

Subject: Charity Care, Financial Assistance, Payment Plans, Discounted and Extended Payment Plans	Manual: Patient Financial Services
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to offer Charity Care, Financial Assistance, Payment Plans and Documented and Extended Payment Plans for those who meet the eligibility requirements.

PURPOSE:

The purpose of this policy and procedure is to assure that patients receive medically necessary care and have payment options, financial assistance, and discounted care in compliance with state and federal requirements.

DEFINITIONS:

Charity Care: Free care.

Discount Payment: Any charge for care that is reduced but not free.

High Medical Costs:

"A patient with high medical costs" means a person whose family income does not exceed 400 percent of the federal poverty level. For these purposes, "high medical costs" means any of the following:

- 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.
- 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.

Patients Family:

(1) For persons 18 years of age and older, spouse, domestic partner, and dependent children under 21 years of age, or any age if disabled, 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.

Out-Of-Pocket Expenses: 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.

Emergency Physician Statement: An emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

PROCEDURE:**Charity Care Program**

To be considered for "charity care", the patient's family income must be at or below 400% of the current Federal Poverty Level (FPL). As a rural, critical access hospital, 400% of the poverty level is required to maintain Southern Humboldt Community Healthcare District's (SHCHD) financial and operational integrity.

All medically necessary services rendered at SHCHD are eligible for the discount payment program.

Patients/guarantors who fail to complete the applications or the required documentation will not be considered eligible for "charity care".

The patient may be a resident of the U.S. or another country.

The patient must make every reasonable effort to provide SHCHD with documentation of income and health insurance coverage. Failure to provide this documentation means the application is not valid.

Proof of income is limited to pay stubs or income tax returns. We will require pay stubs if the patient was working in the 12 months prior to the date of service in question, and tax returns if the patient was not working at all in the 12 months prior to the date of service in question.

Income information will be used solely for the purposes of the charity/discount payment policy and will not be used or dispersed to a collection agency if the collection process is employed for this account in the future.

All documentation must be provided within 90 days of the application.

The hospital may elect to extend "charity care" eligibility to patients who are indigent or homeless and either unable or unavailable to complete a charity application. The hospital may also elect to extend "charity care" eligibility to patients from other states who have qualified for those state Medicaid plans and for whom SHCHD has not contracted with the state Medicaid plan.

Once all applications and documentation has been received, SHCHD will notify the patient in writing at their last known address of the decision.

Discount Payment and Extended Payment Plans

Prompt Pay Discount:

SHCHD and Southern Humboldt Clinic (the Clinic) offers a 20% discount on all services for patients who are uninsured, who pay for their bill at the time of service or within 30 days of the first statement date.

Payment Arrangement Plans:

If patients are unable to pay their portion of the hospital bill in full at the time they receive their statement, the hospital has a structured payment plan without interest: The hospital's payment plan is as follows:

Balances between:	Max payment period	Minimum per month
\$50 to \$450	6 months	\$50
\$451 to \$900	9 months	\$75
\$901 to \$1500	12 months	\$100
\$1501 to 2700	18 months	\$125
\$2701 to All Larger	24 months	\$150

Any outstanding balance greater than 90 days old may be subject to third-party collection action unless an approved Payment Plan Arrangement is in place.

Discount Payment Plan and Charity Care Program – Location of Policy and Procedure

The Policy and Procedures referenced within this Discharge notice can be requested from our Billing Office, please contact them at 877-673-0903 or submit a billing inquiry on our website at <https://sohumhealth.org/patients/billing/>

Discount Payment Plan and Charity Care Program – Eligibility Information

Charity Care Program

If the patient is uninsured, the patient's family income must be at or below 400% of the current FPL.

If the patient is insured with high medical costs, the patient's family income must be at or below 400% of the current FPL.

Discount Payment and Extended Payment Plans

To be considered for Discounted and Extended Payment Plans, the patient's family income maybe at or above 400% of the current Federal Poverty Level (FPL). As a rural, critical access hospital, 400% of the poverty level is required to maintain SHCHD's financial and operational integrity.

The patient must have received medically necessary care within a Southern Humboldt Community Healthcare District facility.
This applies to all patient balances, including high deductibles and copays for patients with insurance, unless the insurance contract specifically prohibits discounts.

Patients/guarantors who fail to complete the applications or the required documentation will not be considered eligible for discounted payment or extended payment plans.

If a person wants to apply for a discounted or extended payment plan, is eligible under the eligibility requirement and states they cannot meet the hospital payment arrangement plan, the following will apply:

They must complete the Discounted or Extended Payment Plan Application and provide documented proof of their essential living expenses (rent/house payment, maintenance, food, household supplies. Utilities, telephone, clothing, other medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses including insurance/gas/repairs, installment payments, laundry, cleaning and any other extraordinary expenses).

If the documentation is verified and the patient qualifies, there will be:

- No interest charged.
- Monthly payments will be no more than 10% of the family income for one month, excluding the verified essential living expenses, with a minimum of \$10 per month if the 10% is lower than \$10 per month.
- Any discounts based on the sliding fee scale will be applied to the applicable visits.

If a patient defaults on their monthly payments, they may negotiate for a new payment plan within 30 days which meets the criteria outlined in this policy. The patient must make all consecutive payments due and past due during a 90-day period. If they default, the payment plan is no longer in effect and regular collection efforts may ensure.

Nominal Charge:

For all SHCHD primary care services, there will be a nominal fee of \$10 for each service. A service is a clinic visit with the primary care provider. For example, if a patient sees their primary care provider in the clinic and qualifies for 100% discounted services, there would be a nominal fee of \$10 for the clinic visit.

The patient may reside foreign or domestic.

The patient must make every reasonable effort to provide SHCHD with documentation of income and health insurance coverage. Failure to provide this documentation invalidates the application.

Proof of income is limited to pay stubs or income tax returns. We will require pay stubs if the patient was working in the 12 months prior to the date of service in question, and tax returns if the patient was not working at all in the 12 months prior to the date of service in question.

Income information will be used solely for the purposes of the charity/discount payment policy and will not be used or dispersed to a collection agency if the collection process is employed for this account in the future.

All documentation must be provided within 90 days of the application.

Once all applications and documentation has been received, SHCHD will notify the patient in writing at their last known address of the decision.

Federal Poverty Level (FPL)

For purposes of this policy, a sliding scale will be based on the current FPL guidelines, which are detailed below and are updated annually.

2025 Poverty Guidelines: 48 Contiguous Stats (all states except Alaska and Hawaii)

Household/ Family Size	Dollars Per Year
	400%
1	62,600.00
2	84,600.00
3	106,600.00
4	128,600.00
5	150,600.00
6	172,600.00
7	194,600.00
8	216,600.00
9	238,600.00
10	260,600.00
11	282,600.00
12	304,600.00
13	326,600.00
14	348,600.00

Expected Payment Limit

SHCHD shall limit how much it charges certain low-income patients (those making less than four times the federal poverty level). These patients should only be charged what SHCHD would normally expect to get paid by Medicare or Medi-Cal,

whichever pays more.

If Medicare or Medi-Cal doesn't have a set price for a service, SHCHD shall come up with a fair discounted price.

Patients who qualify for these discounts don't have to go through a separate dispute process to get them.

Payment Plan Negotiation

SHCHD and patient shall negotiate the terms of the payment plan. If SHCHD and the patient cannot agree on the payment plan, SHCHD shall create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly family income, excluding deductions for essential living expenses.

Review Process

If the patient is denied either "charity care" or "discount payment" programs, they may ask for a review. In reviewing the application, the hospital may make its final determination based on whether the patient completed the application, provided all required documentation within the timelines, met the eligibility requirements and any mitigating factors the hospital determines to take into consideration. The results of the review are final.

Eligibility is reviewed by:

Chief Financial Officer 707-923-3921 ext. 1291

Patient Financial Services Manager 707-923-3921 ext. 1236

Business Office Manager 877-673-0903

The patient will be notified in writing to the last known address of the final determination within 30 days.

Contact Information

Patients who want further information can contact the billing office at 877-673-0903 or submit a billing inquiry on our website at <https://sohumhealth.org/patients/billing/>

Shoppable Services Website Link

The hospital provides a Patient Liability Estimator on their website at <https://sohumhealth.org/patients/standard-charges-listing/>

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 HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

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 Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Notice of Availability of Language Assistance Services

English

ATTENTION: If you need help in your language, please call 877-673-0903 or visit the Patient Financial Services office. The office is open 9:00am-5:00pm Monday through Friday and located at 733 Cedar St, Garberville CA 95542. 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 Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 877-673-0903 կամ այցելել the Patient Financial Services office.: Գրասենյակը բաց է 9:00am-5:00pm Monday through Friday և գտնվում է 733 Cedar St, Garberville CA 95542: Առկա են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլյան փաստաթղթերը, մեծ տառատեսակները, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայություններն ԱՆՎՃԱՐ են

2. Chinese

注意：如果您需要使用您的母语获得帮助，请拨打877-673-0903或访问the Patient Financial Services office.。该办公室的开放时间为9:00am-5:00pm Monday through Friday，位于733 Cedar St, Garberville CA 95542。我们还免费提供给残障人士的辅助服务和设施，例如盲文文件、大字体打印、音频以及其他可访问的电子格式文件。

3. Farsi

the Patient Financial Services office. یرید ۸۷۷ ۶۷۳ ۰۹۰۳ یمک ذکە بان به ډرگ : یاد
[9:00am-5:00pm M-F] ډ 733 Cedar St Garberville CA 95542
ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ درشت، صوت موقعیت دارد. کمک
های الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان است. و سایر فرمت

4. Hindi

कृपया ध्यान दीजिये: यदि आपको अपनी भाषा में सहायता की ज़रूरत है तो, कृपया कॉल करें 877-673-0903 या हमारे कार्यालय में पधारें the Patient Financial Services office. हमारा कार्यालय खुला है 9:00am-5:00pm Monday through Friday और यह यहां स्थित है 733 Cedar St, Garberville CA 95542 शारीरिक रूप से अक्षम वयिक्तयों के लिए-ब्रेल लिपि में दस्तावेज, बड़े आकार के प्रिंट, ऑडियो और अन्य इलेक्ट्रॉनिक फॉर्मेट, जिन तक उनकी आसानी से पहुँच हो, सहायता और सेवा के रूप में उपलब्ध हैं। ये सभी सेवाएं निःशुल्क हैं।



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5. Lu Mien

YAH SE MAM DIEN DIEN: If yah doh mei mah dien dien dien lep, jio mei 877-673-0903 mo nha mo the Patient Financial Services office.. YAH SE MAM DIEN DIEN DIEN lep, reh mei 9:00am-5:00pm Monday through Friday mui si mo mo la. Ki sien kieu mui mo 733 Cedar St, Garberville CA 95542. YAH poh ceng kiu ngo mui doh ngo mo documents in braille, large print, audio, giu kieu ngo poh ceng kieu mui mo lai. YAH se mam de lai.

6. Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ 877-673-0903 ਜਾਂ the Patient Financial Services office.

|| ਦਫ਼ਤਰ 9:00am-5:00pm Monday through Friday ਖੁੱਲ੍ਹਾ ਹੈ ਅਤੇ

ਸਥਿਤ ਹੈ 733 Cedar St, Garberville CA 95542। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਦਸਤਾਵੇਜ਼ਾਂ ਵਿੱਚ ਬਰੇਲ, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ

ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

7. Tagalog

ATENSYON: Kung ikaw ay nangangailangan ng tulong sa iyong lenggwahe, maaring tumawag sa 877-673-0903 o bumisita sa the Patient Financial Services office.. Ang opisina ay bukas 9:00am-5:00pm Monday through Friday at matatagpuan sa 733 Cedar St, Garberville CA 95542. Mga tulong at serbisyo para sa mga may kapansanan, tulad ng mga dokumento sa braille, malaking printa, audio, at iba pang magagamit na mga elektronikong format ay meron din. Ang mga serbisyonang ito ay libre.

8. Laotian (ລາວ)

ຂໍໃບໃຈ: ຖ້າທ່ານ ຕ້ອງການຄວາມຊ່ວຍເຫຼືອພ້ອມທັງພາສາຂອງທ່ານ, ກະລຸນາໃບທາ [877-673-0903] ຫຼື ໄປເຂົ້າໄປຍັງ

the Patient Financial Services office..

ຫ້ອງການແມ່ເຫຼືອໃນ 9:00am-5:00pm Monday through Friday ແລະ ເຫຼືອທີ່ 733 Cedar St, Garberville CA 95542. ການຊ່ວຍເຫຼືອ ແລະ ການໃບບໍລິການ ນໍາສາມາດ ນຸ່ມການ,

ເຊັ່ນການສອນໃນຕົວອັກສອນພິມ (Braille), ການພິມພິມຂະໜາດໃຫຍ່, ສຽງ, ແລະ ຮູບແບບເອເລັກໂຕຣນິກຕ່າງໆ ທ່ານສາມາດເຂົ້າໄດ້. ການບໍລິການເຫຼືອແມ່ນຈະບໍ່ເສຍຄ່າ.

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9. Thai (ไทย)

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 877-673-0903 หรือไปยัง the Patient Financial Services office. สำนักงานเปิดทำการระหว่าง 9:00am-5:00pm Monday through Friday และตั้งอยู่ที่ 733 Cedar St, Garberville CA 95542 ความช่วยเหลือ และ บริการสำหรับคนพิการ เช่น เอกสารเป็นอักษรเบรลล์ การพิมพ์ขนาดใหญ่เสียง และรูปแบบอิเล็กทรอนิกส์ที่คุณสามารถเข้าถึงได้ , บริการเหล่านี้ฟรี.

10. Hmong (Hmoob)

CEEB TOOM: Yog tias koj xav tau kev pab hais txog koj hom lus, thov hu rau 877-673-0903 los sis mus ntsib the Patient Financial Services office.. Lub chaw hauj lwm qhib. 9:00am-5:00pm Monday through Friday thiab nyob ntawm 733 Cedar St, Garberville CA 95542 dua li ntawd lawm tseem muaj kev pab thiab cov kev pab cuam rau cov neeg muaj kev tsis taus, xws li cov ntaub ntawv ua hom ntawv rau neeg dig muag (Braille), luam ua tus ntawv loj, ua suab lus thiab lwm yam ntawv hauv tshuab siv hluav taws xob. Cov kev pab cuam no yog muab pab dawb xwb.

11. Cambodia (ខ្មែរ)

សូមយកចិត្តទុកដាក់ថា: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាខ្មែរ កុំភ័យ មន្ទីរសេវាហិរញ្ញវត្ថុរបស់យើង 877-673-0903 ឬទៅកាន់ទីតាំងផ្ទាល់នៅ the Patient Financial Services office. ការិយាល័យបើក 9:00am-5:00pm Monday through Friday ហើយមានទីតាំងនៅ 733 Cedar St, Garberville CA 95542 ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជា ឯកសារជាអក្សរស្នាម ការបោះពុម្ពធំ សំឡេងនិងទម្រង់អេឡិចត្រូនិកដែលអាចចូល លេបបាននូវឯកសារទាំងនេះ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

12. Vietnamese (Tiếng Việt)

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 877-673-0903 hoặc truy cập the Patient Financial Services office.. Văn phòng mở cửa 9:00am-5:00pm Monday through Friday và tọa lạc tại 733 Cedar St, Garberville CA 95542. 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 dễ tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

Translated by Voyce Translations, an endorsed business partner of the Hospital Council of Northern and Central California and the Hospital Association of Southern California.



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13. Russian

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 877-673-0903 или посетите the Patient Financial Services office.. Часы работы офиса 9:00am-5:00pm Monday through Friday и он расположен по адресу 733 Cedar St, Garberville CA 95542. 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 877-673-0903 або відвідайте the Patient Financial Services office. Офіс відкритий 9:00am-5:00pm Monday through Friday і розташований за адресою 733 Cedar St, Garberville CA 95542. 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 877-673-0903 o visite the Patient Financial Services office.. La oficina está abierta 9:00am-5:00pm Monday through Friday y ubicada en 733 Cedar St, Garberville CA 95542. 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、877-673-0903に電話するか、the Patient Financial Services office. にアクセスしてください。オフィスの営業時間は 9:00am-5:00pm Monday through Friday で営業しており、 733 Cedar St, Garberville CA 95542 にございます。障害のある方向けの支

援サービスには、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がご利用いただけます。これらのサービスはすべて無料にご利用できます。

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17. Korean

주의: 귀하의 언어로 도움이 필요하시면 877-673-0903 로 전화하거나 the Patient Financial Services office. 로 방문하십시오. 사무실 업무 시간은 9:00am-5:00pm Monday through Friday이며 733 Cedar St, Garberville CA 95542에 있습니다. 장애인을 위한 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

18. Arabic

انتبه : إذا كنت بحاجة للمساعدة
بلغتك) أو قم بزيارة
المكتب يفتح أبوابه 9:00am-5:00pm وموقع المكتب
733 Cedar St, Garberville CA 95542
تتوفر المساعدة والخدمات للأشخاص من ذوي الاحتياجات
الخاصة مثل الوثائق بلغة برايل للمكفوفين والوثائق المطبوعة بأحرف كبيرة والتسجيل الصوتي
إضافة إلى غيرها من النماذج الإلكترونية الممكن الحصول عليها.

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