

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **HOLZER MEDICAL CENTER - JACKSON** Employer identification number **31-1724085**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1 a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5 a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6 a</b> Did the organization prepare a community benefit report during the tax year?		X
<b>b</b> If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			418,453.	0.	418,453.	1.93%
<b>b</b> Medicaid (from Worksheet 3, column a)			6152861.	5901449.	251,412.	1.16%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs			6571314.	5901449.	669,865.	3.09%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)						
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j</b> Total. Other Benefits						
<b>k</b> Total. Add lines 7d and 7j			6571314.	5901449.	669,865.	3.09%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HOLZER MEDICAL CENTER- JACKSON

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.HOLZER.ORG/APP/FILES/PUBLIC/41</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>HTTP://WWW.HOLZER.ORG/APP/FILES/PUBLIC/477/2016-CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group HOLZER MEDICAL CENTER- JACKSON

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> % b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) c <input checked="" type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance status g <input type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)	X	
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)	X	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.HOLZER.ORG/FINANCIAL-ASSISTANCE</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.HOLZER.ORG/FINANCIAL-ASSISTANCE</u> c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____ d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)	X	

**Billing and Collections**

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V** Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group HOLZER MEDICAL CENTER- JACKSON

		Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? ..... If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)	<b>19</b>		<b>X</b>
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? ..... If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	<b>21</b>	<b>X</b>	
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**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	<b>23</b>		<b>X</b>
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	<b>24</b>		<b>X</b>

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

HOLZER MEDICAL CENTER- JACKSON:

PART V, SECTION B, LINE 5: THE COMMUNITY NEEDS ASSESSMENT TEAM SURVEYED KEY COMMUNITY PARTNERS, INCLUDING REPRESENTATIVES OF THE LOCAL CITY/COUNTY HEALTH DEPARTMENT, COMMUNITY OUTREACH GROUPS, AND OTHER FOCUS GROUPS TO SUPPLEMENT THE FINDINGS OF THE ASSESSMENT.

HOLZER MEDICAL CENTER- JACKSON:

PART V, SECTION B, LINE 6A: HOLZER HOSPITAL FOUNDATION (HOLZER MEDICAL CENTER)

HOLZER MEDICAL CENTER- JACKSON:

PART V, SECTION B, LINE 11: HOLZER MEDICAL CENTER JACKSON DID NOT ADDRESS ALL OF THE NEEDS IDENTIFIED IN THE MOST RECENT CHNA BECAUSE OF LIMITED FINANCIAL RESOURCES. AN IMPLEMENTATION PLAN WILL BE ROLLED OUT OVER THE NEXT THREE YEARS. THE IMPLEMENTATION STRATEGY WAS ADOPTED JUNE 2013.

SCHEDULE H, PART V, SECTION B, LINE 4 AND LINE 9

HOLZER HOSPITAL FOUNDATION CONDUCTED AND ADOPTED A CHNA AND IMPLEMENTATION STRATEGY FOR THE FISCAL YEAR ENDED JUNE 30, 2016.





**Part VI** Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

EXPENSES WERE CALCULATED USING THE COST-TO-CHARGE RATIO FROM WORKSHEET 2.

PART I, LN 7 COL(F):

BAD DEBT OF \$2,764,647 FROM PART IX OF FORM 990 WAS EXCLUDED FROM THE TOTAL EXPENSES IN THIS CALCULATION.

PART III, LINE 4:

BAD DEBT WAS RECORDED AT GROSS CHARGES ONCE AN ACCOUNT HAD BEEN THROUGH MULTIPLE ATTEMPTS FOR PAYMENT. IT WAS THEN SUBMITTED FOR COLLECTIONS, LESS ANY AMOUNTS THAT MAY HAVE BEEN PAID THROUGH INSURANCE OR PRIVATE PAYMENTS. BAD DEBT WAS CALCULATED ON AUDITED FINANCIAL STATEMENT BALANCES. NONE OF THE BAD DEBT IS TREATED AS COMMUNITY BENEFIT. 5% OF THE BAD DEBT IS ESTIMATED AS LIKELY ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR CHARITY CARE. IF IT IS UNCLEAR WHETHER AN ACCOUNT MAY QUALIFY AS CHARITY, IT IS FIRST ASSUMED TO BE CHARITY, NOT BAD DEBT, UNTIL ADDITIONAL INFORMATION SHOWS OTHERWISE.

**Part VI** Supplemental Information (Continuation)

## PART III, LINE 8:

MEDICARE COSTS AS REPORTED IN THE MEDICARE COST REPORT WERE CALCULATED USING A COST-TO-CHARGE RATIO METHODOLOGY AS REQUIRED FOR COMPLETING THE MEDICARE COST REPORT.

## PART III, LINE 9B:

FOUR PATIENT STATEMENTS ARE SENT TO NON-MEDICARE ACCOUNTS. FIVE PATIENT STATEMENTS ARE SENT TO MEDICARE ACCOUNTS. IF NO PATIENT PAYMENT RESPONSE, ACCOUNTS ARE SELECTED AND PROCESSED TO BAD DEBT. THIS POLICY APPLIES TO PATIENTS WHO QUALIFY UNDER THE CHARITY CARE/FINANCIAL ASSISTANCE POLICY.

## PART VI, LINE 2:

NEEDS ARE ASSESSED THROUGH COMMUNITY HEALTH NEEDS ASSESSMENT.

## PART VI, LINE 3:

NOTICES ARE POSTED THAT SPECIFY THE RIGHTS OF THESE INDIVIDUALS TO RECEIVE WITHOUT CHARGE BASIC, MEDICALLY NECESSARY HOSPITAL-LEVEL SERVICES. THE POSTINGS ARE PRINTED IN ENGLISH AND SPANISH AND ARE LOCATED IN ADMISSIONS AREAS, THE BUSINESS OFFICE, AND THE EMERGENCY DEPARTMENT. PATIENT STATEMENTS CONTAIN FEDERAL POVERTY GUIDELINES, AN EXPLANATION OF WHAT SERVICES MAY QUALIFY FOR FREE CARE, AND INFORMATION ON HOW TO APPLY. THE ORGANIZATION ALSO EMPLOYS FINANCIAL ADVOCATES AND BENEFIT ELIGIBILITY COORDINATORS TO ASSIST IN THE INFORMATION/EDUCATION PROCESS.

## PART VI, LINE 4:

HOLZER MEDICAL CENTER - JACKSON IS LOCATED ON APPROXIMATELY 11 ACRES OF A 77-ACRE TRACT OF LAND FACING US 32 APPROXIMATELY ONE MILE SOUTH OF THE INTERSECTION OF US 32 AND US 35 NEAR THE CITY OF JACKSON, OHIO. THE

Part VI Supplemental Information (Continuation)

INTERSECTION OF THESE TWO US HIGHWAYS IS A CENTRAL HUB OF THE HIGHWAY SYSTEM IN SOUTHEASTERN OHIO. THE PRIMARY SERVICE AREA FOR HOLZER MEDICAL CENTER - JACKSON IS JACKSON COUNTY, OHIO. THE SECONDARY SERVICE AREA INCLUDES PORTIONS OF PIKE, GALLIA, VINTON, SCIOTO, LAWRENCE, ROSS AND ATHENS COUNTIES IN OHIO.

PART VI, LINE 5:

HOLZER MEDICAL CENTER-JACKSON BELIEVES THAT EDUCATIONAL AND PREVENTATIVE SERVICES ARE IMPERITIVE TO IMPROVING THE HEALTH OF OUR COMMUNITY. AS SUCH, THE COMMUNITY HEALTH AND WELLNESS DEPARTMENT AT HOLZER MEDICAL CENTER-JACKSON ORGANIZES AND PROVIDES HEALTH SCREENING THROUGHOUT THE YEAR AT OUR CAMPUS, AT VARIOUS FAIRS AND FESTIVALS IN THE COMMUNITY, AT OUR LOCAL SCHOOLS AND ALSO AT AREA BUSINESSES. NO-COST HEALTH SCREENINGS INCLUDE: BLOOD PRESSURE, GLUCOSE, CHOLESTEROL, HEMOGLOBIN, BONE DENSITY AND BODY COMPOSITION SCREENING AND PULMONARY FUNCTION TESTING. SOME OF OUR LARGER COMMUNITY EVENTS INCLUDE: THE JACKSON COUNTY APPLE FESTIVAL, JACKSON COUNTY FAIR, GENERAL MILLS EMPLOYEE HEALTH FAIR, ANNUAL BREAST CANCER AWARENESS HEALTH FAIR AND THE ANNUAL COMMUNITY HEART HEALTH FAIR. HOLZER MEDICAL CENTER-JACKSON ALSO HOSTS MONTHLY DIABETES EDUCATION MEETINGS AND FREE HEART SAVER CPR CLASSES ARE OFFERED TO VARIOUS GROUPS AND COMMUNITY MEMBERS.

PART VI, LINE 6:

HOLZER MEDICAL CENTER AND HOLZER MEDICAL CENTER-JACKSON COMPRISE THE TWO HOSPITALS IN THE SYSTEM, WITH HOLZER MEDICAL CENTER-JACKSON ACCOUNTING FOR 18% OF HOSPITAL ADMISSIONS. HOLZER MEDICAL CENTER IS LOCATED IN GALLIA COUNTY AND HOLZER MEDICAL CENTER-JACKSON IS LOCATED IN JACKSON COUNTY. ALL HEALTH SCREENING AND PATIENT EDUCATION IS PROVIDED BY STAFF IN AREAS

**Part VI** Supplemental Information (Continuation)

WITHIN OUR PRIMARY SERVICE AREA WHICH INCLUDES GALLIA, JACKSON AND MEIGS  
COUNTIES IN OHIO AND MASON COUNTY, WEST VIRGINIA AS WELL AS SOME SERVICES  
PROVIDED IN OUR SECONDARY SERVICE AREA.