



ST. ANTHONY REGIONAL HOSPITAL & NURSING HOME

FINANCIAL APPLICATION | CARES PROGRAM

What do I need to do?

1. Complete this application & return required information to the Patient Finance Department at St Anthony Regional Hospital, P.O. Box 628, Carroll, Iowa 51401
2. Apply for Medicaid for every individual that is applying for the financial assistance program and return the Notice of Action letter to us when you receive it (this normally takes 30-45 days to receive) www.dhs.iowa.gov
3. Include a copy of last year's Complete Federal Tax Return including all Schedule's and Forms for yourself and all adults living in your home. If you did not file income taxes provide the last 3 months' worth of pay stubs for everyone in the household earning income. If anyone in the household is working and receiving cash payment a letter stating the amount of cash paid and the frequency paid is required from the payer.

Please direct any questions to: (712)794-5233

Demographics:

First Name: _____ Middle: _____ Last: _____

Spouse Name: _____ Middle: _____ Last: _____

Your Social Security #: _____ Spouse's Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Additional Phone Number: _____

Please list all people living in your home. (Start with yourself) Please consider applying for all family members at this time as your application will be good for 1 year.

Name	Relation	Birth Date	Are you applying for this person?	
_____	SELF	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO

Income (List all income received by the adults living in your home. Include income from work, self-employment, social security, veteran's benefits, unemployment insurance, child support, worker's compensation, retirement, IPERS, pensions, civil service, cash from family or friends)

You must provide along with your completed application a copy of last year's Complete Federal Tax Return, including any schedules and forms that provide details of income. If you did not file taxes, a copy of the last three (3) months' worth of paystubs, social security income, disability income or any other income your household receives will be sufficient. If anyone in the household is working and receiving cash payment a letter stating the amount of cash paid and the frequency paid is required from the payer.

Person who receives money	Employer or source of income	Gross Pay	How often are you paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health Insurance Information

Do you have health insurance? YES NO

If YES, is your health insurance obtained through your employer? _____

Name of Employer: _____

Policy Holder Name: _____ Policy Number: _____

PLEASE READ AND SIGN BELOW

I understand that I assume full responsibility of the accuracy of the statements on this form, and I understand that St Anthony Regional Hospital will use these statements to determine my eligibility for the CARES program. If any information changes, it is my responsibility to report such changes. I further understand that any false representations or false claims, statements, or documents or concealments of any material fact may result in the immediate termination of any financial assistance granted to me or my family and that I will be liable to repay all amounts of financial assistance previously provided to me.

I certify that the information given on this application and any attached supporting document is accurate and complete to the best of my ability. I authorize St Anthony Regional Hospital/Clinic to investigate in reviewing my application for financial assistance.

By signing this form I acknowledge that I have read and agree to the St Anthony Regional Hospital Financial Assistance Policy and all of the requirements and guidelines.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

FOR OFFICE USE ONLY: DUE: _____ RCVD: _____ APPROVED ON: _____ Revised 07/01/2023

FINANCIAL ASSISTANCE POLICY

POLICY: St. Anthony Regional Hospital & Nursing Home strives to serve the needs of all patients regardless of their ability to pay. We are committed to treating all patients with equity, dignity and compassion. St. Anthony Regional Hospital will assist all patients in receiving available resources for payment of services. When such resources are not available, patients are eligible to apply for financial assistance through the St. Anthony CARES Program.

SCOPE: St. Anthony Regional Hospital and Nursing Home is under the umbrella of one tax identification number and is a 501(C) (3) tax-exempt facility.

PRINCIPLES: As charitable tax-exempt organizations under Internal Revenue Code (IRC) Section 501(C) (3), St. Anthony Regional Hospital will not deny any patient medical care due to their inability to pay for those healthcare services. In return, patients have a responsibility to acquire insurance coverage and pay for a portion of their healthcare services and St. Anthony Regional Hospital has the duty to seek payment from patients.

Pursuant to Internal Revenue Code Section 501(r), in order to remain tax-exempt, St. Anthony Regional Hospital is required to adopt and widely publicize its financial assistance policy (FAP).

The purpose of this policy is to outline the circumstances under which St. Anthony Regional Hospital will provide discounted care to financially needy patients.

DEFINITIONS:

1. Patients. Includes either the patient and/or patient's guarantor.
2. Hospital. Includes all entities providing healthcare on behalf of St. Anthony Regional Hospital and Clinics.
3. Emergency Medical Care. Defined by EMTALA as a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs. This includes pregnant women with an emergency condition must be treated until delivery is complete, unless a transfer under the statute is appropriate.
4. Medically Necessary Care. Healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or symptoms that meet accepted standards of medicine.
5. Financial Assistance. The CARES Program is the Financial Assistance Policy (FAP) at St. Anthony Regional Hospital whereby patients can apply for assistance to satisfy their healthcare responsibilities.
6. Plain Language Summary. A document that is easy to read and understand and summarizes the St. Anthony CARES Program and the application process.

FINANCIAL ASSISTANCE POLICY

7. CARES-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.
8. Allowed Amounts. Maximum amount of payment for covered healthcare services.
9. Amounts Generally Billed to Individuals who have Insurance (AGB). A method used by Hospitals to calculate Amounts Generally Billed to Individuals who have Insurance in this policy.
 - a. The current AGB amounts for St. Anthony Regional Hospital is attached as Schedule A to this policy. The AGB amounts will be updated annually.
10. Post-Discharge Billing Statement. The first billing statement sent to the patient after services are rendered and the patient has been discharged.
11. Application Period. The period in which St. Anthony Regional Hospital must accept and process financial assistance applications. This process begins on the date care is provided and ends the 240th day after the first post-discharge billing statement or can also be the deadline indicated by the Hospital for the application deadline or the deadline for providing additional information.
12. Reasonable Efforts. The following are considered reasonable efforts by St. Anthony Regional Hospital:
 - a. Giving reasonable time to apply for assistance prior to starting ECAs.
 - b. Following rules for completed FAP applications submitted within 240 days of first post-discharge billing statement
 - c. If there is an incomplete application within 240 days of the first post-discharge billing statement, St. Anthony Regional Hospital will suspend any ECAs and notify the individual of how to complete the application and give a reasonable time to respond.
 - d. If there is a complete application within 240 days of the first post-discharge billing statement, St. Anthony Regional Hospital will suspend any ECAs and notify the individual of eligibility and updated billing statements.
 - e. If a FAP application is filed with St. Anthony Regional Hospital on or close to the deadline, the application will be processed on an expedited basis.
 - f. Notification will be sent to patients 30 days prior to initiating any ECAs.

ELIGIBILITY FOR FINANCIAL ASSISTANCE: Financial assistance is available for all patients who receive required medical services including emergency medical care and medically necessary care. Financial assistance shall be based on the following guidelines, unless subject to conflicting state law requirements.

CARES-Eligible Patients who are below 400% of the current Federal Poverty Income Guidelines (FPLG) may be CARES-Eligible. CARES-Eligible Patients will not be billed for more than the Amounts Generally Billed to Patients who have insurance.

FINANCIAL ASSISTANCE POLICY

St. Anthony Regional Hospital bills will be further reduced by amounts for patients in each FPIG category as shown in Schedule B.

Household income will be considered in determining whether a patient is eligible for assistance. A household includes but is not limited to the following: Traditional married couples, children (biological, step or adoption), couples living together (Married or couples living together requires that the parties present as a couple and share expenses, whether same sex or male/female), and roommates. Family size and household consists of all persons who occupy a housing unit, whether they are related to each other or not.

For the purposes of the CARES program, income refers to all cash receipts before taxes from all sources. It includes wage and salaries before deductions, receipts from self-employment, business, farm, public assistance, social security, unemployment, workman's compensation, veterans benefits, alimony, child support, military family allotments, pensions, grants, fellowships, assistantships, gambling and lottery winnings. The above lists examples of income and is not all inclusive.

In addition to household income, the Hospital will consider the extent to which the patient's household has assets that could be used to meet his or her financial obligation. Assets may include, but are not limited to, cash, savings and checking accounts, certificates of deposit, stocks and bonds, individual retirement accounts (IRAs), trust funds, real estate (excluding the patient's home) and motor vehicles. The Hospital will also take into account any liabilities that are the responsibility of the patient's household.

To relieve the stress related to financial burdens, families with a medical catastrophe with self-pay balances greater than 20 percent of their annual household income in one calendar year may be eligible for substantial discounts.

COMMUNICATING FINANCIAL ASSISTANCE INFORMATION: St. Anthony Regional Hospital will communicate the availability of the CARES program to all patients and within the community. Copies of the financial assistance policy (FAP), CARES application and Plain Language Summary will be available by mail, on the St. Anthony Regional Hospital & Nursing Home website and in person at the Patient Finance department.

The Patient Finance department is available by phone at (712) 794-5233 to answer questions about the policy or the patients can visit the department on the 1st Floor of the Hospital.

St. Anthony Regional Hospital will develop a Plain Language Summary of this policy.

1. The Plain Language Summary will be available by mail, on the St. Anthony Regional Hospital & Nursing Home website and in person at the Patient Finance department.
2. The Plain Language Summary will be offered as part of the patient intake and/or discharge process.
3. The Plain Language Summary must be included when a patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. St. Anthony Regional Hospital Billing and Collections Policy contains additional detail about billing and collection practices

FINANCIAL ASSISTANCE POLICY

and may be obtained at the Patient Finance department and on the St. Anthony Regional Hospital & Nursing Home website.

This Financial Assistance Policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency (LEP) populations represent the lesser of 1,000 persons or more than 5% of the community served by the Hospital. These translated documents will be available by mail, on St. Anthony Regional Hospital & Nursing Home website and in person at the Patient Finance department.

These notices and documents may be provided electronically.

FINANCIAL ASSISTANCE POLICY GUIDELINES: St. Anthony Regional Hospital will provide reasonable options for patients who are making a good faith effort to pay their bills, however, patients are expected to pay the amounts due for healthcare services received and collection will be part of the process, if indicated.

Reasonable efforts will be extended to patients to make them aware of the CARES Program (St. Anthony Regional Hospital Financial Assistance Policy) and the process for applying. No Extraordinary Collection Actions (ECAs) will be put in place prior to exhausting the financial assistance policy (FAP) first.

Reasonable Efforts include all of the following actions by St. Anthony Regional Hospital:

1. Providing written notice to the patient on their billing statements from the payment processor that Financial Assistance is available.
2. Making a determination regarding Financial Assistance eligibility if the patient submits a complete CARES application during the Application Period.
3. Notifying a patient who submits an incomplete CARES application about how to complete it properly, and giving the patient a reasonable opportunity to do so. The Hospital must provide this notification in writing and must provide contact information for resources in assisting the patient with completing the CARES application.
4. Providing a Plain Language Summary identifying the ECAs that the Hospital may take if needed, and stating a deadline after which ECAs may be initiated that is no earlier than 30 days after the date when the written notice is provided.

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE:

1. Patient Applies for Insurance Coverage or Seeks Third-Party Responsibility. In order to be considered for the financial assistance, the patient must also furnish information to identify other financial resources that may be available to pay for the patient's healthcare, such as health insurance, Medicaid, Medicare, third-party liability, etc.

FINANCIAL ASSISTANCE POLICY

2. Patient Must Complete the CARES Application. To be considered for financial assistance, the patient must furnish the Hospital with a completed CARES application and required supporting documentation. The application may be considered using information that is collected in writing, orally or through a combination of both.
 - a. If a CARES application is completed and the Hospital believes that the patient may qualify for Medicaid, the Hospital may postpone making an eligibility determination until after the patient applies for Medicaid and a Medicaid determination is presented to the Hospital. An additional deadline will be extended for this circumstance.
 - b. If a patient submits a complete CARES application at any time within the Application Period, then the ECAs will be suspended and the application will be processed.
 - c. In the event of an incomplete CARES application within the Application Period, no ECAs are attempted until either of the following are fulfilled:
 - i. The patient completes the CARES application and St. Anthony Regional Hospital determines whether the patient is eligible.
 - ii. The patient fails to return the completed CARES application within the 240 days from the first post-discharge billing statement or the deadline provided to the patient in their notice.
 1. St. Anthony Regional Hospital may initiate ECAs if the patient has not submitted a complete CARES application within 240 days from the date of first post-discharge billing statement and if reasonable efforts have been met.
3. Patient Notified of Eligibility. After receiving the patient's financial information, the Hospital will notify the patient of his/her eligibility determination within a reasonable period of time.
 - a. If after processing the CARES application, the patient does not qualify, the Hospital will provide a written notice to the patient explaining their disqualification. The patient will be billed for the amounts due through our payment processor.
 - b. If the patient does not initially qualify for financial assistance, the patient may reapply if there is a change in income, assets or family responsibilities.
 - c. For patients who have multiple episodes of care at St. Anthony Regional Hospital and Clinics, we may satisfy the notification requirements under this policy simultaneously. If St. Anthony Regional Hospital aggregates a patient's outstanding bills for multiple episodes of care, it may not initiate the ECA until after the Application Period for the most recent episode of care has been met.
4. Discounts are Applied. The amounts generally billed (AGB) discount will be applied first (if applicable) and then the CARES discount. The patient will be billed for any remaining balance through our payment processor.
 - a. If the patient qualifies for financial assistance after payments have been made, refunds of any payments in excess of the amounts generally billed (AGB) discount and the CARES discount will be owed and refunded to the patient as long as the total amount due to the patient is more than five dollars.

FINANCIAL ASSISTANCE POLICY

5. CARES-Eligible Patients Responsibilities. A CARES-Eligible patient must cooperate with the Hospital to establish a reasonable payment plan that takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.
 - a. A CARES-Eligible patient must make a good faith effort to honor the payment plans. The patient is responsible for communicating any change in his/her financial situation that may impact his/her ability to pay the discounted healthcare bills or to honor the provisions of any payment plans.

**SCHEDULE A
AMOUNTS GENERALLY BILLED (AGB)**

Basis for calculating charges for persons who qualify for the CARES Program is as follows:

Individuals who qualify for financial assistance through the CARES Program may not be charged more than the amounts generally billed to individuals who have insurance coverage for such care, "AGB". The AGB adjustment is not applied to accounts when qualification for financial assistance are not met.

To determine the AGB, St. Anthony Regional Hospital uses the look back method for this calculation and is as follows:

- AGB % is equal to the sum of all claims allowed by Medicare during the prior 12-month period divided by the sum of gross charges for the same claims.
- AGB % is calculated annually using the 12-month prior period and the new rate would be effective upon the first date of the hospital's fiscal calendar, or July 1st of each year.
- AGB calculation: Total charges x AGB % = what patient can be billed
- What patient can be billed + what insurance pays = total to be collected
- Total adjustment from charges = total charges – total to be collected – insurance contractual = AGB adjustment

In the event that the individual has paid on accounts that become eligible for the CARE Program, the AGB will be applied and refund made to the individual.

2023 AGB % is 58%

Eligibility for financial assistance is based on services that are medically necessary and NOT elective procedures.

- Medically necessary procedures are health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.
- Elective services in medicine, is something chosen (elected). An elective procedure is one that is chosen (elected) by the patient or physician that is advantageous to the patient but is not urgent.

**SCHEDULE B
2023 CARES PROGRAM ANNUAL GUIDELINES**

Percent of Poverty					
Family Size	<200%	201-250%	251-300%	301-400%	> 400%
1	\$29,160	\$36,450	\$43,740	\$58,320	
2	\$39,440	\$49,300	\$59,160	\$78,880	
3	\$49,720	\$62,150	\$74,580	\$99,440	
4	\$60,000	\$75,000	\$90,000	\$120,000	
5	\$70,280	\$87,850	\$105,420	\$140,560	
6	\$80,560	\$100,700	\$120,840	\$161,120	
7	\$90,840	\$113,550	\$136,260	\$181,680	
8	\$101,120	\$126,400	\$151,680	\$202,240	
For families with more than 8 persons add \$5,140 for each additional person					
Percent Paid by CARES Program					
	AGB + 100%	AGB + 65%	AGB + 45%	AGB + 10%	AGB Only

Providers Professional Charges Eligible for Financial Assistance		
Provider Name	Degree	Department
Adams, Debra	ARNP	SARH CHRONIC CARE
Aden, Jeff	PT	SARH REHAB SERVICES
Akerson, Marie	CRNA	ANESTHESIA- LOCUM
Althaus, Adam	MD	SURGERY- SIOUXLAND UROLOGY
Anderson, Eric	CRNA	ANESTHESIA- LOCUM
Bassandeh, Damiun T.	CRNA	ANESTHESIA- LOCUM
Behrens, Corrine	CRNA	ANESTHESIA- LOCUM
Behrens, Robert J.	MD	ONCO/HEMATO - Cancer Care Center of IA
Boes, Brian	MD	NEUROLOGY - SARH
Boldt, Barbara	PA-C	FAMILY MED- SARH
Borkowski, Jessica	ARNP	FAMILY MED- SARH
Brosh, Melinda	CRNA	ANESTHESIA- SARH
Calek, Genev	CRNA	ANESTHESIA- LOCUM
Canuso, Amy A.	DO	PSYCHIATRY-SARH
Cayler, Sandy	ARNP	SARH MENTAL HEALTH
Coffey, Danielle	DO	FAMILY MED- SARH
Comes, Julie	ARNP	CANCER CARE CENTER
Cooley, Jennifer	CRNA	ANESTHESIA- LOCUM
Crampton, Jacqueline(Jackie)	ARNP	FAMILY MED- SARH
Danner, Tanya	RNFA	SARH OR
Delaney, Dustin	CRNA	ANESTHESIA- LOCUM
Dentlinger, Sheila	PT	SARH REHAB SERVICES
Dirkx, Michael	DO	ORTHOPEDICS- LOCUM
Diehl, Shelley B.	PA-C	FAMILY MED-SARH
Dumstorff, Brian	CRNA	ANESTHESIA- LOCUM
Erickson, Cindy	RNFA	SARH OR
Esdohr, Cassie A.	PA-C	FAMILY MED- SARH
Feltoon,Arnold	MD	ED- ACUTE CARE
Goding, Richard B.	MD	ORTHO
Goldstein, Steven	DO	SURGERY - LOCUM
Goodall, Shawn	MD	ED- ACUTE CARE
Hagen, Jedd A.	MD	PATHOLOGY- SARH
Hanson, Christopher M.	CRNA	ANESTHESIA - LOCUM
Hanson, Glen D.	MD	ED - ACUTE CARE
Hayworth, Nicole (Colee) I.	CRNA	ANESTHESIA - SARH
Heim, Michelle L.	DO	ED - ACUTE CARE
Hess, Randal O.	MD	RADIATION ONCOLOGY
Hildreth, Patty E.	ARNP	SARH MENTAL HEALTH - INDEPENDENT
Hinzmann, Zak	CRNA	SARH ANESTHESIA
Hoffman, Scott	DO	ED- ACUTE CARE
Holloway, Veronica	ARNP	SARH - MENTAL HEALTH - INDEPENDENT
Hulsing, Tammy		SARH SPEECH THERAPIST
Janniung, Cassandra	DPT	SARH REHAB SERVICES
Johnson, Jeremy	CRNA	ANESTHESIA- LOCUM
Johnson, Marcia	CRNA	ANESTHESIA- LOCUM
Kalenak, Alexander	MD	ED- ACUTE CARE
Kim, Yeop Reeo	MD	ED - ACUTE CARE
Kleinmeyer, Misty	CRNA	SARH ANESTHESIA
Koenig, David J.	MD	ED- ACUTE CARE

Koster, Karen	PT	SARH REHAB SERVICES
Kroeger, Michelle M.	ARNP	FAMILY MED- SARH
Landon, Mikala	ARNP	SARH MENTAL HEALTH
Lapke, Steven	MD	ED - ACUTE CARE
Lechtenberg, Leah		SARH SPEECH PATHOLOGIST
Lihs, Jason	CRNA	ANESTHESIA- LOCUM
Lukenbill, Joshua	DO	ONCO/HEMATO - Cancer Care Center of IA
Mehlhoff, Corey L.	CRNA	ANESTHESIA- SARH
Mikkelsen, Baylen		SARH SPEECH THERAPIST
Murray, Jillianne	DO	FAMILY MEDICINE - SARH
Nystrom, David P.	DO	ED - ACUTE CARE
Obman, Jeni	PT	SARH REHAB SERVICES
Ogoti, Victor	CRNA	SARH ANESTHESIA
Osborn, Delaney	MD	FAMILY MED- SARH
Piper, James	CRNA	ANESTHESIA- LOCUM
Pogge, Lindsey	DO	FAMILY MED- SARH
Pretorius, Richard	MD	ED- ACUTE CARE
Ruzicka, David L.	DO	ED- ACUTE CARE
Schroeder, DeRae A.	ARNP	FAMILY MED
Smith, Christina L.	CRNA	ANESTHESIA- LOCUM
Smith, Sinjin	CRNA	SARH ANESTHESIA
Steen, James	MD	ED- ACUTE CARE
Svensson, Charles H.	MD	OBGYN- SARH
Tessier, Joshua	DO	ED- ACUTE CARE
Todd, Stacey	CRNA	ANESTHESIA- LOCUM
Vogl, Cara E.	ARNP	CHRONIC CARE CENTER- SARH
Wanninger, Sheri	PT	SARH REHAB SERVICES
Wegehaupt, Daniel	CRNA	ANESTHESIA- LOCUM
Westberg, Mark W.	MD	ONCO/HEMATO - CANCER CENTER OF IA
Whalen, Charlie	PT	SARH REHAB SERVICES
Wittrock, MacKenzie	SLP	SARH REHAB SERVICES
Woerdehoff, Chris	PT	SARH REHAB SERVICES
Woods, Benjamin	MD	ED- ACUTE CARE

Providers Professional Charges Not Eligible for Financial Assistance		
Abraham, Mark	MD	SURGERY- MCFARLAND
Becker, Robert	MD	RADIOLOGY-IOWA RADIOLOGY
Behrens, Abigail L.	ARNP	DERMATOLOGY - RADIANT COMPLEXIONS
Bogue, Christopher	DDS	DENTIST - CARROLL DENTAL CLINIC
Brimeyer, Ryan	DO	PULMONOLOGY - THE IOWA CLINIC
Buchsbaum, Bruce	MD	NEPHROLOGY - IOWA KIDNEY
Buck, Cindy	DA	DENTAL ASSISTANT - FANGMAN
Carbajal, Scott A.	MD	RADIOLOGY - IOWA RADIOLOGY
Carroll, Joy N.	MD	OPHTHALMOLOGY - McFarland Clinic
Cheney, Ronald	DO	SURGERY - STEWART MEMORIAL
Choi, James J.	MD	RADIOLOGY - IOWA RADIOLOGY
Clinton, Michelle	COA	WOLFE EYE CLINIC
Crawley, Daniel S. (IV)	MD	SURGERY - PRN
Cummings, Nicole M.	DO	FAMILY MED - MCFARLAND
Dang, Daniella P	MD	RADIATION ONCOLOGY- LOCUM
Degen, Elizabeth	RVT	CARDIOLOGY - IOWA HEART CENTER

Dryden, Meredith	MD	FAMILY MED - MCFARLAND
Dvorak, Samuel C.	MD	FAMILY MED - MCFARLAND
Essenmacher, Alex	MD	RADIOLOGY - IOWA RADIOLOGY
Evans, John	MD	FAMILY MED - MCFARLAND
Fangman, Nicholas	DDS	DENTIST - CARROLL DENTAL ASSOCIATES
Feigofsky, Suzanne A.	MD	CARDIOLOGY - IOWA HEART CENTER
Grandbois, Lindsey L.	DO	RADIOLOGY - IOWA RADIOLOGY
Greenlee, Abby	ARNP	MCFARLAND
Heilskov, Todd W.	MD	IOWA RETINA CONSULTANTS
Hermesen, Jean D.	DO	ENT - MCFARLAND
Hill, Zachary	DO	RADIOLOGY- IOWA RADIOLOGY
Hilpipe, Nicholas L	MD	RADIOLOGY - IOWA RADIOLOGY
Hircock, Taylor	MD	FAMILY MED- MCFARLAND
Holdsworth, Ryan L.	MD	RADIOLOGY - IOWA RADIOLOGY
Hurlbut, Aaron C.	MD	RADIOLOGY - IOWA RADIOLOGY
Jabour, Paul A.	MD	RADIOLOGY - IOWA RADIOLOGY
Jacobs, James H.	MD	RADIOLOGY - IOWA RADIOLOGY
Jensen, Eric P.	DPM	PODIATRY - MCFARLAND
Julian, Mark	DO	RADIOLOGY - IOWA RADIOLOGY
Karibo, Rory R.	DO	RADIOLOGY - IOWA RADIOLOGY
Kaufman, Olaf	MD	RADIOLOGY - IOWA RADIOLOGY
Keller, Paul L.	MD	RADIOLOGY - IOWA RADIOLOGY
King, Bradley	DO	RADIOLOGY - IOWA RADIOLOGY
Kliwer, Bradley	DO	RADIOLOGY - IOWA RADIOLOGY
Klocke, Ross	DO	FAMILY MED- MCFARLAND
Korreck, Garrett	MD	UROLOGY - MCFARLAND
Lacey, David L.	MD	RADIOLOGY - IOWA RADIOLOGY
Liudahl, Adam A.	MD	RADIOLOGY - IOWA RADIOLOGY
Luebbert, Eric E.	DO	RADIOLOGY - INDEPENDENT (Does back-up for IA Radio)
Magill, David	MD	RADIOLOGY - IOWA RADIOLOGY
Mallen, James	DO	PULMONOLOGY - THE IOWA CLINIC
McCracken, Jenna	MD	PATHOLOGY - IOWA PATHOLOGY
McLaws, Douglas G.	DO	FAMILY MED - MANNING
Melssen, LeeAnn	CS	CARDIOLOGY - IOWA HEART CENTER
Menzel, Richard (Ryan) R.	MD	RADIOLOGY - IOWA RADIOLOGY
Mescher, Shelby	ARNP	CARDIOLOGY - IOWA HEART CENTER
Meyer, James C	DO	PULMONOLOGY - TRIMARK
Miller, Marc	DO	SURGERY - UNITYPOINT
Mitsunaga, Myles M.	MD	RADIOLOGY- IOWA RADIOLOGY
Mohr, Jason	DO	PULMONOLOGY - THE IOWA CLINIC
Moore, David	MD	NEUROLOGY- MCFARLAND
Muhlbauer, Ericka	MD	FAMILY MED- MCFARLAND
Myneni, Gopika	MD	RADIOLOGY - IOWA RADIOLOGY
Nanavati, Arani D.	MD	NEPHROLOGY - IOWA KIDNEY
Pelleymounter, Jamie L.	CS	CARDIOLOGY - IOWA HEART CENTER
Perkins, Greg L.	MD	FAMILY MED - MCFARLAND
Potthoff, Staci	DA	DENTIST - CARROLL DENTAL CLINIC
Quam, Carly M.	DO	FAMILY MED- MCFARLAND
Quam, Shaun S.	DO	ED (ACUTE CARE) AND FAMILY MED- MCFARLAND
Rapleye, Jeffrey	MD	RADIOLOGY - IOWA RADIOLOGY
Riebe, Blake S.	DO	RADIOLOGY - IOWA RADIOLOGY

Riesenberg, Julie	DA	DENTAL ASSISTANT - FANGMAN
Rizzi, John	MD	RADIOLOGY - IOWA RADIOLOGY
Slattery, Michael J.	MD	FAMILY MED - MCFARLAND
Smith, Jordan	DO	RADIOLOGY - IOWA RADIOLOGY
Smith, Josh A.	DO	SURGERY - STEWART MEMORIAL
Soe, Michael D.	MD	RADIOLOGY - IOWA RADIOLOGY
Southard, Nicholas	DO	SURGERY - VASCULAR - THE IOWA CLINIC
Springer, (Schieffer), Samantha J.	CS	CARDIOLOGY - IOWA HEART CENTER
Steinberg, Brent (Frederick B.)	MD	RADIOLOGY - IOWA RADIOLOGY
Stone, Alan	MD	RADIOLOGY - IOWA RADIOLOGY
Stradling, Benjamin	DO	RADIOLOGY - IOWA RADIOLOGY
Sundaramurthy, Dhivya	MD	NEPHROLOGY - IOWA KIDNEY
Swanson, Jay (Jack)	DO	OBGYN - MCFARLAND
Thompson, Jennifer L.	DO	NEPHROLOGY - IOWA KIDNEY
Ulveling, Kyle	MD	CARDIOLOGY - IOWA HEART CENTER
Viswanathan, Vignesh	MD	NEPHROLOGY - IOWA KIDNEY
Waddell, Christopher	DO	RADIOLOGY - IOWA RADIOLOGY
Wellendorf, Tracey G.	MD	ENT- WELLENDORF
Williams, Abby M.	DPM	PODIATRY - MCFARLAND
Williams, Joshua J.	DO	FAMILY MED - MCFARLAND
Wolford, Brent R.	MD	RADIOLOGY - IOWA RADIOLOGY
Yaseen, Sameer	MD	NEPHROLOGY - IOWA KIDNEY