

I. Purpose

- a. As part of our mission, Torrance Memorial Medical Center ("TMMC") is 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 TMMC'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, TMMC 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 TMMC and by physicians who are contracted with TMMC and are required to participate in the application of this Policy as a condition of their contractual relationship with TMMC. Emergency physicians who provide emergency medical services are required by law to provide discounts to Uninsured patients or patients with High Medical Costs who are at or below 400% of the Federal Poverty Level ("FPL").
- c. **Facilities, Physicians and Other Providers Not Covered by this Policy May Have Separate Financial Assistance Policies.** Community Members of TMMC's Medical Staff (i.e., providers not part of TMMC) may also make financial assistance available to their patients. TMMC 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 TMMC provides, based on the criteria set forth in the Policy. TMMC will not

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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 200% of FPL. Patients whose income ranges between 201% to 450% 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 TMMC.
- ii. **Services Must be Medically Necessary.** Only Medically Necessary services are eligible for financial assistance. This Policy does not require TMMC 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 TMMC 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, TMMC 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.

TMMC 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.

TMMC 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 TMMC even if TMMC has waived all or a portion of a patient's bill pursuant to this Policy.

- iv. **Self-Pay Patients.** TMMC assumes, based on its historical experience and the current insurance environment, that patients who lack insurance are not able to afford insurance. TMMC 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 TMMC. The discounted amount, not billed to the patient, is uncompensated care that will

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be reported by TMMC 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. 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 Director, Revenue Cycle, or their designee, at their discretion.

e. **Financial Assistance Administration.** TMMC 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 TMMC. Applications are available:

1. On Website: torrancememorial.org/patients-visitors/billing-insurance/help-paying-your-bill/
2. In Person: At the Main Admitting Department or the Emergency Department
3. By Mail: Send your request to 3330 Lomita Boulevard, Attn: Business Office, Torrance, CA 90505
4. By Telephone: Call the Business Office at 310-517-1010 between 8:00 am to 4:00 pm Monday through Friday

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

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Partners of TMMC may be approved on an expedited basis by TMMC at TMMC'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 TMMC. TMMC may accept other forms of documentation of income but shall not require those other forms.
5. **Reevaluation.** Eligibility may be reevaluated by TMMC 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.** TMMC 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 TMMC, 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. TMMC shall not require a patient to apply for Medicare, Medi-Cal, or other coverage before determining eligibility. TMMC may require the patient be screened for Medi-Cal eligibility so that

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the patient receives information on the benefits of Medi-Cal coverage.

- iv. **Submitting Completed Application.** If a patient submits a completed Application, then TMMC 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 TMMC 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 TMMC 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 B.
 - c. Approvals of eligibility may only be made by individuals specifically authorized by TMMC. These individuals are currently the President/Chief Executive Officer, the Chief Financial Officer, the Director, Revenue Cycle or their designees based on TMMC's levels of authority.
- v. **Determination Letter.** After a patient submits a complete Application and submits the required documentation, TMMC 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 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 TMMC, including department, contact name and where the patient may appeal TMMC'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 TMMC 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), TMMC 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 TMMC 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.** TMMC 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.** TMMC may consider a patient's failure to provide reasonable and necessary documentation in making its financial

assistance determinations. However, TMMC will act reasonably and make the best determination it can with the available information.

- x. **Presumptive Eligibility.** TMMC 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. TMMC's determination may include reliance on a prior determination by TMMC, information provided by another provider of the patient, or a general assessment of information available to TMMC's staff, including what staff observe regarding social determinants of health. In such cases, TMMC 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) printed on their statements. 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 TMMC 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. TMMC will develop a Payment Plan with the patient. If TMMC and patient cannot agree on the Payment Plan, then TMMC 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. TMMC 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 TMMC. The written appeal should explain the rationale for dispute and include supporting documentation. TMMC's Director, Revenue Cycle 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 TMMC's Chief Financial

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

- xiv. **Confidentiality of Application Information.** TMMC 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 complete. Eligibility may be reassessed, upon patient request, at the end of the initial approval period. At TMMC'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. TMMC 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 TMMC 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 TMMC's patients.
 - d. The Application.

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e. Debt Collection Policy.

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

- a. **Website.** www.torrancememorial.org/patients-visitors/billing-insurance/help-paying-your-bill.
- b. **Email or Paper Copies.** Copies of any of the materials referenced in this Policy may be obtained by making a request to the Business Office at 310-517-1010.
- 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.** TMMC 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 TMMC's financial assistance programs.

h. **Translations and Interpreter Services.** Patient communications shall comply with the requirements of TMMC. 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 Chinese, Japanese, Korean, Spanish, Tagalog and Vietnamese. Additionally, patients may contact TMMC 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 Business Office 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.** TMMC 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

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payment was received by TMMC. However, TMMC is not required to reimburse the patient or pay interest if the amount due is less than \$5.00. TMMC 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.** TMMC 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 TMMC shall notify HCAI within 30 days prior to January 1 of TMMC'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 TMMC'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. TMMC 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 TMMC, (b) a contract and significant related records by which TMMC 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 TMMC assigned medical debt or (ii) retained by TMMC to pursue litigation for debts owed by patients on behalf of TMMC.

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 TMMC's Board of Directors. TMMC 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 TMMC calculates AGB shall be set forth on Attachment B 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 TMMC's Application for financial assistance.
- c. **Charity Care** means free care.
- d. **Community Members** means private providers who bill independently from TMMC 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 TMMC 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 TMMC 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

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determined by TMMC 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 TMMC'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 TMMC and the patient, whereby TMMC has offered, and the patient has accepted, the opportunity to pay off their liability in

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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 and Surprise Billing Protections
- B. Financial Assistance Discounts and Limits on Patient Responsibility

Initial Approvals and Major Revisions

Operations Committee:	10/16/02
Initial Effective Date:	10/16/02
Reviewed/Revised Date(s):	6/04, 3/05, 8/05, 9/05, 12/06, 5/09, 9/14, 12/14, 11/15, 4/17, 7/18, 5/19, 9/22, 4/23, 12/23, 11/24, 8/25
Board of Trustee:	12/14, 12/15, 4/17, 8/18, 9/22, 4/23, 12/23, 12/24

Attachment A

**SUMMARY OF FINANCIAL ASSISTANCE
AND SURPRISE BILLING PROTECTIONS**

As part of our mission, Torrance Memorial Medical Center ("TMMC") is 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 200% of the federal poverty level ("FPL"). Patients whose income ranges between 201%–450% of the FPL also qualify for a Discount Payment. 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 TMMC, as well as physicians who are required to participate in the Policy as a condition of their contractual relationship with TMMC. Emergency physicians who provide emergency medical services 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 TMMC.

Free copies of this Summary, the Policy or the Application are available in Chinese, Japanese, Korean, Spanish, Tagalog and Vietnamese. To request copies or to get additional information, including questions on the financial assistance process, you may:

- Ask representatives at the Main Admitting Department or Emergency Department.
- Call the Business Office at 310-517-1010.
- Visit TMMC's website at torrancememorial.org/patients-visitors/billing-insurance/help-paying-your-bill

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 TMMC 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 TMMC'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 the Business Office for support at 310-517-1010.

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 at torrancememorial.org/app/files/public/35e15ffd-4c1b-44dd-8327-54a5bd62fc7a/For%20Patients/Pt%20Privacy/TMCS_SurpriseMedBills_Eng.pdf or ask for a copy.

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, other government assistance programs, or subsidized coverage through Covered California, contact the Business Office. For information on TMMC's pricing and tool for shoppable services, visit the website at carepricer.nthrive.com/#/home.

Tagline Sheet

English: ATTENTION: If you need help in your language, call 310-517-1010 for the Business Office, 8:00 am - 4:00 pm, Monday through Friday. 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 asistencia en su idioma, favor de comunicarse con el personal de la oficina administrativa al 310-517-1010, de lunes a viernes entre las horas de 8:00 a.m. a 4:00 p.m. Contamos con disponibilidad de servicios de accesibilidad y asistencia para personas con discapacidades, tales como formatos de documentos en letra grande o archivos 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 310-517-1010 或造访 Business Office, 服务时间为周一至周五上午 8:00 至下午 4:00, 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 Văn Phòng Kinh Doanh (Business Office) theo số 310-517-1010, 8 giờ sáng - 4 giờ chiều, Thứ Hai đến Thứ Sáu. Các hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu ở dạng chữ in lớn hoặc định dạng âm thanh cũng có sẵn. Các dịch vụ này được miễn phí.

Tagalog: PANSININ: Kung kailangan mo ng tulong sa iyong wika, tawagan ang 310-517-1010 para sa Opisina ng Negosyo, 8:00 am - 4:00 pm, Lunes hanggang Biyernes. Available din ang tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa malaking letra o audio. Libre ang mga serbisyong ito.

Korean: 주의: 여러분의 언어로 도움이 필요하시면 월요일부터 금요일까지 오전 8:00시와 오후 4:00시 사이에 영업소에 310-517-1010번으로 전화하십시오. 큰 활자 문서 또는 오디오와 같은 장애인을 위한 보조 및 서비스도 이용할 수 있습니다. 해당 서비스는 무료입니다.

Armenian. ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, գնագահարեք Բիզնես գրասենյակ 310-517-1010 հեռախոսահամարով, երկուշաբթիից ուրբաթ, ժամը 8:00 am-ից 4:00 pm: Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են մեծատառ տպագրությամբ փաստաթղթերը կամ ձայնագրությունները: Այս ծառայություններն անվճար են:

FARSI: توجه: لطفا در صورت نیاز به کمک به زبان خود، از طریق شماره 310-517-1010، 8:00 صبح – 4:00 بعدازظهر، دوشنبه الی جمعه با دفتر تجاری تماس بگیرید. کمک‌ها و خدمات ویژه افراد دارای ناتوانی، نظیر اسناد با چاپ بزرگ یا صوتی نیز فراهم می‌گردند. این خدمات رایگان هستند.

Tagline Sheet (continued)

Russian: ВНИМАНИЕ: Если вам нужна помощь на вашем родном языке, звоните по телефону 310-517-1010 в бизнес-офис с 8:00 до 16:00 часов, с понедельника по пятницу. Доступны также вспомогательные средства и услуги для людей с ограниченными возможностями здоровья, такие, например, как документы, напечатанные крупным шрифтом, или аудиозаписи. Эти услуги предоставляются бесплатно.

Japanese: 注：もしあなたがあなたの言語で、ヘルプが必要な場合は Business Officeに月曜日から金曜日までに、朝8時から4時までの間にお電話ください。電話番号は310- 517-1010 です。障害者の方でエイドやサービスが必要な方には、大きな活字で書かれた書類や音声などもご利用になれます。これらのサービスは無料です。

ARABIC:

ملاحظة: إذا كنت بحاجة إلى مساعدة بلغتك، يُرجى الاتصال على الرقم 310-517-1010 خلال ساعات العمل، من الساعة 8:00 صباحًا حتى 4:00 مساءً، من الاثنين إلى الجمعة. كما تتوفر المساعدة والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المطبوعة بأحرف كبيرة أو البريد الصوتي. هذه الخدمات مجانية.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਾਰੋਬਾਰੀ ਦਫ਼ਤਰੀ ਸਮੇਂ, ਸਵੇਰੇ 8:00 ਵਜੇ - ਸ਼ਾਮ 4:00 ਵਜੇ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਲਈ 310-517-1010 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ ਜਾਂ ਆਡੀਓ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Khmer: ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាមាត់អ្នក សូមទូរសព្ទទៅលេខ 310-517-1010 សម្រាប់ការិយាល័យពាណិជ្ជកម្ម ពីម៉ោង 8:00 ព្រឹក ដល់ 4:00 ល្ងាច ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរពុម្ពធំ ឬជាសំឡេងក៏អាចរកបានផងដែរ។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃទេ។

Hmong: Yog tias koj xav tau kev pab txhais ua koj hom lus, ces hu rau 310-517-1010 tuaj rau tim Lub Tsev Lis Hauj Lwm, thaum 8:00 teev sawv ntxov – 4:00 teev yav tsaus ntuj, hnuv Monday txog hnuv Friday. Muaj kev pab dawb thiab kev saib xyuas rau cov neeg uas xiam oob qhab, xws li muab cov ntaub ntawv luam tawm koj loj los sis tso ua suab lus. Tej kev saib xyuas no mas yog pab dawb xwb.

Hindi: ध्यान दें: अगर आपको अपनी भाषा में मदद की ज़रूरत है, तो बिज़नेस ऑफिस के लिए सोमवार से शुक्रवार तक सुबह 8:00 बजे - शाम 4:00 बजे तक 310-517-1010 पर कॉल करें। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे बड़े प्रिंट या ऑडियो में दस्तावेज़ भी उपलब्ध हैं। ये सेवाएँ नि:शुल्क हैं।

Thai: หมายเหตุ: หากต้องการความช่วยเหลือด้านภาษา โปรดโทร 310-517-1010 ในเวลาทำการ 8:00 - 16:00 น. วันจันทร์ - วันศุกร์ นอกจากนี้ยังมีบริการช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารตัวพิมพ์ใหญ่ หรือข้อความเสียง บริการเหล่านี้ไม่มีค่าใช้จ่าย

Attachment B
Financial Assistance Discounts and Limits on Patient Responsibility

For patients that meet the Financial Assistance qualification requirements:

Charity Care. If the Patient's Family income is at or below 200% of the FPL, then there will be no patient responsibility.

Discount Payment. If the patient's family income is between 201% and 450% of the FPL, then the patient responsibility will not be more than the expected reimbursement under Medicare or Medi-Cal (whichever is greater).

- For Uninsured patients, the patient's responsibility will be 12% of total facility charges. This percentage is based on TMMC's calculation of Amounts Generally Billed ("AGB") and will not be more than what Medicare would typically pay. TMMC uses the look-back method based on actual claims paid by Medicare over a prior 12-month period. The AGB percentage is calculated by dividing these payments by the corresponding gross facility charges for hospital inpatient, outpatient, and emergency services. This percentage is applied to the hospital facility gross charges to determine the maximum amounts that may be billed to patients eligible for financial assistance and shall be updated at least annually. This methodology is also in accordance with 26 C.F.R. §1.501(r)-5(b).
- For Underinsured patients, if the health plan pays more than Medicare would allow, then there will be no patient responsibility. If the health plan pays less, then the patient will only owe the difference up to the Medicare allowed amount.

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 TMMC's website.

TMMC attests under penalty of perjury to the following:

1. The individual submitting the policy is duly authorized to submit policies on behalf of the TMMC.
2. The submitted policy is a true and correct copy for which this certification is attached.

Signed by:
William Larson
44A88B71AD9C438...

8/19/2025 | 12:53 PM PDT

William Larson
Senior Vice President and Chief Financial Officer

Date