

## Financial Assistance Policy – Appendix B

Approved by:	Date Last Approved:	Date of Issue:	Version: 2019-1
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**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

### Financial Assistance Policy Appendix B

#### Providers Not Covered Under the Financial Assistance Policy

The Financial Assistance Policy (FAP) applies to SSM Rehabilitation Network. Services provided by the practitioner groups listed below are not covered under this FAP.

Services Provided under SSM Health System providers, while not covered under this FAP, may be covered under the SSM Health System Financial Assistance Policy. To verify whether a provider is an SSM Health System provider please see the SSM Health System Financial Assistance Policy on line at <https://www.ssmhealth.com>.

This listing is effective as of 1/1/2019 and is updated quarterly. If you do not see a provider listed here and want to verify whether that person is covered under this FAP, please contact admissions at the facility where services were provided.

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Practice Name: