

SOUTHERN INYO HEALTHCARE DISTRICT

CHARITY CARE POLICY

Effective Date: February 10, 2026

Last Revised: February 10, 2026

This policy supersedes all prior charity care policies and applies to services provided on or after the Effective Date listed above.

I. PURPOSE

This Charity Care Policy establishes the criteria and procedures for providing free or discounted care to financially qualified patients in accordance with California Health and Safety Code Sections 127400-127446 (the Hospital Fair Pricing Act). This policy applies to all emergency and medically necessary services provided by Southern Inyo Healthcare District ("Hospital").

II. DEFINITIONS

Charity Care: Free or discounted care provided to eligible patients as defined in this policy and required by California Health and Safety Code Sections 127400-127446.

Financially Qualified Patient: A patient who (a) is either a self-pay patient or a patient with high medical costs, AND (b) has a family income that does not exceed 400 percent of the federal poverty level.

Self-Pay Patient: 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.

Patient with High Medical Costs: A person whose family income does not exceed 400 percent of the federal poverty level and whose high medical costs meet any of the following:

- Annual out-of-pocket costs at this Hospital exceeding the lesser of 10% of current or prior 12-month family income; or
- Annual out-of-pocket expenses exceeding 10% of family income with documentation of prior 12-month medical expenses.

Out-of-Pocket Costs: Any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays, Medi-Cal cost-sharing, deductibles, coinsurance, and other unreimbursed medical expenses.

Federal Poverty Level: The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services.

Discount Payment: A separate program governed by the Hospital's Discount Payment Policy that limits charges to Medicare or Medi-Cal rates for financially qualified patients. Patients may be eligible for BOTH charity care (under this policy) AND discount payment (limiting the charge rate).

III. ELIGIBILITY CRITERIA

Income-Based Eligibility: Patients with family income at or below the following percentages of federal poverty level qualify for charity care. Family income shall be determined based on the most recent tax year or, if unavailable, the most recent 12-month period:

- **0-200% FPL:** 100% charity care (free)
- **201-300% FPL:** 75% charity care
- **301-400% FPL:** 50% charity care

Current Federal Poverty Level Thresholds (2026):

These amounts are updated annually. For the most current thresholds, contact the Hospital's Financial Counseling Department at (760) 876-5501.

Asset Test: The Hospital does not consider patient assets when determining charity care eligibility, except for Medicare cost-sharing as specifically described in Section VI of this policy.

Relationship to Discount Payment Policy: This charity care policy provides free or discounted care based on income levels. The Hospital also maintains a separate Discount Payment Policy that limits charges to Medicare or Medi-Cal rates (whichever is greater) for all financially qualified patients at or below 400% FPL. Patients may be eligible for BOTH charity care (reducing the amount owed) AND discount payment (limiting the charge rate). For more information about the Discount Payment Policy, contact (760) 876-5501 or visit <https://www.sihd.org/>.

IV. APPLICATION PROCESS

Application Forms and Assistance: The Hospital shall provide charity care application forms and assistance in completing applications at no charge to patients. Applications shall be available in all languages required under Section X of this policy.

Required Documentation: Patients requesting charity care must make every reasonable effort to provide:

- Recent pay stubs OR income tax returns; and
- Documentation of health benefits coverage.

Alternative Documentation: The Hospital may accept other forms of documentation of income but shall not require those other forms. Examples of acceptable income documentation include:

- Recent pay stubs from the current or prior 12 months
- Federal or state income tax returns
- W-2 or 1099 forms

- Social Security benefits statements
- Unemployment benefits documentation
- Other reliable evidence of income

Failure to Provide Information: If a patient requesting charity care fails to provide reasonable and necessary information after the Hospital has made reasonable efforts to assist the patient in obtaining such information, the Hospital may consider that failure in making its determination. The Hospital shall document all efforts made to assist the patient.

Presumptive Eligibility: If a patient does not submit an application or documentation, the Hospital may presumptively determine eligibility based on other information or a prior determination.

No Time Limits: The Hospital shall not impose time limits for charity care applications or deny eligibility based on application timing. Eligibility shall be determined at any time qualifying information is received, including after discharge, after billing, or after collection activities have commenced.

Application Processing Timeline: The Hospital will process complete charity care applications within 30 calendar days of receipt. If additional information is needed, the Hospital will contact the patient within 10 business days of receiving the application.

Medi-Cal Screening: The Hospital may assist patients with Medi-Cal screening and enrollment when evaluating charity care eligibility. However, the Hospital shall not require Medi-Cal application as a condition of charity care eligibility, nor delay or deny charity care based on a patient's failure to apply for or complete Medi-Cal enrollment. Charity care eligibility determination will proceed independently of any Medi-Cal application status.

Confidentiality: Information obtained solely for charity care eligibility determination shall not be used for collections activities. This does not prohibit use of information obtained independently through normal billing and collections processes. The Hospital shall maintain separate records and processes to ensure charity care information is not improperly shared with collections personnel or agencies. The Hospital shall ensure that any collection agencies acting on behalf of the Hospital comply with this policy and do not pursue collection activities against patients who qualify for charity care.

V. SERVICES COVERED

Charity care under this policy applies to all services provided by this Hospital that are subject to the Hospital Fair Pricing Act, including but not limited to:

- All medically necessary Hospital services;
- Emergency services.

VI. MEDICARE AND MEDI-CAL COST-SHARING

The Hospital may waive or reduce Medicare and Medi-Cal cost-sharing amounts as part of this charity care program.

For Medicare cost-sharing, the Hospital may consider patient monetary assets to the extent required for Medicare bad debt reimbursement under federal law. Monetary assets include only assets convertible to cash and exclude qualified retirement plans and assets below the community spouse resource allowance.

VII. THIRD-PARTY REIMBURSEMENT

The Hospital may require a patient or guarantor to pay the Hospital any reimbursement sent directly to them by a third-party payer for the Hospital's services.

If the patient receives a legal settlement, judgment, or award that specifically includes payment for health care services provided by the Hospital, the Hospital may require reimbursement up to the amount specifically allocated or awarded for the Hospital's services. The Hospital shall provide written notice to the patient of any such reimbursement requirement within 30 days of becoming aware of the settlement or award.

If a patient becomes eligible for third-party coverage (including retroactive Medi-Cal eligibility) that would have paid for services previously provided as charity care, the Hospital may bill such coverage and any resulting patient cost-sharing will be evaluated under this charity care policy based on the patient's financial status at the time of service.

VIII. REVIEW AND APPEAL PROCESS

Patients may seek review of charity care determinations from:

Patient Financial Services Department

Phone: (760) 876-5501

Patients may request review at any time, including after discharge, after billing, or after collection activities have commenced. The Hospital shall respond to charity care appeals in writing within 10 business days of receipt of the appeal request.

IX. EMERGENCY PHYSICIAN SERVICES

Emergency physicians providing services at this Hospital are also required by law to provide discount payment to eligible patients under California Health and Safety Code Section 127452. Under their discount payment policies, emergency physicians must limit charges for uninsured patients or patients with high medical costs at or below 400% of the federal poverty level. This Hospital is not responsible for emergency physician billing practices. Patients should contact emergency physicians directly regarding their discount payment policies. Patients may also file complaints with the California Department of Health Care Access and Information (HCAI) if emergency physicians fail to comply with these requirements. HCAI's contact information is provided in Section XI of this policy.

X. POLICY AVAILABILITY

This policy and applications are available:

- Website: <https://www.sihd.org/> Patient Forms
- At the Hospital's main campus located at: 501 E. Locust St Lone Pine, CA 93545

- At billing office, admissions office, and emergency department
- By calling **(760) 876-5501**
- In English and Spanish

XI. COMPLAINTS AND ADDITIONAL RESOURCES

Hospital Bill Complaint Program: Patients may file complaints about the Hospital's compliance with charity care requirements with:

Department of Health Care Access and Information (HCAI)

Hospital Fair Billing Program

Phone: 916-326-3800 (HCAI Hospital Fair Pricing Complaint Hotline)

Website: www.hcai.ca.gov

Health Consumer Alliance: For free assistance with hospital billing questions and financial assistance applications, patients may contact the Health Consumer Alliance at **1-888-804-3536**.

Federal Tax Reporting: The Hospital may seek information from patients receiving charity care to comply with federal tax reporting requirements, but such information requests shall not delay or deny charity care eligibility.

XII. RELATED POLICIES

This Charity Care Policy should be read in conjunction with the Hospital's Discount Payment Policy and Debt Collection Policy, all of which implement the Hospital's obligations under the Hospital Fair Pricing Act (California Health and Safety Code Sections 127400-127446).

Approved by:

Mark Lacey, Board President

Rosanne Lampariello, Board Vice President

Jaque Hickman, Board Secretary

Bruce Branson, Board Treasurer

Date: 02/10/2026

IMPORTANT INFORMATION ABOUT FINANCIAL ASSISTANCE

Financial Help May Be Available

This notice is available in english. Para español, llame (760) 876-5501.

Southern Inyo Hospital offers financial assistance programs to help patients who cannot afford to pay for their hospital care. You may qualify for FREE care or DISCOUNTED care if you meet certain income requirements.

IMPORTANT: THERE ARE NO TIME LIMITS FOR APPLYING. You can apply for financial assistance at ANY time - even after you receive a bill, even after making payments, even after collection activities have started, and even after a judgment has been entered against you.

WHO MAY QUALIFY?

You may qualify if:

- You do not have health insurance (you are self-pay), OR
- You have high medical costs even with insurance, AND
- Your family income is at or below 400% of the federal poverty level

High Medical Costs Defined: Your annual out-of-pocket costs at this Hospital exceed 10% of your family income in the current year or prior 12 months, or your medical debt from this Hospital exceeds 10% of your family income. Out-of-pocket costs include unreimbursed expenses such as deductibles, copays, coinsurance, and amounts owed for prior services. This includes costs from emergency services, which cannot be denied based on ability to pay under EMTALA.

No Asset Test: We only consider your income, not your savings, property, or other assets when determining eligibility for charity care and discount payment programs. Exception: For patients eligible for Medicare Part A or Part B who seek assistance with Medicare cost-sharing obligations, we may consider certain assets as permitted under California Health and Safety Code Section 127405(c). Asset consideration, if applicable, will be clearly explained during the application process.

WHAT PROGRAMS ARE AVAILABLE?

Two separate programs are available to help you. You may be eligible for BOTH programs:

1. CHARITY CARE - Free or Reduced-Cost Care

Based on your family income, you may receive:

- 100% FREE care (income 0-200% of federal poverty level)
- 75% discount (income 201-300% of federal poverty level)
- 50% discount (income 301-400% of federal poverty level)

2. DISCOUNT PAYMENT - Limited Charges

If you qualify (income at or below 400% of federal poverty level), your charges will be limited to Medicare or Medi-Cal rates (whichever is greater), which are typically much lower than standard hospital charges.

CURRENT FEDERAL POVERTY LEVELS (2026)

You may qualify if your household income is at or below these amounts:

- Family of 1: \$63,840 per year (\$5,320 per month)
- Family of 2: \$86,560 per year (\$7,213 per month)
- Family of 3: \$109,280 per year (\$9,107 per month)
- Family of 4: \$132,000 per year (\$11,000 per month)

For families with more than 4 members, add \$5,680 per year (\$473 per month) for each additional family member.

WHAT DO YOU NEED TO APPLY?

To apply for financial assistance, please provide:

- Recent pay stubs OR your most recent tax return
- Information about your health insurance (if you have any)

Free Application Assistance: The hospital will provide FREE, in-person assistance to help you complete your application and gather required documentation at no charge. This assistance is available in multiple languages and includes help understanding eligibility requirements, completing forms, and obtaining necessary documents. You may also designate a representative or advocate to assist you with the application process. Assistance is available during regular business hours and by appointment.

Application Processing: Applications are processed within 30 calendar days of receipt of a complete application. If we need additional information, we will contact you in writing within 10 business days and suspend the 30-day processing timeline until the information is received. You will have at least 30 days to provide additional information before your application is denied for incompleteness.

Collections Protection: If you submit a complete financial assistance application or request an application, all collection activities (including reporting to credit bureaus, filing lawsuits, and placing liens) will stop immediately while your application is being processed. If you are found eligible for any level of financial assistance, collection activities cannot resume for the covered amounts. If you are found ineligible, you will receive written notice and have at least 30 days to appeal before collection activities resume. The hospital will not report adverse information to credit bureaus for at least 150 days from the first billing statement.

OTHER PROGRAMS THAT MAY HELP

You may also be eligible for:

- Medi-Cal (California's Medicaid program)
- Covered California (health insurance marketplace)
- Medicare (if you are 65+ or have certain disabilities)
- California Children's Services
- County health programs

HOW TO GET HELP

For Financial Assistance Applications:

Phone:

(760) 876-5501 Monday – Friday 8am – 4:30pm

Website: <https://www.sihd.org/>

Get Applications and Information Online:

Hospital Website: <https://www.sihd.org/>

Free Help Understanding Your Bill:

Health Consumer Alliance: 1-888-804-3536 or visit <https://healthconsumer.org>

Visit Us In Person:

- Billing Office: 380 N. Mt Whitney Dr. Lone Pine, CA 93545
- Admissions Office: 501 E. Locust St. Lone Pine, CA 93545
- Emergency Department: 501 E. Locust St. Lone Pine, CA 93545

HOSPITAL BILL COMPLAINT PROGRAM

If you have questions or concerns about your hospital bill or financial assistance, you may contact:

- Department of Health Care Access and Information (HCAI)
 - Hospital Fair Billing Program
 - **Phone:** 1-800-841-4555 (HCAI Hospital Complaint Hotline)
 - **Website:** <https://hcai.ca.gov/complaints/> (HCAI Hospital Complaint Portal)

EMERGENCY PHYSICIANS

Emergency physicians who provide services at this hospital are also required by law to provide discount payment to eligible patients under California Health and Safety Code Section 127452. Under their discount payment policies, emergency physicians must limit

charges for uninsured patients or patients with high medical costs at or below 400% of the federal poverty level. This hospital is not responsible for emergency physician billing practices.

This notice is provided in accordance with California Health and Safety Code Section 127410 and the Hospital Fair Pricing Act.

Effective Date: February 10, 2026

HOSPITAL BILL AND INSURANCE INFORMATION

Date: [INSERT DATE]

Dear [PATIENT NAME],

This bill is for services provided on [INSERT DATE(S)] at Southern Inyo Hospital.

Total Charges: \$[INSERT AMOUNT]

See the enclosed itemized statement for details.

DO YOU HAVE HEALTH INSURANCE?

IMPORTANT: Please let us know immediately if you have health insurance coverage that may pay for these services. Coverage includes:

- Private health insurance (including coverage through the California Health Benefit Exchange/Covered California)
- Medicare
- Medi-Cal
- Workers' compensation
- Auto insurance (if services were due to a car accident)
- Other insurance

If you have insurance, please contact us at: **760-875-5501**

FINANCIAL ASSISTANCE FROM THE HOSPITAL

You may qualify for FREE or DISCOUNTED care from Southern Inyo Hospital if you meet certain low- and moderate-income requirements, even if you have insurance or don't qualify for Medi-Cal.

You may qualify if your family income is at or below 400% of the federal poverty level and you:

- Do not have health insurance, OR
- Have high medical costs even with insurance (meaning your annual out-of-pocket costs at Southern Inyo Hospital exceed 10% of your family income)

For 2024, 400% of federal poverty level means annual household income of:

- 1 person: \$58,320 or less
- 2 people: \$78,880 or less

- 3 people: \$99,440 or less
- 4 people: \$120,000 or less
- For larger families, please contact us for income limits

For more information and to apply:

- Phone: **760-876-5501**
- Website: **www.sihd.org**
- In Person: Visit our Billing Office or Admissions Office

We will help you complete your financial assistance application at no charge. Contact us to schedule an appointment with a financial counselor.

Important: You can apply for financial assistance at any time, even after you have paid your bill or after collection activities have started. There are no deadlines or time limits for applying for hospital charity care. Applying for Medi-Cal or other health coverage does not prevent you from also applying for hospital financial assistance. We will not send your account to collections while your financial assistance application is being processed.

For a complete copy of our Financial Assistance/Charity Care Policy, visit www.sihd.org or call **760-876-5501** for a free copy.

NO INSURANCE? YOU MAY STILL QUALIFY FOR COVERAGE

If you do not have health insurance coverage, you may be eligible for:

- Medi-Cal – California's Medicaid program for low-income individuals and families
- Covered California – Health insurance marketplace with financial help available
- California Children's Services – For children with certain medical conditions
- County health programs

We will provide you with applications for these programs.

YOUR RIGHT TO AN ITEMIZED BILL

You have the right to receive a detailed, itemized statement of all charges. If you did not receive one with this notice or need an additional copy, please call **760-875-5501**

GET FREE HELP

For free help understanding your bill and navigating health coverage options, contact:

- Health Consumer Alliance: **1-888-804-3536**
- Inyo County Health & Human Services: (760) 872-1394
- Local Legal Services: (760) 872-6240

QUESTIONS?

Billing Questions: **760-876-5501**

Financial Assistance: **760-876-5501**

Sincerely,

Patient Financial Services

This notice is provided in accordance with California Health and Safety Code Section 127420.

This notice is available in English and Spanish. To receive this notice in Spanish, please call 760-876-5501 Para recibir esta información en español, llame al 760-876-5501.

SOUTHERN INYO HEALTHCARE DISTRICT

DISCOUNT PAYMENT POLICY

Effective Date: February 10, 2026

Last Revised: February 10, 2026

This policy supersedes all prior discount payment policies and applies to services provided on or after the Effective Date listed above.

I. PURPOSE

This Discount Payment Policy establishes the criteria and procedures for providing discounted payment to financially qualified patients in accordance with California Health and Safety Code Sections 127400-127446 (the Hospital Fair Pricing Act).

Note: This Discount Payment Policy is separate from the Hospital's Charity Care Policy. Patients may be eligible for BOTH discount payment (limiting charges to Medicare/Medi-Cal rates) AND charity care (providing free or discounted care based on income levels 0-400% FPL). For information about the Hospital's Charity Care Policy, contact 760-876-5501 or visit www.sihd.org

II. DEFINITIONS

Charity Care: Free or discounted care provided to eligible patients under the Hospital's separate Charity Care Policy (see separate policy document).

Discount Payment: A limitation on the amount a financially qualified patient will be charged for Hospital services, as defined in this policy, where charges are limited to Medicare or Medi-Cal rates (whichever is greater).

Financially Qualified Patient: A patient who (a) is either a self-pay patient or a patient with high medical costs, AND (b) has a family income that does not exceed 400 percent of the federal poverty level.

Self-Pay Patient: 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.

Patient with High Medical Costs: A person whose family income does not exceed 400 percent of the federal poverty level and whose high medical costs meet 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;

- Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of medical expenses paid in the prior 12 months; or

Out-of-Pocket Costs: 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.

Federal Poverty Level: The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.

Reasonable Payment Plan: Monthly payments that do not exceed 10 percent of a patient's monthly family income after accounting for essential living expenses.

Essential Living Expenses: Expenses for 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.

III. ELIGIBILITY CRITERIA

Income Threshold: Patients with family income at or below 400 percent of the federal poverty level who are self-pay patients or patients with high medical costs are eligible for discount payment under this policy.

Under the Hospital's discount payment policy, eligible patients' charges will be limited to Medicare or Medi-Cal rates (whichever is greater). This is separate from the Hospital's charity care policy which may provide free care or additional discounts based on income levels.

Asset Test: The Hospital shall not consider the monetary assets of the patient when determining eligibility under this discount payment policy. However, when negotiating extended payment plans under Section VI of this policy, the Hospital may consider the availability of a patient's health savings account held by the patient or the patient's family.

Extended Eligibility: The Hospital may grant eligibility for discount payment to patients with incomes over 400 percent of the federal poverty level at its discretion.

IV. DISCOUNT AMOUNT

Payment Limit: For eligible patients, the Hospital shall limit expected payment to the amount the Hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater.

For services with no established Medicare or Medi-Cal payment, 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.

V. APPLICATION PROCESS

Required Documentation: Patients requesting discount payment must make every reasonable effort to provide:

- Recent pay stubs OR income tax returns; and
- Documentation of health benefits coverage status.

The Hospital may accept other forms of documentation of income but shall not require those other forms.

Presumptive Eligibility: If a patient does not submit an application or documentation of income, the Hospital may presumptively determine that a patient is eligible for discount payment based on information other than that provided by the patient or based on a prior eligibility determination.

No Time Limits: The Hospital shall not impose time limits for applying for discount payment, nor deny eligibility based on the timing of a patient's application. Eligibility shall be determined at any time the Hospital is in receipt of qualifying information.

Medi-Cal Screening: The Hospital shall not require a patient to apply for Medicare, Medi-Cal, or other coverage before the patient is screened for, or provided, discount payment. When screening for eligibility for discount payment, the Hospital may require the patient to participate in a screening for Medi-Cal eligibility, but this shall not delay or deny discount payment eligibility determination.

Confidentiality: Information obtained for eligibility determination shall not be used for collections activities. This does not prohibit use of information obtained independently of the eligibility process.

VI. EXTENDED PAYMENT PLANS

Negotiated Plans: The Hospital and patient shall negotiate the terms of an extended payment plan, taking into consideration:

- The patient's family income;
- Essential living expenses;
- The availability of the patient's health savings account held by the patient or patient's family.

Default to Reasonable Payment Plan: If the Hospital and patient cannot agree on payment terms, the Hospital shall use the Reasonable Payment Plan formula: monthly payments that do not exceed 10 percent of the patient's monthly family income after accounting for essential living expenses.

Interest-Free: Extended payment plans offered under this policy shall be interest-free.

Default and Renegotiation: A payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during a 90-day period. Before declaring the plan inoperative, the Hospital shall:

- Make a reasonable attempt to contact the patient by telephone and written notice;
- Inform the patient that the payment plan may become inoperative;
- Offer the opportunity to renegotiate the payment plan; and
- Attempt to renegotiate the terms if requested by the patient.

VII. THIRD-PARTY REIMBURSEMENT

The Hospital may require a patient or guarantor to pay the Hospital the entire amount of any reimbursement sent directly to the patient or guarantor by a third-party payer for the Hospital's services.

If the patient receives a legal settlement, judgment, or award under a liable third-party action that includes payment for health care services related to the injury, the Hospital may require reimbursement for related health care services rendered up to the amount reasonably awarded for that purpose. The Hospital shall provide written notice to the patient of any such reimbursement requirement within 30 days of becoming aware of the settlement or award.

If a patient becomes eligible for retroactive third-party coverage (including retroactive Medi-Cal eligibility) that would have paid for services previously provided under this discount payment policy, the Hospital may bill such coverage. Any resulting patient cost-sharing will be evaluated under this discount payment policy based on the patient's financial status at the time of service.

VIII. REVIEW AND APPEAL PROCESS

In the event of a dispute regarding eligibility or discount amount, a patient may seek review from:

Administration

Phone: 760-876-5501 extension 2210

Website: www.sihd.org

The Hospital shall respond to review requests within 10 business days.

IX. EMERGENCY PHYSICIAN SERVICES

Emergency physicians who provide emergency medical services in this Hospital are 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 under California Health and Safety

Code Section 127452. This Hospital is not responsible for emergency physician billing practices. Patients should contact emergency physicians directly regarding their discount payment policies, and may also file complaints with the California Department of Health Care Access and Information if emergency physicians fail to comply with discount payment requirements.

X. POLICY AVAILABILITY

This policy and application forms are available:

- At the Hospital's website: **www.sihd.org**
- At the Hospital's billing office, admissions office, and emergency department
- By calling 760-876-5501
- In English and Spanish

Approved by:

Mark Lacey, Board President

Rosanne Lampariello, Board Vice President

Jaque Hickman, Board Secretary

Bruce Branson, Treasurer

Date: February 10, 2026