Financial Assistance and Debt Collection Policy

Effective Date: 1/1/2026

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Regulatory Requirement/References:
This Policy is in compliance with Internal Revenue Code Section 501(r) and related Treasury Regulations.

I. Financial Assistance and Debt Collection Policy

Select Specialty Hospital San Diego's policy is to provide Medically Necessary Care to patients without regard to race, creed, or ability to pay. Patients who do not have the means to pay for services provided at Select Specialty Hospital - San Diego may request financial assistance, which will be awarded subject to the terms and conditions set forth below.

Nothing in this policy prohibits hospital from requiring a patient or guarantor to pay the hospital the entire amount of any reimbursement sent directly to the patient or guarantor by a third-party payer for the hospital's services. If the patient receives a legal settlement, judgment, or award under a liable third party action that includes payment for health care services or medical care related to the injury, the hospital may require the patient or guarantor to reimburse the hospital for the related health care services rendered up to the amount reasonably awarded for that purpose.

II. Background

Select Specialty Hospital - San Diego is a long term acute care hospital that is operated and managed in a manner that is generally consistent with the requirements of section 501(c)(3) of the Internal Revenue Code and charitable institutions under state law.

Select Specialty Hospital - San Diego is committed to providing Medically Necessary Care. "Medically Necessary Care" is provided to patients without regard to race, creed, or ability to pay.

The principal beneficiaries of the Financial Assistance and Debt Collection Policy are intended to be uninsured patients or high medical cost patients, and whose Annual Family Income does not exceed 400% of the Federal Poverty Income Guidelines (the FPG) published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for

awards of financial assistance under this Policy. Patients experiencing financial or personal hardship or special medical circumstances also may qualify for assistance. Under no circumstances will a patient eligible for financial assistance under this Policy be charged more than amounts generally billed for such care.
Patients are expected to cooperate with Select Specialty Hospital - San Diego's procedures for obtaining Financial Assistance or other forms of payment, and to contribute to the costs of their care based on their individual ability to pay.

III. Definitions

"Annual Family Income" is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Noncash benefits (such as food stamps and housing subsidies) do not count.
- Income is determined on a before-tax basis.
- If a person lives with their immediate family, "Annual Family Income", includes the income of all family members.

"Application" means the process of applying under this Policy, including either (a) by completing the Select Specialty Hospital - San Diego financial assistance application in person, online, or over the phone with a representative, or (b) by mailing or delivering a completed paper copy of the application to Select Specialty Hospital - San Diego.

"CBO" means Central Billing and Collections Office.

"Charity Care" means free care.

"Discount Payment" means any charge that is reduced but not free.

"Family" shall mean for patients 18 years of age and older, their spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, or any age if disabled, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act, whether living at home or not. For patients under 18 years of age or for a dependent child 18 to 20 years of age, "Family" is inclusive of parents, caretaker relatives and parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act.

"FPG" shall mean the Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service.

"High Medical Cost Patient" is defined as follows: A person whose family income does not

exceed 400 percent of the federal poverty level. For these purposes, “high medical costs” means any of the following:

1. Annual out-of-pocket costs incurred by the individual at the hospital that exceed the lesser of 10 percent of the patient’s current family income or family income in the prior 12 months. Out-of-pocket costs means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.
2. Annual out-of-pocket expenses that exceed 10 percent of the patient’s family income, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months. Out-of-pocket expenses means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

"Insured Patients" are individuals who have any governmental or private health insurance.

"Medically Necessary Care" shall mean those services, as defined by Medicare, that are reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided. Medically necessary care does not include outpatient prescription medications.

"Policy" shall mean this Financial Assistance and Debt Collection Policy as currently in effect.

“Reasonable payment plan” involves monthly payments that are not more than 10 percent of a patient’s Family income for a month, excluding deductions for essential living expenses. “Essential living expenses” means, for purposes of this subdivision, 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 child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

"Uninsured Patients" are individuals: (i) who do not have governmental or private health insurance; (ii) whose insurance benefits have been exhausted; or (iii) whose insurance benefits do not cover the Medically Necessary Care the patient is seeking.

“Self-Pay Patients” are individuals who do not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital. Self-pay patients may include charity care patients.

IV. Relationship to Other Policies

Policy Relating to Emergency Medical Services - Emergency services are not provided at Select Specialty Hospital - San Diego.

Prescription Drug Coverage - Patients in need of assistance with the costs of their prescription medications may qualify for one of the patient assistance programs offered by pharmaceutical companies.

V. Eligibility Criteria for Financial Assistance

Patients seeking care at Select Specialty Hospital - San Diego who meet the qualifications below are eligible for the assistance described in Section VII under this Policy.

A. Income Based Financial Assistance -
   1. Patients who are Uninsured or have high medical costs and whose Annual Family Income does not exceed 400% of the FPG,
   2. Who are seeking Medically Necessary Care for inpatient hospital services.

B. Additional Ways to Qualify for Assistance - A patient who does not otherwise qualify for financial assistance under this Policy but is unable to pay for the cost of Medically Necessary Care may seek assistance in the following circumstances:

   1. Exceptional Circumstances - Patients who relay that they are undergoing an extreme personal or financial hardship (including a terminal illness or other catastrophic medical condition).

   2. Special Medical Circumstances - Patients who are seeking treatment that can only be provided by Select Specialty Hospital - San Diego medical staff or who would benefit from continued medical services from Select Specialty Hospital - San Diego for continuity of care.

      Requests for assistance due to Exceptional Circumstances or Special Medical Circumstances will be evaluated on a case-by-case basis with a determination made by the CBO Manager.

Medicaid Screening - Uninsured Patients seeking care at Select Specialty Hospital - San Diego may be contacted by a representative to determine whether they may qualify for Medicaid or other state healthcare programs. Uninsured Patients must cooperate with the Medicaid screening process to be eligible for financial assistance under this Policy.

VI. Method of Applying

A. Income Based Financial Assistance

   1. Any patient seeking income-based financial assistance at any time in the scheduling or billing process may complete the financial assistance application

and will be asked to provide tax returns which document 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, or pay stubs within a 6-month period before or after the patient is first billed by the hospital, or in the case of pre-service, when the application is submitted The financial assistance application may be found in our admissions areas, online at https://www.selectspecialtyhospitals.com/locations-and-tours/ca/san-diego/help-paying-your-bill/ or from a representative at our facility admissions office.

2. If there is a discrepancy between two sources of information, a Select Specialty Hospital - San Diego representative may request additional information to support Annual Family Income.

B. Exceptional Circumstances

Select Specialty Hospital - San Diego personnel will initiate an Application for any patient identified as having incurred or being at risk to incur a high balance or as reporting an extreme personal or financial hardship. Select Specialty Hospital - San Diego personnel will gather information on financial circumstances and personal hardships from the patient.

C. Special Medical Circumstances

Select Specialty Hospital - San Diego Personnel will initiate an Application for any patient identified during the scheduling or admission process as having potential special medical circumstances and a representative will solicit a recommendation from the physician who is or would be providing the treatment or care as to whether the patient needs treatment that can only be provided by Select Specialty Hospital - San Diego medical staff, or would benefit from continued medical services from Select Specialty Hospital - San Diego for continuity of care. Determinations on special medical circumstances are made by the treating physician under the direction of the Medical Director.

D. Incomplete or Missing Applications

Patients will be notified of information missing from the Application and given a reasonable opportunity to supply it.

VII. Eligibility Determination Process

A. Financial Interview - A Select Specialty Hospital - San Diego representative will attempt to contact by telephone all Uninsured Patients for financial assistance at the time of scheduling for a financial interview. The representative will ask for information, including family size, sources of family income and any other financial or extenuating circumstances that support eligibility under this Policy and will aid in completion of an Application. At the time of the appointment or upon admission,

patients will be asked to visit the Select Specialty Hospital - San Diego representative and sign the Application.

B. Applications Received - Any Application, whether completed in person, online, delivered or mailed in, will be forwarded to a Select Specialty Hospital - San Diego representative for evaluation and processing.

C. Determination of Eligibility - A Select Specialty Hospital - San Diego representative will evaluate and process all Financial Assistance Applications. The patient will be notified by letter of the eligibility determination.

- Failure to comply with Select Specialty Hospital - San Diego's Medicaid Coverage and Financial Assistance screening process will exclude patients from Financial Assistance eligibility.

- Modifications to previously awarded discounts shall be made if subsequent information indicates the information provided to Select Specialty Hospital - San Diego was inaccurate.

As used in this Financial Assistance and Debt Collection Policy, the "amount generally billed" has the meaning set forth in IRC §501(r)(5) and any regulations or other guidance issued by the United States Department of Treasury or the Internal Revenue Service defining that term. See Appendix A for a detailed explanation of how the "amount generally billed" is calculated. Appendix A is updated annually and is also available online at https://www.selectspecialtyhospitals.com/locations-and-tours/ca/san-diego/help-paying-your-bill/ in our admissions areas, and upon request by asking a Select Specialty Hospital - San Diego representative.

Once Select Specialty Hospital - San Diego has determined that a patient is eligible for income-based financial assistance, that determination is valid for ninety (90) days from the date of eligibility review. After ninety (90) days, the patient may complete a new Application to seek additional financial assistance.

VIII. Basis for Calculating Amounts Charged to Patients, Scope, and Duration of Financial Assistance

Patients eligible for awards of income-based financial assistance under the Policy will receive assistance according to the following income criteria.

Eligibility for 100% Charity Care for Patient with No Third Party Coverage

A. If patient's annual family income is up to 200% of the FPG, you will receive free care or 100% write off of patient's financial responsibility for services rendered. Criteria and process to determine a patient's eligibility for charity care are as follows:

1. Patient's Family income is verified not to exceed 200% of FPL with the recent filed Federal tax return or recent paycheck stubs.
    a. Documentation of income shall be limited to recent pay stubs or income tax returns. The hospital may accept other forms of documentation of income but shall not require those other forms.

2. No monetary assets will be considered in determining eligibility.

3. High Medical Cost patients with no third party coverage whose patient's Family incomes are at or below 200% of the FPL will qualify for 100% charity care.

4. High Medical Cost patients will be evaluated monthly for eligibility determination, and their status will be valid for the current month or most current service month retroactive to twelve months of service.

Eligibility for Discount Payment for Patient with No Third Party Coverage

1. If patient is uninsured, and patient's annual family income is above 200% but at or below 400% of the FPG, a partial write off of eligible billed charges may be available. Patient may also be eligible to receive discounted rates on a case-by-case basis based upon specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Select Specialty Hospital - San Diego.

2. The Patient Hardship Disclosure should be completed for all patients requesting a discount payment.

3. Patient's Family income will be verified with either tax returns which document 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, or pay stubs within a 6-month period before or after the patient is first billed by the hospital, or in the case of pre-service, when the application is submitted.

4. Once it is determined that a patient's Family income is between 201% and 400% of the FPL, no monetary assets (assets that are readily convertible to cash, such as bank accounts and publicly traded stock) will be considered in the eligibility determination for a discount payment.

5. Discount payments will be limited to the highest of Medicare or Medi-Cal. The Hospital may consider the availability of a patient's health savings account held by the patient or patient's family for purposes of negotiating a payment plan.

Eligibility for Discount Payment for High Medical Cost Patients with Third Party Coverage

1. High Medical Cost patients with third party coverage whose patient's Family incomes are between 201% and 400% of the FPL.

2. Patient is required to provide proof of payment of medical costs. Proof of payment may be verified.
3. The Patient Financial Information Form should be completed for all patients requesting a discount. High Medical Cost patients need to be evaluated monthly to accurately account for medical costs for the last twelve (12) months.
4. Patient's Family income will be verified with either tax returns which document 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, or pay stubs within a 6-month period before or after the patient is first billed by the hospital, or in the case of pre-service, when the application is submitted.
5. Once it is determined that income is between 201% and 400% of FPL, no assets will be considered in the determination for a discount payment. Eligibility will be based on the Patient's Family income qualification only.
6. Discount payments will be limited to the highest of Medicare or Medi-Cal.
7. A payment plan shall be negotiated by Select Specialty Hospital - San Diego and the patient, and shall take into consideration the Patient's Family income and essential living expenses. If Select Specialty Hospital - San Diego and the patient cannot agree on the payment plan, Select Specialty Hospital - San Diego shall use the formula described in the definition of "Reasonable Payment Plan," Section II(L). Patients can be offered an extended payment plan. Extended payment plans will be interest-free. Standard payment plan length will be twelve (12) months. Longer payment plans can be provided on an exception basis.

IX. Determination of Eligibility for Financial Assistance Prior to Action for Non-Payment

A. Billing and Reasonable Efforts to Determine Eligibility of Financial Assistance

Select Specialty Hospital - San Diego seeks to determine whether a patient is eligible for assistance under this Policy prior to or at the time of admission or service. If a patient has not been determined eligible for financial assistance prior to discharge or service, Select Specialty Hospital - San Diego will bill for care. If the patient is insured, Select Specialty Hospital - San Diego will bill the patient's insurer on record for the charges incurred. Upon decision from the patient's insurer, any remaining patient financial responsibility will be billed directly to the patient. If the patient is uninsured, Select Specialty Hospital - San Diego will bill the patient directly for the charges incurred. Patients will receive a series of up to four billing statements over a 120-day period beginning after the patient has been discharged delivered to the address on record for the patient. Only patients with an unpaid balance will receive a billing statement. Billing statements include a plain language summary of this Policy and how to apply for financial assistance. Reasonable efforts to determine eligibility include: notification to the patient of the Policy upon admission and in written and oral communications with the patient regarding the patient's bill, an effort to notify the individual by telephone about the Policy and the process for applying for assistance at least 30 days before taking any extraordinary collection actions, and a written response to any financial assistance application under this

Policy submitted within 240 days of the first billing statement with respect to the unpaid balance or, if later, the date on which a collection agency working on behalf of Select Specialty Hospital - San Diego returns the unpaid balance to the hospital.

B. Collection Actions for Unpaid Balances

If a patient is attempting to qualify for eligibility under the hospital's financial assistance and debt collection policy, and is attempting in good faith to settle the outstanding bill, the hospital shall not send the unpaid bill to any collection agency or other assignee unless that entity has agreed to comply with this policy.

If a patient has an outstanding balance after up to four billing statements have been sent during a 120-day period, the patient's balance will be referred to a collection agency representing Select Specialty Hospital - San Diego which will pursue payment. Agencies that assist the hospital must:

a. Not use information obtained as part of the financial assistance application process for collection activities.

b. Not report adverse information to a consumer credit reporting agency.

c. Not commence civil action against the patient for nonpayment at any time prior to 180 days after initial billing.

d. Not use wage garnishments, except by order of the court upon noticed motion, supported by a declaration file by the movant identifying the basis for which it believes that the patient has the ability to make payments on the judgment under the wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on the current condition of the patient and other obligations of the patient.

e. Not notice or conduct a sale of any real property owned, in part or completely, by the patient.

f. Not place liens on any real property.

g. Comply with the definition and application of a Reasonable Payment Plan, as defined in Section II(L). These requirements do not preclude the collection agency from pursuing reimbursement and any enforcement remedy or remedies from third-party financial responsibility settlements, tortfeasors, or other legally responsible parties.

Collection agencies representing Select Specialty Hospital - San Diego have the ability to pursue collection for up to 18 months from the point when the balance was sent to the collection agency. A patient may apply for financial assistance under this Policy even after the patient's unpaid balance has been referred to a collection

agency. After at least 180 days have passed from the first post-discharge billing statement showing charges that remain unpaid, and on a case-by-case basis, Select Specialty Hospital - San Diego may pursue collection through a lawsuit when a patient has an unpaid balance and will not cooperate with requests for information or payment from Select Specialty Hospital - San Diego or a collection agency working on its behalf.

In no case will Medically Necessary Care be delayed or denied to a patient before reasonable efforts have been made to determine whether the patient may qualify for financial assistance. At Select Specialty Hospital - San Diego, an uninsured patient who seeks to schedule new services and has not been presumed eligible for financial assistance will be contacted by a representative who will notify the patient of the Policy and help the patient initiate an Application for financial assistance if requested.

C. Debt Sale to Debt Buyer

The hospital will not sell patient debt to a debt buyer, as defined in Section 1788.50 of the Civil Code, unless all of the following apply:

a. The hospital has found the patient ineligible for financial assistance or the patient has not responded to attempts to bill or offer financial assistance for 180 days.

b. The hospital includes contractual language in the sales agreement in which the debt buyer agrees to return, and the hospital agrees to accept, any account in which the balance has been determined to be incorrect due to the availability of a third-party payer, including a health plan or government health coverage program, or the patient is eligible for charity care or financial assistance.

c. The debt buyer agrees to not resell or otherwise transfer the patient debt, except to the originating hospital or a tax-exempt organization described in Section 127444, or if the debt buyer is sold or merged with another entity.

d. The debt buyer agrees not to charge interest or fees on the patient debt.

e. The debt buyer is licensed as a debt collector by the Department of Financial Protection and Innovation.

D. Review and Approval

Select Specialty Hospital - San Diego's CBO Manager has the authority to review and determine whether reasonable efforts have been made to evaluate whether a Patient is eligible for assistance under the Policy such that extraordinary collection actions may begin for an unpaid balance. CBO Manager has the authority to review eligibility disputes.

X. Physicians not covered under the Select Specialty Hospital - San Diego Financial Assistance and Debt Collection Policy

Certain services are performed at the hospital by physicians who are employed by Scripps Health System and, as a result, these services are not covered by the Select Specialty Hospital - San Diego Financial Assistance and Debt Collection Policy. However, these physician services may be covered by the Scripps Health System financial assistance policies.

Physicians working at Select Specialty Hospital - San Diego who are *not* covered under the Select Specialty Hospital - San Diego Financial Assistance and Debt Collection policy are identified in the **Appendix B, Provider List**, by name. The list is updated quarterly and is also available online Scripps.org/FAP, in our admissions areas, and upon request by asking a the Select Specialty Hospital - San Diego representative.

Appendix A

Basis for Calculating Amounts Charged to Patients

Vibra Hospital of San Diego, LLC, d/b/a Select Specialty Hospital – San Diego utilizes the "look-back" method to determine the "amounts generally billed" (AGB) to individuals who have insurance covering other Medically Necessary Care. The AGB percentage applicable as of 1/1/2026 at our facility is 6.65%.

The amount was calculated using all claims allowed by Medicare (Traditional) having discharge dates from October 1, 2024 to September 30, 2025. Total expected payment from allowed claims was divided by total billed charges for such claims.

Appendix B

Providers Not Covered Under the Financial Assistance Policy

The Financial Assistance Policy (FAP) applies to Select Specialty Hospital – San Diego. Services provided by the practitioner groups listed below are not covered under this FAP.

This listing is updated quarterly. If you do not see a provider listed here and want to verify whether that person is covered under this FAP, please contact admissions at our facility or call Customer Service at (888) 868-1103.

Alamar, Ali G., MD	Jothen, Jennifer L., DO
Arafa-Price, Ala M., MD	Kadry-Hassanein, Mohamed M., MD
Bao, Gang, MD	Kaiser, Stephen D., MD
Begovic, Adnan, MD	Kosoy, Daniel H., MD

Bencheqroun, Hassan K., MD	Le, Charles N., MD
Birdjandi, Farschad K., MD	Lichter, Julian P., MD
Brace, Elion, MD	Malik, Sudhir, MD
Butera, Michael L., MD	Mayer, Richard A., MD
Clay, Brian J., MD	Mercandetti, Alex J., MD
Comunale II, Roderick A., MD	Mofidi, Mansour, DO
Davis, Jason T., MD	Nanavati, Vimal I., MD
De La Zerda, David J., MD	Natrajan, Kalpana, MD
El-Kareh, Robert E., MD	Nguyen, Andy H., DO
Emdur, Larry I., DO	Nguyen, Dat W., MD
Etesam, Arshia S., MD	Nguyen, Tan T., MD
Federman, Edward C., MD	Nguyen, Viet D., MD
Frieben, Cody J., NP	Papamatheakis, Demosthenes G., MD
Friedman, Richard G., MD	Patel, Neel M., DO
Gandhi, Nikhil R., MD	Patel, Prashant H., MD
Gandy, Kimberly L., MD, PhD	Patel, Shreeti H., MD
Gross, Steven A., MD	Richardson, Henry A., MD
Guha Roy, Asim, MD	Riker, David R., MD
Gupta, Abhay, MD	Shah, Rishi S., MD
Hajjar, Athir J., MD	Shahamfar, Maryam, MD
Hammes, John S., MD	Sun, Karl T., MD
Harijan, Aram, MD	Tran, Richard T., MD
He, Jianhong, NP	Verma, Jinnu, MD
Heung, Raymond C., MD	Yan, Arthur, DO
Hom, Matthew H., MD	Young, Thomas R., MD
Jarchi, Shahriar, MD	Zhong, Yan, MD
Birdjandi, Farschad K., MD	Lichter, Julian P., MD
Brace, Elion, MD	Malik, Sudhir, MD
Butera, Michael L., MD	Mayer, Richard A., MD
Clay, Brian J., MD	Mercandetti, Alex J., MD
Comunale II, Roderick A., MD	Mofidi, Mansour, DO
Davis, Jason T., MD	Nanavati, Vimal I., MD
De La Zerda, David J., MD	Natrajan, Kalpana, MD
El-Kareh, Robert E., MD	Nguyen, Andy H., DO
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Etesam, Arshia S., MD	Nguyen, Tan T., MD
Federman, Edward C., MD	Nguyen, Viet D., MD
Frieben, Cody J., NP	Papamatheakis, Demosthenes G., MD
Friedman, Richard G., MD	Patel, Neel M., DO

Gandhi, Nikhil R., MD	Patel, Prashant H., MD
Gandy, Kimberly L., MD, PhD	Patel, Shreeti H., MD
Gross, Steven A., MD	Richardson, Henry A., MD
Guha Roy, Asim, MD	Riker, David R., MD
Gupta, Abhay, MD	Shah, Rishi S., MD
Hajjar, Athir J., MD	Shahamfar, Maryam, MD
Hammes, John S., MD	Sun, Karl T., MD
Harijan, Aram, MD	Tran, Richard T., MD
He, Jianhong, NP	Verma, Jinnu, MD
Heung, Raymond C., MD	Yan, Arthur, DO
Hom, Matthew H., MD	Young, Thomas R., MD
Jarchi, Shahriar, MD	Zhong, Yan, MD