ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD 2015 TEXAS NONPROFIT
HOSPITALS

Part I

Please Check "one" your ownership: *

(x) Not-For-Profit

( ) For-Profit (received Medicaid Disproportionate Share Funds)

( ) Public

( ) For-Profit

Are you reporting as part of a hospital system? ☐

( ) Yes (x) No

III HOSPITAL SYSTEMS - List all the hospitals included in this system report. Refer to the instructions on the back of this page in completing this section.

<table>
<thead>
<tr>
<th></th>
<th>Community Benefits Contribution*</th>
<th>Net Patient Revenue (NPR)**</th>
<th>Miles From System Office</th>
<th>Name of Hospital</th>
<th>Physical Address, City, State, Zip</th>
</tr>
</thead>
<tbody>
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<td>1.</td>
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<tr>
<td>TOTAL:</td>
<td></td>
<td></td>
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</tbody>
</table>

* The sum of these contributions should equal the entry in II.E (Section II follows Worksheet 5).

** The sum of net patient revenue should equal the entry in STD11 (Standards Section follows Section II).
ESTIMATED UNREIMBURSED COSTS OF INPATIENT AND OUTPATIENT CHARITY CARE PROVIDED - 2015

Total Billed Charges for Charity Care Provided (based on 2015 audited fiscal year): (exclude bad debt)

<table>
<thead>
<tr>
<th></th>
<th>Financially Indigent</th>
<th>Medically Indigent</th>
<th>Total Charity Care Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>1,936,238</td>
<td>0</td>
<td>1,936,238</td>
</tr>
<tr>
<td>Outpatient</td>
<td>250,466</td>
<td>0</td>
<td>250,466</td>
</tr>
<tr>
<td>Total</td>
<td>2,186,704</td>
<td>0</td>
<td>(a) 2,186,704</td>
</tr>
</tbody>
</table>

Cost to Charge Ratio Calculation (based on 2014 audited fiscal year):

W1B1. **2014** Gross Patient Service Revenue1, 2; ................................................................. (b) 201,759,765

W1B2. **2014** Total Patient Care Operating Expenses1,3; (Bad Debt should be treated as a Deduction) ............................... (c) 88,238,872

W1B3. Cost to Charge Ratio (Divide (c) by (b)) (please report the ratio as a decimal 0.0000)  
**THIS IS A PRE-CALCULATED FIELD.**  
(d) 0.4373

W1C. Estimated Costs of Charity Care Provided ((a) x (d))  
................................................................. (e) 956,245

Payments Received for Charity Care Provided: (based on 2015 audited fiscal year)

W1D1. Third-Party Payments................................................................. (f) 0

W1D2. Payments from Patients................................................................. (g) 0

W1D3. Other Payments (4) (Public hospitals report tax appropriations relative to charity care here)  
................................................................. (h) 0

W1D4. Total Payments Received for Charity Care Provided .................................................................  
**THIS IS A PRE-CALCULATED FIELD.**  
................................................................. (i) 0

W1E. Estimated Unreimbursed Costs of Charity Care Provided ((e) - (f))$................................................................. (g) 956,245

1 Use audited data for FY 2014 to complete the Cost to Charge Ratio Calculation section of this worksheet for FY 2015.

2 Gross Patient Service Revenue excludes Medicaid Disproportionate Share Hospital payments.
3 Total Patient Care Operating Expenses *(Bad Debt should be treated as a deduction) excludes expense, and contractual adjustments.*

4 Do not include charitable contributions and grants received by the hospital.

5 Report zero (0) in (g) if total estimated costs of charity care provided (e) minus total payments (f) is a negative value.
CALCULATION OF THE RATIO OF COST TO CHARGE -
2015
Calculation of initial Ratio of Cost to Charge

W1AA1. Total Patient Revenues (from 2014 Medicare Cost Report1, Worksheet G-3, Line 1)  
(a) $216,837,152

W1AA2. Total Operating Expenses (from 2014 Medicare Cost Report1, Worksheet A, Line 118, Col. 7)  
(b) $88,358,185

W1AA3. Initial Ratio of Cost to Charge ((b) divided by (a))  
***THIS IS A PRE-CALCULATED FIELD.  
(c) 0.4075

Application of Initial Ratio of Cost to Charge to 2015 Bad-Debt Expense

W1AB1. Bad-Debt Expense2 (from 2015 audited financial statement covering your reporting period)  
(d) $1,623,085

W1AB2. Multiply "Bad-Debt Expense" by "Initial Cost to Charge Ratio" to determine allowable Bad-Debt Expense ((d) x 
(c))  
***THIS IS A PRE-CALCULATED FIELD.  
(e) $661,407

W1AB3. Add the allowable "Bad-Debt Expense" to "Total Operating Expenses" ((b) + (e))  
***THIS IS A PRE-CALCULATED FIELD.  
(f) $89,019,392

W1AC. Calculation of Ratio of Cost to Charge ((f) divided by (a)) (Please report the ratio as a decimal)  
(g) 0.4105
NOTE: This is Worksheet 1-A from the 1994 Annual Statement of Community Benefits Standard form.

1. Use the PRIOR year cost report regardless of status of review. For example, use Medicare Cost Report data for FY 2014 to complete the calculation of initial Ratio of Cost to Charge section of this worksheet.

2. Bad debt expense is defined as the provision for actual or expected uncollectibles resulting from the extension of credit.

Additional cost areas that are not reflected in the above calculations may be identified on the back of this form. Do not include these costs in worksheet computations.

<table>
<thead>
<tr>
<th>Cost Area</th>
<th>Medicare Cost Report Reference*</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY.
To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.
Support to Financially Indigent Patients Provided Through Others 2015

Funding to: W2A

<table>
<thead>
<tr>
<th></th>
<th>Other Nonprofit</th>
<th>Public</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Clinic</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospital</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Health Care Organizations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Funding to Others</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Financial Support to:

W2B

<table>
<thead>
<tr>
<th></th>
<th>Other Nonprofit</th>
<th>Public</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Clinic</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospital</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Health Care Organizations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Other Financial Support</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

W2C.

<table>
<thead>
<tr>
<th></th>
<th>Other Nonprofit</th>
<th>Public</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Support Provided Through Others:</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

W2D. Less: Payments allocated

\[ (c) \]

W2E. Total Unreimbursed Support Provided Through Others \((a.3. + b.3.) - (c)\)

\[ (d) \]

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).

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ESTIMATED UNREIMBURSED COSTS OF GOVERNMENT-SPONSORED INDIGENT HEALTH CARE - 2015

Worksheet 3

Billed Charges for Government-sponsored Indigent Health Care Provided: (Do not include Medicare or Non-government charges.)

<table>
<thead>
<tr>
<th></th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>W3A. Medicaid (include Medicaid Managed Care charges; exclude Medicaid Disproportionate Share AND 1115 WAIVER PAYMENTS payments)</td>
<td>6,495,941</td>
<td>4,505,948</td>
<td>11,001,889</td>
</tr>
<tr>
<td>State Government (CSHCN, Primary Care, Kidney Health, etc.)</td>
<td>1,306,545</td>
<td>399,309</td>
<td>1,705,854</td>
</tr>
<tr>
<td>Local Government (County Indigent Health Care, other)</td>
<td>0</td>
<td>1,756,257</td>
<td>1,756,257</td>
</tr>
<tr>
<td>Other Government</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Billed Charges</strong></td>
<td><strong>7,802,486</strong></td>
<td><strong>6,661,514</strong></td>
<td><strong>14,464,000</strong></td>
</tr>
</tbody>
</table>

W3B1. Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decimal)

***THIS IS A PRE-CALCULATED FIELD.

W3B2. Estimated Costs of Government-sponsored Indigent Health Care Provided: ((a) x (b))

***THIS IS A PRE-CALCULATED FIELD.

Payment Received for Government-sponsored Indigent Health Care Provided: (Do not include Medicare or non-government payments received.)

W3C1. Medicaid (include Medicaid Managed Care payments; exclude Medicaid Disproportionate Share Hospital payments)

W3C2. Medicaid Disproportionate Share Hospital payments

W3C3. State Government (CSHCN, Primary Care, Kidney Health, etc.)

W3C4. Local Government (County Indigent Health Care, other).

W3C5. Other Government: (Champus Payments and DSRIP "SHOULD NOT" be reported here; report "CHAMPUS Payments only in Worksheet 4b."

W3C6. Total Payments

***THIS IS A PRE-CALCULATED FIELD.

W3D. Estimated Unreimbursed Costs of Government-sponsored Indigent Health Care ((c) - (d))

Page 27 of 43
(1) Report zero (0) in (e) if estimated costs of government-sponsored indigent health care provided (c) minus total payments (d) is a negative value.

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).
To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.
UNREIMBURSED COSTS OF PROVIDING COMMUNITY BENEFITS
-2015

Worksheet 4-A

Unreimbursed Costs of Subsidized Health Services:

W4AA1. Emergency Care

W4AA2. Trauma Care

W4AA3. Neonatal Intensive Care

W4AA4. Freestanding Community Clinics, e.g., rural health clinics

W4AA5. Collaborative effort with local government(s) and/or private agency in preventive medicine, e.g., immunization program

W4AA6. Other Services

21,920

W4AA7. Total
(a) 21,920

***THIS IS A PRE-CALCULATED FIELD.***

W4AB1. Donations Made by the Hospital

(b) 0

W4AB2. Unreimbursed Research-Related Costs
(c) 2,240,182

Unreimbursed Education - Related Costs:

W4AC1. Education of physicians, nurses, technicians and other medical professionals and health care providers

2,473,205

W4AC2. Scholarships and funding to medical schools, colleges and universities for health professions education

0

W4AC3. Education of patients concerning diseases and home care in response to community needs

0

W4AC4. Community health education through informational programs, publications and outreach activities in response to community needs

0

W4AC5. Other educational services

0
W4AC6. Total
***THIS IS A PRE-CALCULATED FIELD. (d) 2,473,305

W4AD. Total Unreimbursed Costs of Providing
Community Benefits ((a) + (b) + (c) + (d))
***THIS IS A PRE-CALCULATED FIELD*** (e) 4,735,107

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO
NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).
To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to
worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and
push save to continue to where you left off.
EST. UNREIMBURSED COSTS OF INPAT. OUTPAT. MEDICARE, CHAMPUS AND OTHER GOV'T-SPONSORED PROGRAMS - 2015

Worksheet 4-B

Total Billed Charges for Medicare (INCLUDE MEDICARE MANAGED CARE), CHAMPUS, and Other Government (DO NOT REPORT DSRIP)-sponsored

Health Care Provided: (Do not include Medicaid charges or other government charges previously reported on worksheet 3.)

W4BA1. Inpatient 41,819,978

W4BA2. Outpatient 28,867,652

W4BA3. Total Billed Charges
   ***THIS IS A PRE-CALCULATED FIELD***.
   (a) 70,687,630

W4BB1. Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decimal 0.0000)
   ***THIS IS A PRE-CALCULATED FIELD***.
   (b) 0.4373

W4BB2. Estimated Costs of Government-sponsored Health Care Provided (a x b)
   ***THIS IS A PRE-CALCULATED FIELD***.
   (c) 30,911,701

Payments Received for Care Provided: (Do not include Medicaid payments received.)


W4BC2. Payments from Patients 0

W4BC3. Other Payments 0

W4BC4. Total Payments
   ***THIS IS A PRE-CALCULATED FIELD***.
   (d) 20,225,181

W4BD. Estimated Unreimbursed Costs of Government-sponsored Health Care Provided (c)
   - (d))
   (e) 10,686,520

Page 31 of 43
1. Do not include charitable contributions and grants.

2. Report zero (0) in (e) if estimated cost of government-sponsored health care provided (c) minus total payments (d) is a negative value.

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).

To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.
ESTIMATED VALUE OF TAX EXEMPT BENEFITS
2015
Worksheet 5

Franchise Tax:

W5A. The greater of Fund Balance x 0.25 percent (.0025); -OR-
Net Income plus Officers' and Directors' Compensation x 4.5 percent (.045) (a) ______

Ad Valorem
Taxes

County Property Tax (Appraised Value of Property (Real and Personal) x Tax Rate) ______
School District Tax (Appraised Value of Property x Tax Rate) ______
Hospital District Tax (Appraised Value of Property x Tax Rate) ______
Other Property Taxes (Appraised Value of Property x Tax Rate) ______
W5B5. Total Estimated Ad Valorem Taxes (b) ______

Sales Tax

W5C1. Supplies expense less pharmacy supplies expense ______
W5C2. Lease or rental expense ______
W5C3. Capital Purchases ______
W5C4. Total Estimated Taxable Purchases (1) ______
W5C5. Sales Tax Rate.....(Please report RATE (.0000), not a percent) (2) ______
W5C6. Total Estimated Sales Tax (Multiply (1) by (2)) **THIS IS A PRE-CALCULATED FIELD. (c) ______

Contributions

W5D1. Nondesignated and Charitable Cash Donations received by the hospital ______
W5D2. Fair Market Value of Nondesignated and Charitable In-Kind ______
Donations

W5D3. Total Contributions  

Tax-Exempt Bond Financing

W5E1. Average Outstanding Bond Principal x Prevailing Interest Rate at Time of Issuance  

(1) ————

W5E2. Actual Interest Expense for the Reporting Period  

(2) ————

W5E3. Value of Tax-Exempt Bond Financing (((1) - (2)))  

(c) Q

W5F. TOTAL ESTIMATED VALUE OF TAX EXEMPT BENEFITS  

((a)+(b)+(c)+(d)+(e))  

(f) ————

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To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.
II. CHARITY CARE, GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, AND OTHER COMMUNITY BENEFITS INFORMATION - 2015

IIA. Unreimbursed costs of charity care

<table>
<thead>
<tr>
<th>Description</th>
<th>Hospital</th>
<th>System Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIA1. Unreimbursed costs of providing care to financially and medically indigent (Worksheet 1, (g))</td>
<td>956,245</td>
<td>956,245</td>
</tr>
<tr>
<td>IIA2. Support to financially indigent patients provided through others (Worksheet 2, (d))</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>IIA3. Unreimbursed costs of charity care (A.1. + A.2.)</td>
<td>956,245</td>
<td>956,245</td>
</tr>
<tr>
<td>IIB. Unreimbursed costs of providing Government-sponsored Indigent Health Care (Worksheet 3, (e))</td>
<td>2,353,293</td>
<td>2,353,293</td>
</tr>
<tr>
<td>IIC. Total Charity Care and Government-sponsored Indigent Health Care (A.3. + B.)</td>
<td>3,309,538</td>
<td>3,309,538</td>
</tr>
<tr>
<td>IID. Unreimbursed costs of providing Other Community Benefits (Worksheets 4-A, (e) + 4-B, (e))</td>
<td>15,421,827</td>
<td>15,421,827</td>
</tr>
<tr>
<td>IIE. Total Charity Care, Government-sponsored Indigent Health Care, and Other Community Benefits (C. + D.)</td>
<td>18,731,365</td>
<td>18,731,365</td>
</tr>
</tbody>
</table>

If you're reporting as a system, please provide system aggregate data for sections I, II, and III

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0). To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.
STANDARDS - Please check the appropriate box (A, B or C) below and provide the requested information.

STD1. Taxpayer Number: 24-1155297

STD1.1. Net Patient Revenue (include Medicaid Disproportionate Share Hospital payments): (exclude DSRIP= the incentive payments from "Net Patient Revenue) TREAT BAD DEBT AS A DEDUCTION FROM NET REVENUE

STD1.2. The hospital has been designated as a disproportionate share hospital under the state Medicaid program in the period covered by this report (2013) or in either of its two previous fiscal years. Completion of section I-3. or I-4. is not required.

I-2

I-3. STANDARDS - Please check the appropriate box (A, B, or C) below and provide the requested information.

A. Charity care and government-sponsored indigent health care are provided at a level which is reasonable in relation to the community needs, as determined through the community needs assessment, the available resources of the hospital, and the tax-exempt benefits received by the hospital.

A. [ ]

STD1.3.1. Tax exempt benefits (Worksheet 5)

STD1.3.2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year

STD1.3.3. Total of B.1. and B.2. above

STD1.3.4. Enter the total from item II.C

STD1.4. Charity care and community benefits are provided in a combined amount equal to at least five (5) percent of the hospital's net patient revenue, provided that charity care and government-sponsored indigent health care are provided in an amount equal to at least four (4) percent of net patient revenue. (Standard C is met if C.4. is greater than or equal to C.3. and C.8. is greater than or equal to C.7.)

C. [x]
STD13C1. Multiply Net Patient Revenue (I-1.) by 5%  
STD13C2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year  
STD13C3. Total of C.1. and C.2. above  
STD13C4. Enter the amount recorded in item II.E.  
STD13C5. Multiply Net Patient revenue (I-1.) by 4%  
STD13C6. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year  
STD13C7. Total of C.5. and C.6. above  
STD13C8. Enter the amount recorded in item II.C.  

I4. Check this box if your hospital did not meet any of the standards in sections 1-3. Please attach explanatory information.  
[ ] I-4  

I5. Certification Contact Information - Annual Statement of Community Benefits  
*  
Coordinator Name  Coordinator Title  Phone  Fax  Electronic/internet Mail address  
Steve Hand  AVP, Govt Reporting  (713) 338-4191  (713) 338-4158  Steve.Hend@MemorialHermann.org  

If you're reporting as a system, please provide system aggregate data  

------------------------------------------------------------------------------------------
Texas Nonprofit Hospitals*
Part II
Summary of Current Charity Care Policy and Community Benefits for Inclusion in DHSH Charity Care Manual as Required by Texas Health and Safety Code, 311.0461** 2015

Name of Hospital: The Institute of Rehabilitation and Research

County: Harris

Mailing Address: 1333 Mouraund St. Houston TX 77030

Physical Address if different from above:

Effective Date of the current policy: 06/04/2009
(mm/dd/yyyy)

Date of Scheduled Revision of this policy: 05/10/2016
(mm/dd/yyyy)

How often do you revise your charity care policy? yearly or as needed

Provide the following information on the office and contact person(s) processing requests for charity care.

Name of the office/department: Patient Business Services, Corporate Office

Mailing Address: 902 Frostwood, Suite 2-225, Houston, Texas 77024

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