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Policy : Financial Assistance: Discount Payment and Charity Care

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## PURPOSE

Hazel Hawkins Memorial Hospital (HHMH) is committed to caring for all who come through our doors, even if they cannot pay, to the extent allowed by law. This policy explains how patients can get financial help for hospital bills through the Financial Assistance Program. This policy also establishes guidelines for the Financial Assistance Program.

## POLICY

Uninsured patients and patients with high medical costs whose income is at or below 400 percent of the federal poverty level are eligible to apply for financial assistance for medically necessary hospital and hospital-based physician services provided by HHMH. Qualifying applicants will be granted the highest award for which they are eligible.

Requests for financial assistance may be made verbally or in writing at any point before, during, or after the provision of care, including, but not limited to any time documentation of income and monetary assets is received for determining eligibility for discount care or charity care.

Financial assistance applications are provided to all patients in the primary language of 5 percent or more of the primary community served by the hospital.

Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a hospital's bill. This policy does not create an obligation for the hospital to pay for such physicians' or other medical providers' services. In California, an emergency physician, as defined in Health and Safety Code section 127450, who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

HHMH provides an examination, medical screening and care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd) to individuals regardless of their ability to pay and without discrimination. HHMH does not engage in any action(s) that discourages individuals from seeking treatment for emergency medical conditions.

### Access to Healthcare during a Public Health Emergency

1. Executive leadership must proclaim an Access to Healthcare Crisis; an Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate healthcare needs of Hazel Hawkins Memorial Hospital's community during the Access to Healthcare Crisis. During an Access to Healthcare Crisis, Hazel Hawkins Memorial Hospital may "flex" its patient financial assistance policy to meet the needs of the community in crisis. These changes will be included in the patient financial assistance policy as an addendum if an Access to Healthcare Crisis is proclaimed. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy (as hospital leadership may not be able to react quickly enough to update policy language in order to meet more pressing needs during the Access to Healthcare Crisis).

## SCOPE AND APPLICABILITY

This policy applies to all departments where acute and primary care is provided as part of a medically necessary service.

## DEFINITIONS

1. **Federal poverty level (FPL)** - The poverty guidelines specific to income and family size, which are updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code.
2. **Guarantor** - A person who has legal financial responsibility for the patient's health care services.
3. **Hospital-based physicians** - Doctors who provide services at Hazel Hawkins Memorial Hospital and are billed under Hazel Hawkins Memorial Hospital's Provider Identification Number (PIN). These include Emergency department physicians, radiologists, pathologists, and psychiatrists.
4. **Patient's family** means the following:
  - a. For persons 18 years of age and older, family includes dependent children of any age and account for the inclusion of parents when the patient is a dependent child who is not a minor defined in Section 297 of the Family Code.
  - b. Family includes parent, caretaker relatives, and other children of the parent or caretaker relative.

5. **Underinsured** - Having health insurance that does not cover all the medical expenses and may face high out-of-pocket costs, deductibles, or co-payments that can lead to a financial hardship.

## PROCEDURE

Patients are informed that there are organizations that will help the patient understand the billing and payment process, as well as information regarding Covered California and Medi-Cal presumptive eligibility. Patients may visit the Health Consumer Alliance website for more information, <https://healthconsumer.org>. Patients may also access the HHMH list of shoppable services at <https://www.hazelhawkins.com>.

1. Uninsured patients and patients with high medical costs whose income is at or below 400 percent of the federal poverty level are eligible to apply for financial assistance for medically necessary hospital and hospital-based physician services provided by Hazel Hawkins Memorial Hospital. Qualifying applicants will be granted the highest award for which they are eligible.
2. Current and future patients may apply for the Charity Care Program or the Discount Payment Program. Information about these programs is available at all patient intake and treatment locations within HHMH facilities and is provided to each patient presenting for services. An application for the Charity Care and Discount Payment programs will be provided to all patients who request one. Additionally, enrollment counselors are available to provide information and applications for Medi-Cal, Medicare, California Health Benefit Exchange, and other available government programs. A pre-screening interview may be done with patients to ensure that they meet the basic eligibility criteria.
3. The criteria HHMH will follow in verifying a patient's eligibility for financial assistance programs are described in this policy. Upon approval, financial assistance is provided through one of two programs:
  - a. The Charity Care Program
  - b. The Discount Payment Program.
4. These programs may cover all or part of the cost of services provided, depending on the patient's eligibility, income, and ability to pay for services. The Charity Care and Discount Payment programs are intended for patients whose personal or family financial ability to meet hospital expenses is restricted. The minimum requirement for both programs is stated below and is based upon the patient's combined family income as a percentage of the applicable federal poverty level (FPL) as published annually in the Federal Register (<http://aspe.hhs.gov/poverty>). Given Hazel Hawkins Memorial Hospital service area demographics, available resources, and mission to meet the healthcare needs of its community, financial assistance is available for patients with income levels up to 400 percent of the FPL for the patient's family size. HHMH's Charity Care and Discount Payment programs are intended to fully comply with the Hospital Fair Pricing Policies Act and Section 501(r) of the Internal Revenue Code. This policy is intended to be stated as clearly and simply as possible for the benefit of our patients.
  - a. **Charity Care** - This program may give a patient a discount of up to 100 percent on the services she or he received. To qualify, the patient's gross family income must not be higher than 400 percent of the federal poverty level. Patients must provide information and documentation about their family members' income and about any health benefits coverage they have.
    - i. Non-covered and denied services provided to Medicaid eligible beneficiaries are considered a form of charity care. Medicaid beneficiaries are not responsible for any forms of patient financial liability and all charges related to services not covered, including all denials, are charity care. Examples may include, but are not limited to:
      - I. Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other hospital care).
      - II. Medicaid-pending accounts
      - III. Medicaid or other indigent care program denials
      - IV. Charges related to days exceeding a length of stay limit
      - V. Medicaid claims (including out of state "Medicaid" claims) with "no payment"
      - VI. Any service provided to a Medicaid eligible payment with no coverage and no payment
    - ii. Any unreimbursed charges from non-covered or denied services from any payor, such as charges for days beyond a length-of-stay limit, exhausted benefits, balance from restricted coverage, Medicaid-pending accounts, and payor denials are considered a form of patient financial assistance at Hazel Hawkins Memorial Hospital. Charges related to these denials/non-covered amounts written off during the fiscal year are reported as uncompensated care.
  - b. **Discount Payment Program** – This program may give a patient a discount to reduce the amount she or he owes. To qualify, the patient's gross family income must not be higher than 400 percent of the federal poverty level. Patients must provide information and documentation about their family members' income and the value of assets and about any health benefits coverage they have.
  - c. Applications from patients whose income is above 400 percent of the federal poverty level will also be thoroughly reviewed, and awards will be granted on a case-by-case basis.

- d. In California, an emergency physician, as defined in Health and Safety Code section 127450, who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.
  - e. Financial Assistance may be applied to uninsured patients, as well as any medical care not reimbursed by the insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. This policy details the process to determine eligibility for this program.
5. Discovery of Patient Financial Assistance Eligibility during Collections.
    - a. While HHMH makes every attempt to determine patient financial assistance as close to the time of service as possible, in some cases further investigation is required to determine eligibility. Some patients eligible for financial assistance may not have been identified prior to initiating external collection action. The collection agencies shall be made aware of this possibility and are requested to refer-back patient accounts that may be eligible for financial assistance. When it is discovered that an account is eligible for financial assistance, HHMH will reverse the account out of bad debt and document the respective discount in charges as charity care.
  6. Negotiations with insurance carriers of insured patients not under contract with Hazel Hawkins Memorial Hospital will be conducted by executive management.
    - a. Although HHMH may agree to the terms of the negotiations with insurance companies, an inferred contractual relationship is not representative of a patient "under contract" with the hospital.
    - b. HHMH considers any reimbursement less than 20% of cost to be a charitable event. All unreimbursed amounts are a form of patient financial assistance and determined as the difference between gross hospital charges and hospital reimbursement.

### **Applying for Assistance**

1. Requests for financial assistance may be made verbally or in writing at any point before, during, or after the time care was provided. Financial assistance applications are provided to all patients in the primary language of 5 percent or more of the primary community served by the hospital.
2. Applications for Charity Care or Discount Payment program must be submitted to the billing department by using the *Patient Financial Assistance Application*. Incomplete applications will be kept on file for 30 days after request for additional information letter is sent. Once the additional documentation is received, the application will be completed. If documentation is not received within the 30 days, the case will close. Cases can be reopened if documentation is received. In addition to a completed application, a letter explaining the patient's circumstances and/or a letter from the person(s) providing living assistance to the patient may be requested.
3. A patient (or a patient's legal representative) who requests Charity Care or Discount Payment, must make every reasonable effort to provide documentation of income and health benefits coverage. Uninsured patients, who are eligible for a government health benefit plan, or health benefit coverage through the California Health Benefit Exchange with a government subsidy, will be encouraged to apply for those programs and comply with the application requirements for those programs. This also applies to patients who are at or below 138 percent of the federal poverty level, who are eligible for modified adjusted gross income Medi-Cal. Hospital enrollment counselors will be available to assist patients with the application process for government-charity health benefit plans, health benefit coverage through the California Health Benefit Exchange, Medi-Cal, Medicare, and other available programs. When patients do not cooperate with the enrollment counselors, Hazel Hawkins Memorial Hospital will make reasonable effort, through letters and telephone calls, to encourage patients to cooperate prior to its review and decision regarding Charity Care and/or Discount Payment eligibility. Applications may be denied and the associated account(s) referred to a collection agency if documentation sufficient to determine eligibility is not provided.
4. If a patient applies or has a pending application for another health coverage program at the same time they apply for the hospital Charity Care or Discount Payment Program, the pending status of either application shall not prevent or delay the review of or action on the other.
5. This policy applies only to emergency and medically necessary services provided by Hazel Hawkins Memorial Hospital. Services provided at a hospital facility by private healthcare providers, such as personal physicians and ambulance conveyance, are not covered by the Charity Care and Discount Payment programs. Hazel Hawkins Memorial Hospital maintains a list of providers delivering emergency or other medically necessary care covered by the Charity Care and Discount Payment programs. The list is available on the hospital's website at: [www.hazelhawkins.com](http://www.hazelhawkins.com). These programs are available only for emergency and medically necessary services provided by Hazel Hawkins Memorial Hospital that are not paid for by any other government programs and/or funding sources, including third-party insurance coverage for which an individual applicant is eligible. See the list of non-covered services below.

### **Non-Covered Services**

1. All healthcare services not billed by Hazel Hawkins Memorial Hospital, such as non-hospital based physician services and ambulance transportation;
2. Services which, in the opinion of competent hospital staff, are provided only as a stop-gap when a patient is staying at the hospital for the convenience of the family and/or physician;

3. Non-medically indicated care;
4. Durable medical equipment;
5. Oxygen and oxygen supplies, except when pre-approved;
6. Any service or product considered to be experimental;
7. Services or products unapproved for patient use by the FDA; and
8. Elective Procedures will not be considered for Charity Care but will qualify for the Self-Pay Rate or discount according to the policy.
  - a. Elective Procedures include Outpatient Surgeries, Therapy, Lab Services, Radiology Services including Ultra Sound, MRI's, CT's, and Skilled Nursing.
9. Medi-Cal Share of Cost

### **Discount Payment Program**

1. Hazel Hawkins Memorial Hospital is committed to providing qualifying uninsured patients and insured patients with any expenses for medical care that are not reimbursed by insurance or health coverage programs, such as Medicare copays or Medi-Cal cost sharing, as defined below, with a discount that exceeds that provided to participants in the Medicare program. The Medicare program, the highest paying government-Charity health benefit program accepted by HHMH, currently reimburses the hospital an average of 30 percent of total charges, representing an 70 percent discount. No individual who qualifies for the Discount Payment Program will be charged more than the amount generally billed ("AGB") by Hazel Hawkins Memorial Hospital to individuals who have insurance covering such emergency and/or medically necessary care. HHMH calculates the AGB using the prospective Medicare method described in 26 C.F.R. § 1.501(r)-5(b)(4).
  - a. Uninsured patients who qualify for the Discount Payment Program will also be eligible for a zero-interest extended payment plan on the remaining balance. Insured patients who are eligible for the Discount Payment Program due to high medical costs as defined below will receive a 100-percent discount on all charges in excess of the amount paid by their insurance, provided their insurance has paid at least 18 percent of total charges.
  - b. The total gross charge for services and the discount to be applied will be shown on the award letter. These discounts apply to any expenses not covered or reimbursed by the insurance or health coverage program.
  - c. Demonstrating Eligibility
    - i. Uninsured and underinsured patients are required to provide the following documents:
      - I. A tax return for the year in which the patient was first billed or 12 months prior to when the patient was first billed, AND/OR
      - II. If no tax was filed, documentation of family income in the form of recent pay stubs within a 6-month period before or after the patient was first billed.
      - III. If the patient is from out of the country, the hospital may request an affidavit to prove income eligibility.
    - ii. Preservice documentation of income will be based on the time the application for eligibility is submitted
    - iii. For purposes of determining eligibility, neither retirement or deferred compensation plans qualified under the Internal Revenue Service code nor nonqualified deferred compensation plans shall be included.
    - iv. Qualifying income must not exceed 400 percent of the applicable federal poverty level.
  - d. Payment Plan
    - i. Patients who qualify for the Discount Payment Program will also be eligible for an interest-free payment plan not to exceed 72 months in duration. In situations where an agreement cannot be reached, a minimum monthly payment amount should not exceed 10 percent of the patient's family's monthly income (after essential living expenses). Any payment plan that remains unpaid for 90 consecutive days will be declared delinquent and may be advanced for collection activity after attempts have been made to renegotiate the terms of the defaulted payment plan.

### **Charity Care (free care or charity care)**

1. HHMH is committed to providing qualifying uninsured patients and patients with high medical costs, as defined below, with a 100 percent discount on the amount determined to be due from the patient. This discount applies to expenses for medical care that are not reimbursed by insurance or health coverage program, such as Medicare copays or Medi-Cal cost sharing.
2. Requests for financial assistance may be made verbally or in writing at any point before, during or after the provision of care.
3. Demonstrating Eligibility

- a. Uninsured and underinsured patients are required to provide the following documents:
  - i. A tax return for the year in which the patient was first billed or 12 months prior to when the patient was first billed, AND/OR
  - ii. If no tax was filed, documentation of family income in the form of recent pay stubs within a 6-month period before or after the patient was first billed.
  - iii. If the patient is from out of the country, the hospital may request an affidavit to prove income eligibility.
- b. Preservice documentation of income will be based on the time the application for eligibility is submitted
- c. For purposes of determining eligibility, neither retirement or deferred compensation plans qualified under the Internal Revenue Service code, or nonqualified deferred compensation plans shall be included.
- d. Qualifying income must not exceed 400 percent of the applicable federal poverty level (Addendum A - Poverty Guidelines).

**2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)**

**Dollars Per Year**

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,980.00	11,970.00	15,960.00	19,950.00	20,748.00	21,226.80	21,546.00	22,024.80	23,940.00	27,930.00	28,728.00	29,526.00
2	10,820.00	16,230.00	21,640.00	27,050.00	28,132.00	28,781.20	29,214.00	29,863.20	32,460.00	37,870.00	38,952.00	40,034.00
3	13,660.00	20,490.00	27,320.00	34,150.00	35,516.00	36,335.60	36,882.00	37,701.60	40,980.00	47,810.00	49,176.00	50,542.00
4	16,500.00	24,750.00	33,000.00	41,250.00	42,900.00	43,890.00	44,550.00	45,540.00	49,500.00	57,750.00	59,400.00	61,050.00
5	19,340.00	29,010.00	38,680.00	48,350.00	50,284.00	51,444.40	52,218.00	53,378.40	58,020.00	67,690.00	69,624.00	71,558.00
6	22,180.00	33,270.00	44,360.00	55,450.00	57,668.00	58,998.80	59,886.00	61,216.80	66,540.00	77,630.00	79,848.00	82,066.00
7	25,020.00	37,530.00	50,040.00	62,550.00	65,052.00	66,553.20	67,554.00	69,055.20	75,060.00	87,570.00	90,072.00	92,574.00
8	27,860.00	41,790.00	55,720.00	69,650.00	72,436.00	74,107.60	75,222.00	76,893.60	83,580.00	97,510.00	100,296.00	103,082.00
9	30,700.00	46,050.00	61,400.00	76,750.00	79,820.00	81,662.40	82,890.00	84,732.00	92,100.00	107,450.00	110,520.00	113,590.00
10	33,540.00	50,310.00	67,080.00	83,850.00	87,204.00	89,216.40	90,558.00	92,570.40	100,620.00	117,390.00	120,744.00	124,098.00
11	36,380.00	54,570.00	72,760.00	90,950.00	94,588.00	96,770.80	98,226.00	100,408.80	109,140.00	127,330.00	130,968.00	134,606.00
12	39,220.00	58,830.00	78,440.00	98,050.00	101,972.00	104,325.20	105,894.00	108,247.20	117,660.00	137,270.00	141,192.00	145,114.00
13	42,060.00	63,090.00	84,120.00	105,150.00	109,356.00	111,879.60	113,562.00	116,085.60	126,180.00	147,210.00	151,416.00	155,622.00
14	44,900.00	67,350.00	89,800.00	112,250.00	116,740.00	119,434.00	121,230.00	123,924.00	134,700.00	157,150.00	161,640.00	166,130.00

  

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,920.00	35,910.00	39,900.00	43,890.00	47,880.00	51,870.00	55,860.00	59,850.00	63,840.00	79,800.00	95,760.00	111,720.00
2	43,280.00	48,690.00	54,100.00	59,510.00	64,920.00	70,330.00	75,740.00	81,150.00	86,560.00	108,200.00	129,840.00	151,480.00
3	54,640.00	61,470.00	68,300.00	75,130.00	81,960.00	88,790.00	95,620.00	102,450.00	109,280.00	136,600.00	163,920.00	191,240.00
4	66,000.00	74,250.00	82,500.00	90,750.00	99,000.00	107,250.00	115,500.00	123,750.00	132,000.00	165,000.00	198,000.00	231,000.00
5	77,360.00	87,030.00	96,700.00	106,370.00	116,040.00	125,710.00	135,380.00	145,050.00	154,720.00	193,400.00	232,080.00	270,760.00
6	88,720.00	99,810.00	110,900.00	121,990.00	133,080.00	144,170.00	155,260.00	166,350.00	177,440.00	221,800.00	266,160.00	310,520.00
7	100,080.00	112,590.00	125,100.00	137,610.00	150,120.00	162,630.00	175,140.00	187,650.00	200,160.00	250,240.00	300,320.00	350,400.00
8	111,440.00	125,370.00	139,300.00	153,230.00	167,160.00	181,090.00	195,020.00	208,950.00	222,880.00	278,600.00	334,320.00	390,040.00
9	122,800.00	138,150.00	153,500.00	168,850.00	184,200.00	199,550.00	214,900.00	230,250.00	245,600.00	307,000.00	368,400.00	429,800.00
10	134,160.00	150,930.00	167,700.00	184,470.00	201,240.00	218,010.00	234,780.00	251,550.00	268,320.00	335,400.00	402,480.00	469,560.00
11	145,520.00	163,710.00	181,900.00	200,090.00	218,280.00	236,470.00	254,660.00	272,850.00	291,040.00	363,800.00	436,560.00	509,320.00
12	156,880.00	176,490.00	196,100.00	215,710.00	235,320.00	254,930.00	274,540.00	294,150.00	313,760.00	392,200.00	470,640.00	549,080.00
13	168,240.00	189,270.00	210,300.00	231,330.00	252,360.00	273,390.00	294,420.00	315,450.00	336,480.00	420,600.00	504,720.00	588,840.00
14	179,600.00	202,050.00	224,500.00	246,950.00	269,400.00	291,850.00	314,300.00	336,750.00	359,200.00	449,000.00	538,800.00	628,600.00

Note: Each individual program—e.g., SNAP, Medicaid—determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



4. Presumptive Charity Care

- a. Financial assistance may be granted in the absence of a completed application in situations where the patient does not apply but other available information shows a financial hardship. Examples of these exceptions where documentation requirements are waived include, but are not limited to:
  - i. An independent credit-based financial assessment tool indicates indigence
  - ii. An automatic financial assistance determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:
    - I. Patient has an active Medicaid plan
    - II. Patient is eligible for Medicaid or patients with current active Medicaid coverage will have assistance applied for past dates of service
    - III. Patient is deceased
  - iii. Determination of patient financial assistance eligibility. Presumptive eligibility tools may not be used for the following:
    - I. Patients who have not provided Coordination of Benefits as requested by their insurance.
    - II. Another form of medical payment that claim processing has not yet been completed such as a cost share plan.
    - III. Patient service resulted in a Third-Party payors or any legal settlements, judgments or awards to be issued.

1. If patient/guarantor appeals the original decision, additional supporting documentation must be submitted along with the written request for review to the billing department within 30 days of original approval/denial date.
  - a. Refer request to the billing office for initial review.
  - b. If the customer service review leads to a change in original determination, the application can be processed with additional documentation.
  - c. If the original determination is to be upheld, the billing office will refer to the director for further review and determine a response to the patient.

### Special Circumstances

1. Uninsured patients and patients with high medical costs with income that exceeds 400 percent but is less than 500 percent of the applicable federal poverty level will be awarded a 25 percent discount on total charges and will also be eligible for a zero-interest extended payment plan for the remaining balance.

### Payments in excess of amount due after discount

1. In the event the Hazel Hawkins Memorial Hospital collects payments from a patient who subsequently qualifies for the Charity Care or Discount Payment Policy, Hazel Hawkins Memorial Hospital will refund any excess previously paid by the patient together with interest thereon at the current rate (refer to refund procedure) per annum from the date Hazel Hawkins Memorial Hospital received the overpayment, or the date the patient qualifies for the Charity Care or Discount Payment Policy, whichever date is later. This does not apply to overpayment less than \$5. Hazel Hawkins Memorial Hospital will refund the patient within 30 days.
2. Refunds will not be eligible for the following:
  - a. It has been five years or more since the patient's last payment to the hospital or payment plan vendor.
  - b. Patient has been in bad debt for more than five years
  - c. Patient's recent financial change of circumstances, such as a loss of income due to loss of job or deceased family member that was part of the original financial documentation for eligibility

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### REFERENCES

1. Department of Health Care Access and Information (HCAI). (2025). Hospital Fair Billing Program Laws and Regulations. Retrieved on December 1, 2025 from [hcai.ca.gov](http://hcai.ca.gov)
2. California Office of Administrative Law. (2025). California Health and Safety Code (HSC) 127400-127446. Hospital Fair Pricing. Retrieved on December 1, 2025 from [info.legislature.ca.gov](http://info.legislature.ca.gov)
3. California Office of Administrative Law. (2025). Title 22 California Code of Regulations (CCR). 96061 - 96051.37. Retrieved from [hcai.ca.gov](http://hcai.ca.gov).

### AFFECTED DEPARTMENTS

List Departments that this policy affects.

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**Approvals**  
- Committees:  
- Signers:

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**Attachments:** [www.hazelhawkins.com](http://www.hazelhawkins.com)  
(REFERENCED BY THIS DOCUMENT) <http://aspe.hhs.gov/poverty>).

**Other Documents:**  
(WHICH REFERENCE THIS DOCUMENT)

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## 2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

### Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,980.00	11,970.00	15,960.00	19,950.00	20,748.00	21,226.80	21,546.00	22,024.80	23,940.00	27,930.00	28,728.00	29,526.00
2	10,820.00	16,230.00	21,640.00	27,050.00	28,132.00	28,781.20	29,214.00	29,863.20	32,460.00	37,870.00	38,952.00	40,034.00
3	13,660.00	20,490.00	27,320.00	34,150.00	35,516.00	36,335.60	36,882.00	37,701.60	40,980.00	47,810.00	49,176.00	50,542.00
4	16,500.00	24,750.00	33,000.00	41,250.00	42,900.00	43,890.00	44,550.00	45,540.00	49,500.00	57,750.00	59,400.00	61,050.00
5	19,340.00	29,010.00	38,680.00	48,350.00	50,284.00	51,444.40	52,218.00	53,378.40	58,020.00	67,690.00	69,624.00	71,558.00
6	22,180.00	33,270.00	44,360.00	55,450.00	57,668.00	58,998.80	59,886.00	61,216.80	66,540.00	77,630.00	79,848.00	82,066.00
7	25,020.00	37,530.00	50,040.00	62,550.00	65,052.00	66,553.20	67,554.00	69,055.20	75,060.00	87,570.00	90,072.00	92,574.00
8	27,860.00	41,790.00	55,720.00	69,650.00	72,436.00	74,107.60	75,222.00	76,893.60	83,580.00	97,510.00	100,296.00	103,082.00
9	30,700.00	46,050.00	61,400.00	76,750.00	79,820.00	81,662.00	82,890.00	84,732.00	92,100.00	107,450.00	110,520.00	113,590.00
10	33,540.00	50,310.00	67,080.00	83,850.00	87,204.00	89,216.40	90,558.00	92,570.40	100,620.00	117,390.00	120,744.00	124,098.00
11	36,380.00	54,570.00	72,760.00	90,950.00	94,588.00	96,770.80	98,226.00	100,408.80	109,140.00	127,330.00	130,968.00	134,606.00
12	39,220.00	58,830.00	78,440.00	98,050.00	101,972.00	104,325.20	105,894.00	108,247.20	117,660.00	137,270.00	141,192.00	145,114.00
13	42,060.00	63,090.00	84,120.00	105,150.00	109,356.00	111,879.60	113,562.00	116,085.60	126,180.00	147,210.00	151,416.00	155,622.00
14	44,900.00	67,350.00	89,800.00	112,250.00	116,740.00	119,434.00	121,230.00	123,924.00	134,700.00	157,150.00	161,640.00	166,130.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,920.00	35,910.00	39,900.00	43,890.00	47,880.00	51,870.00	55,860.00	59,850.00	63,840.00	79,800.00	95,760.00	111,720.00
2	43,280.00	48,690.00	54,100.00	59,510.00	64,920.00	70,330.00	75,740.00	81,150.00	86,560.00	108,200.00	129,840.00	151,480.00
3	54,640.00	61,470.00	68,300.00	75,130.00	81,960.00	88,790.00	95,620.00	102,450.00	109,280.00	136,600.00	163,920.00	191,240.00
4	66,000.00	74,250.00	82,500.00	90,750.00	99,000.00	107,250.00	115,500.00	123,750.00	132,000.00	165,000.00	198,000.00	231,000.00
5	77,360.00	87,030.00	96,700.00	106,370.00	116,040.00	125,710.00	135,380.00	145,050.00	154,720.00	193,400.00	232,080.00	270,760.00
6	88,720.00	99,810.00	110,900.00	121,990.00	133,080.00	144,170.00	155,260.00	166,350.00	177,440.00	221,800.00	266,160.00	310,520.00
7	100,080.00	112,590.00	125,100.00	137,610.00	150,120.00	162,630.00	175,140.00	187,650.00	200,160.00	250,200.00	300,240.00	350,280.00
8	111,440.00	125,370.00	139,300.00	153,230.00	167,160.00	181,090.00	195,020.00	208,950.00	222,880.00	278,600.00	334,320.00	390,040.00
9	122,800.00	138,150.00	153,500.00	168,850.00	184,200.00	199,550.00	214,900.00	230,250.00	245,600.00	307,000.00	368,400.00	429,800.00
10	134,160.00	150,930.00	167,700.00	184,470.00	201,240.00	218,010.00	234,780.00	251,550.00	268,320.00	335,400.00	402,480.00	469,560.00
11	145,520.00	163,710.00	181,900.00	200,090.00	218,280.00	236,470.00	254,660.00	272,850.00	291,040.00	363,800.00	436,560.00	509,320.00
12	156,880.00	176,490.00	196,100.00	215,710.00	235,320.00	254,930.00	274,540.00	294,150.00	313,760.00	392,200.00	470,640.00	549,080.00
13	168,240.00	189,270.00	210,300.00	231,330.00	252,360.00	273,390.00	294,420.00	315,450.00	336,480.00	420,600.00	504,720.00	588,840.00
14	179,600.00	202,050.00	224,500.00	246,950.00	269,400.00	291,850.00	314,300.00	336,750.00	359,200.00	449,000.00	538,800.00	628,600.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



## **Application for Financial Assistance**

Thank you for choosing Hazel Hawkins Memorial Hospital as your healthcare provider. This application has been provided to you to determine if you meet the Federal requirement for Financial Assistance (Free Care) at Hazel Hawkins Memorial Hospital. This application must be filled out completely. If we receive an incomplete application, it will be returned and cause a delay to the application processing time. If you have any questions or need help filling out this application, please call the Financial Assistance (Patient Financial Services) Department at **(831) 636-2620**.

### **Please include with your application the following documents:**

- A copy of your Driver's License or State Identification.
- A copy of your Federal Income Tax return for the year in which the patient was first billed and the year before the patient was first billed.
- If no tax was filed, documentation of family income in the form of recent pay stubs within a 6-month period before or after the patient was first billed. If the patient is from out of the country, the hospital may request an affidavit to prove income eligibility.

When determining eligibility for Hospital's Financial Assistance, a spouse's income and assets will be used for adults. Parent(s) income and assets will be used for a minor child(ren).

### **Additional Application Instructions:**

1. If the patient is a minor, the guarantor or guardian must provide his/her information.
2. If the patient is deceased, the executor of the estate or the legal guardian must provide his/her information or a death certificate.
3. One application per patient. The application is good for a period of three (3) months in the current year from date of service.
4. Completed application must be returned to us within thirty (30) days of issue. Cases can be reopened if documentation is received at a later date.

**Section 1 – Personal Information**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Service/Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Patient Name** (Last, First, MI)

Social Security Number (Optional)

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Street Address of Patient

City, State, Zip Code

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Name of Guarantor (If other than patient): \_\_\_\_\_

Family Size: \_\_\_\_\_

Names

Age

Relationship

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**Section 3 – Certification by Applicant**

I, (Print Name) \_\_\_\_\_, understand that the information that I submit is subject to verification by Hazel Hawkins Memorial Hospital, its employees, and the Federal/State government. Intentional misrepresentation of these facts will make me liable for all hospital charges and subject to civil penalties. As requested by Hazel Hawkins Memorial Hospital, I certify that I have applied for Medi-Cal through the State of California and have attached with this application a copy of the denial letter. I certify that the above information regarding my family size, income, and assets is true and correct. I understand that it is my responsibility to advise Hazel Hawkins Memorial Hospital of any changes in status in regards to my income or assets while this application is in process.

\_\_\_\_\_  
Signature of Applicant (Patient or Guarantor)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Please attach copies of all proof of income and assets with this application.**