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Charity Care/Discounted Payment Policy

Charity Care/Discounted Payment Policy

Dameron Hospital Association | Owner: Chief Financial Officer | Area: Finance

I. **Policy**
Pursuant to this Policy, the Hospital will provide eligible patients Charity Care or Discounted Payment, together referred to as "financial assistance." The Hospital shall provide this financial assistance to individuals who demonstrate an inability to pay for Emergency Medical Care and other Medically Necessary Services. Eligibility guidelines and application procedures for Charity Care and Discounted Payment are detailed in this Policy.

II. **Purpose**
The purpose of the Charity Care and Discounted Payment Policy (the "Policy") is to define the eligibility criteria and application process set forth by Dameron Hospital Association (the "Hospital") to provide financial assistance to low-income, uninsured and underinsured patients. This Policy is intended to comply with the Hospital's mission and values as a nonprofit public benefit organization, with the Hospital Fair Pricing Act, California Health & Safety Code sections 127400 et seq., and its implementing regulations at Title 22, California Code of Regulations, sections 96051 et seq., and with the requirements applicable to tax-exempt hospitals under section 501(r) of the Internal Revenue Code and the Department of Treasury regulations issued thereunder.

III. **Definitions**

A. "Charity Care" means Emergency Medical Care and other Medically Necessary Services provided to a patient at no charge to the patient or the patient's family.

B. "Discounted Payment" means that the Hospital shall limit the expected payment for Emergency Medical Care and other Medically Necessary Services for Financially Qualified Patients to a discounted rate, which is any charge for care that is reduced

but not free.

C. "Emergency Medical Care" means care provided for Emergency Medical Conditions.

D. "Emergency Medical Condition" is defined as:

1. A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
    a. Placing the patient's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
    b. Serious impairment to bodily functions; or
    c. Serious dysfunction of any bodily organ or part.
2. With respect to a pregnant woman who is having contractions:
    a. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
    b. That transfer may pose a threat to the health or safety of the woman or the unborn child.

E. "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.

F. "Federal Poverty Level" means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services, as set forth in the chart in Attachment A.

G. "Financially Qualified Patient" means a patient who is both of the following:

1. A patient who is a Self-Pay Patient, as defined in Section III.L, or a Patient with High Medical Costs, as defined in Section III.J; and
2. A patient whose family income does not exceed 400 percent of the Federal Poverty Level.

H. "Income" documentation shall be limited to recent pay stubs or recent income tax returns, whichever the patient chooses to provide. The Hospital may accept other forms of documentation of income but shall not require those other forms, and shall not require a patient to explain why one form of documentation is provided rather than another. "Recent income tax returns" means income tax returns that document a patient's income for the year in which the patient was first billed, or for the 12 months prior to when the patient was first billed. If a patient does not submit an application or documentation of income, the Hospital may presumptively determine that the patient is eligible for Charity Care or Discounted Payment based on information other than that provided by the patient or based on a prior eligibility determination.

1. Monetary assets shall not be considered in determining eligibility for Charity Care or Discounted Payment.

I. "Medically Necessary Service" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by the Hospital to a patient, that is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain, consistent with Welfare and Institutions Code section 14059.5. All Medically Necessary Services are eligible for financial assistance under this Policy.

J. "Patient with High Medical Costs" means a person whose family income does not exceed 400 percent of the Federal Poverty Level. "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.
3. A lower level determined by the Hospital in accordance with this Policy.

K. "Patient's family" means the following:

1. 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.
2. 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.

L. "Self-Pay Patient" means a patient who does 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.

M. "Reasonable Payment Plan" means monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for Essential Living Expenses.

IV. **Eligibility**

A. **Eligible Services**

Financial assistance provided to Hospital patients pursuant to this Policy shall apply to charges incurred for Emergency Medical Care and all other Medically Necessary Services. If it is unclear whether a particular service is Emergency Medical Care or another Medically Necessary Service, the Chief Medical Officer or his/her designee shall determine whether services rendered to the patient were Medically Necessary Services.

Emergency physicians who provide emergency medical services in a hospital that provides emergency care are required by law to provide discounts to uninsured patients and Patients with High Medical Costs who are at or below 400 percent of the Federal Poverty Level. Patients should contact the emergency physician's billing office for further information regarding financial assistance programs for emergency physician services.

Emergency Medical Care and other Medically Necessary Services provided and separately billed by professionals or physicians, rather than by the hospital facility itself, are not covered by this Policy. Professional or physician services include: ambulance services; audiology; anesthesiology; cardiology; dentistry; dermatology; dialysis; emergency physicians; endocrinology; gastroenterology; gynecology; hospitalists; internal medicine; magnetic resonance imaging (MRI); neonatology; nephrology; neurology; nuclear medicine; obstetrics; otolaryngology (ENT); ophthalmology; pathology; physician assistants; podiatry; psychiatric services; radiation therapy; radiology; respiratory care; surgeons; and urology.

B. **General Eligibility**

Consistent with the Hospital's mission as a nonprofit public benefit organization to operate and furnish care, treatment, hospitalization and other services, with or without compensation, the Hospital will, pursuant to this Policy, provide financial assistance to Financially Qualified Patients.

The Hospital shall determine eligibility for the Charity Care Program or Discounted Payment Program based upon an individual's financial need in accordance with this Policy. Patients seeking Charity Care or Discounted Payment must make reasonable efforts to provide the Hospital with documentation of income and health benefits coverage. If a patient fails to provide the information specified in this Policy and the accompanying application form, the Hospital may consider such failure in making its determination; however, the Hospital shall not deny eligibility for failure to provide documentation other than recent pay stubs or recent income tax returns, and shall not deny eligibility based on the timing of a patient's application.

Before a patient can be eligible for the Charity Care Program or the Discounted Payment Program, all available resources must first be applied, including, but not limited to, private health insurance (including coverage offered through Covered California, the California Health Benefit Exchange), Medicare, Medi-Cal, the California Children's Services Program, or other state- or county-funded programs designed to provide health coverage. The Hospital shall not require a patient to apply for Medicare, Medi-Cal, or other coverage before the patient is screened for, or provided, Discounted Payment. The Hospital may require patients to participate in screening for Medi-Cal eligibility.

Patients who are eligible for and/or receive financial assistance under the Charity Care Program or the Discounted Payment Program may not receive financial assistance pursuant to the Hospital's Uninsured Patient Discount Policy (No.

20-01-0036).
Financial assistance under this Policy shall be provided to eligible patients without regard to race, religion, color, creed, age, gender, sexual orientation, national origin or immigration status.

C. **Specific Eligibility**

Patients may apply for financial assistance under Section IV.C.1 or Section IV.C.2, as described below.

1. Discounted Payment Program. Both Self-Pay Patients and Patients with High Medical Costs shall be eligible to apply for the Discounted Payment Program.
    a. Self-Pay Patients: The Hospital shall limit the expected payment for Emergency Medical Care and other Medically Necessary Services provided by the Hospital to Self-Pay Patients whose documented income is between 150 percent and 400 percent, inclusive, of the Federal Poverty Level, to the amount of payment the Hospital would expect, in good faith, to receive for providing the services from Medicare or Medi-Cal, whichever is greater, and in no event more than the "amounts generally billed" ("AGB") as determined under Section 501(r) of the Internal Revenue Code. If the Hospital provides a service for which there is no established payment by Medicare or Medi-Cal, the Hospital shall establish an appropriate Discounted Payment amount. Patients eligible under this Policy shall not be required to undergo an independent dispute resolution process.
    b. Patients with High Medical Costs: Patients with High Medical Costs whose documented income is between 150 percent and 400 percent, inclusive, of the Federal Poverty Level, shall be liable, taking into account any un-reimbursed co-payments, co-insurance and deductibles, for the lesser of (i) the balance after any insurance payments are applied or (ii) the amount described in Section IV.C.1.a. Patients seeking a Discounted Payment must make reasonable efforts to provide the Hospital with documentation of income (limited to recent pay stubs or recent income tax returns, whichever the patient chooses to provide) and health benefits coverage. Patients seeking eligibility as Patients with High Medical Costs also must provide documentation of the out-of-pocket costs or medical expenses described in Section III.J. For purposes of determining a patient's eligibility under this Policy, the Hospital may request the patient's consent to verify his/her employment status, as permitted by applicable law.
    Patients who provide required documentation and qualify under the income requirements of this section may enter into an extended, interest-free payment plan in accordance with the Hospital's Extended Payment Plan Policy & Procedure (No. 20-01-0035). The Hospital and the patient shall negotiate the terms of such extended payment plan, and shall take into consideration the patient's family income and Essential Living Expenses. The Hospital may also consider the availability of a patient's health savings account held by the patient or the patient's family. If the Hospital and patient cannot agree on a payment plan, the Hospital shall use the formula in Section III.M to create a Reasonable Payment Plan. All extended payment plans shall be interest free.
2. Charity Care Program. The Hospital will provide its Charity Care Program to Financially Qualified Patients who are unable to pay, regardless of insurance status, provided that the patient's income falls below 150 percent of the Federal Poverty Level. Patients seeking Charity

Care must make reasonable efforts to provide the Hospital with documentation of income and health benefits coverage.

D. Application Timing

A patient may apply for Charity Care or Discounted Payment at any time, including after collection activity has commenced, after an account has been assigned to a collection agency, and after entry of judgment. Eligibility for Charity Care or Discounted Payment may be determined at any time the Hospital is in receipt of the patient's recent pay stubs or recent income tax returns. The Hospital shall not impose any deadline or time limit for applying for Charity Care or Discounted Payment and shall not deny eligibility based on the timing of a patient's application.

V. Application Procedures

When requesting financial assistance under the Policy, the patient, the patient's guarantor or the patient's legal representative is responsible for providing accurate information and using reasonable efforts to provide all documentation necessary. Below is a list of the responsibilities of the patient, the patient's guarantor or the patient's legal representative during the application process.

A. To establish eligibility, all patients requesting financial assistance under the Policy will be asked to complete the Hospital's Financial Assistance Application form, attached to this Policy as Attachment B. The only documentation of income that may be required with the application is recent pay stubs or recent income tax returns, whichever the patient chooses to provide.

B. To be considered for the Charity Care Program or Discounted Payment Program under the Policy, the patient must cooperate with the Hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to cover (fully or partially) the charges for care rendered by the Hospital, including, but not limited to, private health insurance (including coverage offered through Covered California), Medicare, Medi-Cal, the California Children's Services Program, or other state- or county-funded programs designed to provide health coverage.

C. If a patient applies, or has a pending application, for another health coverage program at the same time the patient applies for Charity Care or Discounted Payment, neither application shall preclude eligibility for the other program.

D. To be considered for Discounted Payment or Charity Care under the Policy, the patient must provide the Hospital with the financial and other information requested on the application needed to determine eligibility. This includes completing the required application forms and cooperating fully with the information-gathering and assessment processes. The Hospital shall not deny financial assistance based on a patient's failure to provide information or documentation beyond recent pay stubs or recent income tax returns.

E. A patient who qualifies for Discounted Payment shall cooperate with the Hospital in establishing an extended payment plan. If the Hospital and patient cannot agree on an extended payment plan, then the Hospital shall create a Reasonable Payment Plan.

F. A patient who qualifies for a Discounted Payment must make good-faith efforts to honor the payment plan. The patient must promptly notify the Hospital of any change in financial status so that the patient's eligibility for financial assistance may be reevaluated by the Hospital pursuant to this Policy.

G. If a patient has not submitted a complete Financial Assistance Application, the Hospital may pursue the account as described in the Hospital's Collection of Past Due Accounts Policy & Procedure, subject to the timing, notice, and other limitations in Section VI of this Policy. Commencement of collection activity does not terminate or limit the patient's right to apply for, or be determined eligible for, Charity Care or Discounted Payment at any time, as provided in Section IV.D.

H. In the event of a dispute, a patient may seek review from the Hospital's Business Manager, Chief Financial Officer, or other appropriate manager. A patient may also file a complaint with the Hospital Bill Complaint Program, a state program that reviews hospital compliance with the Hospital Fair Pricing Act, at HospitalBillComplaintProgram.hcai.ca.gov.

I. The following approvals are required for Financial Assistance Applications:

Level	Charity Care/Discounted Payment Amount	Required Approvals
1	Under $50,000	Director of Patient Accounting and Chief Financial Officer
2	$50,000 to $249,999	Director of Patient Accounting and Chief Financial Officer
3	$250,000 and above	Director of Patient Accounting, Chief Financial Officer and Chief Executive Officer

VI. Collections Policies and Procedures for All Applicants

The Patient Accounting and Credit and Collections Departments have the authority to advance a patient debt for collections, and will be responsible for determining an individual's ability to pay, utilizing all or a portion of the factors outlined within this Policy. Collection activity will be conducted by the Hospital's Credit and Collections Department or a designated collection agency that has agreed to comply with this Policy and the collections procedures set forth in the Hospital's Collection of Past Due Accounts Policy & Procedure (No. 20-01-0033).

A. To balance a patient's need for financial assistance with the Hospital's broader fiscal responsibility to the community of maintaining a financially healthy facility, the Hospital shall make all reasonable efforts to determine the patient's ability to contribute to the cost of their care as set forth herein.

B. The Hospital shall determine the patient's eligibility for financial assistance as close as possible to the rendering of Emergency Medical Care or other Medically Necessary Services; however, eligibility may be determined at any time as provided in Section IV.D.

C. The Hospital may declare an extended payment plan (including a Reasonable Payment Plan) inoperative if the patient fails to make all consecutive payments due during a 90-day period. Before declaring an extended payment plan inoperative, the Hospital, collection agency or assignee shall make a reasonable attempt to contact the patient by telephone, give written notice that the extended payment plan may become inoperative and of the opportunity to renegotiate the extended payment plan, and, if requested by the patient, attempt to renegotiate the terms of the defaulted extended payment plan before declaring it inoperative. The Hospital, collection agency, debt buyer, or assignee shall not commence a civil action against

the patient or responsible party for nonpayment before the time the extended payment plan is declared to be no longer operative.

D. If the Hospital determines that an individual is unable to pay for all or part of the payment due, and there are no other avenues available to collect on the account, then the uncollected amount will be written off as Charity Care. Otherwise, the account will be pursued as outlined in the Hospital's Collection of Past Due Accounts Policy & Procedure. Any actions the Hospital may take in the event of nonpayment are set forth in the Hospital's Collection of Past Due Accounts Policy, a copy of which is available upon request and without charge, both by mail and at all points of registration, including the emergency department, the billing office, the admissions office and other outpatient settings.

E. Under no circumstances will contractual write-offs, discounts or any other administrative or courtesy allowances be written off as Charity Care.

F. Prior to commencing collection activities, the Hospital shall provide the patient with written notice containing a plain language summary of the patient's rights pursuant to California Health and Safety Code section 127430(a), and a statement that nonprofit credit counseling services may be available in the area. Specific collection activities the Hospital may take and the time frames for pursuing collection actions are set forth in the Hospital's Collection of Past Due Accounts Policy, a copy of which is available upon request and without charge, both by mail and at all points of registration, including the emergency department, the billing office, the admissions office and other outpatient settings.

G. The Hospital, or its assignee that is an affiliate or subsidiary of the Hospital, shall not, in dealing with patients eligible under any portion of this Policy, use wage garnishments or liens on any real property as a means of collecting unpaid Hospital bills.

H. In dealing with patients eligible under any portion of this Policy, a collection agency or other assignee that is not a subsidiary or affiliate of the Hospital shall not use a wage garnishment, except by order of the court upon noticed motion, and shall not place a lien on, or notice or conduct a sale of, any real property of the patient as a means of collecting unpaid Hospital bills.

I. Neither Section VI.G nor Section VI.H of this Policy shall preclude the Hospital, a collection agency or other assignee from pursuing reimbursement or any enforcement remedy or remedies from third-party liability settlements, tortfeasors or other legally responsible parties.

J. If a patient is attempting to qualify for eligibility under the Hospital's Charity Care Program or Discounted Payment Program and is attempting in good faith to settle an outstanding bill with the Hospital by negotiating an extended payment plan or by making regular partial payments of a reasonable amount, then 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, and if the bill has already been sent to a collection agency the Hospital shall suspend such collection activity.

K. The Hospital and any assignee of the Hospital shall not report adverse information about a patient to a consumer credit reporting agency at any time.

L. The Hospital and any assignee of the Hospital shall not commence a civil action against a patient for nonpayment at any time prior to 180 days after initial billing. This period shall be extended if the patient has a pending appeal for coverage of the services, until a final determination of the appeal is made.

M. The Hospital shall not sell patient debt to a debt buyer unless all of the following apply: (1) the Hospital has found the patient ineligible for financial assistance or the patient has not responded to any attempts to bill or offer financial assistance for 180 days; (2) the sales agreement requires the debt buyer to return, and the Hospital to accept, any account in which the balance is determined to be incorrect due to the availability of a third-party payer or the patient's eligibility for charity care or financial assistance; (3) the debt buyer agrees not to resell or transfer the debt except to the originating Hospital or a qualifying tax-exempt organization, or upon sale or merger of the debt buyer; (4) the debt buyer agrees not to charge interest or fees on the patient debt; and (5) the debt buyer is licensed as a debt collector by the Department of Financial Protection and Innovation. Before assigning a bill to collections or selling patient debt, the Hospital shall send the patient the notice described in the Hospital's Collection of Past Due Accounts Policy & Procedure and California Health and Safety Code section 127425(e).

N. No information obtained from the patient's income tax returns, pay stubs, or other documentation collected by the Hospital for the purpose of determining eligibility for financial assistance under this Policy shall be used for collection activities. The Hospital, a collection agency or an assignee may use information obtained independently of the eligibility process for the Charity Care Program or the Discounted Payment Program.

O. If a patient is determined eligible for Charity Care or Discounted Payment after payment has been made, the Hospital shall reimburse the patient any amount actually paid in excess of the amount due under this Policy, including interest. Interest shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by the Hospital. The Hospital is not required to reimburse the patient or pay interest if the amount due is less than five dollars ($5.00). The Hospital shall refund the patient within 30 days. The Hospital may, but is not required to, reimburse the patient if the Hospital or the Department of Health Care Access and Information determines that the patient qualified for financial assistance at the time the patient was first billed and either (1) it has been five years or more since the last payment to the Hospital, Hospital assignee, or debt buyer, or (2) the patient debt was sold to a debt buyer in accordance with state law in effect at the time the debt was sold, if sold before January 1, 2022.

VII. Notice Requirements

A. **Website**
This Policy, the Financial Assistance Application form, and a plain language summary of the Policy are made conspicuously available on the Hospital's website and are available for download and printing. The Hospital maintains a webpage titled "Help Paying Your Bill" and displays a "Help Paying Your Bill" link in accordance with Title 22, California Code of Regulations, section 96051.11.

B. **Hardcopies**
Copies of this Policy, the Financial Assistance Application form, and a plain language summary of the Policy are available upon request and without charge, both by mail and at all points of registration, including the emergency department, the billing office, the admissions office and other outpatient settings.

C. **Notice to Patients**
The Hospital shall offer a paper copy of a plain language summary of this Policy to patients as

part of the intake or discharge process, including for individuals who received emergency or outpatient care and were never admitted as inpatients. The written notice provided to patients shall comply with Title 22, California Code of Regulations, section 96051.9.
A conspicuous written notice on billing statements will notify and inform recipients about the availability of financial assistance under this Policy. Such notice shall provide the telephone number of the Hospital's department that can provide information about the Policy and the application process and the direct website address where copies of the Policy, the Financial Assistance Application form, and a plain language summary may be obtained.
Signage regarding the Policy, how to obtain more information about the Policy and how to obtain copies of the Policy, the Financial Assistance Application form, and a plain language summary, is posted at all points of registration, including the emergency department, the billing office, the admissions office, other outpatient settings, and on the Hospital website with a link to the Policy. Hospital postings shall comply with Title 22, California Code of Regulations, section 96051.10.
Prior to commencing collection activities, the Hospital or its designee shall provide the patient with written notice containing a plain language summary of the patient's rights pursuant to California Health and Safety Code section 127430(a) and a statement that nonprofit credit counseling services may be available in the area.

D. **Notice to Members of the Community**
The Hospital will, in addition to informing patients about this Policy, notify and inform members of the community about the availability of financial assistance under this Policy as well as how or where to obtain more information about the Policy and the Financial Assistance Application process and to obtain copies of the Policy, the Financial Assistance Application form, and a plain language summary of the Policy.

E. **Translation**
The Hospital will make this Policy, the Financial Assistance Application form, and a plain language summary of the Policy available in English and in any other language that the Hospital determines is spoken by populations in the community with limited English proficiency constituting the lesser of 1,000 individuals or 5 percent of the community served by the Hospital. Documents provided or made available to patients shall include a tagline sheet consistent with Title 22, California Code of Regulations, section 96051.1(b).

F. **Document Accessibility**
All documents provided or made available to patients under this Policy shall be designed and presented in a manner that is easy for patients to read and understand, and shall use a sans serif font in at least 12-point size, consistent with Title 22, California Code of Regulations, section 96051.1(a). Patients with disabilities may request the Policy, application, plain language summary, and related notices in an accessible alternative format by contacting the Patient Accounting Department.

G. **Identification of Financially Qualified Inpatients**

Hospital financial counselors will attempt to contact registered inpatients during their hospital stay to assess patients' needs and identify those patients that may be eligible for financial assistance. The Hospital may utilize internal staff or third-party agents to assist patients in applying for medical assistance programs funded by city, county, state or federal programs.

VIII. References

California Health & Safety Code sections 127400 et seq. (Hospital Fair Pricing Policies) and 127450 et seq. (Emergency Physician Fair Pricing Policies)

Title 22, California Code of Regulations, sections 96051 et seq. (Hospital Fair Billing Program)

California Welfare and Institutions Code section 14059.5 (Medically Necessary)

California Family Code section 297 (Definition: Domestic Partner)

Section 1614(a) of Part A of Title XVI of the Social Security Act (Definition: Disabled)

AB 2297 (Chapter 511, Statutes of 2024) and SB 1061 (Chapter 520, Statutes of 2024), effective January 1, 2025

Code of Civil Procedure section 685.010 (Interest Rate)

U.S. Department of Health and Human Services, Poverty Guidelines, available at http://aspe.hhs.gov/poverty/

Internal Revenue Code section 501(r) and Treasury Regulations sections 1.501(r)-1 through 1.501(r)-7

IX. Cross References

Collection of Past Due Accounts Policy & Procedure #20-01-0033

Extended Payment Plan Policy & Procedure #20-01-0035

Uninsured Patient Discount Policy #20-01-0036

X. Associated Documents

Attachment A: Federal Poverty Level Chart

Attachment B: DHA Financial Assistance Application Form (English and Spanish)

Financial Assistance Plain Language Summary

Attachments

- A: Federal Poverty Level
- DHA Charity Care Discount Policy Application - Attachment B English
- DHA Charity Care Discount Policy Application - Attachment B Spanish
- Financial Assistance Plain Language Summary.docx

Approval Signatures

Step Description	Approver	Date
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Policy Owner	Sanjeev Kumar: CFO	8/18/2026

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