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	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND PARTIAL CHARITY CARE DISCOUNT POLICY	Revised Date: 05/09/2024

MISSION

AHMC Healthcare Inc. ("AHMC") and its affiliated hospitals are committed to excellence in providing quality health care services to our communities with a team of compassionate and dedicated professionals, within a culturally rich and ethically appropriate environment.

In order to better serve the community and further our mission, the AHMC hospitals will accept a wide variety of payment methods and will offer resources to assist patients and responsible parties in resolving any outstanding balance. The hospitals will treat all patients equitably, with dignity, respect and compassion, and, wherever possible, help patients who cannot pay for all or part of their care.

AHMC recognizes that there are unfortunate occasions when a patient is not able to pay for their medical care, and in such situations we at AHMC will adhere to applicable Federal, state, and local law. In this connection, the hospitals have established guidelines pursuant to which patients may apply and, as appropriate, qualify for, charity care or partial charity care (including a discount payment plan).

Purpose

The purpose of this policy is to define the eligibility criteria for charity care and partial charity care assistance and provide administrative guidelines for the identification, evaluation, classification, and documentation of patients' accounts as charity care or partial charity care. The AHMC hospitals will ensure that these policies are effectively communicated to those in need, that we assist patients in applying and qualifying for known programs of financial assistance, and that all policies are accurately and consistently applied. Furthermore, the AHMC hospitals will define the standard and scope of services to be used by our outside agencies that are collecting on our behalf, and we will obtain this agreement in writing to ensure that our policies are adhered to throughout the entire collection process.


Definitions

Charity Care means 100% free medical care for services provided by the AHMC hospitals. Patients who are uninsured for the relevant, medically necessary services, who are ineligible for governmental or other insurance coverage, and who have family incomes not in excess of 200% of the Federal poverty level will be eligible to receive Charity Care.

Federal health care program means any health care program operated or financed at least in part by the Federal government.

Federal poverty level means 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 the United States Code.

Partial Charity Care means care at a discount rate for services provided by the AHMC hospitals. Patients who are uninsured or patients with high medical costs for the relevant medically necessary services and who have family incomes in excess of 200%, but not to exceed 400%, of the Federal poverty level, will be eligible to receive Partial Charity Care in the form of a discount off inpatient and/or outpatients charges. The discounted payment

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policy shall also include an extended payment plan to allow payment of the discounted price over time (which payment plan shall be interest free). Expected discounted payment for services shall not exceed the amount that the hospital would expect, in good faith, to receive for providing services from Medicare, Medi-Cal, the Healthy Families Program, or another government-sponsored health program of health benefits in which the hospital participates, whichever is greater.

Patient's family means: (1) for persons 18 and older, spouse, domestic partner, and dependent children under 21 (whether living at home or not); and (2) for persons under 18, parent, caretaker relatives, and other children under 21 of the parent or caretaker relative.

Patient with high medical costs means a person whose family income does not exceed 400% of the Federal poverty level, and for this purpose **high medical costs** means either of: (1) annual out-of-pocket costs incurred by the patient at the AHMC hospital that exceed 10% of the patient's family income in the prior twelve months; or (2) annual out-of-pocket expenses that exceed 10% 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 twelve months. NOTE: A patient with high medical costs can include a person who receives a discounted rate from the hospital as a result of third-party coverage.

Self-pay patient means an individual who does not have any third-party health care coverage from either: (a) a third party insurer, (b) a Federal health care program, (including without limitation Medicare, Medi-Cal, California Children's Services program, Healthy Families Program and TRICARE), (c) workers' compensation, (d) medical saving accounts, or (e) other coverage, for all or any part of the bill, including claims against third parties covered by insurance to which the AHMC hospitals are subrogated, but only if payment is actually made under such insurance.


Policy

The AHMC hospitals are committed to treating uninsured patients and patients with high medical costs who have financial needs with the same dignity and consideration that is extended to all of its patients. The AHMC hospitals consider each patient's ability to pay for his or her medical care and, as appropriate, extend Charity Care or Partial Charity Care to eligible patients. This policy is intended to implement and fully comply with applicable Federal, state, and local laws (including without limitation California Health and Safety Code Section 127400 *et seq.*) and any regulations promulgated thereunder (collectively, "Applicable Law"), and shall be construed in such manner as to do so. In the event of any inconsistency between the provisions of this policy and mandatory provisions of Applicable Law, the provisions of Applicable Law shall apply. Where provisions of this policy are different than those mandated by Applicable Law, but are nonetheless permitted by Applicable Law, the provisions of this policy shall control.

Responsibilities of AHMC Hospital to Communicate With Patients

Each AHMC hospital will have a means of communicating the availability of Charity Care and Partial Charity Care to all patients.

Patients will be provided with a statement that if the patient does not have health insurance coverage the patient may be eligible for Medicare, Medi-Cal, Healthy Families Program,

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coverage offered through the California Health Benefit Exchange (Covered California), California Children's Services program, other governmental programs, or charity care, and that these applications will be provided to admitted patients prior to discharge or to patients receiving emergency or outpatient care at the time of service. The hospital shall also provide patients with a referral to a local consumer assistance center housed at legal services offices.

If a patient lacks or has inadequate insurance, and meets certain low- and moderate-income requirements, the patient will be informed that the patient may qualify for Charity Care or Partial Charity Care. Patients will also be provided with the name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's Charity Care and Partial Charity Care policies, and how to apply for that assistance.

Applications

Patients may apply (or reapply) for financial assistance at any time in the collection process including, but not limited to, after collection agency placement. If a patient applies, or has a pending application, for another health care coverage at the same time the patient applies under the hospital's charity care policies, neither application shall preclude eligibility for the other program.


For purposes of determining eligibility for Charity Care, documentation of assets may include information on all monetary assets, but shall not include statements on retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. The hospitals can require a waiver or release form from the patient or patient's family authorizing the hospitals to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets, to verify their value. For purposes of determining eligibility for Partial Charity Care (discounted payment), documentation of income shall be limited to recent pay stubs or income tax returns. Information received from patients in connection with the application for Charity Care or Partial Charity Care (discounted payment) may not be used for collection activities; however, this does not prohibit the use of information obtain by the hospital or its collection agencies independently of the application process for Charity Care or Partial Charity Car (discounted payment).

AHMC staff in the Central Business Office, patient registration, and emergency departments will understand the charity care policy and will be able to direct questions regarding the policy to the proper hospital representative. The hospital staff that regularly interact with patients will also be familiar with the charity care policy, and if necessary, will be able to direct questions regarding the policy to a knowledgeable hospital representatives or departments.

The hospital Financial Counselor or MEP will attempt to identify potential charity care patients at admission or while the patients are in-house.

Financial Counselor/MEP Procedure

The FC/MEP Patient Advocate must screen patients for potential linkage to government/county programs. During the screening for eligibility process, the Advocate should secure the application. The application is used to determine eligibility for Charity Care and Partial Charity Care.

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Patient Qualification & Eligibility

The criteria for eligibility is based upon a patient's individual or family income as compared to AHMC scheduled discount based on the current year's Department of Health and Human Services Federal poverty guidelines. This guideline is reviewed annually, subject to changes in the consumer price index, and is published each year. A financially qualified patient who has family income at or below 200% of the Federal poverty level will be eligible for a 100% (free) discount, with a sliding scale discount for financially qualified patients with an individual or family income from 201% to 500% of the Federal poverty level.


In determining eligibility under the charity care policy, the AHMC hospitals can consider a patient's income and monetary assets. In order for the hospitals to determine monetary assets, the following assets are excluded: retirement or deferred compensation plans qualified under the Internal Revenue Code or other nonqualified deferred-compensation plans. In determining eligibility, the AHMC hospitals cannot count the first \$10,000 of the patient's monetary assets, nor shall 50% of the patient's monetary assets over the first \$10,000 be counted.

Definition of Income

For the purpose of determining income, all sources of income will be included in the calculation of financial need, including employment income and any unearned income. Self-employment income will be based on the gross receipts as reported on the individual's last Federal tax return. For purposes of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs or income tax returns.

Some examples of income.

Income includes money wages and salaries before any deductions; gross receipts from non-farm self-employment (including business, professional enterprise, and partnership, before deductions), gross receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, before deductions for farm operating expenses, excluding non-cash expenses); regular payments from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, automobile insurance, veteran's payments, public assistance, (including Temporary Assistance for Needy Families, supplemental security income, emergency assistance money payments, and non-federally funded general assistance, or general relief money payments, and training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government, employee pensions (including military retirement pay), and regular insurance or annuity payment; college or university scholarships, grants, fellowships, and assistantships; and dividend, interest, net rental income, net royalties, and net gambling or lottery winnings,

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Some examples of what would not be included as income.

Capital gains, any assets drawn down as withdrawal from a bank, the sale of primary residence, tax refunds, gifts, loans, lump-sum inheritance, and one-time insurance payments. Also excluded are non-cash benefits, such as the employer-paid or union paid portion of medical insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied, non-farm or farm housing, and such Federal non-cash benefits programs as Medicare, Medi-Cal, Supplemental Nutrition Assistance Program (food stamps), school lunches, and housing assistance.

Definition of Assets

Assets include, but are not limited to, cash, checking accounts, saving accounts, stocks, bonds, certificates of deposit,, cash value of life insurance policies, and equity in property owned.

Exemptions to Assets:

The first \$10,000 of monetary assets and 50% of monetary assets over the first \$10,000.

Primary place of residence.

All personal property including, but not limited to, household goods, and medical equipment.

Assets held in pension plans.


Other assets at our discretion that we may believe are in the patient's best interest to exempt.

VERIFICATION OF INCOME AND MONETARY ASSETS

For purposes of determining eligibility, patients are responsible to make every reasonable effort to provide information that is reasonable and necessary for the hospital to make a determination. Information required for eligibility determination may include, but is not limited to, the following:

AHMC requests patients to attest to the patient's family income set forth in the patient's application. In determining a patient's total income, AHMC may consider other financial assets and liabilities of the patient, as well as patients' family income, when assessing the ability to pay. If a determination is made that the patient has the ability to pay the patient's bill, such determination does not preclude a reassessment of the patient's ability to pay upon presentation of additional documentation (e.g., regarding essential living expenses).

Paycheck stubs are preferable with income listed for the three consecutive months prior to the month the application is received plus statements of all other income received, as defined in the Definition of Income section of this policy. An income statement is recommended for all self-employed persons. In the absence of income, a letter of support and/or declaration of no income can be accepted from the patient and/or responsible party with the letter detailing how the patient's current living needs are being met.

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W-2 FORM OR PAY STUBS

SELF EMPLOYED SCHEDULE C FORMS

MEDICAL ASSISTANCE ELIGIBILITY/DENIAL NOTICE, IF APPLICABLE

SOCIAL SECURITY CHECK STUBS

BANK STATEMENTS, CHECKING AND SAVINGS

WORKERS' COMPENSATION CHECK STUBS

UNEMPLOYMENT CHECK STUBS

PROOF OF DEPENDENCY MAY BE REQUIRED IN ORDER TO CLAIM A DEPENDENT CHILD


OTHER REASONABLE INFORMATION THAT THE AHMC HOSPITALS MAY DEEM RELEVANT IN ASSISTING THEM IN MAKING THE MOST APPROPRIATE CHARITY CARE DETERMINATION

Failure to provide reasonable and necessary requested information will be grounds for denial of charity care. Income may be verified using information for either the previous 12 months or that is annualized based on partial year information. In addition to historical information, future earnings capacity, along with the ability to meet a patient's obligations within a reasonable time, may be considered in connection with a patient's application. Providing false information or excluding requested information may result in denial of application and eligibility. This financial information is considered confidential and is protected to ensure that such information will only be used to assist in enrollment or evaluating eligibility for financial assistance. Furthermore, this information may not be used for collection activities; however, this does not prohibit the use of information obtain by AHMC, the AHMC hospitals or their collection agencies independently of the application process for charity care.

GENERAL APPLICATION GUIDELINES

An application, whenever possible, should be submitted and approved before services are provided; however, no application will be required, or financial consideration taken into account, for emergency medical treatment or services that are provided without advance notification from a physician or other referral source. Applications should be completed as soon as possible keeping in mind the patient's medical needs as the primary focus. Applications to cover emergency treatment will be made after the services are provided.

It is crucial that charity care applicants cooperate with AHMC's and the AHMC hospitals' need for accurate and detailed information within a reasonable time frame. If information is not legible, or is incomplete, applications may be denied or returned to applicants for revision or supplemental information, subject to management's discretion.

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Upon approval for charity care, the patient's application and supporting documentation may be used for re-evaluation for future services, along with other updated pertinent supplemental information, for up to six months. Exceptions may be granted during this six-month period based on management's discretion, taking into consideration any change in circumstances from the time of the initial approval.

RESTRICTIONS ON COLLECTION ACTIVITIES BY AHMC AND THE AHMC HOSPITALS

AHMC and the AHMC hospitals will not use wage garnishment or place a lien on, or notice or conduct the sale of, a qualified charity care patient's primary residence as a means of collecting unpaid hospital bills.

AHMC and the AHMC hospitals will not pursue collection action against a qualified charity care patient who has clearly demonstrated that he or she does not have sufficient income or assets to meet any part of his or her financial obligation.

AHMC and the AHMC hospitals will not use a forced court appearance to require a qualified charity care patient or responsible party to appear in court.

AHMC will not garnish wages for the financially qualified charity care patient.


Once charity care status is determined, it will be applied retroactively to all qualifying accounts

For an uninsured patient or for a patient who may be a patient with high medical costs, AHMC and the AHMC hospitals shall not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment for at least 180 days after initial billing.

If an uninsured patient has requested charity assistance and/or applied for other coverage and is cooperating with the hospitals, the hospitals will not pursue collection action until a decision has been made that there is no longer a reasonable basis to believe patient may qualify for coverage.

ADDITIONAL RESPONSIBILITIES FOR PATIENTS WHO HAVE RECEIVED PARTIAL DISCOUNTED CHARITY CARE

When a patient has been approved under the charity care policy for partial discount, the AHMC hospitals will work with the patient or the responsible party to establish a reasonable payment option, taking into consideration the patient's family income and essential living expenses. If the hospital and the patient cannot agree on the payment plan, the hospital shall offer a reasonable payment plan, meaning monthly payments that are not more than 10% of the patient's monthly family income, excluding deductions for essential living expenses. For purposes of creating a reasonable payment plan, "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 child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

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If a patient complies with a payment plan that has been agreed upon by the AHMC hospital, the AHMC CBO will not pursue collection action.

An extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments during a 90-day period. Before declaring an extended payment plan no longer operative, the hospital shall: (1) make a reasonable attempt to contact the patient by phone and to give notice in writing that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan; and (2) if requested by the patient, attempt to renegotiate the terms of the defaulted extended payment plan. The hospital, or its collection agency, shall not report adverse information to a consumer credit reporting agency or commence a civil action against the patient or responsible party for nonpayment prior to the time the extended payment plan is declared to be no longer operative. The telephone call and notice provided for above may be made to the last known telephone number and address of the patient.

COLLECTION POLICY

Accounts will not be sent to a collection agency if the patient is attempting in good faith to settle the account by negotiating a payment plan or is making regular partial payments. Any extended payment plans negotiated with a qualified patient under the discounted fee arrangement must be provided without interest so long as the patient does not default on their payment arrangement.

Any extended payment plans negotiated with a qualified patient under the discounted fee arrangement must be provided without interest so long as the patient does not default on their payment arrangement.


If a patient is appealing a denial of insurance coverage or payment and is making a reasonable effort to keep the AHMC hospital informed of the patient's appeal, the account should not be reported to a consumer credit reporting agency until a final determination is made on the appeal. In any event, for an uninsured patient or for a patient who may be a patient with high medical costs, AHMC and the AHMC hospitals shall not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment for at least 180 days after initial billing.

Accounts may be sent only to collection agencies that have been provided with, and have agreed in writing to abide by, the hospital's standards and scope of practices for the collection of debt.

APPLICATION PROCESS

A completed AHMC Charity Care application (see attached Exhibit) will be processed by the hospital's admitting department, MEP worker, Financial Counselor or CBO staff in accordance with the Revenue Cycle/Patient Financial Services policy. When the AHMC Charity Care application is received, the front line staff will review and determine whether the application is complete and whether the documentation supports eligibility for Charity Care or Partial Charity Care.

The MEP/FC worker is responsible to verify that all figures used to calculate eligibility are correct, and if needed, they have authority to seek additional verification before submitting

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the application for approval. The CFO will evaluate the recommendations, verify calculations and documentation and either approve, deny, or forward the application to the appropriate person (DPS) for further consideration as may be necessary.

Patients who are provided Partial Charity Care in the form of a discount must sign a written agreement to pay the amount of the hospital bill remaining after deducting the discount. The patient will receive a bill showing charges, the amount of the discount and the amount due. Professional services provided by physicians and other services provided by outside vendors are not covered by this policy. Patients seeking a discount for such services should contact the physician or outside vendor directly. Patients should also be informed that emergency physicians who provide emergency medical services in the hospital are required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400% of the Federal poverty level. **This statement shall not be construed to impose any additional responsibilities upon the hospitals.**

Patients who do not provide the requested information necessary for the hospital to completely and accurately assess their financial situation in a timely manner and/or who do not cooperate with efforts to secure governmental health care coverage will not be eligible for Charity Care or Partial Charity Care.

This policy is available in English, Spanish, and Chinese. If patients need help with 15 other languages recognized in California, can call telephone numbers listed on "Exhibit 2" to obtain more information in those languages. In addition, patients with disabilities can contact the same telephone number to obtain information in other formats like braille, large print, and audio. Please refer to Exhibit 2 for contact information in 18 languages. The written notices of Charity Care and Partial Charity Care will be posted in the Emergency Room, Central Business Office, Outpatient Services, and Admitting Department where patients are presented for services.

To obtain more information on how to apply for Charity Care or Partial Charity Care, patients should contact a hospital MEP worker for assistance.


REVENUE CLASSIFICATION

It will be the responsibility of the Business Office to maintain the integrity of account classification on the hospital's patient accounting system. Prior to month-end close, MEP is responsible for providing a detailed report listing critical changes in account class between self-pay and charity care for any AR account assigned in-system (CPSI). The Business Office is required to use those reports to update the changes in the patient accounting system prior to the month-end.

Critical changes in account class are defined as:

Any account originally assigned to MEP as self-pay that is re-classed as a result of meeting the criteria for Charity Care or Partial Charity Care (a patient with high medical costs) patients.

Any account originally assigned to the CBO as Charity Care or Partial Charity Care that is re-classed to self-pay as a result of denying charity care.

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MAXIMUM OUT-OF-POCKET

As outlined in the hospital's charity care guidelines, a maximum out-of-pocket payment will be applied to all patients whose income falls within the hospital's guidelines.

Patient or family out-of-pocket medical expenses will not exceed 10% of the patient's family income (excluding deductions for essential living expenses) within a 12-month period, if the patient's family income is less than 400% of the Federal poverty level.

DENIED CHARITY CARE RECOMMENDATIONS

In the event the CFO denies a patient's application for charity care, documentation is to be placed in the hospital's collection system explaining the reasons for the rejection of the application. The CFO is also to indicate on the Confidential Financial Application the reason for denial and the date of the denial. The packet is then to be forwarded to DFS for review. After an initial review and discussion with the CFO, for those patient accounts where disagreement still prevails, and the accounts that meet AHMC guidelines for Charity Care as set forth here, a denial summary will be sent to the respective AHMC Corporate Vice President of Finance for resolution. For those patient accounts that the CFO of facility has denied that have met the AHMC charity care guidelines as set forth here, a denial summary will be sent to the respective VP, Corporate Office.

AHMC Health Care Inc.

500 E Main Street


Alhambra, CA 91801

Attention: Director of CBO

In the event that a patient disputes an eligibility determination, the patient may seek review from the CFO or other designated hospital representative.

THIRD PARTY PAYER LANGUAGE

Charity care will be granted on an "all, partial, or nothing" basis. There is a category of patients who qualify for Medi-Cal, but who do not receive payment for their entire stay. Under the charity care policy, these patients are eligible for charity care write-offs. These write-offs do not include Share of Cost (SOC) amounts that the patient must pay before the patient is eligible for Medi-Cal. In addition, the hospital specifically includes as charity care the charges related to denied stays, denied days of care, and non-covered services. These Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity care. These patients are receiving the service, and they do not have the ability to pay for it. In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/deductibles, for which Medi-Cal

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does not make payment, and for which Medicare does not ultimately provide bad debt reimbursement, will also be included as charity care. These patients are receiving a service for which a portion of the resulting bill is not being reimbursed.

EMERGENCY PHYSICIANS

Emergency physicians who provide emergency medical services in a hospital that provides emergency care are also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400% of the Federal poverty level. This statement shall not be construed to impose any additional responsibilities upon the AHMC hospitals.

CUSTODIAN OF RECORDS

FC will serve as the custodian of records for all charity care documentation for all accounts identified by CBO, MEP, and DPS.

APPROVAL PROCESS:


Charity Care assistance must be approved by the hospital's CFO

2024 Federal Poverty Guidelines

UP to 500% FPL = Discount to Medicare DRG RATE

Up to 200% FPL = 100% Charity Write Off

<u>Household size</u>	<u>100%</u>	<u>133%</u>	<u>160%</u>	<u>200%</u>	<u>322%</u>	<u>400%</u>
<u>1</u>	15,060	30,030	24,096	30,120	48,494	60,240
<u>2</u>	20,440	127,186	32,704	40,880	65,817	81,760
<u>2 Adults</u>	20,440	27,186	32,704	40,880	65,817	81,760
<u>3</u>	25,820	34,341	41,312	51,640	83,141	103,280
<u>4</u>	31,200	41,496	49,920	62,400	100,464	124,800
<u>5</u>	36,580	48,652	58,528	73,160	117,788	146,320
<u>6</u>	41,960	55,807	67,156	83,920	135,112	167,840
<u>7</u>	47,340	62,963	75,744	94,680	152,435	189,360
<u>8</u>	52,720	70,118	84,652	105,440	169,759	210,880
<u>For each additional person, add</u>	5,380	7,156	8,608	10,760	17,324	21,520

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Patients who qualify for Charity services but are >200% FPL will be given a 60% discount for outpatient services.


SELF-PAY PATIENT DISCOUNTS ELIGIBILITY REQUIREMENTS:

1. A patient who does NOT qualify for charity care under the charity care program and who does not have insurance or who has inadequate insurance coverage and are considered "Self-Pay" will be eligible for a prompt payment discount.
2. A patient who qualifies for a prompt payment discount must make a full deposit of estimated charges at the time of or prior to receiving services in order to qualify for the prompt payment discount.
3. If a patient makes other payment arrangements, the patient will be billed for the remainder of the patient's balance due and the balance must be paid in full within 30 days of receipt of the bill. If payment is not received within 30 days, the prompt payment discount will be rescinded and the full billed charges will be due and payable upon receipt of the bill.
4. Cosmetic procedures are excluded from the prompt payment discount program.
5. Discount payments require full payment at the time of service or within 30 days after discharge or the date of service unless other arrangements have been made.

SELF-PAY DISCOUNT

1. 40% OFF charges for payment received under the self-pay discounts requirement -- see above.
2. AHMC considers APC calculation at 130%

Exhibit 1 – Confidential Financial Application

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Financial Assistance Application

Whittier – Garfield - Monterey Park – Greater - El Monte - Anaheim Regional – San Gabriel – Seton - Coastside AHMC Financial Assistance Program provides financial assistance to patients with medically necessary healthcare needs with low-income, uninsured or underinsured, ineligible for a government program, and is otherwise unable to pay for medically necessary care based on their individual family financial situation. To determine if a patient/guarantor qualifies for financial assistance, we need to obtain certain financial information. Your cooperation will allow us to give all due consideration to your request for financial assistance.

Name _____ Account Number _____
 Address _____ Phone number _____
 Social Security _____

Date of Birth ___/___/___ Sex ___ M=Male F=Female Do you own a home? Yes () No ()
 Number of dependents filed on tax return: _____ Do you own other property? Yes () No ()
 List Dependents: Do you own automobiles? Yes () No ()

Name Relationship Age Gender


Household Banking Information Name _____ Balance _____
 Business Banking Information Name _____ Balance _____

<u>Wages/Income</u>	Monthly	Annual
Self-Wages	_____	_____
Spouse Wages	_____	_____
Other Family Member Wages	_____	_____
Social Security	_____	_____
Unemployment Benefits	_____	_____
Retirement / Pensions	_____	_____
Alimony / Child Support	_____	_____
Military Family Allotments	_____	_____
Pensions	_____	_____
Income from Rent, Dividends, Interest	_____	_____
<u>Expenses</u>	Monthly	Annual
Mortgage / Rent	_____	_____
Utilities	_____	_____
Auto Loans	_____	_____
Hospital Bills	_____	_____
Telephone	_____	_____
Food	_____	_____
Credit Cards	_____	_____
Gasoline	_____	_____
Child Care	_____	_____
Other	_____	_____

Please send the most recent following supporting documentation: Income Tax Filings or W-2s, 3 Bank Statements, 4 Pay Check Stubs, and proof of expenses.

My signature attests that the information I have provided on this form is accurate and true to the best of my knowledge.

Print Name _____ Signature _____ Date _____

 AHMC Healthcare	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
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SECTION E

OFFICE USE ONLY

Family Size:	1	Acct Number(s) / Branch	Pt Type / Date of Service	Balance	W/O Amount	Co-Pay															
Gross Annual Family Income:	\$				\$	\$															
FPG based on Family Size:	\$					\$															
Current Hospital Charges (w/ in 6 months):	\$			\$	\$	\$															
Income/FPG:	%			\$	\$	\$															
Income X 2:	\$			\$	\$	\$															
Total Hospital Charges:	\$																				
<table border="0" style="width:100%"> <tr> <td style="width:50%">Prepared by _____</td> <td style="width:20%">Date _____</td> <td style="width:30%">Unit _____</td> </tr> <tr> <td>Examined by _____</td> <td>Date _____</td> <td>Unit _____</td> </tr> <tr> <td colspan="3">Approved or Denied by _____</td> </tr> <tr> <td colspan="2"></td> <td>Date _____</td> </tr> <tr> <td colspan="3">Title _____</td> </tr> </table>							Prepared by _____	Date _____	Unit _____	Examined by _____	Date _____	Unit _____	Approved or Denied by _____					Date _____	Title _____		
Prepared by _____	Date _____	Unit _____																			
Examined by _____	Date _____	Unit _____																			
Approved or Denied by _____																					
		Date _____																			
Title _____																					
Denial Reason:																					


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Exhibit 2 – Languages patients can request help with:

Exhibit 2

English

ATTENTION:

If you need help in your language, please call 626.289.5454 or visit

<https://www.ahmchealth.com/sgvmc/>. The office is open M-F 8:00-4:30 and located at 438 West Las Tunas Dr. San Gabriel, CA 91776. 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.

1. Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ.

Եթե օգնության կարիք ունեք ձեր լեզվով, խնդրում ենք զանգահարել 626.289.5454 կամ այցելել <https://www.ahmchealth.com/sgvmc/>։ Գրասենյակը բաց է M-F 8:00-4:30 և գտնվում է 438 West Las Tunas Dr. San Gabriel, CA 91776. հասցեում: Հասանելի են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են փաստաթղթերը բրայլյան, խոշոր տպագիր, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով: Այս ծառայություններն անվճար են:

2. Chinese

注意力:

如果您需要您语言的帮助, 请致电 626.289.5454 或访问 <https://www.ahmchealth.com/sgvmc/>。办公室开放M-F 8:00-4:30, 位于438 West Las Tunas Dr. San Gabriel, CA 91776。还为残疾人士提供辅助工具和服务, 例如盲文、大字体、音频和其他无障碍电子格式的文档。这些服务是免费的。

3. Farsi

توجه:

را <https://www.ahmchealth.com/sgvmc/> اگر به زبان خود نیاز به کمک دارید، لطفاً با 626.289.5454 تماس بگیرید یا واقع شده West Las Tunas Dr. San Gabriel, CA 91776 باز است و در M-F 8:00-4:30 مشاهده کنید. دفتر است. کمکها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ بزرگ، صوت، و سایر قالبهای الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان هستند

4. Hindi

ध्यान:

यदि आपको अपनी भाषा में सहायता चाहिए, तो कृपया 626.289.5454 पर कॉल करें या <https://www.ahmchealth.com/sgvmc/> पर जाएँ। कार्यालय M-F 8:00-4:30 खुला है और 438 West Las Tunas Dr. San Gabriel, CA 91776 पर स्थित है। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल में दस्तावेज़, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं।

5. Lu Mien

ATENSHON:

If yu nid ep insay yu langwej, duya koi 626.289.5454 o go na <https://www.ahmchealth.com/sgvmc/>. Di ofis opin M-F 8:00-4:30 en i de na 438 West Las Tunas Dr. San Gabriel, CA 91776. Ep en savis

fo pipul den we get disabiliti, lek dokyument den we de insay brel, big print, odio, en oda ilektronik format den we posin kin ebul fo get, de bak. Den savis ya na fri.

6. Punjabi

ਧਿਆਨ:

ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 626.289.5454 ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ <https://www.ahmchealth.com/sgvmc/>. 'ਤੇ ਜਾਓ। ਦਫ਼ਤਰ M-F 8:00-4:30 ਖੁੱਲ੍ਹਾ ਹੈ ਅਤੇ 438 West Las Tunas Dr. San Gabriel, CA 91776. 'ਤੇ ਸਥਿਤ ਹੈ। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

7. Tagalog

ATENSYON:

Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa 626.289.5454 o bisitahin ang <https://www.ahmchealth.com/sgvmc/>. Ang opisina ay bukas M-F 8:00-4:30 at matatagpuan sa 438 West Las Tunas Dr. San Gabriel, CA 91776. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malalaking print, audio, at iba pang naa-access na electronic format. Ang mga serbisyonang ito ay libre.

8. Laotian (ລາວ)

ເອົາໃຈໃສ່:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ກະລຸນາໂທຫາ 626.289.5454 ຫຼືເຂົ້າໄປທີ່ <https://www.ahmchealth.com/sgvmc/>. ຫ້ອງການແມ່ນເປີດ M-F 8:00-4:30 ແລະຕັ້ງຢູ່ 438 West Las Tunas Dr. San Gabriel, CA 91776. ການຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ ເລີ່ມ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ, ການພິມຂະໜາດໃຫຍ່, ສຽງ ແລະຮູບແບບອີເລັກໂທຣນິກອື່ນໆທີ່ສາມາດເຂົ້າເຖິງໄດ້. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າ.

9. Thai (ไทย)

ความสนใจ:

หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 626.289.5454 หรือไปที่ <https://www.ahmchealth.com/sgvmc/>. สำนักงานเปิดทำการ M-F 8:00-4:30 และตั้งอยู่ที่ 438 West Las Tunas Dr. San Gabriel, CA 91776. นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับคนพิการ เช่น เอกสารอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์อื่นๆ ที่สามารถเข้าถึงได้อีกด้วย บริการเหล่านี้ฟรี

10. Hmong (Hmoob)

CEEBOOM:

Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau 626.289.5454 lossis mus saib <https://www.ahmchealth.com/sgvmc/>. Lub chaw ua haujlwm qhib M-F 8:00-4:30 thiab nyob ntawm 438 West Las Tunas Dr. San Gabriel, CA 91776. Cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv nyob rau hauv daim ntawv Braille, luam ntawv loj, suab, thiab lwm yam khoom siv hluav taws xob siv tau kuj muaj. Cov kev pabcuam no pub dawb.

11. Cambodia (ខ្មែរ)

យកចិត្តទុកដាក់:

ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 626.289.5454 ឬចូលទៅកាន់គេហទំព័រ <https://www.ahmchealth.com/sgvmc/>. ។ ការិយាល័យនេះបើកនៅ M-F 8:00-4:30 ហើយមានទីតាំងនៅ

438 West Las Tunas Dr. San Gabriel, CA 91776.។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ
ដូចជាអត្ថបទ ការបោះពុម្ព ការបោះពុម្ពធំ អូឌីយ៉ូ
និងទម្រង់អេឡិចត្រូនិចដែលអាចចូលប្រើបានផ្សេងទៀត ក៏មានផងដែរ។
សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

12. Vietnamese (Tiếng Việt)

CHÚ Ý:

Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 626.289.5454 hoặc truy cập <https://www.ahmchealth.com/sgvmc/>. Văn phòng mở M-F 8:00-4:30 và tọa lạc tại 438 West Las Tunas Dr. San Gabriel, CA 91776. Các hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử để tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

13. Russian

ВНИМАНИЕ:

Если вам нужна помощь на вашем языке, позвоните по номеру 626.289.5454 или посетите сайт <https://www.ahmchealth.com/sgvmc/>. Офис открыт M-F 8:00-4:30 и расположен по адресу 438 West Las Tunas Dr. San Gabriel, CA 91776. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, напечатанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

14. Ukrainian

УВАГА:

Якщо вам потрібна допомога вашою мовою, зателефонуйте 626.289.5454 або відвідайте <https://www.ahmchealth.com/sgvmc/>. Офіс відкрито M-F 8:00-4:30 і знаходиться за адресою 438 West Las Tunas Dr. San Gabriel, CA 91776. Також доступні засоби допомоги та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля, великим шрифтом, аудіо та інші доступні електронні формати. Ці послуги безкоштовні.

15. Spanish

ATENCIÓN:

Si necesita ayuda en su idioma, llame al 626.289.5454 o visite <https://www.ahmchealth.com/sgvmc/>. La oficina está abierta M-F 8:00-4:30 y ubicada en 438 West Las Tunas Dr. San Gabriel, CA 91776. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

16. Japanese

注意:

あなたの言語でサポートが必要な場合は、626.289.5454 に電話するか、
<https://www.ahmchealth.com/sgvmc/> にアクセスしてください。オフィスは営業しています M-F 8:00-4:30。所在地は 438 West Las Tunas Dr. San Gabriel, CA 91776。です。点字、大きな活字、音声、その他のアクセス可能な電子形式の文書など、障害のある人向けの支援やサービスも利用できます。これらのサービスは無料です。

17. Korean

주목:

귀하의 언어로 도움이 필요하시면 626.289.5454로 전화하시거나

<https://www.ahmchealth.com/sgvmc/>를 방문하십시오. 사무실은 M-F 8:00-4:30 열려 있으며 438 West Las Tunas Dr. San Gabriel, CA 91776에 위치해 있습니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

18. Arabic

انتباه:

إذا كنت بحاجة إلى مساعدة بلغتك، يرجى الاتصال بالرقم 626.289.5454 أو زيارة

<https://www.ahmchealth.com/sgvmc/>. المكتب مفتوح M-F 8:00-4:30 438 West Las Tunas Dr. San Gabriel, CA 91776. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والطباعة. الكبيرة والصوت وغيرها من التنسيقات الإلكترونية التي يمكن الوصول إليها. هذه الخدمات مجانية.