

6. **Primary Language of Hospital's Service Area:** A language spoken by 1,000 people or 5% of the community served by the hospital, based on the most recent community health needs review.
7. **Uninsured Patient:** A patient with no insurance or way to pay for care, including job-based plans, Medicare, Medi-Cal, car insurance for medical costs, or other insurance.
8. **Insured Patient:** A patient with insurance to help pay for care. This can be private insurance, Medicare, Medi-Cal, or another program.
9. **Patient Responsibility:** The part of the bill the patient must pay after insurance, adjustments or discounts have been applied.
10. **Presumptive Charity:** Charity care given without sending a full application, based on certain situations where a patient is likely to qualify. Examples are in the Procedures section.
11. **Patient:** A person who gets care at a Tri-City Medical Center covered by this policy.
12. **Guarantor:** If not the patient, a guarantor is the person responsible for the patient's healthcare costs, usually a parent or legal guardian.
13. **Patient Representative:** A person allowed to act for a patient in care or billing matters.
14. **Family Income:** For deciding discount eligibility, recent tax returns are tax returns which show a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed. Recent paystubs are paystubs within a 6-month period before or after the patient is first billed by the hospital, or in the case of preservice, when the application is submitted.
15. **Self-Pay Patient:** A patient with insurance who does not submit a claim for covered or non-covered services.

D. **POLICY:**

1. Tri-City Medical Center is committed to giving patients clear written information about the Financial Assistance Policy (FAP), no matter their ability to pay. The organization offers income-based Financial Assistance (Charity Care) to eligible patients for emergency and needed care. Tri-City Medical Center ensures fair access to exams, screenings, and care for emergency conditions, as defined under Section 1867 of the Social Security Act (42 U.S.C. § 1395dd). The hospital will not do anything that stops people from seeking emergency care and will work within its ability and capacity. We will make every fair effort to meet patients' needs.

E. **PROCEDURES:**

1. Eligibility Rules:
 - a. During the application process, Tri-City Medical Center will use the following rules for financial help:

Financial Assistance Category - <i>No Application Required</i>	Patient Eligibility Category
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Presumptive Charity	<p>Special situations where the patient may be considered eligible for Charity Care without sending a full application:</p> <ul style="list-style-type: none"> • Patient is deceased and have no living spouse, insurance, or estate. • Patient is homeless and not enrolled in Medicare, Medi-Cal, or any government program, and have no insurance. • Patient was treated in the Emergency Department, but the Hospital cannot send a bill. • Patient is a victim of domestic violence.
Medi-Cal	<p>Patients who qualify for Medi-Cal or other government low-income programs can get Charity Care when these programs do not pay (for example: denied inpatient stays, services not covered, TAR denials, restricted coverage, or Share of Cost).</p>
Pandemic/Crisis	<p>During any State or Federal emergency, like a healthcare crisis, Tri-City Medical Center will follow any flexible rules allowed for financial help.</p>
Full Charity Care	<p>All patients with family income at or below 400% of the most recent Federal Poverty Level (FPL).</p>
High Medical Cost (for Insured Patients)	<p>Patients with insurance and family income at or below 400% of FPL, and whose medical bills for themselves or family in the past 12 months are more than 10% of family income.</p>

2. Calculating Family Income

- a. Patient Family:
 - i. Adult Patients: Includes spouse or partner and dependent children under 21 (living at home or not), plus any disabled dependent children.
 - ii. Minor Patients: Includes parents, caretaker relatives, other children under 21, and any disabled dependent children.
- b. Family Income: Family income means yearly earnings of all family members, based on the last two months or last tax year. This is shown by recent pay stubs

or tax returns and reduced by alimony or child support payments. All income counts, like:

- i. Salaries and wages
- ii. Retirement income
- iii. Investment gain

c. Type of Income

Type of Income	Documentation
Employment Income	Recent tax returns or pay stubs within 6 months of billing or application.
Self-Employment Income	Recent tax returns or pay stubs within 6 months of billing or application.
Social Security / Retirement	Recent tax returns or pay stubs within 6 months of billing or application or Award Letter.
Disability	Recent tax returns or pay stubs within 6 months of billing or application or state Award Letter.
Unemployment	Recent tax returns or pay stubs within 6 months of billing or application or Award Letter.
Unemployed Students	Proof of school enrollment

d. Other Forms of Income Documentation

- i. Hospitals may accept other proof but will not require it.
- ii. If a patient does not send proof, the hospital may decide based on other info or past decisions.

3. When Financial Help Does Not Apply:

a. Financial help is not available when:

- i. Uninsured patients have family income over 400% of FPL (they may qualify for Cash Price).
- ii. Patients get payment for services directly from another payer.
- iii. Patients give false info about income, family size, or other details.

4. No Asset Check: Tri-City Medical Center will not look at a patient's savings or property when deciding on charity care. Note: Hospitals may waive or lower Medi-Cal and Medicare cost-sharing as part of charity care or discount programs, as allowed by law.

5. Application Process

- a. The hospital will try to find out if insurance can cover the bill. Patients who say they cannot pay will be checked for help.
- b. Patients must fill out the Financial Assistance Application.
- c. Mail applications to:
Tri-City Medical Center

Attn: Patient Accounting
4002 Vista Way
Oceanside, CA 92056

- d. Patients should complete applications as soon as possible after receiving services. Applications are reviewed once patient responsibility is determined.
6. Financial Assistance Decision
- a. Tri-City Medical Center will review each financial assistance application and approve help when the patient meets the rules in Section E: Eligibility.
 - i. Income is at or below 400% of the Federal Poverty Level (FPL).
 - ii. Insured patients with family income at or below 400% FPL and medical bills over 10% of family income in the past 12 months (including care at Tri-City and other providers).
 - iii. If the patient applies for another health coverage program at the same time, financial help will be decided after that program's decision.
 - a. Applicants will get a Decision Letter (Approval or Denial) telling them the hospital's choice.
 - b. Patients are presumed eligible for 180 days from the date the hospital sends the notice. After 180 days, patients must send a new application to keep getting help.
 - c. If the decision creates a credit balance for the patient, the refund will include interest at 10% per year, starting from the date of payment, as required by California law. Tri-City Medical Center does not have to refund amounts under \$5.
 - d. Tri-City Medical Center may consider special situations or major medical events for patients over 400% FPL with manager approval.
 - e. Hospitals cannot require patients to apply for Medicare, Medi-Cal, or other coverage before approving charity care or discounts.
 - i. Hospitals may assist patients in applying for these programs or Covered California.
 - ii. Hospitals may assist patients with Medi-Cal screening.
 - iii. No Application Deadlines: Hospitals cannot impose time limits for charity care or discounted payment consideration. Eligibility cannot be denied based on timing of application. In some cases, accounts may need to be pulled back from collections.
 - f. Discounted Payment: For patients with a family income greater than 400% of the FPL, these options may be offered:
 - i. Self-Pay Discount: A 40% discount on total charges is automatically applied to all uninsured accounts at billing.
 - ii. Payment Plans: Tri-City offers interest-free payment plans based on the patient's financial situation.
 - g. Discounts and Special Circumstances: Discounts may be combined for good customer service, as documented in the patient's account.
 - i. All combined discounts must be documented and approved under Tri-City's billing rules.
 - ii. Combined discounts cannot go over the allowed limit without manager approval.
 - h. Disputes

- i. Patients can ask for a review of denied help or discounts within 30 days of notice. Appeals will be reviewed, and a written answer given within 30 days by a manager. Requests can be sent:
 - 1) By phone: 760-940-7329
 - 2) In writing to:
 - a) Tri-City Medical Center
 - b) Attn: Patient Accounting
 - c) 4002 Vista Way
 - d) Oceanside, CA 92056
 - ii. Help paying your bill: Free consumer groups, like Health Consumer Alliance (1-888-804-3536, healthconsumer.org), can help.
 - iii. Hospital Billing Complaint Program: If you think you were wrongly denied help, you can file a complaint at HospitalBillComplaintProgram.hcai.ca.gov.
- j. Availability of Financial Assistance Information
- i. Languages: This policy and notices will be available in the main languages of the hospital's service area. Info will be given during business hours (Mon–Fri, 8 a.m.–4:30 p.m. PST) and follow state and federal law.
 - ii. Info for Patients During Care:
 - 1) Before Admission or Registration: Hospitals will give patients a Plain Language Summary of this policy. If a patient leaves without it, the notice will be mailed within 72 hours.
 - 2) Emergency Services: Hospitals will give self-pay patients a financial assistance packet after their emergency condition is stable or at discharge.
 - 3) At Discharge: Hospitals will give patients a financial assistance application, a Medi-Cal application, and info on other programs.
 - 4) Financial Assistance Counselor: A counselor will meet uninsured patients at the hospital and help with applications for government programs. If the patient does not qualify, the counselor will explain the financial assistance process and connect them with staff for help.
 - iii. Info at Other Times:
 - 1) Billing Statements: Tri-City Medical Center will bill patients in accordance with the Tri-City Medical Center Billing, Collections, and Bad Debt Review Policy. Billing statements will include the Patient Information Notice, which clearly and prominently informs patients about the availability of financial assistance under the hospital's policy. The notice will include:
 - a) A telephone number patients can call for questions about the policy or application process.
 - b) The website address where patients can access additional information, including the Financial Assistance Policy, a Plain Language Summary, and the financial assistance application.
 - 2) Upon Request: Tri-City Medical Center will provide patients, upon request and at no cost, with paper copies of the Financial

Assistance Policy, the financial assistance application, and the Plain Language Summary of the Financial Assistance Policy.

- iv. Sharing Financial Assistance Information
 - 1) Public Posting: Tri-City will post the Financial Assistance Policy, Application, and Plain Language Summary in easy-to-see places like emergency rooms, admissions, waiting areas, and outpatient locations. Notices will include info on how to ask for an estimate of your hospital costs.
 - 2) Website: These documents are free and do not require an account on the Tri-City website (<https://tricitymed.org/patients-visitors/patient-services/billing-insurance-financial-assistance/>).
 - 3) Mail: Hospitals will mail copies of the policy, application, and summary for free if requested.
 - 4) Community Awareness: Tri-City will work with partner groups, doctors, clinics, and other providers to spread the word about financial assistance, especially to those who need it most.

k. Miscellaneous

- i. Recordkeeping: Tri-City Medical Center will keep records about financial assistance in an easy-to-access way. This includes the number of uninsured patients served, applications completed, approved, or denied, the estimated dollar value of help given, and reasons for denials. Notes about approval or denial must be added to the patient's account, and copies of applications and documents must be scanned and saved with visit records.
- ii. Submission to HCAI: Tri-City Medical Center will send their Financial Assistance Policy to the California Department of Health Care Access and Information (HCAI). Policies are posted at <https://hcai.ca.gov/>.
- iii. Five-Year Record Retention: Tri-City Medical Center will keep all records about money owed for at least five years. This includes legal documents, contracts for debt sales, and yearly lists of debt collectors used.
- iv. Contracts with Debt Buyers: Any contract for selling medical debt will require the buyer (and any later buyer) to keep legal records for five years.
- v. Policy Lookback: Tri-City will not deny help that would have been available under the policy posted on HCAI's site when the patient was first billed.
- vi. Medical Debt Protections:
 - 1) Medical debt must not be included in credit reports.
 - 2) Tri-City Medical Center must not share medical debt info with credit agencies.
 - 3) Tri-City Medical Center must not start a lawsuit to collect medical debt until at least 180 days after the first bill.

F. **ATTACHMENTS:**

- 1. Tri-City Financial Assistance Application



Tri-City Medical Center

Please read this before filling out your application.

Tri-City Medical Center provides financial assistance to eligible low-income patients, including uninsured individuals and insured patients with high medical costs who meet certain criteria.

To apply:

- 1. Fill out the attached Financial Assistance Application.**
- 2. Attach proof of income, such as tax returns or pay stubs.**
 - Tax returns: show your income for the year you were billed or the year before.**
 - Paystubs: from within 6 months before or after you were first billed by the hospital.**
- 3. Send copies only – do not send original documents; they cannot be returned.**

You may also qualify for financial assistance for services provided by other providers, such as emergency room doctors or specialists, who send their own separate bills. If you receive one, check your billing statement for their contact information.

We will review your application and send you a written notice within 60 days of receiving it. While we review your application, your bill will be on hold until a decision is made.

**If you have any questions or need help with this form:
Call 760-940-7329 (Monday -Friday, 8 a.m. 4:30 p.m. PST).**

For more information regarding current FPL guidelines, Medi-Cal, Covered California, or CMS visit:

- Federal Poverty Level Guidelines: [detailed-guidelines-2025.pdf](#)**
- Covered California [coveredca.com](#)**
- Medi-Cal [DHCS Homepage](#)**
- Consumer Alliance: [healthconsumer.org](#)**
- CMS [sdcounty.ca.gov/hhsa/programs/ssp/county_medical_services](#)**

This form lets Tr-City Medical Center employees use or share your protected health information only to review your financial assistance request. You do not have to sign this form to receive medical care.

Signing this form does not guarantee that you will qualify for financial help.

By signing, you allow Tri-City Medical Center staff to use or share the information you provide to:

- Check if I qualify for financial assistance, or
- Check if the hospital can receive financial help to cover part or all your care costs

You understand that the form needs to be filled out completely. You may still owe money for your hospital bill, if you do not qualify.

RETURN TO:
Tri-City Medical Center
4002 Vista Way
Oceanside, CA 92056
Patient Accounting

Medical Record or Encounter # _____
Total \$ _____

PATIENT INFORMATION (PLEASE PRINT)

Patient Name _____ Phone # _____

Medical Record or Encounter # _____

Patient Social Security # _____

Address _____

FAMILY INFORMATION: List any spouse, domestic partner, or children under the age of 21. If the patient is a minor, list all parents, caretakers, relatives, and siblings under the age of 21. Include any disabled person residing in the home.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT INFORMATION

Employer (If self-employed, list business name): _____

Job Title: _____ Work Telephone: _____

Spouse (If self-employed, list business name): _____

Job Title: _____ Work Telephone: _____

CURRENT MONTHLY INCOME

	Patient	Other Family
Gross Pay or Business Income (if self-employed)	\$	\$
Interest and Dividends	\$	\$
Social Security	\$	\$
Other Income	\$	\$
Current Monthly Income	\$	\$
Total Current Monthly Income (Patient + Other Family)	\$	

HOUSEHOLD AND INSURANCE INFORMATION

	Yes	No
Number of people living in household: _____		
Do you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Were your injuries caused by another person (for example, a car accident or fall)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have other insurance (such as auto insurance)?	<input type="checkbox"/>	<input type="checkbox"/>

ESSENTIAL LIVING EXPENSES

Write the amount or "N/A" if it does not apply.	
Rent or Mortgage (circle one)	\$
Medical/Dental	\$
Current Medical Payment(s)?	\$
(Include copies of all paid, out-of-pocket medical bills for you or your family.)	

By signing below, you agree to the following:

- I declare that everything I wrote on this form are true and correct.
- I will tell Tri-City Medical Center within 10-days if there are any changes to my income, expenses, household, or address.
- If I receive care because of an accident or injury, I to repay county, state, federal government or Tri-City Medical Center from any settlement or lawsuit related to the event.
- I understand that if I do not qualify for financial help, I will be responsible for my bill.
- I may appeal the decision within 30- days of receiving the results. I can send more documentation in writing or schedule an in-person appointment with business office staff, manager, or chief financial officer.
- To schedule an appointment, call 760-940-3179, Monday- Friday, 8 a.m. to 4:30 p.m. (PST).
- After 30-days , I may need to submit a new application.
- I may revoke this authorization in writing at any time, following Tri-City Medical Center’s Privacy Policy.

- **This authorization ends 90 days after Tri-City receives this form.**

Comments:

Patient Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____