

SUBJECT: BAD DEBT ASSIGNMENT
Salinas Valley Health Medical Center
POLICIES AND PROCEDURES MANUAL
Patient Financial Services

EFFECTIVE DATE: 10/01/00	ACCOUNTABILITY: Patient Financial Services Department
REVIEWED AND APPROVED BY: <hr/> Charlotte Wayman, Director of Patient Financial Services and Patient Registration Departments <hr/>	POLICY# : 8530.100100.5 DATE OF LAST REVISION: 01/01/22, 03/04/24, 05/08/24, 09/19/24, 03/17/25

PURPOSE

The purpose of this policy is to establish guidelines for assigning patient accounts to a bad debt status and, when appropriate, to be placed with an outside collection agency. At all times, this Policy is to be interpreted in a manner consistent with Section 501(r) of the Internal Revenue Code and the Financial Assistance Program/Full Charity Care & Discount Partial Charity Care Policies (the “Charity Care Policy”). In the event of a conflict between this Policy and Section 501(r) and/or the Charity Care Policy, Section 501(r) and the Charity Care Policy control. Any agreements entered into with outside collection agencies shall expressly state that the collection agency shall abide by Section 501(r) of the Internal Revenue Code at all times, including, but not limited to, immediately stopping any and all collection efforts if a patient requests financial assistance within 240 days of the date of the first post discharge invoice sent to the patient.

POLICY

It is the policy of Salinas Valley Health Medical Center to maintain accurate patient account records and conduct routine reviews of past due accounts to determine when an account should be transferred to bad debt. Bad debts are amounts that are considered non-collectible from account activity documentation and payment history. Accounts are transferred to a bad debt status after all necessary and reasonable collection steps have been taken to obtain payment. Notwithstanding anything to the contrary in this or any other policies that may be applicable, neither Salinas Valley Health Medical Center nor any collection agencies with which the hospital contracts shall engage in any “Extraordinary Collection Actions” (“ECAs”) in the first 180 days after the first post discharge invoice is sent to a patient or at any other time after such 180 days period unless the hospital has used “reasonable efforts” within the meaning of Section 501(r) of the Code to determine whether the patient is eligible for financial assistance under the hospital’s financial assistance policy. For this purpose, ECAs include selling the patient’s debt to another party; reporting adverse information about the patient to consumer credit reporting agencies or credit bureaus; deferring or

denying, or requiring a payment before providing, medically necessary care because of a patient's non-payment of one or more bills for previously provided care covered under the hospital facility's FAP; and actions that require a legal or judicial process, including but not limited to (a) placing a lien on the patient's property; (b) foreclosing on the patient's real property; (c) attaching or seizing the patient's bank account or any other personal property; (d) commencing a civil action against the patient; (e) causing the patient's arrest; (f) causing the patient to be subject to a writ of body attachment; and (g) garnishing a patient's wages. In all cases where ECAs may be used, Salinas Valley Health Medical Center or the collection agency with which it contracts shall provide the patient with a written notice that indicates financial assistance may be available, specifies the ECA that will be taken if the bill is not paid or the individual does not apply for financial assistance, and states the deadline to pay and at which ECAs may be taken, which date must be at least 30 days from the date of the letter. 30 day written notice will be conducted by the collection agency prior to any ECA action.

Allowable bad debts resulting from self-pay balances, non-collectible deductibles and co-insurance amounts must meet at least one the following criteria:

- The debt must be related to covered services and derived from self-pay, deductible and co-insurance amounts.
- The provider must be able to establish that reasonable collection efforts (including appropriate documentation such as, but not limited to, UB04's, follow-up statements, and other personal contact information) from the date of the original patient statement.
- There are no available credit balances from related accounts.
- Sound business judgment and process established that there was no likelihood of recovery.

PROCEDURE

Prior to any other collection activity, at least seven consecutive monthly statements will be sent to a patient on all self-pay balances asking the patient to pay in full or contact the Patient Financial Services department at 831-755-0732 for financial assistance. These statements shall include a plain language summary (Attachment #7) of the Charity Care Policy and shall inform the patient how to apply for financial assistance if needed.

Once the designated Insurance Clerks have exhausted all avenues in collection efforts with the payer they will transfer the following, but not limited to, types of account balances to a SPAY (self-pay) status.

- Insurance Denied
- Insurance paid with remaining patient balance .i.e., co-insurance/deductible
- No insurance

The designated Financial Counselor responsible for working SPAY (self-pay) accounts will utilize the Meditech system to identify accounts eligible for assignment to bad debt status:

- a) \$25.01 - \$24,999.99 system automatically refers to collection agency after seven consecutive statements to the patient.

- b) >\$24,999.99 - Designated Financial Counselor will ensure seven consecutive statements and all collection efforts have been exhausted. Designated Financial Counselor must submit account to the Director/Designee for approval prior to referring account to an outside collection agency.

Only after Salinas Valley Health Medical Center has made reasonable efforts (within the meaning of Section 501(r) of the Internal Revenue Code) to determine whether a patient qualifies for financial assistance under the Charity Care Policy, an account may be transferred to bad debt and be subject to the referral procedures set forth below.

For a self-pay account to be transferred to bad debt, the appropriate number of notifications at least seven consecutive statements will be made to the patient. Any phone call attempts or contact with the patient/guarantor will be documented in the Meditech system. The following schedule should be used by the Financial Counselors to identify accounts with patient responsibility for bad debt status. The designated Financial Counselor should follow these guidelines to facilitate accounts being properly assigned to a collection agency. The following schedule is based on when the account reflects a Final Billed SPAY balance.

Day 1	Day 30	Day 31	Day 61	Day 76	Day 91
a. System generated statement. b. Mail Room will insert plain language summary document.	a. System set reminder to the financial counselor to call the patient/guarantor at all available numbers when applicable.	a. System generated statement. b. Mail Room will insert plain language summary document.	a. System generated statement. b. Mail Room will insert plain language summary document.	a. System generated letter no response letter (Attachment #1). b. Mail Room will insert plain language summary document.	a. System generated statement. b. Mail Room will insert plain language summary document. c. System set reminder to the financial counselor to call the patient/guarantor at all available numbers when applicable.

Day 106	Day 121	Day 136	Day 151	Day 165	Day 180	Day 195
a. System generated letter unsuccessful attempt (Attachment #2). b. Mail Room will insert plain language summary document.	a. System generated statement. b. Mail Room will insert plain language summary document.	a. System generated letter multiple attempts (Attachment #3). b. System set reminder to the financial counselor to call the patient/guarantor at all available numbers when applicable. c. Mail Room will insert plain language summary document.	a. System generated statement. b. Mail Room will insert plain language summary document.	a. System generated letter multiple attempts (Attachment #3). b. Mail Room will insert plain language summary document.	a. System generated letter final notice letter (Attachment #4). b. Clerk Typist II will insert the Charity care application and the plain Language Summary document.	a. System will automatically refer account to the outside collection agency for balances \$25.01 to \$24,999.99 b. Balances \$25,000 and greater are to be referred manually to the director/designee prior to referring to an outside collection agency.

- For accounts with a self-pay balance \$25.01 - \$24,999.99 the system will automatically refer the account to an outside collection agency once the above progression has been met. Pertinent activity related to the entire collection and bad debt process is documented within the Meditech system and is available to be utilized as part of the routine reviews. Accounts with balances \$25,000.00 or greater are to be referred to the director of PFS or designee. \$150,000.01-\$300,000.00 are to be referred to the CFO by the PFS director/designee for signature. Balances \$300,000.01 and greater are to be referred to the CEO by the PFS director/designee. All balances of \$25,000.00 or greater require signatures according to the approval for collections form (Attachment 5). Refer to the chart on page two for help in adhering to the guidelines and timeframes for bad debt transfers.
- For contract accounts (Payment Arrangements), the Financial Counselor should review the patient account for current payment status. The patient accounts should be reviewed monthly to ensure patients are in compliant with monthly payment agreement.
- The hospital extended 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 hospital extended payment plan no longer operative, the hospital, collection agency, debt buyer, or assignee

shall make a reasonable attempt to contact the patient by telephone and, to give notice in writing, that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan.

- For Medi-Cal pending accounts, the Financial Counselor should verify Medi-Cal eligibility and print out a POS.
 - If total eligibility was identified, the Financial Counselor will forward account to the designated Insurance Clerk responsible for billing Medi-cal.
 - If POS indicates SOC (Share of Cost), the Financial Counselor must attempt to contact the patient/guarantor and/or send a SOC owing letter for payment on the share of cost amount (Attachment #6).
 - If there is no eligibility, money is moved to SPAY and collection efforts continue according to the collection stream on page 2.
- For Victims of Crime pending accounts the Financial Counselors will notate on the account when the confirmation of application letter is received from The Monterey County office of The District Attorney and will forward the account to the Insurance Clerk to update the Insurance Mnemonic to victims of crime.

Attachments: No Response Letter -----Attachment 1
Unsuccessful Attempt Letter-----Attachment 2
Multiple Attempt Letter -----Attachment 3
Final Notice Letter -----Attachment 4
Approval For Collections Signature Form -----Attachment 5
Medi-Cal Share of Cost Patient Responsibility Letter--Attachment 6
Plain Language Summary Document ----- Attachment 7

Formulated: 06/21/00

Revised Date: 09/21/00,10/04/00,02/05/02,04/11/02,03/24/04,09/07/04,02/01/05,06/01/07, 03/11,
06/25/13, 03/17/21, 01/01/22, 03/04/24, 05/08/24, 09/19/24

Distribution: Patient Financial Services

Originating Department: Patient Financial Services

ATTACHMENT 1: No Response Letter

ATTACHMENT 1



05/08/2024

Donald Duck
123 Quack Way
123 Quack Way
GRAPEVIEW, WA 98546

RE: Donald Duck
ACCOUNT #: H00016379
DATE OF SERVICE: 07/29/2020
BALANCE: 512.62

Dear Donald Duck

We have not received a response from you regarding the outstanding balance of \$512.62 for Donald Duck's account. Send the payment in full today to preserve your credit rating or if you have any questions, please contact a Financial Counselor immediately at (831) 755-0732.

You may make your payment online at www.salinasvalleyhealth.com, over the phone (831) 755-0732, or by visiting our office located at 3 Rossi Circle, Suite C, Salinas, CA 93907.

For your convenience we accept MasterCard, Visa, Discover and American Express. Please complete the bottom portion of this form and mail to the address listed below.

Sincerely,

Patient Financial Services Department
Financial Counselor
(831) 755-0732

Patient: [Donald Duck Account #: H00016379

☐ Master Card ☐ Visa ☐ Discover Card ☐ American Express

Card #: _____ Payment Amount: _____

Expiration Date: _____ Security Code: ____ Zip Code: _____

Card Holder's Name: _____ Signature: _____

Salinas Valley Health
Medical Center
Dept LA 23171
Pasadena, CA 91185-3171
831-755-0732

ATTACHMENT 1 (Cont.)

ATTENTION: If you need help in your language, please call 831-755-0732 or visit 3 Rossi Circle, Ste. C, Salinas, CA 93907. The office is open from 8:00 am to 4:30 pm Monday - Friday. Aids and services for people with disabilities, like documents in braille, large print, audio and other accessible electronic formats are also available. These services are free.

ATENCION: Si necesita ayuda en su idioma, llame al 831-755-0732 o visite 3 Rossi Circle, Ste. C, Salinas, CA 93907. La oficina esta abierta de 8:00 am a 4:30 pm de lunes a viernes. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

ATTACHMENT 2: Unsuccessful Attempt Letter

ATTACHMENT 2



05/08/2024

Donald Duck
123 Quack Way
123 Quack Way
GRAPEVIEW, WA 98546

RE: Donald Duck
ACCOUNT #: H00016379
DATE OF SERVICE: 07/29/2020
BALANCE: \$512.62

Dear Donald Duck

We have made several attempts on your past due account for Donald Duck in the amount of \$512.62.

Send the payment in full today to preserve your credit rating or if you have any questions, please contact a financial Counselor immediately at (831) 755-0732.

You may make your payment online at www.salinasvalleyhealth.com, over the phone (831) 755-0732, or by visiting our office located at 3 Rossi Circle, Suite C, Salinas, CA 93907.

For your convenience we accept MasterCard, Visa, Discover and American Express. Please complete the bottom portion of this form and mail to the address listed below.

Sincerely,

Patient Financial Services Department
Financial Counselor
(831) 755-0732

Patient: Donald Duck Account #: H00016379

☐ Master Card ☐ Visa ☐ Discover Card ☐ American Express

Card #: _____ Payment Amount: _____

Expiration Date: _____ Security Code: ____ Zip Code: _____

Card Holder's Name: _____ Signature: _____

Salinas Valley Health
Medical Center
Dept LA 23171
Pasadena, CA 91185-3171
831-755-0732

ATTACHMENT 2 (Cont.)

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ATTACHMENT 3: Multiple Attempt Letter

ATTACHMENT 3



05/08/2024

Donald Duck
123 Quack Way
123 Quack Way
GRAPEVIEW, WA 98546

RE: Donald Duck
ACCOUNT #: H00016379
DATE OF SERVICE: 07/29/2020
BALANCE: \$512.62

Dear Donald Duck

You have not responded to the previous statements and letters sent to you regarding Donald Duck's for \$512.62. Your delinquent account is being reviewed for referral to an outside collection agency.

To stop our collection process, please contact a Financial Counselor immediately at (831) 755-0732.

You may make your payment online at www.salinasvalleyhealth.com, over the phone (831) 755-0732, or by visiting our office located at 3 Rossi Circle, Suite C, Salinas, CA 93907.

For your convenience we accept MasterCard, Visa, Discover and American Express. Please complete the bottom portion of this form and mail to the address listed below.

Sincerely,

Patient Financial Services Department
Financial Counselor
(831) 755-0732

Patient: [Donald Duck Account #: H00016379

☐ Master Card ☐ Visa ☐ Discover Card ☐ American Express

Card #: _____ Payment Amount: _____

Expiration Date: _____ Security Code: ____ Zip Code: _____

Card Holder's Name: _____ Signature: _____

Salinas Valley Health
Medical Center
Dept LA 23171
Pasadena, CA 91185-3171
831-755-0732

ATTACHMENT 3 (Cont.)

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ATTACHMENT 4: Final Notice Letter

ATTACHMENT 4



03/17/2025

Donald Duck
123 Quack Way
123 Quack Way
GRAPEVIEW, WA 98546

RE: Donald Duck
DATE OF SERVICE: 07/29/2020

ACCCOUNT #: H00016379
BALANCE: \$ 512.62

Insurance
BXPBLA007-BLUE CROSS OF CA
SPAY-PATIENT PAY

Dear Donald Duck

* * * FINAL NOTICE * * *

Based on no response from you, **your account will be referred to Credit Consulting Services, an outside Collection Agency.** If you choose not to contact our office within 10 days from the date of this letter Credit Consulting Services will follow all laws related to SB1061 and AB 2297. Under these laws, the hospital will not report adverse information about a patient's hospital debt to a consumer credit reporting agency. Further, per SB 1061(h) (1) the hospital or other assignee that is an affiliate or subsidiary of the hospital shall not, in dealing with patients eligible under the hospital's charity care or discount payment policies, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills. You were previously notified about the Financial Assistance Program at the time of registration through the Conditions of Admissions form along with each patient statement/letter you have already received.

Please note that if you are financially unable to pay your account, you may qualify for financial assistance under the Salinas Valley Health Medical Center Financial Assistance Program for some or all of the amounts you owe, as described in our Financial Assistance Policy based on your type of service. We have enclosed a copy of our Financial Assistance Application and a summary of our Financial Assistance Policy that explains how you can apply for the program which includes a telephone number to call if you have any questions regarding financial assistance. If you would like an itemized copy of your bill, please contact us at the number listed below.

Salinas Valley Health
Medical Center
Dept LA 23171
Pasadena, CA 91185-3171
831-755-0732

ATTACHMENT 4 (Cont.)



Please send your payment in full today or apply for financial assistance to prevent any of the above actions from being taken against you. If you have any questions, please contact a Financial Counselor immediately at (831) 755-0732. You may make your payment online at www.salinasvalleyhealth.com, over the phone (831) 755-0732, or by visiting our office located at 3 Rossi Circle, Suite C, Salinas, CA 93907. For your convenience we accept MasterCard, Visa, Discover, and American Express.

Please complete the bottom portion of this form and mail to the address listed above. At the top of this letter you will see all insurances listed that SVHMC has or had on file for you. If you only see SPAY-Patient Pay then SVHMC is not aware you had insurance at the time of service.

Sincerely,

Patient Financial Services
(831) 755-0732

Patient: Donald Duck Account #: H00016379

_____ MasterCard _____ Visa _____ Discover Card _____ American Express

Card #: _____ Payment Amount: _____

Expiration Date: _____ Security Code: _ _ _ Zip Code: _____

Card Holder's Name: _____ Signature: _____

Salinas Valley Health
Medical Center
Dept LA 23171
Pasadena, CA 91185-3171

ATTACHMENT 4 (Cont.)

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ATTACHMENT 5: Approval for Collections

ATTACHMENT 5



APPROVAL FOR COLLECTIONS

Name: _____

Account Number: _____

Date of Service(s): _____

Dollar Amount: _____

Reason for Referral: _____

Charlotte Wayman
Director, Patient Financial Services/Patient Registration
(\$25,000.00-\$150,000.00)

Augustine Lopez
CFO
(\$150,000.01-\$300,000.00)

Allen Radner
President/CEO
(> \$300,000.00)

09/19/2024

ATTACHMENT 6: Medi-Cal Share of Cost Patient Responsibility Letter

ATTACHMENT 6



05/08/2024

Donald Duck
123 Quack Way
123 Quack Way
GRAPEVIEW, WA 98546

RE:	Donald Duck
ACCOUNT #:	H00016379
DATE OF SERVICE:	07/29/2020
BALANCE	\$512.62

Dear Donald Duck

We have been informed by the Department of Social Services that you have not met your remaining share of cost in the amount of \$ _____ for the month of _____.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Charlotte K Wayman
Financial Counselor
(831) 755-0732

Salinas Valley Health
Medical Center
Dept LA 23171
Pasadena, CA 91185-3171
831-755-0732

ATTACHMENT 6 (Cont.)

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ATTACHMENT 7: Plain Language Summary

ATTACHMENT 7

FINANCIAL ASSISTANCE PROGRAM PLAIN LANGUAGE SUMMARY

As a vital part of its charitable mission, Salinas Valley Health serves all persons in Salinas and the larger surrounding community area and provides financial assistance for eligible hospital emergency and medically necessary services to patients who may be unable to pay their hospital bills and who apply for and meet the eligibility requirements in our Financial Assistance Policy (the "Policy"). Under the Policy, if the patient's gross family income is 200% or less of the established Federal Poverty Level ("FPL") and the patient meets all other Financial Assistance Program qualification requirements, the entire patient bill for hospital services will be written off. In addition, if the patient's gross family income is between 201% and 400% of the FPL, and the patient applies for and meets all other Financial Assistance Program qualification requirements, the patient may be eligible for discounts off their financial obligations. Please note that physician services are provided by independent Medical Groups that are not employed by Salinas Valley Health and accordingly are not covered under this Policy and are billed for separately by the physician group.

To apply for financial assistance, a patient must simply fill out an application form requesting financial assistance and provide the information requested in the application. The application may be obtained and filed at 3 Rossi Circle, Suite C, Salinas, CA 93907. If you prefer, you may request an application for financial assistance (as well as a copy of the Financial Assistance Policy) by mail at 3 Rossi Circle, Suite C, Salinas, CA 93907 or you may download copies free of charge off the internet at <https://www.salinasvalleyhealth.com/Patients-Visitors/For-Patients/Billing-Insurance.aspx>.

The application, Policy, and this summary are also available in Spanish if needed and requested. If you need help obtaining or completing an application, please contact Patient Financial Services at 831-755-0732.

If you have any questions about Salinas Valley Health's Financial Assistance Policy including whether you are eligible for financial assistance and how to apply for financial assistance, please contact Patient Financial Services at 831-755-0732. Assistance may also be available through Medicare, Medi-Cal, the California Children's Services program, other state-funded or county-funded health coverage programs, and/or the California Health Benefit Exchange (Covered California). Other organizations, including the Health Consumer alliance (<https://healthconsumer.org>), can help patients understand the billing and payment process as well as eligibility for additional financial assistance.

As described in greater detail in the Policy, patients eligible for financial assistance will not be charged more than the amounts generally billed for patients covered by Medicare fee for service insurance. See <https://www.salinasvalleyhealth.com/patients-visitors/for-patients/billing-insurance/> for additional information regarding Salinas Valley Health's standard charges.



PATIENT FINANCIAL SERVICES

3 Rossi Circle, Suite C, Salinas, CA 93907 • 831.755.0732