines will receive a 75% discount on the patient portion of the billed charges, as indicated on **Exhibit 1**. In the case of patients who are determined to be medically indigent, the appropriate discount will be determined by the Director of Revenue Cycle and the Chief Financial Officer after review on a case-by-case basis. Patients who are determined to be presumptively eligible for financial assistance will receive a 75% or 100% reduction in charges. MHHC will refund to the individual any amount he or she has paid for care after the application was approved and discount applied that exceeds the amount due after applying the discount, unless such excess amount is less than \$9.99.
- B.** The applicable discount percentage from **Exhibit 1** will be applied to the gross charges otherwise billable to the patient. Such discounts have been established in a manner intended to comply with both: (i) Illinois law, which limits amounts that may be billed to the patient to 135% of MHHC's costs, and (ii) applicable Federal law, which prohibits MHHC from billing a patient eligible for financial assistance more than the amounts generally billed ("AGB") by MHHC to patients with third-party coverage, calculated in this case using the look-back method set forth in applicable Treasury Regulations, considering amounts allowed by Medicare and commercial payors during a prior 12-month measurement period. The discount percentages set forth on **Exhibit 1** may be adjusted periodically (and at least annually) to ensure that such percentages comply with the foregoing standards under Illinois and Federal law; any such adjustments will be effectuated through the attachment of an updated **Exhibit 1** to this Policy, which will be signed and dated by the Chief Financial Officer. MHHC will begin applying the adjusted discount percentages not later than 120 days after the end of the 12-month measurement period with respect to which MHHC's adjusted AGB has been calculated.
- C.** The provision of financial assistance (*i.e.*, the amount of the discount or write-off) of above \$5,000 and less than \$25,000 will require approval from the Billing Manager. Above \$25,000 and less than \$150,000 will require approval from the Director of Revenue Cycle. The provision of financial assistance of greater than \$150,000 will require the approval of the Chief Financial Officer.
- D.** Within 60 days after submission of a completed Financial Assistance Application, MHHC will determine whether the patient qualifies for financial assistance based on financial eligibility or medical indigence and will notify the patient in writing of such determination and the amount of the discount to be provided. No patient may qualify for both the Income Based Discount and Medical Indigency Discount. Rather, MHCC will provide to the qualifying patient the better of the two discounts applied to the patient's emergency and other medically necessary care. Unless otherwise determined by the Chief Financial Officer, MHHC need not notify patients determined to qualify for financial assistance based on presumptive eligibility. In the event that MHHC determines a patient *not* to qualify for financial assistance, the Hospital will notify the patient in writing of such determination, including the basis for the denial, and will inform the patient of an opportunity to request reconsideration. Any such request must be submitted to MHHC in writing within 30 days of MHHC's notification letter, and may set forth the patient's position regarding the denial and any extenuating

circumstances not fully documented in the original Financial Assistance Application. Each request for reconsideration will be evaluated by the Director of Revenue Cycle and the Chief Financial Officer, with a written response provided to the patient within 30 days of the request.

- E. Except as provided below, all determinations of qualification for financial assistance will continue in effect for 12 months from the first date of services subject to the determination. At the end of the qualification period, if a patient has new balances not covered under the previous determination, the patient will have to re-apply for Financial Assistance. Accordingly, if a patient has qualified for financial assistance within the last 12 months and the patient's financial circumstances, family size, and insurance coverage have not changed, the patient will be deemed to have qualified for financial assistance with respect to additional emergency or medically necessary care, without having to submit a new Financial Assistance Application. However, if a patient has qualified for financial assistance but then experiences a material change in his or her financial circumstances and/or insurance status that may impact their continued qualification for financial assistance, the patient will be expected to communicate that change to MHHC within 30 days or, in any event, prior to obtaining further healthcare services. Alternatively, MHHC may request an update of the information provided on the Financial Assistance Application and, based on such updated information, may re-evaluate the patient's continued qualification.

VII. Impact on Billing and Collection Process:

- A. Patients qualifying for discounted, but not free, care will be notified in writing regarding any remaining balance due. The patient will be asked to contact AmeriCollect to arrange a payment plan if the patient is unable to pay the balance in full after the discount has been applied. Any such remaining balances will be treated in accordance with Patient Accounts policies regarding self-pay balances. Payment terms will be established on the basis of disposable family income. If notified by a patient that such patient has qualified for financial assistance within the past year, MHHC will not seek to collect more than 25% of a patient's family income during a 12-month period, unless the patient has substantial assets *other than* their primary residence or retirement assets. If the patient has been sent to a collection agency, then MHHC will notify the collection agency of the discount, require the collection agency to lower the patient balance due, and if no patient balance due remains, will remove the patient from the collection agency. It is the patients responsibility to contact the Financial Assistance Coordinator on any new balances received to have the approved financial assistance discount applied.
- B. In the event that a patient qualifies for financial assistance but fails to timely pay the remaining balance due (including, if applicable, per the terms of the agreed-upon payment plan), MHHC may take any of the actions set forth in the MHHC Billing and Collection Policy, a copy of which is available at <http://www.morrishospital.org/patients-visitors/billing-insurance/>. Consistent with the Billing and Collection Policy, MHHC will not undertake any extraordinary collection actions (as defined in that Policy) without first making reasonable efforts to determine a patient's eligibility for financial assistance pursuant to this policy.

VIII. Publication:

- A. It is the policy of MHHC that the existence and terms of this policy be made widely available to residents of MHHC's primary and secondary service areas, consistent

with the specific provisions of both Illinois and Federal law. In furtherance of the foregoing, MHHC will utilize and widely distribute the plain-language summary attached as **Exhibit 5** to this Policy. Copies of such plain-language summary (i) will be included in patient registration materials and inpatient handbooks, (ii) will be offered to each patient as part of the intake or discharge process, and (iii) will be posted on MHHC's website, along with this Policy and the Financial Assistance Application, in a prominent and easily accessible location. The plain-language summary will be available in English and any other language that is the primary language of the lesser of (i) 1,000 individuals, or (ii) 5% of the population within MHHC's primary and secondary service areas.

- B.** MHHC will conspicuously post, in the admission and registration areas of MHHC as well as the Emergency Department, signage providing information regarding the availability of financial assistance and describing the application process. Such signage will include the following statement: *You may be eligible for financial assistance under the terms and conditions MHHC offers to qualified patients. For more information, contact the Patient Accounting Office at (815)942-2932.* Such signs will be in both English and any other language that is the primary language of at least 5% of the patients served by MHHC annually. Such signage will be posted in the Healthcare Centers and other areas throughout MHHC offering meaningful visibility.
- C.** MHHC will cause each billing statement sent to a patient to include a conspicuous statement regarding the availability of financial assistance, including (i) a phone number for information about this policy and the application process, and (ii) a website address where this policy, the Financial Assistance Application, and the plain-language summary are available. As provided in the Billing and Collection Policy, if MHHC intends to undertake any extraordinary collection action (as defined in the Billing and Collection Policy), MHHC will ensure that at least one billing statement includes a copy of the plain-language summary of this policy, as set forth on **Exhibit 6**, with such copy provided at least 30 days prior to undertaking the anticipated extraordinary collection action.

IX. Budgeting, Recordkeeping, and Reporting:

- A.** The Chief Financial Officer will ensure that reasonable financial assistance, including both free care and discounted charges, is included in the annual operating budget of MHHC. The budgeted amount will not act as a stopping point in providing financial assistance, but will serve as a projection to aid in planning for the allocation of resources.
- B.** MHHC will cause completed Financial Assistance Applications (along with required supporting information) to be maintained in Patient Accounting Office records. Such records will also reflect information as to whether such applications were approved or denied, along with the handling of any requests for reconsideration.
- C.** Financial assistance provided by MHHC pursuant to this policy will be calculated and reported annually as required under applicable Illinois and Federal law. Except as otherwise specifically permitted based on context, MHHC will report its financial assistance provided to qualifying patients under this policy using the actual cost of services provided based on the total cost-to-charge ratio derived from MHHC's Medicare cost report (and not the actual charges for the services).

X. Confidentiality:

MHHC recognizes that the need for financial assistance may be a sensitive and deeply personal issue for patients. Confidentiality of information and preservation of individual dignity will be maintained for all who seek financial assistance pursuant to this policy. No information obtained in the patient's financial assistance application may be released except where authorized by the patient or otherwise required by law.

XI. Staff Information/Training:

A. MHHC will cause all employees in the Patient Accounting Office, Patient Registration Office, and Healthcare Centers to be fully versed in this policy, to have access to this policy as well as the plain-language summary and Financial Assistance Application forms, and to be able to direct questions to the appropriate Hospital office or representative.

B. MHHC will cause all staff members with public and patient contact to be adequately trained regarding the basic information related to this policy and procedures. They will also be able to direct questions regarding this policy to the appropriate Hospital office or representative.

XV. Title and Transfer Text

Please also reference the following policies: [Billing and Collection Practices Policy](#) and [Community Benefit Reporting Policy](#).

Forms:

Financial Assistance Application

APPROVAL:

David J. Bzdill **Date**
Chairman of the Board

Michael Lawrence **Date**
Chief Financial Officer

Thomas J. Dohm **Date**
President and CEO

EXHIBIT 1

Financial Assistance Guidelines

| Family or household Size | 100% of 2025 FPG | 200% of 2025 FPG | 300% of 2025 FPG | 400% of 2025 FPG | 600% of 2025 FPG |
|--------------------------|------------------|------------------|------------------|------------------|------------------|
| | Free Care | Free Care | 75% Discount | 75% Discount | 75%* Discount |
| 1 | \$15,650 | \$31,300 | \$46,950 | \$62,600 | \$93,900 |
| 2 | \$21,150 | \$42,300 | \$63,450 | \$84,600 | \$126,900 |
| 3 | \$26,650 | \$53,300 | \$79,950 | \$106,600 | \$159,900 |
| 4 | \$32,150 | \$64,300 | \$96,450 | \$128,600 | \$192,900 |
| 5 | \$37,650 | \$75,300 | \$112,950 | \$150,600 | \$225,900 |
| 6 | \$43,150 | \$86,300 | \$129,450 | \$172,600 | \$258,900 |
| 7 | \$48,650 | \$97,300 | \$145,950 | \$194,600 | \$291,900 |
| 8* | \$54,150 | \$108,300 | \$162,450 | \$216,600 | \$324,900 |

* Add \$5,500 for each additional person above 8 household occupants

** The foregoing discount percentage has been established in a manner intended to comply with both (i) Illinois MHHC Uninsured Patient Discount Act, which limits amounts that may be billed to the patient to 135% of MHHC's costs, and (ii) applicable Federal law, which provides that MHHC may not bill a patient eligible for financial assistance more than the amounts generally billed ("AGB") by MHHC to patients who have insurance covering such care. MHHC has calculated its AGB using the look-back method set forth in applicable Treasury Regulations, considering amounts paid by Medicare and commercial payors. Such calculation resulted in the following:

AGB% = The AGB percent is calculated using the Illinois Hospital Uninsured Patient Discount Act (HUPDA) that is calculated annually as filed in our Medicare Cost report

For the initial period, the AGB percentage is 27.08%

MHHC will recalculate its AGB periodically (and at least annually) and, based thereon, will adjust the discount percentages set forth above. Any such adjustments will be effectuated through a revision to this **Exhibit 1**, which will be signed and dated by the Chief Financial Officer.

Signed: _____

Print Name: _____

Date: _____

EXHIBIT 2

Financial Assistance Application

EXHIBIT 3

Physicians and Other Providers Employed/Contracted by Morris Hospital & Healthcare Centers

| Last Name | First Name | Degree | Specialty |
|------------------|------------|--------------------------------|---|
| Amin | Hetal | Doctor of Medicine (MD) | Allergy & Immunology |
| Ghanim | Mostafa | Doctor of Medicine (MD) | Cardiovascular Disease |
| Menz | Mary | Doctor of Osteopathic Medicine | Cardiovascular Disease |
| Saeed | Athar | Doctor of Medicine (MD) | Cardiovascular Disease |
| Wix | Hershel | Doctor of Medicine (MD) | Cardiovascular Disease |
| Chalisa | Nuzhat | Doctor of Medicine (MD) | Endocrinology, Diabetes and Metabolism |
| Benig | Vincent | Doctor of Medicine (MD) | Family Medicine |
| Cella | Jenna | Doctor of Osteopathic Medicine | Family Medicine |
| Ciechna | Scott | Doctor of Medicine (MD) | Family Medicine |
| Connolly | Mary | Doctor of Medicine (MD) | Family Medicine |
| Jones | Jennifer | Doctor of Medicine (MD) | Family Medicine |
| Kao | Colin | Doctor of Osteopathic Medicine | Family Medicine |
| Lawton | Bradley | Doctor of Medicine (MD) | Family Medicine |
| Passerman | Mark | Doctor of Osteopathic Medicine | Family Medicine |
| Syed | Hassnain | Doctor of Medicine (MD) | Family Medicine |
| Tanzi | Jeffrey | Doctor of Osteopathic Medicine | Family Medicine |
| Wrona | Robert | Doctor of Osteopathic Medicine | Family Medicine |
| Thomas | Jennifer | Doctor of Medicine (MD) | Family Medicine, Addiction Medicine |
| Wilson | Samantha | Nurse Practitioner (NP) | Family Nurse Practitioner |
| Rivers | Andi | Nurse Practitioner (NP) | Family Nurse Practitioner, Nurse Practitioner |
| Bolden | John | Doctor of Medicine (MD) | Infectious Disease |
| Analytis | Spyro | Doctor of Medicine (MD) | Internal Medicine |
| Comfort | Charles | Doctor of Medicine (MD) | Internal Medicine |
| Duke | Rebecca | Doctor of Medicine (MD) | Internal Medicine |
| Fochesatto Filho | Luciano | Doctor of Medicine (MD) | Internal Medicine |
| Habib | Ishtiaq | Doctor of Medicine (MD) | Internal Medicine |
| Haque | Kashif | Doctor of Medicine (MD) | Internal Medicine |
| Peplos | Olga | Doctor of Medicine (MD) | Internal Medicine |
| Roumeliotis | Peter | Doctor of Medicine (MD) | Internal Medicine |
| Saed | Mohammed | Doctor of Medicine (MD) | Internal Medicine |
| Tiwari | Kanchan | Doctor of Medicine (MD) | Internal Medicine |
| Howd | Dana | Doctor of Medicine (MD) | Internal Medicine, Pediatrics |
| Moy | Lawton | Doctor of Medicine (MD) | Internal Medicine, Pediatrics |
| Vermillion | David | Doctor of Medicine (MD) | Internal Medicine, Pediatrics |

| | | | |
|------------------|-------------|--------------------------------|----------------------------|
| Ahmed | Syed | Doctor of Medicine (MD) | Interventional Cardiology |
| Analytis | Peter | Doctor of Medicine (MD) | Neurology |
| Mezo | Isaac | Doctor of Medicine (MD) | Neurology |
| Bedenko | Annabelle | Nurse Practitioner (NP) | Nurse Practitioner |
| Blough | Ashley | Nurse Practitioner (NP) | Nurse Practitioner |
| Bohland | Amy | Nurse Practitioner (NP) | Nurse Practitioner |
| Bojak | Sarah | Nurse Practitioner (NP) | Nurse Practitioner |
| Bunton | Barbara | Nurse Practitioner (NP) | Nurse Practitioner |
| Cacello | Elizabeth | Nurse Practitioner (NP) | Nurse Practitioner |
| Franzetti | Shawn | Nurse Practitioner (NP) | Nurse Practitioner |
| Frye | Jennifer | Nurse Practitioner (NP) | Nurse Practitioner |
| Greggain | Jennifer | Nurse Practitioner (NP) | Nurse Practitioner |
| Healy | Laura | Nurse Practitioner (NP) | Nurse Practitioner |
| Henline | Stefanie | Nurse Practitioner (NP) | Nurse Practitioner |
| Jaegle | Constance | Nurse Practitioner (NP) | Nurse Practitioner |
| Johnson | Stacey | Nurse Practitioner (NP) | Nurse Practitioner |
| Miller | Christopher | Nurse Practitioner (NP) | Nurse Practitioner |
| Miller | Heidi | Nurse Practitioner (NP) | Nurse Practitioner |
| Olsen | Diana | Nurse Practitioner (NP) | Nurse Practitioner |
| Pettry-Soto | Sarah | Nurse Practitioner (NP) | Nurse Practitioner |
| Piper | Anna | Nurse Practitioner (NP) | Nurse Practitioner |
| Pruss | Sherese | Nurse Practitioner (NP) | Nurse Practitioner |
| Seplak | Nina | Nurse Practitioner (NP) | Nurse Practitioner |
| Sheedy | Kira | Nurse Practitioner (NP) | Nurse Practitioner |
| Spoon | Austin | Nurse Practitioner (NP) | Nurse Practitioner |
| Staker | Amy | Nurse Practitioner (NP) | Nurse Practitioner |
| Stuedemann | Taelor | Nurse Practitioner (NP) | Nurse Practitioner |
| Suste | Kaylynn | Nurse Practitioner (NP) | Nurse Practitioner |
| Todd | Angela | Nurse Practitioner (NP) | Nurse Practitioner |
| Verchimak | Linda | Nurse Practitioner (NP) | Nurse Practitioner |
| Zuelke | Diane | Nurse Practitioner (NP) | Nurse Practitioner |
| Ulivi | Kathleen | Nurse Practitioner (NP) | Nurse Practitioner, Family |
| Aramburo Paredes | Rosa | Doctor of Medicine (MD) | Obstetrics & Gynecology |
| Chen | Andrea | Doctor of Medicine (MD) | Obstetrics & Gynecology |
| Fitzgibbon | Mary | Doctor of Medicine (MD) | Obstetrics & Gynecology |
| Ochoa | Victoria | Doctor of Osteopathic Medicine | Obstetrics & Gynecology |
| Setrini-Best | Leticia | Doctor of Medicine (MD) | Obstetrics & Gynecology |
| Toussaint | Douglas | Doctor of Osteopathic Medicine | Obstetrics & Gynecology |
| Ali | Mir | Doctor of Medicine (MD) | Orthopaedic Surgery |
| Meyer | Raymond | Doctor of Medicine (MD) | Orthopaedic Surgery |
| Perona | Paul | Doctor of Medicine (MD) | Orthopaedic Surgery |
| Rezin | Keith | Doctor of Medicine (MD) | Orthopaedic Surgery |
| Treacy | Stephen | Doctor of Medicine (MD) | Orthopaedic Surgery |
| Williams | Robert | Doctor of Medicine (MD) | Orthopaedic Surgery |

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|--------------|------------|----------------------------------|---|
| Eldib | Ahmed | Doctor of Medicine (MD) | Orthopedic Surgery |
| Aijaz | Farrukh | Doctor of Medicine (MD) | Pathology - Anatomic/Pathology - Clinical |
| Anjum | Darakhshan | Doctor of Medicine (MD) | Pediatrics |
| Best | Ian | Doctor of Medicine (MD) | Pediatrics |
| Hill | Melissa | Doctor of Medicine (MD) | Pediatrics |
| Rahman | Faiz | Doctor of Medicine (MD) | Pediatrics |
| Brozovich | Crystal | Master of Physician Assistant | Physician Assistant |
| Carls | Lacey | Physician Assistant (PA) | Physician Assistant |
| Colby | Rachel | Physician Assistant (PA) | Physician Assistant |
| Davis | Sherri | Physician Assistant (PA) | Physician Assistant |
| Jakubonis | Lukas | Physician Assistant (PA) | Physician Assistant |
| Lopez | Carrie | Physician Assistant (PA) | Physician Assistant |
| Nagra | Rachel | Physician Assistant (PA) | Physician Assistant |
| Pearson | Kyle | Doctor of Podiatric Medicine () | Podiatry |
| Cheng | Suzan | Doctor of Medicine (MD) | Radiation Oncology |
| Hedayati | Hadi | Doctor of Medicine (MD) | Rheumatology |
| Raval | Deena | Doctor of Osteopathic Medicine | Rheumatology |
| Said | Belal | Doctor of Medicine (MD) | Rheumatology |
| Atchison | Sean | Doctor of Osteopathic Medicine | Emergency Medicine |
| Bialas | Margaret | Doctor of Medicine (MD) | Emergency Medicine |
| Fosses Vuong | Michaelia | Doctor of Osteopathic Medicine | Emergency Medicine |
| Gibson | Mark | Doctor of Medicine (MD) | Emergency Medicine |
| Gilles | Maxime | Doctor of Medicine (MD) | Emergency Medicine |
| Kryza | Michael | Doctor of Medicine (MD) | Emergency Medicine |
| Shapiro | Jeremy | Doctor of Osteopathic Medicine | Emergency Medicine |
| Teague | David | Doctor of Medicine (MD) | Emergency Medicine |
| Thompson | John | Doctor of Medicine (MD) | Emergency Medicine |
| Williamson | John | Doctor of Osteopathic Medicine | Emergency Medicine |
| Wojdyla | Mark | Doctor of Medicine (MD) | Emergency Medicine |

EXHIBIT 4

Other Physicians and Providers with privileges at Morris Hospital Covered by this Policy

| Last Name | First Name | Degree | Specialty |
|-----------|------------|--------------------------------|--|
| Alshoubi | Abdalhai | Doctor of Medicine (MD) | Anesthesiology |
| Burches | Bobby | Doctor of Osteopathic Medicine | Anesthesiology |
| Casimir | Michael | Doctor of Medicine (MD) | Anesthesiology |
| Duong | Hai | Doctor of Medicine (MD) | Anesthesiology |
| Haridas | Pankaj | Doctor of Medicine (MD) | Anesthesiology |
| Liu | Daniel | Doctor of Medicine (MD) | Anesthesiology |
| Magbegor | Saint | Doctor of Medicine (MD) | Anesthesiology |
| Radden | Homer | Doctor of Medicine (MD) | Anesthesiology |
| Raja | Omar | Doctor of Medicine (MD) | Anesthesiology |
| Singh | Priti | Doctor of Medicine (MD) | Anesthesiology |
| Alazzam | Hia | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Aleman | Estela | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Anderson | Theresia | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Bermea | Daniel | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Brenart | Heather | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Bryant | Karen | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Budhwani | Laila | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Farcus | Matthew | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Giacalone | Deana | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Karim | Karim | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Khan | Wali | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Lauro | Lisa | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Nicholas | Olga | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Olsen | Kelly | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |

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|------------|-----------|--------------------------------|---|
| Schmidgall | Amanda | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Springer | Patrick | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Vitale | Jennifer | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Whitman | Melissa | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Williams | Cheryle | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Zenz | Julieanne | Certified Registered Nurse Ane | Certified Registered Nurse Anesthetist |
| Green | Alexander | Doctor of Medicine (MD) | Clinical Cardiac Electrophysiology |
| Wilson | Samantha | Nurse Practitioner (NP) | Family Nurse Practitioner |
| Rivers | Andi | Nurse Practitioner (NP) | Family Nurse Practitioner, Nurse Practitioner |
| Gundala | Srilata | Doctor of Medicine (MD) | Hematology & Medical Oncology |
| Gustafson | Ellen | Doctor of Medicine (MD) | Hematology & Oncology |
| Ali | Basil | Doctor of Medicine (MD) | Internal Medicine |
| Khan | Aftab | Doctor of Medicine (MD) | Internal Medicine |
| Mills | Sarah | Doctor of Osteopathic Medicine | Internal Medicine |
| Okafor | Kenosa | Doctor of Medicine (MD) | Internal Medicine |
| Patel | Nijal | Doctor of Medicine (MD) | Internal Medicine |
| Sharma | Navneesh | Doctor of Medicine (MD) | Internal Medicine |
| Trompeter | Susan | Doctor of Medicine (MD) | Internal Medicine |
| Newman | Kelsey | Certified Registered Nurse Ane | Nurse Anesthesiology, Certified Registered |
| Ryan | Jeffrey | Certified Registered Nurse Ane | Nurse Anesthesiology, Certified Registered |
| Carney | Joseph | Nurse Practitioner (NP) | Nurse Practitioner |
| Pertile | Joy | Nurse Practitioner (NP) | Nurse Practitioner |
| Rivara | Stacy | Nurse Practitioner (NP) | Nurse Practitioner |
| Rassouli | Majid | Doctor of Osteopathic Medicine | Ophthalmology |
| Marino | Angelo | Doctor of Optometry (OD) | Optometry |
| Ortiz | Timothy | Doctor of Optometry (OD) | Optometry |
| Kaleem | Zahid | Doctor of Medicine (MD) | Pathology - Anatomic/Pathology - Clinical |
| Bruno | Matthew | Physician Assistant (PA) | Physician Assistant |

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|-------------|------------|--------------------------|----------------------------------|
| Keener | Brenda | Physician Assistant (PA) | Physician Assistant |
| Olson-Geier | Kate-Lynn | Physician Assistant (PA) | Physician Assistant |
| Kiel | Krystyna | Doctor of Medicine (MD) | Radiology, Therapeutic Radiology |
| Katilius | Marius | Doctor of Medicine (MD) | Surgery (General Surgery) |
| Kokoszka | Joseph | Doctor of Medicine (MD) | Surgery (General Surgery) |
| Oswalt | Kristopher | Doctor of Medicine (MD) | Surgery (General Surgery) |
| Wojcik | Robert | Doctor of Medicine (MD) | Surgery (General Surgery) |
| Wu | Jonathan | Doctor of Medicine (MD) | Surgery (General Surgery) |
| Sarhan | Mohammad | Doctor of Medicine (MD) | Vascular Surgery |

EXHIBIT 5

Other Physicians and Providers Providing Care at Morris Hospital Not Covered by this Policy

| Last Name | First Name | Degree | Specialty |
|----------------|-------------|--------------------------------|--|
| Podraza | Adamina | Doctor of Medicine (MD) | Anesthesiology |
| Rogozinski | Thaddeus | Doctor of Medicine (MD) | Anesthesiology |
| Tanbonliong | Benedict | Doctor of Medicine (MD) | Anesthesiology |
| Jenkins | Cary | Doctor of Medicine (MD) | Dermatology |
| Zuberi | Meiraj | Doctor of Medicine (MD) | Endocrinology, Diabetes and Metabolism |
| Demask | John | Doctor of Osteopathic Medicine | Family Medicine |
| Jurak | Daniel | Doctor of Osteopathic Medicine | Family Medicine |
| Rotnicki | Richard | Doctor of Osteopathic Medicine | Gastroenterology |
| Lee | Choongkoon | Doctor of Medicine (MD) | Internal Medicine |
| Pedraza | Gustavo | Doctor of Medicine (MD) | Internal Medicine |
| Shahbain | Abdul Hamid | Doctor of Medicine (MD) | Internal Medicine |
| Kisiel | Beata | Doctor of Medicine (MD) | Internal Medicine, Nephrology |
| Ahmed | Naila | Doctor of Medicine (MD) | Nephrology |
| Gurfinchel | Aaron | Doctor of Medicine (MD) | Nephrology |
| McFadden | David | Doctor of Medicine (MD) | Nephrology |
| Nagarkatte | Preeti | Doctor of Medicine (MD) | Nephrology |
| Sharma | Ankur | Doctor of Medicine (MD) | Nephrology |
| DeWaele-Guzman | Lucinda | Nurse Practitioner (NP) | Nurse Practitioner |
| Dubik | Jayci | Nurse Practitioner (NP) | Nurse Practitioner |
| Durham | Trisha | Nurse Practitioner (NP) | Nurse Practitioner |
| Kammin | Evelyn | Nurse Practitioner (NP) | Nurse Practitioner |
| Rogers | Stacey | Nurse Practitioner (NP) | Nurse Practitioner |
| Gonzalez | Dawn | Nurse Practitioner (NP) | Nurse Practitioner, Family |
| Lelis | Eligijus | Doctor of Medicine (MD) | Ophthalmology |
| Bartindale | Matthew | Doctor of Medicine (MD) | Otolaryngology |
| Chung | Sung | Doctor of Medicine (MD) | Otolaryngology |
| DiVenere | Scott | Doctor of Medicine (MD) | Otolaryngology |
| Gartlan | Michael | Doctor of Medicine (MD) | Otolaryngology |
| Mehta | Rajeev | Doctor of Medicine (MD) | Otolaryngology |
| Patel | Ankit | Doctor of Medicine (MD) | Otolaryngology |
| Weishaar | Jeffrey | Doctor of Medicine (MD) | Otolaryngology, Head And Neck Surgery |
| Estilo | Maria | Doctor of Medicine (MD) | Pain Medicine, Pain Medicine |
| Khan | Farooq | Doctor of Medicine (MD) | Pain Medicine, Pain Medicine |
| Rehman | Atiq | Doctor of Medicine (MD) | Pain Medicine, Pain Medicine |
| Yano | Shingo | Doctor of Medicine (MD) | Pain Medicine, Pain Medicine |
| Muangmingsuk | Sunthorn | Doctor of Medicine (MD) | Pediatric Cardiology |

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|----------|----------|--------------------------------|------------------------------------|
| Saroli | Tania | Doctor of Medicine (MD) | Pediatric Cardiology |
| Siddiqui | Saad | Doctor of Medicine (MD) | Pediatric Cardiology |
| Johnson | Richard | Doctor of Medicine (MD) | Pediatrics |
| Hung | Ming | Doctor of Medicine (MD) | Physical Medicine & Rehabilitation |
| Alvarado | Alexis | Physician Assistant (PA) | Physician Assistant |
| Burt | Tripti | Doctor of Medicine (MD) | Plastic Surgery |
| Will | Neena | Doctor of Medicine (MD) | Plastic Surgery |
| Fox | Howard | Doctor of Podiatric Medicine (| Podiatry |
| MacNab | Robert | Doctor of Podiatric Medicine (| Podiatry |
| Rappette | Thomas | Doctor of Podiatric Medicine (| Podiatry |
| Agha | Ahmad | Doctor of Medicine (MD) | Pulmonary Disease |
| Farag | Mitchell | Doctor of Medicine (MD) | Radiology, General |
| Isa | Furquaan | Doctor of Medicine (MD) | Radiology, General |
| Jachec | Michael | Doctor of Medicine (MD) | Radiology, General |
| Johanek | Andrew | Doctor of Osteopathic Medicine | Radiology, General |
| Patel | Biren | Doctor of Medicine (MD) | Radiology, General |
| Symanski | Richard | Doctor of Osteopathic Medicine | Radiology, General |

Exhibit 6

Plain-Language Summary of Financial Assistance Policy

Morris Hospital & Healthcare Centers will provide emergency and medically necessary healthcare services for free or at discounted rates to patients who are uninsured or have limited insurance available. Generally speaking, patients eligible for discounted charges must have family incomes under 600% of the Federal Poverty Guidelines, while patients eligible for free care must have family incomes under 200% of the Federal Poverty Guidelines. Financial assistance may also be available in other limited circumstances, depending on the size of the patient's medical bills and whether the patient meets certain other criteria for eligibility.

Patients seeking financial assistance may apply by completing a Financial Assistance Application. Copies of the Financial Assistance Application, as well as Morris Hospital & Healthcare Centers' Financial Assistance Policy and Billing and Collection Policy, are available at <https://www.morrishospital.org/financialassistanceapplication>. Patients may also request free copies of the Financial Assistance Application and the foregoing policies by mail, by calling (815)942-2932, or may obtain free copies in person at the Morris Hospital Patient Accounting Office, 150 W. High St., Morris, IL (First Floor). The Financial Assistance Application and the foregoing policies (as well as this plain-language summary) are available in both English and Spanish.

Completed Financial Assistance Applications should be submitted to Morris Hospital & Healthcare Centers, Attn: Patient Accounting Office, 150 W. High St., Morris, IL 60450. Applications may be delivered in person to the Patient Accounting Office (First Floor of Hospital) or to the Patient Registration Desk at any of the Healthcare Centers. Applications also may be sent by U.S. mail to the address indicated above, or e-mailed to financialassistance@morrishospital.org.

Persons seeking more information or needing assistance in completing the Financial Assistance Application may contact one of Morris Hospital & Healthcare Centers' trained Financial Service Representatives in the Patient Accounting Office at (815)942-2932.

A patient qualifying for financial assistance under Morris Hospital & Healthcare Centers' Financial Assistance Policy with respect to emergency or medically necessary care will not be charged more than the amounts generally billed by Morris Hospital & Healthcare Centers for the same services to individuals who have insurance covering such care.

Exhibit 7

| Location Name | Address | City | State | Zip |
|--|-----------------------------|------------|-------|-------|
| Braidwood Healthcare Center of Morris Hospital - Primary | 389 E. Main St. | Braidwood | IL | 60408 |
| Channahon Healthcare Center of Morris Hospital - Primary | 25259 Reed St. | Channahon | IL | 60410 |
| Channahon Healthcare Center of Morris Hospital - Rheumatology | 25259 Reed St. | Channahon | IL | 60410 |
| Channahon Healthcare Center of Morris Hospital - Neurology | 25259 Reed St. | Channahon | IL | 60410 |
| Channahon Healthcare Center of Morris Hospital - Endocrinology | 25259 Reed St. | Channahon | IL | 60410 |
| Morris Hospital Ridge Road Campus - Immediate Care/Occ Med | 27240 W. Saxony Drive | Channahon | IL | 60410 |
| Morris Hospital Ridge Road Campus - Primary | 27240 W. Saxony Dr., #201 | Channahon | IL | 60410 |
| Morris Hospital Ridge Road Campus - Allergy | 27240 W. Saxony Dr., #203 | Channahon | IL | 60410 |
| Morris Hospital Diamond - Coal City Campus - Convenient Care/Occ Med | 1450 East Division St | Diamond | IL | 60416 |
| Morris Hospital Diamond - Coal City Campus - Primary | 1450 East Division St | Diamond | IL | 60416 |
| Dwight Healthcare Center of Morris Hospital - Primary | 101 S. Prairie Ave. | Dwight | IL | 60420 |
| Gardner Healthcare Center of Morris Hospital - Primary | 409 N Route 53 | Gardner | IL | 60424 |
| Marseilles Healthcare Center of Morris Hospital - Primary | 580 Sycamore St | Marseilles | IL | 61341 |
| Marseilles Healthcare Center of Morris Hospital - Pediatrics | 580 Sycamore St | Marseilles | IL | 61341 |
| Mazon Healthcare Center of Morris Hospital - Primary | 522 Depot St. | Mazon | IL | 60444 |
| Minooka Healthcare Center of Morris Hospital - Primary | 603 W Mondamin St | Minooka | IL | 60447 |
| Morris Healthcare Center of Morris Hospital - Rheumatology/Endocrinology | 1345 N Edwards St., Suite 1 | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - Primary | 1345 N Edwards St., Suite 2 | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - Primary | 1345 N Edwards St., Suite 3 | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - Infectious Disease (at 948 W.Rt 6) | 425 E US Rt. 6 - Suite A | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - Primary (at 948 W Rt.6) | 425 E US Rt. 6 - Suite B | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - Primary | 1300 W. Dresden Drive | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - Primary | 1499 Lakewood Dr. Suite C | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - YMCA - Cardiology/Orthopedics | 2200 W. Dupont Ave. | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - YMCA - Rehab Services | 2200 W. Dupont Ave. | Morris | IL | 60450 |
| Morris Healthcare Center of Morris Hospital - Primary (Bolden & Khan temp. | 948 W US Rt. 6 | Morris | IL | 60450 |
| Morris Hospital Obstetrics & Gynecology Specialists - Morris | 237 W. Waverly St. | Morris | IL | 60450 |

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|--|-----------------------------------|------------|----|-------|
| Morris Hospital Obstetrics & Gynecology Specialists - Ottawa | 1300 Starfire Dr. | Ottawa | IL | 61350 |
| Morris Hospital Obstetrics & Gynecology Specialists - Ridge Road | 27240 W. Saxony Dr., Suite 202 | Channahon | IL | 60410 |
| Morris Hospital Obstetrics & Gynecology Specialists - Diamond | 1450 East Division St | Diamond | IL | 60416 |
| Morris Hospital Cardiovascular Specialists - Morris | 151 W. High St. (Lower Level) | Morris | IL | 60450 |
| Morris Hospital Cardiovascular Specialists - Morris | 2200 W. Dupont Ave | Morris | IL | 60450 |
| Morris Hospital Cardiovascular Specialists - Dwight | 101 S. Prairie Ave. | Dwight | IL | 60420 |
| Morris Hospital Cardiovascular Specialists - Ottawa | 1703 Polaris Circle, Suite 1 | Ottawa | IL | 61350 |
| Morris Hospital Cardiovascular Specialists - Ridge Road | 27240 W. Saxony Dr., #203 | Channahon | IL | 60410 |
| Morris Hospital Pediatrics - Ottawa | 1306 Gemini Circle Suite 1 | Ottawa | IL | 61350 |
| Morris Hospital Pediatrics - Diamond - Coal City | 1450 East Division St | Diamond | IL | 60416 |
| Morris Hospital Pediatrics - Marseilles | 580 Sycamore St | Marseilles | IL | 61341 |
| Morris Hospital Pediatricis - Morris | 151 W. High St, First Floor | Morris | IL | 60450 |
| Morris Hospital Neurology Specialists | 1802 North Division St. #703 | Morris | IL | 60450 |
| Morris Hospital Ottawa Campus - Primary | 1306 Gemini Circle, Suite 1 | Ottawa | IL | 61350 |
| Newark Healthcare Center of Morris Hospital - Primary | 5 N. Johnson St. | Newark | IL | 60451 |
| Diagnostic & Rehabilitative Center of Morris Hospital IMC/OccMed | 100 Gore Rd. | Morris | IL | 60450 |
| Diagnostic & Rehabilitative Center of Morris Hospital - Rehab (moved 12/16/24) | 100 Gore Rd. | Morris | IL | 60450 |
| Radiation Therapy Center of Morris Hospital | 1600 West US Rt. 6 | Morris | IL | 60450 |
| Seneca Healthcare Center of Morris Hospital - Primary | 271 N. Main St | Seneca | IL | 61360 |
| Morris Hospital (Main Campus) | 150 W High St | Morris | IL | 60450 |
| Morris Hospital Orthopedics - Diamond - Coal City | 1450 East Division St | Diamond | IL | 60416 |
| Morris Hospital Orthopedics & Rehab - Joliet | 1310 & 1312 Houbolt Road | Joliet | IL | 60431 |
| Morris Hospital Orthopedics & Rehab - Ottawa | 1306 Gemini Circle Suite 1 & 2 | Ottawa | IL | 61350 |
| Morris Hospital Orthopedics & Rehab - Morris | 1051 West US Rt 6 -Ste. 100 & 400 | Morris | IL | 60450 |
| Morris Hospital Orthopedics & Rehab - Morris | 2200 W. Dupont Ave. | Morris | IL | 60450 |