Jewish Home & Rehab Center

Financial Assistance Program

Full Charity Care and Discount Payment Policy

Policy Name: Financial Assistance Program Full Charity Care and Discount Payment Policy	**Policy Owner/Dept:** CFO/Patient and Resident Financial Services	**Reference:** California Hospital Fair Pricing & Debt Collection	**Policy Number:** FIN321
Responsible Office: Patient and Resident Financial Services Office	**JHRC – Patient and Resident Financial Services Department**		**Effective Date:** January 1, 2015
Responsible Official: Director of Patient and Resident Financial Services	**Execute Responsible:** Chief Financial Officer		**Revised:** January 2024; May 2024, Last Revision November 2025

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A beneficiary of Jewish Home & Senior Living Foundation and the San Francisco-based Jewish Community Federation.

Policy Background

Jewish Home & Rehab Center (JHRC) offers a Full Charity Care and Discount Payment Program. The policies are consistent with the provisions of California Assembly Bill No. 774 1 1 AB 774 Assembly Bill – Cal. Health & Saf. Code § 127400-127446 (AB 774) as amended by Senate Bill 1276 2 2 SB 1276 Senate Bill – Sections 127400, 127420, 127425, 127450, 127454, and 127455., Cal. Health & Saf. Code § 127400, 127420, 127425, 127450, 127454, and 127455 (SB 1276) and Health and Safety Code Section 127405(a)(1), and The Federal Affordable Care Act Section 501(r)(4). Section 1.501 (r)4(a) of the Final Regulations, published Dec. 31, 2014 [79 Fed. Reg. 78954 (Dec. 31, 2014)]. The Final Regulations are part of Title 26 of the Code of Federal Regulations. It is the policy of JHRC to provide any medically necessary inpatient services to our patients or residents regardless of their ability to pay.

Purpose Statement

The purpose of this Policy is to define the criteria which will be used by JHRC to comply with the requirements of the California Hospital Fair Pricing Policies Act, to establish a financial assistance program (FAP) and to ensure that patients or residents of the community at large:

- Are aware that financial assistance is available.
- Are provided adequate time to apply and submit required information and documentation.
- Receive reasonable assistance with the application process
- Have the ability to search Shoppable Services on the JHRC website.

JHRC will work with patients or residents and their families to explore all available sources and methods of reimbursement for the care JHRC provides, such as third-party health or liability insurance coverage, government programs such as Medicare, Medi-Cal, Healthy Families, and Sliding Scale, Covered California, and Financial Assistance Program, and/or extended payment arrangements.

Help Paying Your Bill – Eligibility Criteria

The Financial Assistance Program is available to assist patients or residents with limited income at or below the 400% of the Federal Poverty Level (“FPL”)or who are underinsured because of “high medical costs” as defined in AB 774.

In addition to explaining the eligibility criteria for full charity care and discount payment, this policy describes the processes for identifying and securing all coverage available through private insurance and government programs, making the program available to uninsured or underinsured patients or residents, appealing eligibility determinations, and documenting program-related matters. It is the intent of this Policy to comply with all federal, state, and local laws, including statutes, regulations, ordinances, etc. If any law, current or future, conflicts with this Policy, the law will supersede the conflicting provision(s) of this Policy.

The Patient or Resident Financial Services Department has responsibility for general accounting policies and procedures. Included within this purpose is a duty to ensure the consistent timing, recording, and accounting treatment of transactions at JHRC. This includes the handling of patient or residents accounting transactions in a manner that supports the mission and operational goals of JHRC.

Scope

The Financial Assistance Policy will apply to all patients or residents who receive medically necessary services at JHRC. This Policy pertains to financial assistance provided by JHRC.

All requests for financial assistance from patients or residents, and patient or resident families shall be addressed in accordance with this Policy.

Definitions

Financial Assistance: Both full Charity Care and Discounts Payment Program as described in this Policy. Financial Assistance does not include:

- Bad Debt or uncollectible charges that the organization recorded as a revenue but wrote off due to a patient's or resident's failure to pay, or the cost of providing such a care to such patients or residents.
- The difference between the cost of care provided under Medi-Cal or other means-tested government programs or under Medicare and revenue derived therefrom.
- Contractual adjustments with any third-party payers.

Financially Qualified: A Financial Qualified patient or resident is defined as any patient or resident where Patient's or Resident's Family is at or below 400% of the FPL, including but not limited to:

- Self-Pay Patient or Resident.
- High Medical Costs Patient or Resident.
- An insured patient or resident with non-covered charges.
- Not Self-Pay (has third party coverage).
- High medical costs are: (1) annual out-of-pocket costs incurred by the patient at JHRC that exceed the lesser of 10% of the patient's current family income or the patient's family income in the prior 12 months; or (2) annual out-of-pocket expenses that exceed 10% of the patient's family income when the patient provides documentation of medical expenses paid by the patient or the patient's family in the prior 12 months. Out-of-pocket costs and expenses are amounts for medical care not reimbursed by insurance or a health coverage program.

High Medical Costs patients or residents: A financially eligible High Medical Cost patient or resident is defined as follows:

Family Income: Is determined consistent with the IRS definition of Modified adjusted Gross Income for the applicant and all members of the applicant's family.

Bad Debt: Bad debt results from services rendered to a patient who is determined by the JHRC, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.

Full Charity Care: Is full Financial Assistance to qualifying patients or residents that relieves the patient or resident and his or her responsible party of their entire financial obligation to pay for Medically Necessary Services. Charity Care does not reduce the amount, if any, that a third party may be required to pay for Medically Necessary Services.

Discount Payment Program: Is partial Financial Assistance to qualifying patients or residents and his or her responsible party of a portion of their financial obligation to pay for Medically Necessary Services as defined. Discounted care does not reduce the amount, if any, that a third party may be required to pay for Medically Necessary Services provided to the patient or resident.

Self-Pay Patient and Resident: A financially eligible Self-Pay patient or resident is defined as follows:

- No third-party coverage.
- No Medi-Cal coverage, or patients or residents qualify but do not receive coverage for all services or for the entire stay.
- No compensable injury for purposes of government programs, workers' compensation, automobile insurance, or third-party liability as determined and documented by the JHRC
- Family income is at or below 400% of the Federal Poverty Level (FPL).

High Medical Cost Patient or Resident: High Medical Cost patient or resident: A financially eligible High Medical Cost patient or resident is defined as follows:

- Not Self-Pay (has third party coverage).
- Family income at or below 400% of the Federal Poverty Level (FPL)
- High medical costs are: (1) annual out-of-pocket costs incurred by the patient at JHRC that exceed the lesser of 10% of the patient's current family income or the patient's family income in the prior 12 months; or (2) annual out-of-pocket expenses that exceed 10% of the patient's family income when the patient provides documentation of medical expenses paid by the patient or the patient's family in the prior 12 months. Out-of-pocket costs and expenses are amounts for medical care not reimbursed by insurance or a health coverage program.

Medically Necessary Services: A Medically Necessary Service or treatment is one that is necessary to treat or diagnose a patient or resident could adversely affect

the patient's or resident's condition, illness, or injury if it were omitted, and is not considered an elective service.

Distinct Part/Skilled Nursing Facility Level B(DP/NF-B) is a hospital-based facility, usually operated in a designed unit within a hospital.

Long-Term Care: Long-term care services is commonly measured by the need for assistance with "activities of daily living" (ADLs) such as eating, dressing, and bathing, and "instrumental activities of daily living" (IADLs) such as preparing meals and taking medication. The need for assistance may stem from physical disability, developmental disability (such as mental retardation), chronic illness (such as HIV/AIDS or cancer), severe injury progressive disease (such as multiple sclerosis), or the decrease in mobility and cognitive functioning that often comes with aging.

Patient or Resident Family: For a person 18 years of age or older, the patient's spouse, domestic partner, and dependent children under 21 years of age, or any age if disabled, whether living at home or not. For a person under 18 years of age, or a dependent child 18 to 20 years of age, inclusive, the patient's parent, caretaker relatives, and the parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled.

Payment Plan: Means monthly payments of agreed upon terms between the JHRC and the patient or resident/responsible party.

Reasonable Payment Plan: means monthly payments that are not more than 10% of the income of the patient's or resident's family for a month, excluding deduction for essential living expenses.

Essential Living Expenses: means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation, and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning and extraordinary expenses.

Federal Poverty Level: (FPL) Is defined by the poverty guidelines updated periodically in the Federal Register, by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at HHS poverty guidelines

Application Period: A hospital shall not impose time limits for applying for charity care or discounted payments, nor deny eligibility based on the timing of a patient's application

Plain Language Summary: Means a document that notifies patients, residents and other individuals that the JHRC offers financial assistance under the Financial Assistance Policy in accordance with federal and California law. This document is

clear, concise and easy to understand. Additional information on the Plain Language Summary can be found in the Financial Assistance Policy.

Extraordinary Collection Action (ECA) – "A list of collections activities as defined by the IRS and Treasury that Hospitals maytake against an individual (or other person responsible for payment of the patient's or resident's care) to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. Per IRC 1.501(r)-6 and Treasury Regulation 1.501(r)-6(b)(1). Certain sales of the patient's or resident's debt to another party are considered an ECA. The following actions taken by a hospital are also considered ECAs:

- Foreclosing on real property
- Attaching or seizing an individual's bank account or other personal property
- Commencing a civil action against an individual or writ of body attachment
- Causing an individual's arrest
- Garnishing wages.
- Medi-Cal patients or residents who are responsible for paying a share of cost are not eligible to use Financial Assistance to reduce that share-of-cost amount. JHRC may seek to collect those amounts.
- JHRC will not require a patient or resident to apply for Medicare, Medi-Cal, Covered California, or other coverage before the patient or resident is screened for, or provided, a Discount Payment. When screening for Discount Payment eligibility, JHRC may require participation in a Medi-Cal eligibility screening.
- This Policy excludes services that are not medically necessary.
- Outside collection agencies, attorneys, and JHRC's internal collection practices must follow this Policy.
- Financial assistance is not a substitute for personal responsibility. Patients or residents are expected to participate reasonably in the screening process and, when applicable, contribute to the cost of care based on their ability to pay.
- A patient or resident may be denied Financial Assistance if the responsible party intentionally provides false information relevant to eligibility.
- The Financial Assistance Policy, Plain Language Summary, and Application Form are available at the JHRC financial assistance webpage, by calling (415) 469-2262, or by emailing businessoffice@sfcjl.org.

Policy

It is the policy of Jewish Home & Rehab Center to provide Financial Assistance to financially eligible patients or residents who require Medically Necessary Services, who are uninsured and have high medical cost. Patients or residents with demonstrated financial need may be eligible if they satisfy the definition of a Charity Care patient or resident or High Medical Cost patient or resident as defined in the sections above.

Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this Policy:

Procedure

Patients or residents of JHRC shall be entitled to apply for Financial Assistance for all Medically Necessary Services. Uninsured or underinsured patients or residents who do not qualify for government sponsored healthcare benefits, Basic Health Care, or the Low-Income Health Program may qualify for fully discounted medical care under the Charity Care Program. Eligibility for this program is based on family income limitations and high out-of-pocket medical expenses. Patients or residents are not entitled to Financial Assistance for (i) services that are not Medically Necessary; and (ii) physician services that are billed separately from JHRC.

Application Process

The JHRC shall make all reasonable efforts to obtain from the patients or residents or their responsible party information about whether private or public health insurance may fully or partially cover the charges for care rendered by the JHRC. A patient or resident who indicates at any time the financial inability to pay a bill for the JHRC services shall be evaluated for Financial Assistance. To qualify as an Uninsured Patient or Resident, the patient's or resident's responsible party must verify that they are not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients or residents should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.

Eligibility Procedure

JHRC will evaluate the information reasonably available to determine eligibility for Charity Care or Discount Payment. A patient or resident may be asked to complete the Financial Assistance Application and provide information that is reasonable and necessary for the determination. If an application or income documentation is not submitted, JHRC may make a presumptive eligibility determination based on other available information or a prior eligibility determination.

Failure to comply with the application process or provide required documents will be considered in the determination.

Willful failure by the patient or resident to cooperate will result in JHRC's inability to provide financial assistance. However, they may apply for the Flexible Payment Plan.

The Charity Care Application Form: is used to determine a patient's or resident's ability to pay for services at JHRC and/or to determine a patient's or resident's possible eligibility for public assistance.

Factors considered when determining whether a resident or patient is qualified for financial assistance pursuant to this Policy may include:

- No insurance under any government coverage program, or other third-party insurer; or inadequate third-party insurance coverage.
- Family income is documented using recent pay stubs or income tax returns. JHRC may accept other forms of income documentation but will not require those other forms.

If the patient or resident or family has a pending application for another health coverage program while applying for financial assistance, then pending application for other health coverage programs shall not preclude eligibility for the JHRC Financial Assistance Program.

Items that are not considered in determining income include:

- Primary Residence
- Retirement Funds
- Primary Vehicle

Indigence: Income falls below 200% of the Federal Poverty Guidelines.

Requests for Financial Assistance shall be processed promptly, and JHRC shall notify the patient or resident in writing within thirty (30) to sixty (60) days of receipt of a completed application.

JHRC will not make a determination of eligibility on information it has reason to believe is false or unreliable or obtained through the use of coercive practices.

Presumptive Financial Assistance Eligibility

Presumptive Financial Assistance takes place when JHRC staff may assume a patient or resident will qualify for financial assistance based on information received by the facility, i.e., homelessness, etc. The Patient or Resident Financial Services Department will complete an internal Financial Assistance Application for a patient or resident, to include:

The reason the patient or resident, or patient's or resident's responsible party, cannot apply on his/her own behalf; and

- The patient's or resident's documented medical or socio-economic reasons that stop the patient, resident or patient's or resident's responsible party, from completing the application.
- The Patient and Resident Financial Services Department documents that the patient or resident is homeless.
- It is verified that the patient or resident expired with no known estate or spouse.
- The patient or resident qualifies for a public benefit program including Social Security, Unemployment Insurance Benefits, Medi-Cal, County Indigent Health, AFDC, etc.

- The patient or resident meets another public benefit program's requirement that are similar to JHRC's Financial Assistance program.
- JHRC tried to get payment from the patient or resident and was not able
- to do so.
- The patient or resident has not completed a Financial Assistance Application.
- The patient or resident does not respond to requests for documentation.
- Any other information required by the Financial Assistance Application.
- If the patient or resident does not or cannot respond to the application process, then the patient's or resident's account will be screened using the presumptive eligibility information outlined above to make an individual assessment of financial need. The above information helps JHRC make an informed decision on the financial need of a patient or resident by using the best estimates available if the patient or resident does not or cannot provide the requested information.

Financial Assistance policy, JHRC will not:

- send patient or resident accounts to collection agencies, debt buyers, or other assignees that are not a subsidiary or affiliate of JHRC.
- subject the patients or residents to further collection actions; or.
- include the patient's or resident's account in the facility's bad debt expense.

Eligibility Period

The Financial Assistance adjustment will be applied to all eligible patient or resident account balances, including those received before the application approval date. The financial assistance approval is good for 180 days after the approval is granted. For bills received after 180 days from when the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient or resident is seeking financial assistance to pay those bills.

Financial Assistance Determination

After a patient or resident submits a complete application and the required documentation, the JHRC will send a Notification Form. Eligibility Determination for Financial Assistance, to indicate the determination of approval or denial. The letter will include the following:

- A clear statement of the determination for patient's or resident's eligibility for financial assistance.
- Promptly determine eligibility for financial assistance,
- Notify the applicant in writing of eligibility and available assistance,
- Provide the basis for the determination,
- Suspend all collection actions (if applicable),

- Reverse all collection actions (if applicable),
- Provide a statement of amounts owed (if applicable).
- If an Eligible Patient or Resident qualifies for Full Charity Care, JHRC provides them with a written notification that nothing more is owed. If an Eligible Patient or Resident qualifies for Discount Partial Charity Care, JHRC shall provide them with a billing statement indicating the amount owed as Eligible Patient or Resident.
- If the patient was ineligible for financial assistance, a clear statement explaining why the application was denied.
- If the patient was ineligible due to a service that was not medically necessary, the attending physician of the service will have attested to this prior to the denial.
- Contact information for the JHRC, including department, contact name and where the patient or resident may appeal the JHRC's decision.
- Information on the Department of Health Care Access and Information's (HCAI) Hospital Bill Complaint Program.
- Information on the Health Consumer Alliance.

Patients with Limited Information for Application: The absence of patient or resident financial data available to the JHRC does not preclude eligibility for financial assistance. During evaluation, all factors pertaining to a patient's or resident's clinical, personal and demographic situation, an alternative documentation (including information that may be provided by other charitable organizations), the JHRC may determine a patient or resident is eligible for financial assistance by making reasonable assumptions regarding the patient's or resident's income.

Handling of Incomplete Applications: The JHRC may consider a patient's or resident's failure to provide reasonable and necessary documentation in making its financial assistance determinations. However, the JHRC will act reasonably and make the best determination it can with the available information. When a patient or resident submits an incomplete application, JHRC shall promptly notify the patient or resident with a written notice that describes the additional information and/or documentation required for the Application and include contact information for Application processing. If the patient subsequently completes the Application with required information , then the Application will be considered complete.

Change in Circumstances

If at any time information relevant to the eligibility of the patient or resident changes, the patient or resident may update the documentation related to income and provide JHRC with the updated information. It is the patient's or resident's responsibility to notify JHRC of the updated information. JHRC will consider the patient's or resident's changed

circumstances in determining eligibility for Financial Assistance. JHRC may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate.

Disputes and Appeals

A patient or resident may seek review of any decision by the JHRC in the event of a dispute over the application of the Financial Assistance Policy.

In the event of a dispute regarding eligibility for Financial Assistance, patients or residents have the right to appeal the decision (see Appendix D). Patients or residents must provide a written appeal outlining the reasons they believe the determination was incorrect.

The Director of Patient and Resident Financial Services of JHRC is responsible for reviewing all appeals and making a final determination.

This authority may be delegated by the Director of Patient and Resident Financial Services. The final determination must be communicated to the patient or resident in writing submitted within 30 days.

Disputes or appeals should be submitted by calling Patient Financial Services at the voicemail line 415-469-2262, email businessoffice@sfcjl.org or mailed to the following address:

Jewish Home & Rehab Center

Attn: Patient and Resident Financial Services Department

302 Silver Avenue San Francisco, CA 94112

Calculation Discount

This policy permits non-routine waiver of a patient's or resident's out-of-pocket medical costs based on an individual determination of financial need in accordance with the criteria set forth below.

This policy excludes routine waiver of deductibles, co-payments and / or coinsurance imposed by the insurance companies for patients or residents whose family income is greater than 400% of the Federal Poverty Level. This policy applies to JHRC inpatient services.

Completion of a financial assistance application provides the documentation necessary for JHRC to determine if the patient or resident has income sufficient to pay for services. Documentation is useful in determining the qualifications of financial assistance. However, a completed financial assistance application is not required for JHRC to determine it has sufficient patient or resident financial information from which to make a financial assistance qualification decision.

Financial Assistance Levels

Basics for Calculation amounts Charged to Patients or Residents There is a limit to the amount a patient or resident who is eligible for Financial Assistance may be charged. The patient or resident may not be charged more than the Amount Generally Billed (AGB) to Medicare, as determined by the JHRC in good faith, for medically necessary care. JHRC does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this Policy.

Full Charity Care and Discount Payment are based on household income. Documentation of household income is limited to:

- Recent pay stubs
- Income tax returns
- JHRC may accept other forms of income documentation but will not require those other forms.

The discount amount is based on the percentages in the following tables:

Eligibility for 100% Charity Care

- Patients or residents without third party coverage and income at or below 200% of the FPL will be extended a 100% discount on services provided.
- Eligibility consists of a review of the patient's or resident's income.
- Patients or residents may be asked to complete the Financial Assistance Application when requesting Charity Care.
- JHRC may also make a presumptive eligibility determination based on other available information or a prior eligibility determination.
- A completed application is not required when JHRC has sufficient information to make an eligibility determination.
- Criteria and process to determine a patient's or resident's eligibility for a 100% discount are as follows:
- The patient's or resident's family income is verified not to exceed 200% of FPL with the most recently filed Federal tax return or recent paycheck stubs.
- JHRC will not consider a patient's or resident's monetary assets when determining eligibility for Charity Care or Discount Payment.
- High Medical Cost patients or residents with third-party coverage whose family income is at or below 200% of the FPL and who meet the Policy's definition of high medical costs are eligible for a 100% discount on medically necessary services.
- This discount applies to the patient's or resident's responsibility for medically necessary services provided by JHRC.
- Eligibility for discounted payments or charity care shall be determined at any time the hospital is in receipt of information specified in paragraph (1). A hospital shall

not impose time limits for applying for charity care or discounted payments, nor deny eligibility based on the timing of a patient's application.

- Patients or residents who are covered by insurance but exhaust their benefits either before or during their stay at the facility and have a family income at or below 200% of the federal poverty level.
- This includes charges for non-covered Medically Necessary Services, denied days or denied stays. Treatment Authorization Requests (TAR) denials and any lack of payment for non-covered Medically Necessary Services provided to Medi-Cal patients or residents are also included.
- Medicare patients and residents who have Medi-Cal coverage of their co-insurance and/or deductibles, for which Medi-Cal does not make payment
- and Medicare does not ultimately provide bad debt reimbursement are also included.
- Some Medi-Cal plans offer coverage for a limited or restricted list of services. If a patient or resident is a Medi-Cal recipient, any charges for days or services not covered (e.g., when the patient or resident is not safe to discharge) should be written off as charity care. The Treatment Authorization Request (TAR) will record the reason for denial. This does not include any Share of Cost (SOC) amounts, as SOCs are determined by the state to be an amount that the recipient must pay before the patient or resident is eligible for Medi-Cal.

Examples of charity care to Medi-Cal beneficiaries may include, but not be limited to:

- Medi-Cal pending accounts.
- Medi-Cal denials
- Charges related to days exceeding a length-of-stay limit.
- Out-of-state Medicaid claims with “no payment”
- Line-item denials.

The total amount of the charges not covered must be written off to Financial Assistance.

Billing timelines, medical records, missing invoices, or eligibility issues are excluded for Financial Assistance.

Special Circumstances

- Patients or residents who expire while admitted to JHRC and have no source of funding or responsible party or estate may be eligible for Financial Assistance even if a Financial Assistance application has not been completed. All such cases must be reviewed by the Director of the Patient and Resident Financial Services or designee(s) on a case-by-case basis.

- Homeless patients or residents without a payment source may be eligible for Financial Assistance if they do not have a job, mailing address, residence, including temporary residence, or insurance. However, all other county,
- state, or government programs must be considered as part of enrollment screening. All such cases must be reviewed by the Director of Patient or Resident Financial Services or designee (s) on a case-by-case basis.
- The Director of Patient and Resident Financial Services and Chief Financial Officer may, under unusual circumstances, extend charity care to individuals who would not otherwise qualify for charity care under this Policy. When such an award is made, the unusual circumstances justifying the award of charity care will be documented in writing and maintained in a segregated file in the Patient or Resident Financial Services Department.

Eligibility for Discount Partial Charity Care for Patients or Residents with no Third-Party Coverage (Self-Pay)

- Patients or residents who have family incomes at or below 200% of the FPL – but who do not qualify for 100% discount under this Policy – will nonetheless qualify for a partial payment so long as they are uninsured and require medically necessary care, or have high medical cost.
- Patients or residents with no third-party coverage with family income between 200.1% and 400% of the FPL are eligible for a partial discount. Exhibit B
- Patients or residents may be asked to complete the Financial Assistance Application when requesting Charity Care or Discount Payment. JHRC may also make a presumptive determination when sufficient information is otherwise available.
- Family income will be verified with either the recent file Federal tax return or recent paycheck stubs. • Number of applications for financial assistance received. • Number of appeals received. • Percentage of appeals reviewed with a reversed decision; and • Number of completed applications not processed within 30 days of receipt.

This Policy does not waive or alter any contractual provisions or rates negotiated by and between JHRC and a third-party payer and will not provide discounts to a non-contracted third-party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.

Eligibility for Discount Partial Charity Care for High Medical Cost Patients or Residents with Third-Party Coverage

High Medical Cost patients or residents with third-party coverage whose family income is between 200.1% and 400% of the FPL with high medical costs are eligible for a partial discount.

Patients and residents are required to provide proof of payment of medical cost. Proof of payment may be verified.

Patients or residents may be asked to complete the Financial Assistance Application when requesting Charity Care or Discount Payment. High Medical Cost patients and residents will be evaluated using the high-medical-cost definition in this Policy and the reasonably available documentation for the applicable 12-month period.

A patient's and resident's family income will be verified with either recent Federal tax return or recent paycheck stubs to confirm that the patient's or residents' family income is between 200.1% and 400% of FPL.

Eligibility will be based on the patient's or resident's family income qualification only.

If a non-contracted third-party payer (who has not otherwise negotiated a discount off JHRC standard rates) has paid an amount equal to or more than the maximum governmental program payment, JHRC would consider the difference as a discount payment, and write off the difference, excluding deductibles.

If payment received is less than the acceptable maximum governmental program payment, JHRC can collect from the patient or resident the difference between the third-party payment and the acceptable governmental program payment.

This policy does not waive or alter any contractual provisions or rates negotiated by and between JHRC and a third-party payer and will not provide discounts to a non-contracted third-party payer or other entities that are legally responsible for making payment on behalf of a beneficiary, covered person, or insured.

For patients or residents with no third-party coverage whose incomes are above 400% of the FPL, please refer to the Uninsured Discount Section.

Miscellaneous

Accounting for and Tracking Financial Assistance Data: Approved financial assistance, along with any write-offs as a result of applying AGB amounts, shall be classified and recorded as charity care, because, by definition, charity care is "demonstrated inability to pay". The amount of charity care provided will be reported separately in the monthly financial statements.

PFS will be responsible for maintaining the following data monthly:

Number of individuals granted financial assistance.

Finance shall calculate the cost associated with the services approved for financial assistance for disclosure in the annual financial statements and tax return.

Payment Plans: Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per the Policy on Billing and Collections for the JHRC.

Billing and Collection: JHRC may employ reasonable collection efforts to obtain payment from patients or residents. Information obtained during the application process for Financial Assistance may not be used in the collection process,

either by the JHRC or by any collection agency/attorneys engaged by the JHRC. General collection activities may include issuing patient or resident statements, phone calls, and referral of statements that have been sent to the patient, resident or guarantor.

The Patient Financial Services department must develop procedures to confirm that patient or resident questions and complaints about bills are researched and corrected where appropriate, with timely follow-up with the patient or resident. The JHRC or collection agencies/attorneys will not engage in any collection actions (as defined by the Policy on Billing and Collections. Copies of the Policy on Billing and Collections may be obtained free of charge on the JHRC website at JHRC financial assistance webpage . by calling 415-469-2262, or within the financial services office.

Amount Generally Billed (AGB)

In accordance with Internal Revenue Code 1.501(r)-5 JHRC has adopted the prospective Medicare method for amounts generally billed; however, patients or residents who are eligible for 100% discount are not financially responsible for more than the amounts generally billed because eligible patients or residents do not pay any amount.

Equal Opportunity

JHRC is committed to upholding all applicable federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military services, or any other classification protected by the federal, state, and local laws.

Confidentiality

JHRC staff will uphold the confidentiality and individual dignity of every patient or resident. JHRC will meet all HIPAA requirements for handling personal health information.

Availability of Financial Assistance Information

Languages: Such information shall be provided in English and will be translated for patients or residents/responsible party who speak other languages.

During Admission and Discharges

- **Written Notice to Patients and Residents: Each patient or resident who is admitted shall receive a Plain Language Summary of the Financial Assistance Program (see Appendix A). Additionally, a Financial Assistance Program Acknowledgement notice will be given to each patient or resident. The notice shall be provided at the time of discharge, or when the patient or resident leaves the facility. If the patient or resident leaves the facility**

without receiving notice, the JHRC shall mail the notice to the patient or resident within 72 hours of providing medically necessary care.

- **Financial Assistance Counselors: Patients or residents who may be**
- Uninsured shall be assigned financial counselors, who will visit the patient in person at the facility. Financial counselors shall give such patients or residents a Financial Assistance application, as well as contact information for the Patient Financial Services personnel who can provide additional information about this Financial Assistance policy and assist with the application process.
- **Government Program Applications Provided at Discharge: At the time of discharge, JHRC shall provide all Uninsured Patients or Residents with applications for Medi-Cal or any other potentially applicable government program.**

Information Provided to Patients and Residents at Other Times

- **Billing Statements: JHRC shall bill patients and residents in accordance with the Policy of Billing and Collections. Billing Statements to patients or residents shall include Appendix A , which contains a Plain Language Summary of the Financial Assistance Program, a phone number for patients and residents to call with questions about Financial Assistance, and the website address where patients and residents can obtain additional information about Financial Assistance. A Notice of Rights is included in Exhibit 6.**
- **Upon Request: JHRC shall provide patients or residents with paper copies of the Financial Assistance Policy, the application for Financial Assistance, and the Plain Language Summary of the Financial Assistance policy and without charge.**
- **Notice to Accompany Bills to Potentially Eligible Patients or Residents:**
- Each billing statement that is sent to patients or residents who have not provided proof of third-party coverage at the time care is provided or upon discharge must include a statement of charges for services rendered by JHRC and the Notice of High Medical Cost.

Publication of Financial Assistance Information

Public Posting: JHRC shall post copies of the Financial Assistance Policy, the application for Financial Assistance (see Appendix B), the Plain Language Summary of the Financial Assistance Policy (see Appendix A), and the Help Paying Your Bill notice (see Appendix E) shall be clearly and conspicuously posted in locations that are visible to the patients or residents in the following areas: (1) Patient and Resident Financial Services Department; (2) Admissions

Office and any other location in the facility where there is a high volume of patient or resident traffic.

- **Website:**

The Financial Assistance Policy, the Financial Assistance Application (see Appendix B), and a Plain Language Summary (see Appendix A) of the Financial Assistance Policy shall be placed in a conspicuous location on JHRC' internet website, with a link to the policy itself. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance. The JHRC website shall include the information required by 22 California Code of Regulations section 96051.11.

- **Mail: Patients or Residents may request a copy of the Financial Assistance Policy, application for Financial Assistance and Plain Language Summary be sent by mail, at no cost to the Patient or Resident.**

Medical Necessity/Clinical Determinations: The evaluation of the necessity for medical treatment of any patient or resident will be based upon clinical judgment, regardless of insurance or financial arrangements will occur only after an appropriate

medical screening examination has occurred, and necessary stabilizing services have been provided in accordance with all applicable state and federal laws.

Refunds on Charity Care Accounts: The JHRC will reimburse patients or residents for amounts they paid in excess of the amount due pursuant to this Policy, including any interest paid, at the rate of ten percent (10%) per annum. If the amount due to the patient or resident is less than $5.00 (, the JHRC is not required to reimburse the patient or resident pay interest. The JHRC shall refund the patient or resident within 30 days.

All notices will also include the following statement:

Hospital Bill Complaint Program: Patients or Residents that believe they have been wrongly denied financial assistance may file a complaint with the State of California's Hospital Bill Complaint Program. To HospitalBillComplaintProgram.hcai.ca.gov

More Help: For patients or residents that need help paying a bill, there are free consumer advocacy organizations that will help patients or residents understand the billing and payment process. Patients or Residents may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Submission to HCAI

JHRC will submit its Financial Assistance policy to the California Department of Health Care Access and Information (HCAI). Information can be located on the HCAI website.

Review/Revision

This Policy will be reviewed periodically and updated as required by changes in the operations and/or laws, rules, and regulations.

One can find the Poverty Guidelines and its ratios by clicking on this link:

HHS poverty guidelines

Sliding Scale

Uninsured Patients or Residents

JHRC shall limit expected payment for services it provides to a patient at or below 400 percent of the federal poverty level, eligible under its discount payment policy to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater. If the hospital provides a service for which there is no established payment by Medicare or Medi-Cal, JHRC shall establish an appropriate discounted payment as follows:

Household Income	Discount Off of Amount Generally Billed	Patient or Resident Responsibility
200% or below of the Federal Poverty Level	100% discount	Zero
200.1% - 300% of the Federal Poverty Level	75% discount	25% Amount Generally Billed
300.1% - 350% of the Federal Poverty Level	50% discount	50% Amount Generally Billed
350.1% - 400% of the Federal Poverty Level	25% discount	75% Amount Generally Billed
400.1% or Higher of the Federal Poverty Level	Not covered under the Financial Assistance Policy	Not covered under the Financial Assistance Policy

Patients or Residents with Commercial Insurance or Non-Contracted Managed Care Plans and High Medical Costs

Financial Assistance Category	Patient or Resident Criteria	Available Discount
High Medical Cost Charity Care (for Insured Patients or Residents)	1. The patient or resident has third-party coverage and family income at or below 200% of the current FPL; and 2. The patient or resident meets the Policy's definition of high medical costs.	A write-off of the patient's or resident's responsibility amount for medically necessary care.

REFERENCES

Internal Revenue Code section 501(r). Title 26 Code of Federal Regulations 1.501(r)-7

California Health and Safety Code section 124700 through 127446

Title 22 California Code of Regulations Sections 96051 through 96051.37

Office of General, Department of Health and Human Services (“OIG”) guidance regarding financial assistance to uninsured and underinsure patients or residents, and IRS regulations.

Any implementation regulations and agency guidance regarding any of the foregoing.

Policy on Billing and Collections for JHRC.

APPENDICES

Appendix A – Plain Language Summary

Appendix B – Confidential Financial Letter and Application

Appendix D – Financial Assistance Appeal Form

Appendix E – Help Paying your Bill

Appendix G – Notice of Assignment to Collection Agency

Appendix H – Financial Assistance Tagline Sheet

REGULATORY OVERSIGHT

California Department of Health Care Access and Information (hereinafter “HCAI”) is charged with adopting guidelines for identifying, assessing, and reporting charity care services; and conducting onsite assessments as necessary to ensure that reported data is collected in compliance with the guidelines it sets. Calif. Health & Safety Code § 128740(d).

The California Department of Health Care Access and Information (HCAI) is responsible for enforcing the Hospital Fair Pricing Act for violations occurring on or after January 1, 2024. The California Department of Public Health is responsible for violations occurring before January 1, 2024. Calif. Health & Safety Code § 127401.

Appendix A

Plain Language Summary

As a non-profit organization, Jewish Home & Rehab Center (JHRC) provides financial assistance to uninsured and under-insured patients or residents that may not have sufficient financial resources to pay for services.

This handout is intended to aid in understanding the financial assistance options available to qualified patients and residents, the application process and your payment options for services rendered at Jewish Home & Rehab Center (JHRC). Your JHRC bill will not include services you may receive during your stay from physicians, ambulance companies, and other providers that may bill you separately. If you wish to seek assistance with paying your bills from these other providers, you will need to contact them directly.

Payment Options

JHRC has many options to assist you with payment of your bill:

- Medi-Cal & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. JHRC has staff available to assist you with applying for government programs such as Medi-Cal. Please contact The Patient and Resident Financial Services Department at (415) 469-2262 or by email businessoffice@sfcjl.org if you would like additional information about government programs or need assistance with applying for such programs. Medi-Cal: Medi-Cal website
- Covered California: You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Please contact The Patient and Resident Financial Services Department at (415) 469-2262 or by email businessoffice@sfcjl.org Covered California: Covered California website
- **Payment Plans: Patient or resident accounts balances are due upon receipt. Patients or residents may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services Department can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low-income uninsured patients or residents and certain income-eligible patients or residents with high medical costs. The payment plan is negotiated between the JHRC and the patient or resident.**

The following is a summary of the eligibility criteria for financial assistance and the application process for patients and residents who wish to seek financial assistance.

Financial Assistance Eligibility Requirements

- Patients or residents who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical care and have a family income at or below 400% of the federal poverty level.
- Patients or residents who are covered by insurance but have

family income at or below 400% of the federal poverty level; and

high medical costs as defined in this Policy, including the applicable 10% out-of-pocket cost or expense tests.

Application process

During the application process, you will be asked to provide information regarding the number of people in your household, your monthly income, and other details that will assist JHRC with determining your eligibility for financial assistance. You may be asked to provide a pay stub or tax records to assist JHRC in verifying your income.

The application specifies certain information that is required to be submitted with the application. This information may be independently verified by JHRC to ensure its completeness and accuracy. Notice of approval or denial of an application shall generally be sent to the patient within 30 days of receipt of application.

Assignment

JHRC may require a patient or guarantor to remit reimbursement sent directly by a third-party payer for JHRC services. If a legal settlement, judgment, or award includes payment for health care services related to an injury, JHRC may require reimbursement for the related services up to the amount reasonably awarded for that purpose.

Denials of financial assistance may be appealed. Appeals must include an appeal letter from the patient, resident or party with financial responsibility requesting re-evaluation. The appeal must also include any supporting documents that may prove inability to pay that were not part of the initial consideration. Appeals will be referred and reviewed by the Director of Patient Financial Services within thirty (30) days of being received. If the Director of Patient Financial Services feels additional input is needed in making a determination, the Chief Financial Officer will be asked to review and assist with the determination.

Period that Approved Financial Assistance Will Be Provided

Once a patient or resident has been approved for financial assistance, the patient or resident will be deemed to have approval for services rendered by for six months subsequent to initial approval date, except as follows:

• There is a change in financial status. After six months, the patient will be required to reapply for financial assistance, and the appropriate verifications of information will need to be made.

• In JHRC's reasonable estimation, patient can afford to purchase insurance coverage through the Covered California Health Insurance Exchange and the period for which such coverage can be obtained is less than six months from the time financial assistance is granted by JHRC, only the timeframe that is non-covered will be approved.

If a patient or resident is granted financial assistance on a portion of their bill, and the patient or resident subsequently does not pay their remaining portion of the bill, JHRC will not reverse the amount of financial assistance granted.

Charge Limitation

JHRC will utilize the Prospective Medicare methodology to determine the Amounts Generally Billed (AGB) for inpatient and outpatient accounts when determining patient liability for individuals who qualify for financial assistance. The billed amount will not exceed the AGB. This document (The Plain Language Summary) summarizes the JHRC FAP and is not intended to represent a complete explanation of the FAP. Our financial counselors can be reached Monday through Friday from 9:00 am to 5:00 pm at (415) 469-2262 and are available to assist patients with the financial assistance application process.

Notice of Availability of Financial Estimates

You may request a written estimate of your financial responsibility for health care services received at JHRC. Requests for estimates must be made during business hours. The estimate will provide you with the amount JHRC will require the patient and resident to pay for health care services. Estimates are based on the average length of stay and services provided for the patient and resident's diagnoses and are not a guarantee to provide services at a fixed cost. JHRC cannot make estimates for other providers. A patient or resident's financial responsibility may be more or less than the estimate based on the actual medical services the patient and resident receives.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HCAI Hospital Bill Complaint Program website for more information.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to Health Consumer Alliance website for more information. Please contact Patient Financial Services for further information.

Price Transparency

Healthcare cost transparency is important to help consumers make informed decisions about their care. We post a list of standard charges. Please visit the following website below for more information: JHRC admissions information webpage

If you have any questions, please contact the Patient and Resident Financial Services Department at (415)469-2262 or by email businessoffice@sfcjl.org.

This notice must be accompanied by Appendix H, Financial Assistance Tagline Sheet.

Appendix D

Financial Assistance Appeal Form

Request for Re-Evaluation on Financial Assistance Denial

Field	Editable response
General information date	[Enter date]
Name of patient	[Enter patient name]
Date of birth	[Enter date of birth]
Address, city, state, ZIP code	[Enter address]
Phone number	[Enter phone number]
Guarantor name (if different from patient)	[Enter guarantor name]
Relationship	[Enter relationship]
Guarantor date of birth	[Enter guarantor date of birth]
Guarantor address	[Enter guarantor address]
Guarantor city, state, ZIP code	[Enter city, state, ZIP code]
Guarantor phone number	[Enter guarantor phone number]

Reason for appeal

Editable response
[Enter reason for appeal and supporting details]

Please provide the reasons for your appeal of the Financial Assistance denial. Your appeal letter must include supporting documents that demonstrate your inability to pay, which were not considered initially. Submit your appeal letter and supporting documents either by mail to:

Jewish Home & Rehab Center 302 Silver Avenue, San Francisco, CA 94112 Attn: Patient and Resident Financial Services Department

You will receive a decision on your appeal within thirty (30) days of receipt of your complete submission.

Assistance with Bill Payment

Free consumer advocacy organizations, such as the Health Consumer Alliance, can help you understand the billing and payment process. For more information, call 888-804-3536 or visit Health Consumer Alliance website.

If you have any questions, please contact one of our Patient Financial Services representatives at (415) 469-2262.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state initiative that reviews hospital decisions regarding financial assistance eligibility. If you believe you were wrongly denied financial assistance, you may file a complaint at HCAI Hospital Bill Complaint Program website.

Appendix E

Help Paying Your Bill

Help Paying your Bill

The Jewish Home & Rehab Center (JHRC) is committed to providing financial assistance to qualified patients or residents. The Program is available to those with income at or below 400% of the Federal Poverty Level.

How to Apply

You may apply for Financial Assistance in one of 3 ways:

- Obtaining and filling out the application form that is available from our Patient Financial Services, located on the 2nd Floor of the Rosenberg building
- By calling the Patient Financial Services phone line at

(415) 469-2262 to speak with a representative who may assist you with completing the application

- **Via the JHRC website** JHRC financial assistance webpage

Hospital Bill Complaint Program

If you were denied financial assistance and you believe you should have been accepted, you may file a complaint with the State of California's Hospital Bill Complaint Program.

Go to:

HCAI Hospital Bill Complaint Program website

for more information and to file a complaint.

More Help

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to: Health Consumer Alliance website more information.

Please contact Patient Financial Services for further information.

Alternative Format Accessibility

This document is available in large print on our website: JHRC financial assistance webpage

Other Language

This document and the application for financial assistance or charity care are available in several other languages in addition to English on our website: JHRC financial assistance webpage

Appendix G

Notice of Assignment to Collection Agency

Field	Editable response
Date	[Enter notice date]
Patient/resident/responsible party name	[Enter responsible party name]
Patient/resident/responsible address	[Enter responsible party address]
Account balance	[Enter account balance]
Patient/resident name	[Enter patient or resident name]
Account number	[Enter account number]
Admission ID number	[Enter admission ID]
Date of service	[Enter date of service]
Health coverage name and plan type	[Enter health coverage name and plan type, or state that information is unavailable]
FA Application Sent Date	[Enter date provided or not applicable]
FA Determination Date	[Enter determination date or not applicable]

Thank you for choosing JHRC. As of the date of this Notice of Assignment to Collection Agency, JHRC has not received payment of the amount due that is set forth above. This Notice of Assignment to a collection agency is to notify you that the patient or resident account identified above is being assigned to a collection agency identified below. The collection agency may attempt to contact you in writing or by telephone concerning the amount that remains outstanding.

A financial assistance application is enclosed with this notice.

Field	Editable response
Original Notice of Financial Assistance sent on	[Enter date]
Latest Notice of Outstanding Balance sent on	[Enter date]
Financial Assistance application sent on (if applicable)	[Enter date or not applicable]

For more information, or to obtain an itemized bill for the services provided on the above dates of service and for the amount owed, please contact Patient Financial Services at (415) 469-2262 or businessoffice@sfcjl.org.

Currently, the Jewish Home & Rehab Center will be assigning the outstanding balance to Wilson, Salamoff LLP for collections.

This notice must be accompanied by Appendix H, Financial Assistance Tagline Sheet.

Financial Assistance

JHRC is committed to providing financial assistance to qualified low-income patients or residents who have insurance that requires the patient to pay a significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patients or residents who wish to seek Financial Assistance. The following categories of patients or residents are eligible for Financial Assistance:

- Patients or residents who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level.
- Patients or residents who are covered by insurance, have family income at or below 400% of the federal poverty level, and meet the Policy's definition of high medical costs.
- Patients or residents who are covered by insurance but exhaust their benefits either before or during their stay at the JHRC and have a family income at or below 400% of the federal poverty level.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program that reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Visit HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process.

You may call the Health Consumer Alliance at 888-804-3536 or go to Health Consumer Alliance website for more information. Please contact Patient Financial Services for further information.

Appendix H

Financial Assistance Tagline Sheet

Language help and disability-related aids and services are available at no cost. Call (415) 469-2262 or visit the Patient and Resident Financial Services Department.

English

ATTENTION: If you need help in your language, please call (415) 469-2262 or visit the Patient and Resident Financial Services Department. The office is open Monday through Friday, 9:00 a.m. to 5:00 p.m., and is located at 302 Silver Avenue, San Francisco, CA 94112. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats, are also available. These services are free.

Spanish / Español

ATENCIÓN: Si necesita ayuda en su idioma, llame al (415) 469-2262 o visite el Departamento de Servicios Financieros para Pacientes y Residentes. La oficina está abierta de lunes a viernes, de 9:00 a. m. a 5:00 p. m., y se encuentra en 302 Silver Avenue, San Francisco, CA 94112. También se ofrecen ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

Chinese - Simplified / 简体中文

注意：如果您需要以您的语言获得帮助，请致电 (415) 469-2262 或前往患者与居民财务服务部。办公室开放时间为周一至周五上午 9:00 至下午 5:00，地址为 302 Silver Avenue, San Francisco, CA 94112。我们还为残障人士免费提供辅助工具和服务，例如盲文、大字体、音频以及其他无障碍电子格式的文件。这些服务均免费提供。

Vietnamese / Tiếng Việt

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi (415) 469-2262 hoặc đến Phòng Dịch Vụ Tài Chính cho Bệnh Nhân và Cư Dân. Văn phòng mở cửa từ Thứ Hai đến Thứ Sáu, 9:00 sáng đến 5:00 chiều, tại 302 Silver Avenue, San Francisco, CA 94112. Các phương tiện và dịch vụ hỗ trợ người khuyết tật, như tài liệu chữ nổi Braille, chữ in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác, cũng có sẵn. Các dịch vụ này miễn phí.

Tagalog / Filipino

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa (415) 469-2262 o pumunta sa Patient and Resident Financial Services Department. Bukas ang opisina Lunes hanggang Biyernes, 9:00 a.m. hanggang 5:00 p.m., at matatagpuan sa 302 Silver Avenue, San Francisco, CA 94112. Mayroon ding mga tulong at serbisyo para sa

mga taong may kapansanan, gaya ng mga dokumentong nasa braille, malalaking letra, audio, at iba pang naa-access na elektronikong format. Libre ang mga serbisyong ito.

Korean / 한국어

참고: 귀하의 언어로 도움이 필요하시면 (415) 469-2262 번으로 전화하거나 환자 및 거주자 재정 서비스 부서를 방문하십시오. 사무실은 월요일부터 금요일까지 오전 9 시부터 오후 5 시까지 운영되며 주소는 302 Silver Avenue, San Francisco, CA 94112 입니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서 등 장애인을 위한 보조 수단과 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

Armenian / Հայերեն

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել (415) 469-2262 հեռախոսահամարով կամ այցելել Հիվանդների և բնակիչների ֆինանսական ծառայությունների բաժին: Գրասենյակը բաց է երկուշաբթիից ուրբաթ՝ ժամը 9:00-ից մինչև 17:00-ը, և գտնվում է 302 Silver Avenue, San Francisco, CA 94112 հասցեում: Հաշմանդամություն ունեցող անձանց համար հասանելի են նաև օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլյան, խոշոր տպագիր, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով փաստաթղթեր: Այս ծառայություններն անվճար են:

Farsi / فارسی

توجه: اگر به کمک به زبان خود نیاز دارید، لطفاً با شماره 415) 469-2262) تماس بگیرید یا از بخش خدمات مالی بیماران و ساکنان بازدید کنید. این دفتر از دوشنبه تا جمعه، از ساعت 9:00 صبح تا 5:00 بعدازظهر باز است و در 302 نشانی Silver Avenue, San Francisco, CA 94112 قرار دارد. کمک‌ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ درشت، فایل صوتی و سایر قالب‌های الکترونیکی دسترس‌پذیر نیز موجود است. این خدمات رایگان است.

Russian / Русский

ВНИМАНИЕ! Если вам нужна помощь на вашем языке, позвоните по номеру (415) 469-2262 или посетите отдел финансовых услуг для пациентов и резидентов. Отдел открыт с понедельника по пятницу с 9:00 до 17:00 и находится по адресу: 302 Silver Avenue, San Francisco, CA 94112. Для людей с ограниченными возможностями также бесплатно предоставляются вспомогательные средства и услуги, например документы шрифтом Брайля, крупным шрифтом, в аудиоформате и других доступных электронных форматах. Эти услуги бесплатны.

Japanese / 日本語

注意：日本語でのサポートが必要な場合は、(415) 469-2262 に電話するか、患者・居住者財務サービス部門にお越しください。窓口は月曜日から金曜日の午前 9 時から午後 5 時まで開いており、

所在地は 302 Silver Avenue, San Francisco, CA 94112 です。点字、大きな文字、音声、その他のアクセシブルな電子形式の文書など、障害のある方のための補助・サービスも利用できます。これらのサービスは無料です。

Arabic / العربية

تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك، يرجى الاتصال بالرقم (415) 469-2262 أو زيارة قسم الخدمات المالية للمرضى والمقيمين. يفتح المكتب من الاثنين إلى الجمعة، من الساعة 9:00 صباحًا حتى 5:00 مساءً، ويقع في 302 Silver Avenue, San Francisco, CA 94112. تتوفر أيضًا وسائل مساعدة وخدمات للأشخاص ذوي الإعاقة، مثل المستندات بطريقة برايل والطباعة الكبيرة والتسجيلات الصوتية وغيرها من التنسيقات الإلكترونية التي يسهل الوصول إليها. هذه الخدمات مجانية.

Punjabi / ਪੰਜਾਬੀ

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ (415) 469-2262 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਮਰੀਜ਼ ਅਤੇ ਨਿਵਾਸੀ ਵਿੱਤੀ ਸੇਵਾਵਾਂ ਵਿਭਾਗ ਵਿੱਚ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 9:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:00 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ ਅਤੇ 302 Silver Avenue, San Francisco, CA 94112 'ਤੇ ਸਥਿਤ ਹੈ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਬ੍ਰੇਲ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਾਲੇ, ਆਡੀਓ ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Mon-Khmer Cambodian / ភាសាខ្មែរ

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ (415) 469-2262 ឬទៅកាន់ផ្នែកសេវាហិរញ្ញវត្ថុសម្រាប់អ្នកជំងឺ និងអ្នកស្នាក់នៅ។
ការិយាល័យបើកពីថ្ងៃចន្ទដល់ថ្ងៃសុក្រ ម៉ោង 9:00 ព្រឹក ដល់ 5:00 ល្ងាច និងមានទីតាំងនៅ 302 Silver Avenue, San Francisco, CA 94112។ ជំនួយ និងសេវាសម្រាប់ជនពិការ
ដូចជាឯកសារជាអក្សរប្រៃល អក្សរធំ សំឡេង
និងទម្រង់អេឡិចត្រូនិកដែលអាចចូលប្រើបានផ្សេងទៀត ក៏មានផងដែរ។
សេវាទាំងនេះមិនគិតថ្លៃទេ។

Hmong / Hmoob

CEEB TOOM: Yog koj xav tau kev pab ua koj hom lus, thov hu rau (415) 469-2262 lossis mus ntsib Patient and Resident Financial Services Department. Lub chaw ua haujlwm qhib hnub Monday txog Friday, thaum 9:00 teev sawv ntxov txog 5:00 teev tsaus ntuj, thiab nyob ntawm 302 Silver Avenue, San Francisco, CA 94112. Muaj cov cuab yeej pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li ntaub ntawv ua ntawv Braille, ntawv loj, suab, thiab lwm hom ntaub ntawv hluav taws xob uas nkag tau yooj yim. Cov kev pab cuam no yog dawb xwb.

Hindi / हिन्दी

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो कृपया (415) 469-2262 पर कॉल करें या रोगी एवं निवासी वित्तीय सेवा विभाग में जाएँ। कार्यालय सोमवार से शुक्रवार, सुबह 9:00 बजे से शाम 5:00 बजे तक खुला रहता है और 302 Silver Avenue, San Francisco, CA 94112 पर स्थित है। विकलांग लोगों

के लिए सहायता और सेवाएँ, जैसे ब्रेल, बड़े अक्षरों, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूपों में दस्तावेज़ भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं।

Thai / ภาษาไทย

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร (415) 469-2262 หรือไปที่แผนกบริการด้านการเงินสำหรับผู้ป่วยและผู้พักอาศัย สำนักงานเปิดวันจันทร์ถึงวันศุกร์ เวลา 9:00 น. ถึง 17:00 น. และตั้งอยู่ที่ 302 Silver Avenue, San Francisco, CA 94112 นอกจากนี้ยังมีสิ่งช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์อื่น ๆ ที่เข้าถึงได้ บริการเหล่านี้ไม่มีค่าใช้จ่าย