



SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: FINANCE

POLICY TITLE: FINANCIAL ASSISTANCE

POLICY/REFERENCE #: FIN-006

COMPLIANCE REQUIREMENT: CA Health and Safety Code §127400 through §127446

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**EFFECTIVE DATE:
3/26/2026**

POLICY

Seneca Healthcare District (SHD) shall offer all patients financial assistance as applicable state and federal regulations dictate. Financial assistance is a *resource of last resort*.

PROCEDURE

1. Purpose

The purpose of the Financial Assistance policy is to provide guidelines for the consistent determination of uncompensated care to patients who may not qualify for state, federal, county or other assistance and/or have no reasonable means to pay for services received.

2. Responsibilities

SHD Patient Access and Finance Departments are responsible for offering financial assistance to all eligible SHD patients. SHD Finance staff are responsible for obtaining the necessary information for determining patient eligibility and applying any corresponding discount to the patient's financial obligation to SHD.

3. Policy for Financial Assistance

a. Policy

- i. Seneca Healthcare District is committed to treating all patients equitably, with dignity, respect and compassion regardless of their financial status or ability to pay. In support of this commitment SHD has established a Financial Assistance Program which offers free care, depending on individuals' family size and income.

- ii. Any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being. Financial assistance is provided only when care has been provided and is deemed medically necessary and after the patient has been found to meet all financial criteria.

b. Definitions

- i. Medically Necessary: Health care services or products that a prudent physician would provide to a patient to prevent, diagnose, or treat an illness, injury, or disease, or any symptoms thereof, that are necessary and are:
 - 1. Provided in accordance with generally accepted standards of medical practice
 - 2. Clinically appropriate with regard to type, frequency, extent, location and duration,
 - 3. Not primarily provided for the convenience of the patient, physician or other provider of the health care,
 - 4. Required to improve a specific health condition of an insured or to preserve the existing state of health of the insured; and
 - 5. The most clinically appropriate level of health care that may be safely provided to the insured.
- ii. Emergency Care: Immediate Care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
- iii. Uninsured: Patients with no insurance or third-party assistance to help resolve their financial responsibility to healthcare providers.
- iv. Under-insured: Patients having some insurance coverage but not enough, or when a patient is insured yet unable to afford the out-of-pocket responsibilities not covered by patient insurer.
- v. Presumptive Eligibility: The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.
- vi. Financial Assistance Committee: A multi-disciplinary team formed internally to review all financial assistance applications for approval and denial determinations in accordance with this policy.

- vii. Catastrophic Financial Assistance: Financial assistance available to patients with a federal poverty level, greater than 400% and whose annual out-of-pocket costs are greater than 10% of the patients current family income or family income in the prior 12 months. Eligible patients will be considered for a catastrophic discount that will cap their out-of-pocket expense at a 25% threshold of annual gross income. Should the patient default on payment arrangements for the discounted balance, the catastrophic discount shall be added back to the account with the adjusted balance referred to a collection service.

c. Eligible Services

- i. Emergency medical services, general acute care hospital services and rural health clinic services.

d. Financial Assistance Criteria

- i. All homeless and/or uninsured patients are referred to SHD's Revenue Cycle Coordinator contracted Billing Office for assistance with acquiring third party coverage or applying for Financial Assistance.
- ii. Eligibility
 1. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination.
 2. Gross income should fall within established standard for determination of the FPL, considering family size, geographic area and other pertinent factors.
 3. For persons 18 years of age and older, 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 persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, 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.
 4. If a dependent child is over the age of 18 and does not appear on a parent or caretaker's most recent tax return, the dependent child must provide a copy of their own most recent tax return.
 5. Patients whose family income is at or below 150% of the FPL are eligible to receive 100% discount (charity care).

6. Patients whose family income is at or below 400% of the FPL are eligible to receive reduced rates, based on a sliding fee scale.
 7. Other financial obligations, including living expenses and other items of a reasonable and necessary nature will be analyzed.
 8. Patients whose out-of-pocket medical expenses exceed 10% of their prior 12 months of income may be eligible for financial assistance at the discretion of SHD.
 9. Financial Assistance status will be determined by the Chief Financial Officer (CFO) and Revenue Cycle Coordinator, after the time of discharge and after all required documentation is submitted by the patient or responsible party.
 10. Once the account is settled, the information used for determination will be kept on file by SHD for at least seven (7) years.
 11. Patients who are not eligible for financial assistance or are eligible to receive partial assistance which leaves them owing a balance due to SHD may request a payment plan from SHD's Revenue Cycle Coordinator or contracted Billing Office.
 12. Patients who are a victim of a crime could be eligible for State of California funding from the Victim of Crime (VOC) program. Patients can apply at the District Attorney's office at the courthouse in Quincy. The patient will not qualify if:
 - a. There is insurance involved;
 - b. He/she initiated the crime;
 - c. He/she expires.
- iii. Patients with Insurance
1. Inpatient days denied by Medi-Cal as not medically necessary become eligible for Financial Assistance if the denial is upheld following SHD appeal. The Medi-Cal denied day(s) will be adjusted for purposes of stating the "uncollectible" as the Financial Assistance amount in preference to inflating the Medi-Cal allowance.
 2. Patients with Medicare and commercial HMO/PPO coverage are eligible for Financial Assistance. If these patients have large out-of-pocket expenses they will be considered and approved for Financial Assistance if they meet all financial requirements. No discount will be applied to the remaining portion of the patient's claim until after their primary and any secondary insurance payments and contractual adjustments are applied.
- iv. Hospital Presumptive Eligibility (HPE)

1. An admissions representative will assist uninsured patients to apply for Hospital Presumptive Eligibility.

e. Specific Procedure:

i. Identification

1. Candidates for Financial Assistance can be identified at any point along the patient revenue cycle process. Every effort shall be made to identify eligibility during the service period.
2. Initial referrals may be directed to the Revenue Cycle Coordinator, the Finance Department, or the contracted Billing Office.
3. The patient/guarantor is instructed regarding the application process and is provided with SHD's Financial Assistance Application to complete.
4. Notes related to patient conversations/encounters and application information is documented in the appropriate system by SHD staff.

ii. Pending Applications

1. The application for Financial Assistance and all supporting documentation completed by the patient are thoroughly researched and reviewed.
2. A review of insurance, lack thereof, and identification of any other potential payer source is conducted.
3. The Financial Assessment Worksheet will be completed by a SHD representative in the Finance Department.
4. The Revenue Cycle Coordinator will follow up to obtain any additional information needed by phone or by sending letters requesting documentation. If, after three (3) documented contacts have been attempted and the 150th day from application is exceeded without receipt of the requested information, the application is documented as denied in the Electronic Health Record system, closed, and the account released from hold status to resume processing as a Self-Pay receivable per protocol.
5. Financial Assistance applications are reviewed by the Revenue Cycle Coordinator or appropriate SHD personnel per the approved Expected Payment Limit (Attachment A).
6. Authorized employees must sign their approval or denial and reason for determination on the application. Authorized employees must assure that reasonable efforts have been made to assure that alternative resources are not available to cover the cost of services.
7. The file will then be returned to the Revenue Cycle Coordinator to process any authorized write-offs and send the Eligibility Determination Notice to the patient.

8. The patient financial record with eligibility determination will be archived for no less than 7 years.
- iii. Denied Applications
1. An Eligibility Determination Notice is mailed to the address submitted on the application.
 2. A request for appeal of a final determination must be made in writing to the SHD Chief Financial Officer within 30 days of the final determination. An independent review of the patient or guarantor's financial information will be performed and the patient/guarantor will be notified of the review outcome within 30 days.
 3. The patient's financial class reverts to Self-Pay and the account is processed as a Self-Pay receivable per protocol. Patients may request a payment plan from the Revenue Cycle Coordinator or contracted Billing Office.

4. Enforcement

Violation of this policy may result in disciplinary action, up to and including termination as outlined in SHD's Compliance Policy CMPL-005.

REFERENCE

Title 22 of the California Code of Regulations sections 96051 to 96051.37
 AB 1020, AB 2297
Health & Safety Code § 127400 et seq.

Attachment A: Expected Payment Limit (1 page)

Related to this policy

**<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
 Financial Assistance Application
 Financial Assessment Worksheet
 Eligibility Determination Notice**

Attachment A: Expected Payment Limit

Financial Assistance Program Discount based on Federal Poverty Guidelines

FPL	Discount %	Discount Type
0-150%	100%	Charity Care

151-250%	75%	Sliding Fee
251-350%	50%	Sliding Fee
351-400%	25%	Sliding Fee

	Estimated or Actual Amount
Revenue Cycle Coordinator	Up to and including \$500
Chief Financial Officer	Above \$500



ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE PROGRAM

Seneca Healthcare District has conducted an eligibility determination for the Financial Assistance Program for: _____ (insert patient name) for the following account(s) and date(s) of service:

Account: _____ DOS: _____ Account: _____ DOS: _____
Account: _____ DOS: _____ Account: _____ DOS: _____
Account: _____ DOS: _____ Account: _____ DOS: _____

The request for financial assistance was submitted by or on behalf of the patient on _____. The determination was completed on _____.

Based on the information provided by or on behalf of the patient the following determination has been made:

_____ The request for financial assistance has been approved for services rendered on _____. with a balance on account of (insert amount). If Financial Assistance is partially approved leaving a remaining balance due, our office will need to be informed as to how your account balance will be satisfied. Please contact our outsourced billing office at (844) 951-7275 to make payment arrangements.

_____ The request for Financial Assistance is pending approval. However, the following information is required before any decision can be made:

_____ The request for Financial Assistance has been denied for the following reason(s):

If you have any questions on this determination, please contact Steve Boline, Chief Financial Officer at (530) 258-3099.

Thank you,

Seneca Healthcare District
Finance Department



Seneca Healthcare District Financial Assistance Application

Instructions:

The following documents are required to be submitted with your completed Financial Assistance Application (copies only, originals will not be returned)

- Copies of 3 (three) most recent pay stubs from all employers
 - If unemployed, a copy of unemployment benefits award letter or pay stub within the last 30 days
 - Copy of most recent income tax return
1. Copies of most recent tax returns (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
 2. Recent paystubs (paystubs with in 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)
 3. Return completed application to:

Seneca Healthcare District
P.O. Box 737
Chester, CA 96020
Attn: Finance Department
- Or it may be delivered in person to Seneca Healthcare District at 199 Reynolds Road, Chester, CA 96020
4. SHD will complete the Financial Assessment Worksheet, including a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history, and notify the patient of the determination in writing within 45 days of receipt of a completed application.
 5. If you have questions or need assistance in completing this application, please contact our contracted Business Office at **(844) 951-7275**.



Seneca Healthcare District Financial Assistance Application

PATIENT INFORMATION

Patient Name: _____

Telephone _____

Address: _____

If Minor; Guardian Name: _____

Do you have? Medi-Cal Medicare Other Insurance Uninsured

FAMILY INFORMATION

List all dependents that you support below:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Seneca Healthcare District Financial Assistance Application

Application Continued:

INCOME INFORMATION

Earned Income (If patient is a minor list parent(s)/guardian(s) income)

Patient's Gross Income: \$ _____

Spouse's Gross Income: \$ _____

Other Income

Unemployment: \$ _____

Social Security: \$ _____

Dividends/Annuities: \$ _____

Rental Property: \$ _____

Other (explain): \$ _____

Total Annual Income: \$ _____

Total Monthly Income: \$ _____
(Total of Gross Income, Spouse Gross Income, and Other Income)

EXPENSES INFORMATION

Auto payment: \$ _____/mo Year/Make/Model: _____

Auto payment: \$ _____/mo Year/Make/Model: _____

Credit Card: Balance \$ _____ Limit \$ _____ Monthly Payment \$ _____

Credit Card: Balance \$ _____ Limit \$ _____ Monthly Payment \$ _____

Monthly Utility Bills: \$ _____

Average Monthly Food Bill: \$ _____

Monthly Utility Bills: \$ _____

Monthly Utility Bills: \$ _____

Monthly Utility Bills: \$ _____

(Please attach additional sheets if necessary to include additional credit/personal loan/medical obligations)



Seneca Healthcare District Financial Assistance Application

Patient Disclosure Report:

Account

Number(s): _____

The purpose of this information request is to determine your ability to pay for services at Seneca Healthcare District or your possible eligibility for our Financial Assistance Program. This information is **not** an application for Medi-Cal, Covered California, or any County assistance program. If you have been denied by Medi-Cal, Covered California, or County Medical Financial Assistance, submit a copy of the denial letter with this form.

I _____(print name) certify the foregoing information to be true and correct. I understand Seneca Healthcare District reserves the right to verify all information supplied. I agree to notify the outsourced Billing Office of any change in my financial information within 10 (ten) days of the change.

I UNDERSTAND THAT UNTIL FINANCIAL ASSISTANCE HAS BEEN GRANTED, I AM STILL RESPONSIBLE FOR THE FULL AMOUNT OF MY CHARGES AT SENECA HEALTHCARE DISTRICT.

If you have any questions, please call Seneca Healthcare District's contracted Billing Office (844) 951-7275.

Signature of Patient/Responsible Party

Date



Seneca Healthcare District Financial Assistance Application



Pursuant to California law, the following notice must be provided to you in a hard-copy format.

Financial Discharge Notice

Seneca Healthcare District adopted the following options to assist patients who cannot otherwise afford health care: Payment Plan Agreements (PPA), Prompt Pay Discount, Patient Responsibility Discount, and Financial Assistance.

Plumas County Department of Social Services can assist members of the community in applying for Covered California and state and local assistance. Contact information below. Appointments can be scheduled at a nearby facility.

Phone: (530) 283-6350

Website: <https://www.plumascounty.us/94/Social-Services>

Address: 270 County Hospital Road, #207, Quincy, CA 95971

Hospital Presumptive Eligibility (HPE)

An approved HPE application would provide a patient with temporary Medi-Cal benefits for services rendered in an emergent situation. A Patient Access Representative will assist all patients presenting to the facilities emergency room without active medical insurance with applying for HPE eligibility.

Help Paying Your Bill

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

Eligibility

Eligibility for Financial Assistance is extended to all patients who either are uninsured or underinsured, who have received services at Seneca Healthcare District and/or The Lake Almanor Clinic, who meet the guidelines of the policy, and agree to its terms

All above patients are eligible to submit an application for Financial Assistance.



How to apply

Financial Assistance Application is available for download on our website at <https://senecahospital.org/billpay/>, at any front-end service desk, or contact our contracted Billing Office for more information on how to apply for our discount programs at the below info:

Monday - Friday
7:00am to 3:30pm
Phone: (844) 951-7275

Payment Plan Agreements (PPA)

Seneca Healthcare District offers patients an affordable option to pay their bill over time. All patients have access to an interest free payment plan. PPA's include the option to combine family accounts into one monthly payment, and the ability to add future accounts. Contact our outsourced Billing Office for more information:

Monday - Friday
7:00am to 3:30pm
Phone: (844) 951-7275

Patient Responsibility Discount

You may be eligible to receive a 20% discount if the total amount due is paid in full by the due date on your statement.

- Applies to balances due of \$100.00 or more
- Available to all patients with commercial insurance and/or Medicare*

*Centers for Medicare & Medicaid services, HHS Regulations [42 C.F.R. Sections 435.831 (d)] prohibits discounts to Medi-Cal recipient's share of cost.

Contact our outsourced Billing Office for more information:

Monday - Friday
8:00am to 6:00pm
Phone: (844) 951-7275
Fax: (816) 759-2173



Prompt Pay Discount

Is available to all patients who either are uninsured or do not wish to bill their insurance for services rendered.

Receive a 20% discount at time of service for payment in full. Speak with the office receptionist for more information.

Sliding Fee Financial Assistance

Is available to all patients who either are uninsured or underinsured who have received services at Seneca Healthcare District and/or The Lake Almanor Clinic, who meet the guidelines of the policy and agree to its terms. A sliding fee schedule based on the HHS Poverty Guidelines will be used to determine the qualifying income level(s) for the discount. These guidelines are subject to change annually.

Patients interested in this service may request an application at any front-end service desk, print out online, or by contacting our contracted Billing Office at (844) 951-7275.

Completed applications with required supporting documentation may be returned in person at 199 Reynolds Road, Chester CA 96020 or via mail at PO Box 737, Chester CA, 96020

Pricing Resources/Shoppable Services

Please visit our website at https://apps.para-hcfs.com/PTT/FinalLinks/Seneca_V4.aspx to view our shoppable services and submit cost estimates. Our registration staff are available for additional assistance.

Hospital Bill Complaint Program

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

Covered California

If you are not eligible, for whatever reason, to receive temporary HPE Medi-Cal you can contact a local broker within your home county to apply for Covered California. You can also find out if you are eligible for this coverage by visiting <https://www.coveredca.com/> or calling 800-300-1506 Monday through Friday 8:00am – 6:00pm, closed Saturdays and Sundays.



Patient Signature (or Guarantor)

Date

Patient Access Representative

Date

Language assistance

English:

ATTENTION: If you need help in your language, please call (833) 227-3743 or visit Lake Almanor Clinic. The office is open from 8:00am to 5:00pm and located at 199 Reynolds Road, Chester, CA 96020. 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.

Arabic:

Lake Almanor تنبيه: إذا كنت بحاجة إلى مساعدة في لغتك، يرجى الاتصال بالرقم (833) 227-3743 أو زيارة عيادة Reynolds Road, Chester, CA 96020. المكتب مفتوح من الساعة 8:00 صباحًا حتى 5:00 مساءً ويقع في 199 CA 96020. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل. هذه الخدمات مجانية والمطبوعات الكبيرة والصوت وغيرها من التنسيقات الإلكترونية التي يمكن الوصول إليها .

Armenian:

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել (833) 227-3743 կամ այցելել «Լեյք Ալմանոր» կլինիկա: Գրասենյակը բաց է առավոտյան 8:00-ից մինչև 17:00-ը և գտնվում է 199 Reynolds Road, Chester, CA 96020 հասցեում: Հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, ինչպիսիք են փաստաթղթերը բրայլյան, մեծատառ, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով, նույնպես հասանելի են: . Այս ծառայություններն անվճար են:

Chinese (simplified):

注意：如果您需要您的语言的帮助，请致电 (833) 227-3743 或访问 Lake Almanor Clinic。该办公室的开放时间为上午 8:00 至下午 5:00，地址为 199 Reynolds Road, Chester, CA 96020。还为残疾人士提供帮助和服务，例如盲文、大字体、音频和其他无障碍电子格式的文件。这些服务是免费的。

Chinese (traditional):

注意：如果您需要您的語言的協助，請致電 (833) 227-3743 或造訪 Lake Almanor Clinic。該辦公室的開放時間為上午8:00 至下午5:00，地址為199 Reynolds Road, Chester, CA 96020 也為殘疾人士提供幫助和服務，例如點字、大字體、音訊和其他無障礙電子格式的文件。這些服務是免費的。

German:



ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, rufen Sie bitte (833) 227-3743 an oder besuchen Sie die Lake Almanor Clinic. Das Büro ist von 8:00 bis 17:00 Uhr geöffnet und befindet sich in 199 Reynolds Road, Chester, CA 96020. Hilfsmittel und Dienstleistungen für Menschen mit Behinderungen, wie Dokumente in Blindenschrift, Großdruck, Audio und anderen barrierefreien elektronischen Formaten, sind ebenfalls verfügbar. Diese Dienste sind kostenlos.

Hindi:

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो कृपया (833) 227-3743 पर कॉल करें या लेक अलमनोर क्लिनिक पर जाएँ। कार्यालय सुबह 8:00 बजे से शाम 5:00 बजे तक खुला रहता है और 199 रेनॉल्ड्स रोड, चेस्टर, सीए 96020 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।

Hmong:

CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau (833) 227-3743 lossis mus ntsib Lake Almanor Clinic. Lub chaw ua haujlwm qhib thaum 8:00 teev sawv ntxov txog 5:00 teev tsaus ntuj thiab nyob ntawm 199 Reynolds Road, Chester, CA 96020. Kev pab thiab kev pabcuam rau cov neeg xiam oob khab, xws li cov ntaub ntawv sau ua lej, ntawv loj, suab, thiab lwm yam khoom siv hluav taws xob siv tau kuj muaj. . Cov kev pabcuam no pub dawb.

Japanese:

注意: あなたの言語でサポートが必要な場合は、(833) 227-3743 に電話するか、Lake Almanor Clinic を訪れてください。オフィスの営業時間は午前 8 時から午後 5 時までで、住所は 199 Reynolds Road, Chester, CA 96020 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。

Korean:

주의: 귀하의 언어로 도움이 필요하시면 (833) 227-3743으로 전화하시거나 Lake Almanor Clinic을 방문하십시오. 사무실은 오전 8시부터 오후 5시까지 운영되며 주소는 199 Reynolds Road, Chester, CA 96020입니다. 점자 문서, 큰 활자체, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 이용 가능합니다. 이러한 서비스는 무료입니다.

Punjabi:

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ (833) 227-3743 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਲੇਕ ਅਲਮਨੋਰ ਕਲੀਨਿਕ 'ਤੇ ਜਾਓ। ਦਫਤਰ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:00 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ ਅਤੇ 199 ਰੇਨੋਲਡਸ ਰੋਡ, ਚੈਸਟਰ, CA 96020 '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।

Russian:

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону (833) 227-3743 или посетите клинику Лейк-Алманор. Офис открыт с 8:00 до 17:00 и расположен по адресу: 199 Reynolds Road, Chester, CA 96020. 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.

Spanish:

ATENCIÓN: Si necesita ayuda en su idioma, llame al (833) 227-3743 o visite la Clínica Lake Almanor. La oficina está abierta de 8:00 am a 5:00 pm y está ubicada en 199 Reynolds Road, Chester, CA 96020. 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.

Thai:

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร (833) 227-3743 หรือไปที่ Lake Almanor Clinic สำนักงานเปิดทำการตั้งแต่เวลา 8.00 น. ถึง 17.00 น. และตั้งอยู่ที่ 199 Reynolds Road, Chester, CA 96020 นอกจากนี้ยังมีบริการช่วยเหลือและบริการสำหรับคนพิการ เช่น เอกสารอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่เข้าถึงได้อื่นๆ อีกด้วย . บริการเหล่านี้ฟรี

Vietnamese:

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi (833) 227-3743 hoặc đến Phòng khám Lake Almanor. Văn phòng mở cửa từ 8:00 sáng đến 5:00 chiều và tọa lạc tại 199 Reynolds Road, Chester, CA 96020. Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille, chữ in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác cũng có sẵn . Những dịch vụ này là miễn phí.

Patient Label



Notice B
Patients Without Health Insurance

Patient Name _____ Date of Birth _____

Guarantor Name _____ Date of Visit _____

We will be registering your visit today as a **SELF-PAY** due to the absence of active health insurance. If you do have an active health insurance or other coverage, we encourage you to contact the hospital Registration Department immediately to update the information in our system. Additionally, we want to ensure that you are aware of our Financial Assistance Program.

1) You may be eligible for temporary insurance through the Department of Health Care Services (also known as temporary Medi-Cal). See more details below:

Hospital Presumptive Eligibility Program

On January 1, 2014, the Hospital Presumptive Eligibility Program (HPE) was implemented. The HPE Program provides qualified individuals with immediate access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage. To qualify for HPE, individuals must meet the rules below.

- Applies to emergency room services only
- Have income below the monthly limit for household size.
- Be a California resident.
- Not already have Medi-Cal.
- If not pregnant, have not received PE Enrollment benefits from any Medi-Cal PE Program up to the maximum limitation allowed within the past 12 months of applying. If pregnant, have not had a PE Enrollment during the current pregnancy of applying.
- And be eligible in one of the following HPE groups below:
 - Children under 19 years old
 - Parents and Caretaker Relatives
 - Pregnant Women (benefits are limited to ambulatory prenatal services.)
 - Former Foster Youth between ages 18 to 26 years old, who were in foster care in any state on their 18th birthday or older. (No income limit)
 - Adults between ages 19-64, not pregnant, not in Medicare, and not eligible for any group stated above.
 - Adults aged 65 or older, not pregnant, and not in Medicare.

Seneca Healthcare District

PO Box 737 Chester, CA 96020

Phone 1-833-careSHD (1-833-227-3743)

Email admissions@senecahospital.org

Fax (530) 258-3836 Attn: Registration

Patient Label



To apply for HPE benefits, an individual must visit a hospital that is a qualified HPE Provider. The HPE Provider submits the individual’s information via the HPE Medi-Cal Application online portal and eligibility is determined in real-time. Hospital Presumptive Eligibility (HPE) provides temporary full-scope Medi-Cal on a fee-for-service basis for all aid codes except HPE for Pregnancy. HPE for Pregnancy provides limited scope coverage and only covers ambulatory (walk-in), outpatient prenatal care, outpatient abortion, and prescription drugs for conditions related to pregnancy. The HPE enrollment period begins on the date the individual is determined eligible for HPE, which is the day the HPE Medi-Cal Application is submitted via the online portal. If you are approved for HPE, your provider must check your eligibility to know your scope of coverage. Medi-Cal may cover expenses for services you have already received if you apply for Medi-Cal and complete the enrollment process within three (3) months of receiving those services.

- 2) If you are not eligible, for whatever reason, to receive temporary HPE Medi-Cal you can contact a local broker within your home county to apply for Covered California. You can also find out if you are eligible for this coverage by visiting <https://www.coveredca.com/> or calling 800-300-1506 Monday through Friday 8:00am – 6:00pm, closed Saturdays and Sundays.
- 3) Regardless of your eligibility with either option above you are welcome to complete a Charity Care Application with Seneca Healthcare District. Instructions about how to complete and submit the application, as well as contact information for assistance, are included in the application.

Hospital Bill Complaint Program

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

Our registration staff has alerted you (or your guarantor) of your options due to this status:

- Apply for Hospital Presumptive Eligibility Please check one of the following:
 - Applied and Granted _____ initial
 - Applied and Declined _____ initial
 - Not Eligible Due to Physical Address Outside of California _____ initial
 - Not Eligible Due to Known Income Restraints _____ initial
- Given Covered California Brochure _____ initial
- Given Seneca Healthcare District – Financial Assistance Application _____ initial

Patient Signature (or Guarantor)

Date

Patient Access Representative

Date

Seneca Healthcare District
PO Box 737 Chester, CA 96020
Phone 1-833-careSHD (1-833-227-3743)
Email admissions@senecahospital.org
Fax (530) 258-3836 Attn: Registration

Help Paying Your Bill?

Seneca Healthcare District adopted the following financial assistance options to assist patients who cannot otherwise afford health care: Payment Plan Agreements (PPA), Prompt Pay Discount, Patient Responsibility Discount, and Sliding Fee Financial Assistance.

Payment Plan Agreements (PPA)

Seneca Healthcare District offers patients an affordable option to pay their bill over time. All patients have access to an interest free payment plan. PPA's include the option to combine family accounts into one monthly payment, and the ability to add future accounts. For more information, contact our contracted Billing Office at (844) 951-7275. We are open Monday through Friday from 7:30 am to 3:30 pm.

Patient Responsibility Discount

You may be eligible to receive a 20% discount if the total amount due is paid in full by the due date on your statement.

- Applies to balances due of \$100.00 or more
- Available to all patients with commercial insurance and/or Medicare*

*Centers for Medicare & Medicaid services, HHS Regulations [42 C.F.R. Sections 435.831 (d)] prohibits discounts to Medi-Cal recipient's share of cost.

For more information, contact our Billing Office at (844) 951-7275. We are open Monday through Friday from 7:30 am to 3:30 pm.

Prompt Pay Discount

Is available to all patients who either are uninsured or do not wish to bill their insurance for services rendered. Receive a 20% discount at time of service for payment in full. Speak with the office receptionist for more information.

Sliding Fee Financial Assistance

Is available to all patients who either are uninsured or underinsured who have received services at Seneca Healthcare District and/or The Lake Almanor Clinic, who meet the guidelines of the policy and agree to its terms. A sliding fee schedule based on the HHS Poverty Guidelines will be used to determine the qualifying income level(s) for the discount. These guidelines are subject to change annually.

Patients interested in this service may request an application at any front-end service desk, print out online, or by contacting our contracted Billing Office at (844) 951-7275.

Completed applications with required supporting documentation may be returned in person at 199 Reynolds Road, Chester CA 96020 or via mail at PO Box 737, Chester CA, 96020

How to Apply

The Financial Assistance Application is available for download on our website at www.senecahospital.org/billpay/, or contact our contracted Billing Office for more information on how to apply at the below info:

Monday - Friday

7:00 am to 3:30 pm

Phone: (844) 951-7275

Hospital Bill Complaint Program

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

More Help

Help Paying Your Bill

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

Language Assistance

If you need help in your language, please call (833) 227-3743 or visit the Lake Almanor Clinic. The office is open from 8:00 am to 5:00 pm and located at 199 Reynolds Road, Chester, CA 96020. 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.