Financial Assistance Policy
Effective Date: January 1, 2025

I. Purpose

a. As part of our mission, Cedars-Sinai Medical Center, Cedars-Sinai Marina Hospital, Cedars-Sinai Medical Care Foundation ("CSMCF"), Huntington Hospital and Huntington Health Physicians (each separately, the "Organization") are committed to meeting the health care needs of all patients in the community based on the following principles:

   i. Treating all people equitably, with dignity, respect and compassion;
   ii. Serving the emergency health care needs of all, regardless of a patient's ability to pay; and
   iii. Assisting patients who cannot pay for part or all of the care they receive.

b. This Financial Assistance Policy ("Policy") demonstrates the Organization's commitment to our mission, vision and principles by helping to meet the needs of the low-income Uninsured patients and the Underinsured patients in our community. As part of fulfilling this commitment, the Organization provides Medically Necessary services, without cost or at a reduced cost, to patients who qualify under this Policy.

c. This Policy provides guidelines for identifying patients who may qualify for financial assistance and establishes the financial screening criteria to determine which patients qualify.

II. Policy

a. **Definitions.** Capitalized terms used in this Policy are defined in the "Definitions" section at the end of this Policy or when first used.

b. **Covered Under this Policy.** The Policy only applies to services provided by the Organization and by: faculty physicians in their capacity as faculty, CSMCF and Huntington Health physicians including physicians employed by medical groups that have a professional services agreement with them. This Policy also applies to the emergency physicians at Cedars-Sinai Medical Center. For emergency physicians employed by independent groups practicing at other Organization hospitals, this Policy does not apply but they are 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.

c. **Facilities, Physicians and Other Providers Not Covered by this Policy May Have Separate Financial Assistance Policies.** Community Members of the Organization's Medical Staff (i.e., providers not part of the Organization) may also make financial assistance available to their patients. The Organization will make available a list of information it has regarding these physicians indicating whether specific physicians (or their medical group) will provide equivalent discounts from the physician's professional fees to low-income Uninsured patients as the Organization provides, based on the

criteria set forth in the Policy. The Organization will not be responsible for such physicians' administration of financial assistance programs or their billing practices.

d. **Help Paying Your Bill - Eligibility Criteria**

i. **Financial Assistance**. Charity Care will be made available to patients whose family income is at or below 400% of FPL. Patients whose income ranges between 401% to 600% of FPL qualify for a Discount Payment. A financial assistance application ("Application") must be completed. Assets, including monetary assets, will not be considered in determining eligibility for discounts. Attachment B describes the financial assistance available from the Organization.

ii. **Services Must be Medically Necessary.** Only Medically Necessary services are eligible for financial assistance. This Policy does not require the Organization to provide non-emergent care.

iii. **Additional Financial Resources and Requested Patient Cooperation.** Patients approved for assistance under this Policy agree to make reasonable efforts to help the Organization by providing information needed to seek reimbursement from third-parties. Patients will not be required to apply for or enroll in any insurance or benefit program, including Medi-Cal. However, the Organization may request a Medi-Cal eligibility screening (without requiring formal application) and will provide patients with information and assistance to understand potential Medi-Cal benefits.

The Organization will make appropriate referrals to local county agencies including Healthy Families, Covered California, Medi-Cal or other programs to determine potential eligibility for those programs.

The Organization shall be entitled to bill any third-party insurer providing coverage to a patient, including any source of third-party liability. Health insurers and health plans are prohibited from reducing their reimbursement of a claim to the Organization even if the Organization has waived all or a portion of a patient's bill pursuant to this Policy.

iv. **Self-Pay Patients.** The Organization assumes, based on its historical experience and the current insurance environment, that patients who lack insurance are not able to afford insurance. The Organization presumes that these patients warrant financial support and will make the following assistance available to all such patients unless the patient makes other arrangements for services provided by the Organization. The discounted amount, not billed to the patient, is uncompensated care that will be reported by the Organization consistent with

guidelines in the Centers for Medicare & Medicaid Services' Provider Reimbursement Manual, chapter 15-2, section 4012.

1. Self-Pay patients will automatically be billed at a discounted amount for facility related charges. The rate will be the total charges multiplied by the discounted amount for Medically Necessary services.

2. Self-Pay patients are eligible for these discounts without submitting an Application.

v. **Medically Indigent Patients (Not Otherwise Eligible for a Discount).** Patients who are Medically Indigent but who are not otherwise eligible for financial assistance under this Policy may still request financial assistance in accordance with the process set forth in this Policy. The request for financial assistance due to Medical Indigency must be approved by the Vice President, Finance and Chief Revenue Cycle Officer, or their designee, at their discretion.

e. **Financial Assistance Administration.** The Organization utilizes a single, unified patient Application for financial assistance. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. Any patient who requests financial assistance will be asked to complete an Application.

i. **How to Apply.** The Application process can be initiated by the patient or any staff member of the Organization. Applications are available:

1. On the Website: cedars-sinai.org/billing-insurance-records/help-paying-your-bill.html

2. In Person: Ask representatives at the registration or admission desks.

3. By Mail: Send your request to Cedars-Sinai Financial Assistance Processing Unit, File 1688, 1801 W. Olympic Blvd., Pasadena, CA 91199-1688.

4. By Telephone: Call Patient Services at 323-866-8600.

5. By Email: patient.billing@cshs.org

ii. **Reviewing Application**

1. **Determination.** Eligibility for Charity Care and Discount Payment is based on a patient's income and the FPL at the time of services or first billing.

2. **Determinations by Affiliates and Approved Community Partners.** Patient applications recently approved by certain affiliates or Community

Partners of the Organization may be approved on an expedited basis by the Organization at the Organization's discretion.

3. **Assets.** Assets, including monetary assets, will not be included in determining eligibility for Charity Care or a Discount Payment.

4. **Income.** For purposes of determining eligibility for Charity Care or a Discount Payment, documentation of income shall be limited to recent tax returns or pay stubs of the patient and/or the Patient's Family, as requested by the Organization. The Organization may accept other forms of documentation of income but shall not require those other forms.

5. **Reevaluation.** Eligibility may be reevaluated by the Organization if any of the following occur:

    a. Patient income changes.

    b. Patient Family size changes.

    c. A determination is made that any part of the Application is false or misleading, in which case the initial financial assistance may be retroactively denied.

iii. **Submitting Required Documentation.** The Organization requests various documents from patients applying for financial assistance in order to substantiate their eligibility. The documents may include, but are not limited to, the following:

1. Completed Application. Patients may apply for Charity Care or a Discount Payment at any time.

2. Income documents, such as recent tax returns or pay stubs. Recent tax returns are 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. Recent pay stubs are pay stubs within a 6-month period before or after the patient is first billed by the Organization, or in the case of pre-service, when the Application is submitted.

3. Other documents may include:

    a. Health Savings Account statement showing the available balance for the current plan year.

    b. the Organization shall not require a patient to apply for Medicare, Medi-Cal, or other coverage before determining eligibility. The Organization may require the patient be screened

for Medi-Cal eligibility so that the patient receives information on the benefits of Medi-Cal coverage.

iv. **Submitting Completed Application.** If a patient submits a completed Application, then the Organization shall:

1. As provided by the Debt Collections Policy, immediately take all reasonably available measures to suspend or reverse any ECAs taken against the patient to obtain payment for the care and request collection agencies to cease collection activities.

2. Make a determination on eligibility or identify if Application is incomplete or requires additional information, within a reasonable time.

3. If the patient is eligible for financial assistance, then the Organization shall promptly notify the patient in writing of eligibility, available assistance, the basis for determination and the service dates covered.

    a. If there is no patient responsibility, then no further steps are required other than refunding amounts paid as provided in the "Refunds" section of this Policy. If there is a remaining balance, then the Organization shall also notify the patient in writing the amount the patient owes for care and describe how the patient can get additional account information.

    b. If the patient qualifies for a Discount Payment, then the patient maximum Out-of-Pocket Cost is set forth in Attachment C.

    c. Approvals of eligibility may only be made by individuals specifically authorized by the Organization. This individual currently is the Vice President, Finance and Chief Revenue Cycle Officer, or their designees based on the Organization's levels of authority.

v. **Determination Letter.** After a patient submits a complete Application and submits the required documentation, the Organization will send a letter to indicate the determination of approval or ineligibility. The letter will include the following:

1. A clear statement of the determination for the patient's eligibility for financial assistance.

2. If the patient was ineligible for financial assistance, then a clear statement explaining why the patient was denied.

3. If the patient was ineligible due to a service that was not Medically Necessary, then the provider will attest to this.

4. If the patient was approved for a Discount Payment, then a clear explanation of the reduced bill and instruction on how the patient may obtain additional information regarding a reasonable Payment Plan, if applicable.

5. Contact information for the Organization, including department, contact name and where the patient may appeal the Organization's decision.

6. Information on the Department of Health Care Access and Information's ("HCAI") Hospital Bill Complaint Program.

7. Information on the Health Consumer Alliance.

vi. **Patients with Limited Information for Application.** The absence of patient financial data available to the Organization does not preclude eligibility for financial assistance. In evaluating all factors pertaining to a patient's clinical, personal and demographic situation, and alternative documentation (including information that may be provided by other charitable organizations), the Organization may determine a patient is eligible for financial assistance by making reasonable assumptions regarding the patient's income.

vii. **Incomplete Application.** If a patient submits an incomplete Application, then the Organization shall promptly provide the patient with a written notice that describes the additional information and/or documentation required for the Application and include contact information for Application processing. If the patient subsequently completes the Application, then the Application will be considered complete.

viii. **Anti-Abuse Rule for Applications with Questionable Information**. The Organization shall not make determinations that a patient is not eligible for financial assistance based on information it has reason to believe is unreliable or incorrect or on information obtained from the patient under duress or through the use of coercive practices. A coercive practice includes delaying or denying emergency medical care to a patient until the patient has provided information requested to determine whether the patient is eligible for financial assistance for the care being delayed or denied.

ix. **Handling of Incomplete Applications**. The Organization may consider a patient's failure to provide reasonable and necessary documentation in making its financial assistance determinations. However, the Organization will act reasonably and make the best determination it can with the available information.

x. **Presumptive Eligibility.** The Organization may determine that the patient is eligible for financial assistance for the current services based on information it

has obtained or assessed without looking to the patient to provide all information required by the usual Application process or the fact that the patient has no health insurance. The Organization's determination may include reliance on a prior determination by the Organization, information provided by another provider of the patient, or a general assessment of information available to the Organization's staff, including what staff observe regarding social determinants of health. In such cases, the Organization shall notify the patient of the basis for the presumptive eligibility determination and the manner in which the patient may apply for more generous assistance available under the Policy. Self-Pay patients receiving discounts described in this Policy shall receive such notice by means of the Plain Language Summary (see Attachment A). If a patient's social determinant of health, such as housing status, qualifies the patient for presumptive eligibility, then the patient will be deemed eligible for Charity Care.

xi. **Patient Waivers Do Not Relieve the Organization of Obligation to Undertake Reasonable Efforts to Determine Eligibility.** Obtaining a verbal or written waiver from a patient, such as a signed statement that the patient does not wish to apply for assistance under the Policy or receive the information to be provided to patients under this Policy, will not itself constitute a determination that the patient is not eligible and will not satisfy the requirement to make reasonable efforts to determine whether the patient is eligible before engaging in ECAs against the patient.

xii. **Payment Plans.** When a patient is determined eligible for a Discount Payment through financial assistance and a balance remains, then they shall have the option to pay through a scheduled Payment Plan. The Organization will develop a Payment Plan with the patient. If the Organization and patient cannot agree on the Payment Plan, then the Organization 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. The Organization may consider Health Savings Accounts when establishing the terms of a Payment Plan. Payment Plans are interest free.

xiii. **Dispute Resolution.** In the event a dispute arises regarding qualification for financial assistance, the patient may submit a written appeal for reconsideration with the Organization. The written appeal should explain the rationale for dispute and include supporting documentation. The Organization's Associate Director of Patient Service or their designee will promptly review the appeal and provide the patient with a written determination. In the event the patient believes a dispute remains after the first appeal, the patient may request in writing, a review by the Organization's Vice President, Finance and Chief

Revenue Cycle Officer or their designee who shall review and provide a final written determination.

xiv. **Confidentiality of Application Information.** The Organization shall maintain all information received from patients requesting eligibility under this Policy as confidential information. Information concerning income obtained as part of the Application and approval process shall be maintained in a file that is separate from information that may be used to collect amounts owed.

f. **Term.** The initial financial assistance for Financially Qualified Patient's approval is valid for a period of 6 months from the date the Application was approved. Eligibility may be reassessed, upon patient request, at the end of the initial approval period. At the Organization's election, a new 6-month approval period may be authorized without a new Application. After 12 months, the patient must complete a new Application. Starting with the date the final Application is approved, open, qualified accounts will be written off to financial assistance based on the level of assistance granted. On a go-forward basis, qualified accounts for the next 6 months would be eligible for financial assistance write-off.

g. **Notices, Written Communications and Statements.**

i. The Organization provides the following notices and information regarding financial assistance:

a. This Policy.

b. A Plain Language Summary of the Policy. The Plain Language Summary shall be a clear, concise, and easy to understand document that notifies patients and other individuals that the Organization offers financial assistance under this Policy. The Plain Language Summary shall be drafted in a manner that sets out relevant information including the information required by state and federal laws, such as the eligibility requirements and assistance offered under this Policy, a brief summary of how to apply for assistance under this Policy, and information for obtaining additional information and assistance, including copies in other languages (see Attachment A).

c. A list of Providers that may make financial assistance available to the Organization's patients.

d. The Application.

e. The Debt Collection Policy.

ii. These materials shall be made available in a variety of ways including:

a. **Website.** cedars-sinai.org/billing-insurance/help-paying-your-bill.html

b. **Email or Paper Copies**. Copies of any of the materials referenced in this Policy may be obtained by making a request to Patient Services at 323-866-8600 or via email to patient.billing@cshs.org

c. **Posted Signage.** The Plain Language Summary shall be posted in the following locations: the Emergency Department, the Admitting Department, any Billing Department if accessible to the public, centralized and decentralized registration areas and other outpatient settings, including observation units.

iii. **Registration and Billing Notices**. Patients will be provided with various information and notices in their registration and billing communications.

iv. **Notification to the Community.** The Organization shall make various efforts to widely publicize its financial assistance programs, such as distributing information to targeted community organizations or other means of alerting the community to the availability of the Organization's financial assistance programs.

h. **Translations and Interpreter Services**. Patient communications shall comply with the requirements of the Organization. Without limiting the foregoing, notices, formal communications and signage under this Policy shall be in English and in the additional languages required by state and federal laws. Those additional languages are Spanish, Farsi, Russian, Armenian, Chinese, Korean, Vietnamese, Arabic and Czech. Additionally, patients may contact the Organization to be connected with interpreter services for communication and translation of Policy-related documents in other foreign languages and American Sign Language ("ASL"). Also, copies of these documents can be provided in accessible formats, such as large print and audio, upon request to the Patient Services Department or by visiting the website.

i. **Medical Necessity/Clinical Determinations**. The evaluation of the necessity for medical treatment of any patient will be based upon clinical judgment, regardless of insurance or financial status. In cases where an emergency medical condition exists, any evaluation of financial arrangements will occur only after an appropriate medical screening examination has occurred and necessary stabilizing services have been provided in accordance with all applicable state and federal laws.

j. **Refunds**. The Organization shall reimburse the patient any amount paid in excess of the amount awarded under this Policy, including interest, which shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date that the patient's payment was received by the Organization. However, the Organization is not

required to reimburse the patient or pay interest if the amount due is less than $5.00. The Organization shall refund the patient within 30 days of the award determination.

k. **Collections**. For additional information on collection actions, please see the Debt Collection Policy.

l. **Reporting**. The Organization will submit this Policy to HCAI every other year on or before January 1 or within 30 days of any updates to this Policy. If there are no significant changes since the Policy was previously submitted, then the Organization shall notify HCAI within 30 days prior to January 1 of the Organization's next biennial reporting date. Significant changes include any change that could affect patient access to eligibility for Discounted Payment or any other protections outlined by federal and state requirements. Each policy submission to HCAI shall include a statement of certification (see final page) under penalty of perjury, which includes the following: (i) A certification that the submitter is duly authorized to submit the policies. (ii) The submitted policies are true and correct copies of the Organization's policies.

III. Hospital Bill Complaint Program. Patients that believe they have been wrongly denied financial assistance may file a complaint with the State of California's Hospital Bill Complaint Program. To learn more information or to file a complaint go to the HCAI website or HospitalBillComplaintProgram.hcai.ca.gov.

IV. More Help. For patients that need help paying a bill, there are free consumer advocacy organizations that will help patients understand the billing and payment process. Patients may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

V. Record Retention. The Organization will maintain all records relating to money owed by a patient or guarantor for 5 years, including, but not limited to: (a) documents related to litigation filed by the Organization, (b) a contract and significant related records by which the Organization assigns debt to a third-party, (c) a list, updated at least annually, of every person, including the person's name and contact information, that is either: (i) a debt collector to whom the Organization assigned medical debt or (ii) retained by the Organization to pursue litigation for debts owed by patients on behalf of the Organization.

VI. Approval by Board of Directors and Continuing Review. This Policy, the Debt Collection Policy, and all material changes to these policies must be approved by the Organization's Board of Directors. The Organization shall routinely review this Policy together with the Debt Collection Policy, and the status of collection efforts to ensure they are best serving patients and the community. However, administrative changes to the Attachments identified in Section VIII of this Policy may be made by management without Board approval so long as the changes do not conflict with this Policy (e.g., language clarifications, changes to reflect operational process that implement the Policy, updates to comply with changes in applicable laws, regulations, or IRS guidance and updates to FPL).

VII. Definitions

a. **Amounts Generally Billed ("AGB")** means the amounts generally billed for Medically Necessary care to patients who have insurance covering such care, determined in accordance with 26 C.F.R. §1.501(r)-5(b). Additional information on how the Organization calculates AGB shall be set forth in Attachment C to this Policy and will be included in filings made available to the public on the State of California's HCAI website at syfphr.hcai.ca.gov.

b. **Application** means the Organization's Application for financial assistance.

c. **Charity Care** means free care.

d. **Community Members** means private providers who bill independently from the Organization and may also make financial assistance available to their patients.

e. **Community Partners** means supportive relationships with other community agencies, such as Planned Parenthood.

f. **Discount Payment** or **Discounted Payment** means any charge for care that is reduced but not free.

g. **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 childcare, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

h. **Extraordinary Collection Actions ("ECAs")** means collection activities that the Organization will not undertake before making reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy. ECAs are specifically described in the Debt Collection Policy.

i. **Federal Poverty Level** ("FPL") means the measurement used to determine poverty in the United States and is published periodically by the Department of Health and Human Services ("DHHS") on their website, aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.

j. **Financially Qualified Patient** means a patient who has requested financial assistance from the Organization and has completed and submitted an Application. Review of the Application shows that the patient is eligible for financial assistance, and the Application is approved in accordance with this Policy or the patient has been

determined by the Organization to be presumptively eligible for Financial Assistance under this Policy.

k. **Financial Assistance** means arrangements under this Policy for health care services to be provided at no charge or a reduced charge to the patient. Reduced charges are generally pursuant to a Payment Plan or an automatic discount for Self-Pay patients.

l. **Health Savings Account** is any account established by a patient or member of a Patient's Family on a pre-tax basis that is available to pay for certain medical expenses of the patient, and possibly others.

m. **High Medical Costs** means the annual Out-of-Pocket Costs of a patient whose family income exceeds the Organization's thresholds for financial assistance. These costs include: (1) Annual Out-of-Pocket Costs incurred by a patient 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; (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; or (3) A lower level as may be from time to time set out in this Policy.

n. **Medical Indigency** means a patient who is unable to pay for services due to unexpected high-cost care but who does not qualify for financial assistance under this Policy.

o. **Medically Necessary** means health care services, including emergency services, performed that are necessary and clinically appropriate to evaluate, diagnose, or treat a patient in accordance with generally accepted standards of medical practice and are not primarily for the convenience of the patient or provider.

p. **Out-of-Pocket Costs** means any expenses for medical care that are not reimbursed by insurance or a health coverage program including a Health Savings Account. Such costs include Medicare copays or Medi-Cal cost sharing.

q. **Patient Family** means the following: (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.

r. **Payment Plan** means an agreement between the Organization and the patient, whereby the Organization has offered, and the patient has accepted, the opportunity

to pay off their liability in monthly payments not exceeding 10% of the patient's family income for a month, excluding deductions for Essential Living Expenses.

s. **Underinsured** means patients who have health insurance but need assistance to meet their share of costs due to high premiums or Out-of-Pocket Costs.

t. **Uninsured** means patients who do not have health insurance coverage through a private health insurer, Medicare, Medicaid, or other government-sponsored plan.

VII. References. State and federal laws referenced in the development of this Policy include but are not limited to:

a. U.S. Internal Revenue Code Section 501(r)(3).

b. California Health & Safety Code Section 127400-127462 (Hospital Fair Pricing Policies and Emergency Physician Fair Pricing Policies).

c. California Assembly Bill 1020: Health Care Debt and Fair Billing.

d. California Assembly Bill 532: Fair Billing Policies.

e. Office of General, Department of Health and Human Services ("OIG") guidance regarding financial assistance to uninsured and underinsured patients, and IRS regulations.

f. Any implementing regulations and agency guidance regarding any of the foregoing.

VIII. List of Attachments

A. Summary of Financial Assistance Policy - Plain Language Summary

B. Financial Assistance for Charity Care or a Discount Payment by Federal Poverty Guidelines

C. Limits on Patient Responsibility

HISTORY:

ORIGINAL ISSUE: 05/01/03
POLICY VERSION EFFECTIVE DATE: 01/01/25
REVISION DATE: 09/01/25

Attachment A
Summary of Financial Assistance Policy - Plain Language Summary

As part of our mission, Cedars-Sinai Medical Center, Cedars-Sinai Marina Hospital, Cedars-Sinai Medical Care Foundation ("CSMCF"), Huntington Hospital, and Huntington Health Physicians (each separately, the "Organization") are committed to providing access to quality healthcare for the community and treating all of our patients with dignity, compassion and respect. This includes providing services without charge, or at significantly discounted prices, to eligible patients who cannot afford to pay for care as provided by our financial assistance policy (the "Policy"). We also offer our patients a variety of payment plans and options to meet their financial needs, even if they do not qualify for assistance. This document is our plain language summary (the "Summary") of the Policy.

Help Paying Your Bill
Charity Care will be made available to patients receiving medically necessary services and whose income is at or below 400% of the federal poverty level (FPL). Patients whose income ranges between 401%–600% of the FPL also qualify for a Discount Payment, using a sliding scale based on family size, income level and insurance status. If a patient does not qualify for entirely free services but is eligible for a discount under the Policy, the patient will not be charged more than the expected reimbursement under Medicare or Medi-Cal (whichever is greater).

Physicians and services
The Policy only applies to services provided by the Organization and by faculty physicians in their capacity as faculty, CSMCF and Huntington Health physicians including physicians employed by medical groups that have a professional services agreement with them. This policy also applies to the emergency physicians at Cedars-Sinai Medical Center. For emergency physicians employed by independent groups practicing at other Organization hospitals, this Policy does not apply, but they are required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400% of the FPL.

How to Apply
Patients seeking free or discounted care under the Policy will need to complete a financial assistance application (the "Application") and submit any required documentation. The Application and documentation will go through a review process by the Organization.

Free copies of this Summary, the Policy or the Application are available in English, Spanish, Farsi, Russian, Armenian, Chinese, Korean, Vietnamese, Arabic, or Czech. To request copies or to get additional information, including questions on the financial assistance process, you may:

- Ask representatives at the registration or admissions desks.
- Call Patient Services at 323-866-8600.
- Visit the Organization's website at cedars-sinai.org/billing-insurance/help-paying-your-bill.html.

If you have a disability and need an accessible alternative format for the above materials or if you speak another language than those listed, then please contact us for an alternative format or to connect you with interpreter services for further assistance.

Arrangements for self-pay
Patients who do not qualify for free or discounted care under the Policy may find other Organization programs helpful. Patients who lack insurance may receive a substantial discount, similar to the discounts we provide to managed-care insurance plans for eligible services.

Regulatory notice for collections
We do refer some delinquent accounts to third-party collection agencies. These agencies must follow all California and federal laws as well as comply with the Organization's policies and procedures. For more information about debt collection activities, you may contact the Federal Trade Commission by phone at 877-FTC-HELP (877-382-4357). In the event your account is referred to a collection agency and you experience problems, contact our Patient Services for support at 323-866-8600.

Protections for surprise medical bills
All patients are afforded protections against surprise medical bills. Please see the "Notice to Patients – Your Rights and Protections Against Surprise Medical Bills" on our website or ask for a copy.

- Cedars-Sinai: cedars-sinai.org/patients-visitors/resources/patient-rights.html
- Huntington Health: huntingtonhealth.org/patients/cost-of-care/no-surprises-act-nsa-surprise-medical-bills-no-surprise-billing-policies

Hospital Bill Complaint Program
If you believe you were wrongly denied financial assistance, you may file a complaint with the State of California's Hospital Bill Complaint Program. Go to 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 Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Additional resources and information:

- To receive assistance or learn more about Medi-Cal presumptive eligibility, Medi-Cal, other government assistance programs, or subsidized coverage through Covered California, contact the Patient Financial Advocate ("PFA") office at 310-423-5071.
- For questions regarding commercial health insurance, call 1-800-CEDARS-1 or 800-233-2771.
- For information on the Organization's pricing and tool for shoppable services, visit the website mycslink.cedars-sinai.org/mycslink/GuestEstimates.

Financial Assistance Tagline Sheet

English: ATTENTION: If you need help in your language, call 323-866-8600 or visit the PFA office, 8 a.m.-4:30 p.m., Monday through Friday, at 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048. Aids and services for people with disabilities, like documents in large print or audio are also available. These services are free.

Spanish: ATENCIÓN: Si necesita ayuda en su idioma, llame al 323-866-8600 o visite la oficina de PFA, de 08:00 a. m. a 04:30 p. m., de lunes a viernes, en 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048. También hay ayuda y servicios disponibles para personas con discapacidades, como documentos con letra grande o en audio. Estos servicios son gratuitos

Chinese-Simplified: 注意：如果您需要以您的语言获得帮助，请致电 323-866-8600 或造访 PFA 办公室，服务时间为周一至周五上午 8:00 至下午 4:30，地址为 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048。我们还为残障人士提供援助和服务，例如大字体文件或音频。这些服务均为免费。

Vietnamese: CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 323-866-8600 hoặc đến tại văn phòng PFA, 8 sáng – 4:30 chiều, Thứ Hai đến Thứ Sáu, tại địa chỉ 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048. Các trợ cụ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu ở dạng chữ in khổ lớn hoặc tệp âm thanh cũng có sẵn. Các dịch vụ này được miễn phí.

Tagalog: PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 323-866-8600 o bisitahin ang tanggapan ng PFA, 8 a.m.-4:30 p.m., Lunes hanggang Biyernes, sa 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumentong nakasulat sa malalaking titik o naka-audio. Ang mga serbisyong ito ay walang bayad.

Korean: 참고 사항: 귀하의 언어로 도움이 필요하시면 월요일부터 금요일 오전 8시~오후 4시 30분에 전화 323-866-8600번으로 연락하시거나 PFA 사무실을 방문해 주십시오. 주소는 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048입니다. 큰 활자 또는 오디오 문서 등 장애인을 위한 지원 및 서비스도 제공됩니다. 해당 서비스는 무료입니다.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե օգնության կարիք ունեք ձեր լեզվով, զանգահարեք 323-866-8600 հեռախոսահամարով կամ այցելեք PFA-ի գրասենյակը, 8:00-ից-16:30, երկուշաբթիից ուրբաթ, այս հասցեով՝ 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048: Հաշմանդամների համար տրամադրելի են նաև օգնություններ և ծառայություններ, օրինակ՝ խոշոր տպատառերով փաստաթղթեր կամ ձայնագրված նյութեր: Այս ծառայություններն անվճար են:

Farsi: تماس بگیرید یا در روزهای دوشنبه تا جمعه از ساعت 8 صبح تا 4:30 عصر به دفتر PFA به نشانی 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048 توجه: اگر نیاز به کمک به زبان خود دارید، با 323-866-8600 ها و خدماتی، مانند اسناد با چاپ درشت یا در قالب صوتی، نیز برای افراد دارای معلولیت در دسترس است. این خدمات کمک .مراجعه کنید .رایگان هستند

Russian: ВНИМАНИЕ: если вам нужна помощь на русском языке, позвоните по номеру 323-866-8600 или посетите отдел помощи пациентам по финансовым вопросам (PFA) по адресу

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8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048. График работы отдела: с понедельника по пятницу с 08:00 до 16:30. Лицам с ограниченными возможностями бесплатно предоставляются вспомогательные средства и услуги, например документы, напечатанные крупным шрифтом, или в аудиоформате.

Japanese: 注意事項：言語サポートが必要な場合は、323 866 8600までお電話いただくか、PFA事務所 (8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048) までお越しください。月曜日から金曜日の午前 8 時から午後 4 時 30 分までです。大きな活字の文書や音声など、障害のある人向けの支援やサービスもご利用いただけます。これらのサービスは無料です。

:Arabic 860 866 323 تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك، يرجى الاتصال بالرقم 0 أو تفضَّل بزيارة مكتب المحامي المالي للمرضى (PFA)، 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048. تتوفر أيضًا مساعدات وخدمات لذوي الإعاقة، مثل المستندات المطبوعة بحروف كبيرة أو الملفات الصوتية. هذه الخدمات مجانية.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਸਹਾਇਤਾ ਦੀ ਲੜ ਹੈ, ਤਾਂ 323 866 8600 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048 ਵਿਖੇ PFA ਦਫ਼ਤਰ ਵਿਚ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 4:30 ਵਜੇ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁਕਰਵਾਰ ਜਾਓ। ਅਪਾਹਜ ਲਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਵਡੇ ਪ੍ਰਿਟ ਵਿਚ ਦਸਤਾਵੇਜ਼ ਜਾਂ ਆਡੀਓ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Mon-Khmer Cambodian: យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមហៅទូរសព្ទទៅលេខ 323 866 8600 ឬទៅការិយាល័យទីប្រឹក្សាអ្នកជំងឺ និងគ្រួសារ (PFA) ចាប់ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 4:30 ល្ងាចនៅ 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048។ ក៏មាន ជំនួយ និងសេវាកម្មសម្រាប់អ្នកដែលមានពិការភាព ដូចជាឯកសារដែលបោះពុម្ពជាអក្សរធំ ឬអូឌីយ៉ូជាដើម។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។

Hmong: DAIM NTAWV CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, hu rau 323 866 8600 los sis mus ntsib lub chaw hauj lwm PFA tau, thaum 8 teev sawv ntxov-4:30 teev tsaus ntuj, hnub Monday txog hnub Friday, ntawm 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048. Dhau ntawv lawm kuj tseem muaj kev pab cuam thiab cov cuab yeej pab rau cov neeg uas muaj kev xiam oob qhab, xws li cov ntawv luam ua tus ntawv loj los sis muaj kaw ua suab lus thiab. Cov kev pab cuam no yog pab dawb.

Hindi: ध्यान द: यदि आपको अपनी भाषा म सहायता चाहिए, तो 323 866 8600 पर कॉल कर या PFA कार्यालय, सबह 8 बज से शाम 4:30 बज, सोमवार से शक्रवार, 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048 पर जाएँ। विकलांग लोगों के लिए सहायता और सवाएँ, जैस बड़ प्रिट म दस्तावेज़ या ऑडियो भी उपलब्ध ह। ये सवाएँ मफ़्त ह।

Thai: ขอควรทราบ: หากคณตองการความชวยเหลอดานภาษา โปรดโทร 323-866-8600 หรอไปทสานกงาน PFA เวลา 8.00-16.30 น. วนจนทรถงวนศกรท 8700 Beverly Blvd., South Tower, Room 1740, Los Angeles, CA 90048 มบรการชวยเหลอและบรการสาหรบคนพการ เชน บรการเอกสารแบบพมพขนาดใหญ่หรอบรการเสยงกมใหเชนกน บรการเหลานไมมคาใชจาย

Attachment B
Financial Assistance for Charity Care or Discount Payment by Federal Poverty Guidelines

To find your Federal Poverty Level ("FPL") percentage and for updated annual salary amounts by family size ranges, visit the Organization's website at cedars-sinai.org/billing-insurance-records/help-paying-your-bill.html

The Organization uses the following FPL and insurance guidelines to determine a discount:

	Charity Care	Discount Payment			
FPL %	**400%**	**450%**	**500%**	**550%**	**600%**
Uninsured	100%	95%	90%	85%	85%
Underinsured	100%	90%	80%	70%	60%

Illustrative Example:
If you are a family of 3 with an annual salary equal or less than 500% of the FPL, then you would be eligible for either an:

- Uninsured discount at 90% - for patients with no insurance plan
- Underinsured discount at 80% - for patients who have health insurance but are unable to meet their share of costs due to high premiums or out-of-pocket costs.

You can view the federal poverty guidelines at aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.

Attachment C
Limits on Patient Responsibility

Patients eligible for financial assistance under this policy who fall at or below 400% of the federal poverty limit receive charity care for medically necessary care.

All other patients eligible for financial assistance under this Policy will not be charged more than expected reimbursement under Medicare or Medi-Cal (whichever is greater).

Patients who are self-pay, eligible for automatic uninsured discounts (regardless of means assessment), shall not be charged more than the AGB for medically necessary care. The Organization determines AGB using the look-back method, based on actual claims paid by both Medicare fee-for-service and commercial health insurers over a prior 12-month period. Total payments include amounts paid by insurers as well as patient cost-sharing, such as copayments and deductibles. The AGB percentage is calculated by dividing these total payments by the corresponding gross facility charges for hospital inpatient, outpatient, and emergency services.

The resulting AGB percentage is applied to the hospital facility gross charges to determine the maximum amounts that may be billed to patients eligible for financial assistance. The AGB percentage shall be updated at least annually.

To view the current AGB percentages, updated annually, visit the Organization's website at: cedars-sinai.org/billing-insurance-records/help-paying-your-bill.html.

This methodology is in accordance with 26 C.F.R. §1.501(r)-5(b).

Statement of Certification

This policy and its attachments will be submitted to the Department of Health Care Access and Information (HCAI). Additionally, it will be made available on the Organization's website.

The Organization attests under penalty of perjury to the following:

1. The individual submitting the policy is duly authorized to submit policies on behalf of the Organization.

2. The submitted policy is a true and correct copy for which this certification is attached.

DocuSigned by:
Lisa Maqueira
56A5E2AB375D487...

9/4/2025 | 5:59 PM PDT

Lisa Maqueira
Vice President, Finance and Chief Revenue Cycle Officer

Date