



財務援助政策 - 附錄 B

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本財務援助政策未涵蓋的服務提供方。

財務援助政策（FAP）適用於佛羅里達大學康復醫院。下列醫療團體所提供的服務不涵蓋在此財務援助政策中。

由佛羅里達大學康復醫院醫療提供者提供的服務，雖然未涵蓋在本政策中，但可能在醫院的醫療財政援助政策涵蓋範圍內。如需查證某位提供者是否為佛羅里達大學康復醫院醫療提供者，請訪問 www.ufhealth.org 在線查看佛羅里達大學康復醫院醫療財務援助政策。

本清單自 1/1/2024 起生效。如果您就診的醫療提供者未在此處列出並想要確認該提供者是否在本 FAP 涵蓋範圍內，請聯繫我院住院部。

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MCDERMOTT TYLER	SHANDS
FROST CHELSEA	UF GAINESVILLE
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