Children's Healthcare Organization of Northern California (CHONC)

Application for Charity Care / Discount Payment / Financial Assistance

California Hospital Fair Billing Program

IMPORTANT: You may apply if the patient is uninsured/self-pay or has high medical costs and the patient/family income is at or below 400% of the Federal Poverty Level. There is no deadline to apply. CHONC will not consider monetary assets when deciding eligibility. Income documentation is limited to recent pay stubs or income tax returns, although CHONC may accept other proof if those are unavailable. Information provided for this application will be used only to determine financial assistance eligibility and will not be used for collection activity, except for information independently obtained outside this process.

Need help or another language? Call 408-558-3640 or visit the Administration/Billing Office. Free language assistance is available. This application may be completed by the patient, guarantor, parent, caretaker relative, legal representative, or authorized representative.

1. Patient Information

Patient full legal name _____	Date of birth _____
Medical record/account number _____	Phone number _____
Mailing address _____	Email address _____
Preferred language _____	Best way to contact you _____

2. Guarantor / Parent / Legal Representative Information

Applicant / guarantor name _____	Date of birth _____
Medical record/account number _____	Phone number _____
Mailing address _____	Email address _____
Preferred language _____	Best way to contact you _____

[ ] I want another person to help with this application or receive information about this application. Name/relationship: _____ Phone/email: _____

3. Services and Bills Included

Date(s) of service _____	Hospital account/bill number(s) _____
Type of service or unit, if known _____	Total amount billed, if known _____
Is any part of this bill from a physician or professional group not billed by CHONC? _____	[ ] No [ ] Yes [ ] Unsure _____
Have you already made payments on this account? _____	[ ] No [ ] Yes, amount paid: $_____ _____

Note: CHONC financial assistance applies to hospital-billed medically necessary services. It may not apply to physician or professional charges that are not billed by the hospital.

4. Insurance / Coverage Information

[ ] Patient is uninsured/self-pay.

[ ] Patient has insurance but the bill is still difficult to pay.

[ ] Patient has Medi-Cal, Medicare, CCS, Covered California, or other public/private coverage.

[ ] Patient has a pending application for Medi-Cal, CCS, Covered California, or other coverage.

[ ] Patient is not sure about coverage and requests help with screening.

Coverage information, if any: Insurance/Plan name _____ Member ID _____ Group # _____

A pending or separate application for Medi-Cal, CCS, Covered California, or other coverage does not prevent you from applying for CHONC charity care or discount payment. CHONC may ask you to participate in screening for possible public coverage where permitted by law.

5. Patient Family / Household Members

Who to include: For a patient age 18 or older, include spouse/domestic partner and dependent children under 21, or any age if disabled, whether living at home or not. For a patient under 18, or a dependent child age 18-20, include parent/caretaker relatives and their other dependent children under 21, or any age if disabled.

Name	Relationship to patient	Age	Lives with patient?	Monthly gross income

6. Family Income

List current gross income before taxes. If income changes month to month, estimate the average. Do not list bank accounts, home equity, retirement accounts, vehicles, or other monetary assets; those are not considered for eligibility.

Income type	Who receives it?	Amount and frequency
Wages/salary/tips		$_____ per [ ] week [ ] 2 weeks [ ] month [ ] year
Self-employment/business income		$_____ per [ ] week [ ] 2 weeks [ ] month [ ] year
Unemployment/disability/SDI		$_____ per [ ] week [ ] 2 weeks [ ] month [ ] year
Social Security/SSI/SSDI		$_____ per [ ] week [ ] 2 weeks [ ] month [ ] year
Child/spousal support received		$_____ per [ ] week [ ] 2 weeks [ ] month [ ] year
Pension/retirement income		$_____ per [ ] week [ ] 2 weeks [ ] month [ ] year
Other income		$_____ per [ ] week [ ] 2 weeks [ ] month [ ] year
No income - explain how basic needs are met		$_____ per [ ] week [ ] 2 weeks [ ] month [ ] year

7. Documentation Provided

Attach only what is reasonably needed to decide eligibility. Income documentation is limited to recent pay stubs or income tax returns. CHONC may accept other documents if pay stubs or tax returns are not available, but you are not required to provide other forms of income documentation.

[ ] Recent pay stubs attached.

[ ] Recent income tax return attached.

[ ] No pay stubs or tax return available. Other proof attached or explanation provided below.

[ ] No income. Explanation attached or written below.

[ ] Proof of public benefit enrollment attached (optional), such as CalFresh, CalWORKs, Tribal TANF, WIC, CARE, LIHEAP, Housing Choice Voucher, Medi-Cal, CCS, or other program.

[ ] Homelessness / unstable housing self-attestation completed below (optional).

Explanation / additional information:

_____

_____

_____

_____

8. High Medical Costs (for insured or underinsured patients)

Complete this section if the patient has insurance but still needs help because of high medical costs. High medical costs may include out-of-pocket costs at CHONC that exceed the lesser of 10% of current family income or family income in the prior 12 months, or annual out-of-pocket medical expenses that exceed 10% of family income if documented.

[ ] Out-of-pocket costs at CHONC exceed 10% of family income.

[ ] Total medical expenses paid by the patient/family in the prior 12 months exceed 10% of family income.

[ ] I am attaching proof of medical expenses paid, if available.

Expense/provider	Date range	Amount paid or owed

9. Optional Financial Hardship / Presumptive Eligibility Information

This section is optional, but it may help CHONC determine eligibility more quickly. Beginning July 1, 2027, California law requires hospitals to screen certain patients and presume financial assistance eligibility for specific circumstances, subject to verification when permitted.

[ ] Patient or a family member is enrolled in CalFresh.

[ ] Patient or a family member is enrolled in CalWORKs or Tribal TANF.

[ ] Patient or a family member is enrolled in WIC.

[ ] Patient or a family member is enrolled in CARE or LIHEAP utility assistance.

[ ] Patient or a family member is enrolled in a Housing Choice Voucher program.

[ ] Patient/family was approved for CHONC charity care or discount payment in the past 6 months and income/insurance has not changed.

[ ] Patient is experiencing homelessness or unstable housing.

Homelessness / unstable housing self-attestation, if applicable: I certify that the patient is experiencing homelessness or unstable housing. Initials: _____ Date: _____

10. Assistance Requested

[ ] Charity care / free care.

[ ] Discount payment / reduced bill.

[ ] Interest-free payment plan.

[ ] Review of prior denial or appeal.

[ ] Refund review because payments may exceed the amount owed after financial assistance is applied.

[ ] I am not sure; please screen for any available assistance.

11. Patient Rights and Important Notices

- No application deadline: CHONC will determine eligibility when it receives the required income information. CHONC will not deny eligibility based on when the application was submitted.
- No monetary asset test: CHONC will not consider monetary assets when deciding eligibility for charity care or discount payment.
- Limited income documentation: CHONC may ask for recent pay stubs or income tax returns. Other proof may be accepted if those are unavailable, but other forms are not required.
- No collection use: Information obtained through this financial assistance process will not be used for collection activity, except information independently obtained outside this process.
- Payment plan protection: Any reasonable payment plan should take into account family income and essential living expenses, and monthly payments should not exceed 10% of monthly family income after excluding essential living expenses.
- Debt collection protection: CHONC will not report adverse information to a credit reporting agency or commence civil action for nonpayment before the time allowed by California law and CHONC policy. CHONC policy also states patient debt may not be sent to a collection agency earlier than 180 days after billing, unless otherwise required by law and approved by the CFO and Administrator.
- Appeal/review: If denied, you may request review by the Administrator or CEO. You may also contact HCAI if you believe you were wrongly denied financial assistance or the hospital did not follow the Hospital Fair Billing requirements.

- Language access: Notices and correspondence must be provided in English and in the patient's language consistent with applicable law. Ask for free language help if needed.

12. Applicant Certification and Signature

I certify that the information I provided is true and complete to the best of my knowledge. I understand CHONC may verify the information provided to determine eligibility for charity care, discount payment, or an interest-free payment plan. I agree to notify CHONC if information affecting this application changes.

Applicant signature _____	Date _____
Printed name _____	Relationship to patient _____
Interpreter/witness, if applicable _____	Date _____

For CHONC Office Use Only

Do not complete this section unless you are CHONC staff. Keep all application information confidential and separate from collection activity except as permitted by law.

Item	Staff entry
Application received date	_____
Complete?	[ ] Yes [ ] No - missing items requested on: _____
Patient type	[ ] Self-pay/uninsured [ ] Insured/high medical costs [ ] Other
Family size	_____
Annual family income	$_____
FPL year used	_____
FPL percentage	_____ %
Income documentation	[ ] Recent pay stubs [ ] Tax return [ ] Other accepted [ ] No income explanation
Monetary assets excluded?	[ ] Yes
Medi-Cal/CCS/Covered CA screening offered if applicable?	[ ] Yes [ ] No [ ] N/A
Determination	[ ] Charity care/free care [ ] Discount payment [ ] Payment plan [ ] Denied
Approved discount/payment limit	_____
Approver	[ ] Director, Patient Care [ ] CEO [ ] Administrator/CFO, if applicable
Determination letter sent date	_____
Appeal requested?	[ ] No [ ] Yes - date: _____
Appeal outcome	[ ] Upheld [ ] Reversed [ ] Pending

Staff Compliance Checklist

[ ] Application was accepted without imposing a deadline.

[ ] Eligibility was based on income/FPL and high medical cost status as applicable; monetary assets were not considered.

[ ] Income documentation was limited to recent pay stubs or tax returns unless the applicant voluntarily provided other acceptable documentation or pay stubs/tax returns were unavailable.

[ ] If the applicant has a pending application for another health coverage program, that application did not preclude charity care or discount payment review.

[ ] If approved for discount payment, expected payment was limited to the greater of Medicare or Medi-Cal expected payment, or other applicable CHONC policy limit.

[ ] If payment plan requested, plan is interest-free and does not exceed 10% of monthly family income after excluding essential living expenses unless the patient agreed to a lower/higher lawful arrangement.

[ ] Any overpayment identified after the determination was routed for prompt refund review.

[ ] Denial letter, if any, states reason for denial and appeal/review process.

Regulatory Reference Summary

- California Health and Safety Code sections 127400 through 127446 - Hospital Fair Pricing Policies.
- HSC section 127400 - definitions of financially qualified patient, high medical costs, patient family, reasonable payment plan, and essential living expenses.
- HSC section 127405 - written charity care and discount payment policies, eligibility up to 400% FPL, no monetary asset consideration, income documentation limits, no application deadlines, and payment limits.
- HSC section 127410 - notices, language requirements, website posting, and locations for posted notices.
- HSC section 127420 - billing notice content and applications for public coverage/charity care.
- HSC section 127425 and related collection provisions - limits on patient debt sale/collection and required debt collection policies.
- Title 22 CCR sections 96051-96051.37 - HCAI Hospital Fair Billing Program regulations.
- HCAI PIL 24-03 - AB 2297 and SB 1061 updates effective January 1, 2025.
- HCAI PIL 25-01 - 2026 reporting period and AB 1312/SB 862 updates, including screening/presumptive eligibility requirements beginning July 1, 2027.