# Financial Assistance Program Policy

## Policy

In keeping with the philosophy and mission of Ridgecrest Regional Hospital ("RRH"), it is the policy of RRH to offer financial assistance to patients who are unable to pay their hospital bills due to difficult financial situations. A RRH Financial Counselor or Business Office Representative will review individual cases and make a determination of financial assistance that may be offered prior to, during, or after services are provided. Upon verifying eligibility for financial assistance, RRH shall offer hospital inpatients and outpatients Charity Care (i.e., free care) or Discounted Care in accordance with this policy and other applicable policies for Medically Necessary Services. The current effective date of this policy is January 1, 2025.

## Purpose

To establish policies and procedures to ensure consistent identification, accountability, recording and follow-up of patients potentially eligible for Charity Care or Discounted Care in compliance with all applicable laws, including the Hospital Fair Pricing Law and Section 501(r) of the Internal Revenue Code, which was added by the 2010 Affordable Care Act and which imposes specific requirements on tax-exempt hospitals with respect to community benefit obligations, as well as with the Public Health Services Act Section 330 applicable sections.

## Definitions

"Charity Care" means free care.

"Discounted Care" means financial assistance such that the charge for a patient's care is reduced but not free.

"Federal poverty level" means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services (HHS).

"Financial Assistance Program" is the provision of Charity Care or Discounted Care to individuals who cannot afford to pay and who qualify in accordance with this policy. The Financial Assistance Program does not refer to or include insurance policy discounts, administrative adjustments, contractual adjustments, and is not available for elective procedures.

"High Medical Costs" are defined as:

1. Annual out of pocket costs incurred by the individual at the hospital that exceed the lesser of 10% of the (a) patient's current family income or (b) patient's family income in the prior 12 months.

2. Annual of out of pocket expenses that exceed 10% of the patient's family income if the patient provides documentation of the patient's medical expenses paid by the patient or patient's family in the prior 12 months.

"Income" is broadly defined and includes: earnings, wages, salaries, tips, etc., unemployment compensation, workers' compensation, Social Security benefits, public assistance, Veterans' benefits, survivor benefits, pension/annuities or retirement income, IRA distributions, interest, capital gains, dividends, taxable refunds, alimony, rental income, farm income, income received from royalties, estates, trusts, S Corporations, and partnerships, educational assistance, child support, and business income..

"Medically Necessary Services" shall be defined, for purposes of this policy, as

- emergency medical services provided in the emergency department; and
- all services performed within RRH, unless an attestation that the hospital services at issue were not medically necessary is signed by (i) the provider who referred the patient for those hospital services or (ii) the supervising health care provider for those hospital services.

  Note: RRH will obtain the required attestation before RRH denies a patient eligibility for Charity Care or Discounted Care on the basis that the services were not medically necessary.

"Out of pocket costs" and "out of pocket expenses" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

"Patient's family" is defined as:

1. For patients 18 years of age and older, patient's family includes spouse, domestic partner and dependent children under 21 years of age, or any age if disabled, whether living at home or not.
2. For patients under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, patient's family includes parent, caretaker and the parent's or caretaker's other dependent children under 21 years of age, or any age if disabled.

"Self-Pay Patient" is a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal/Medicaid, and whose injury/treatment is not a covered injury under workers' compensation or automobile insurance, or other insurance as determined and documented by the hospital.

**Procedures**

RRH determines the need for financial assistance by reviewing the particular services requested or received, insurance coverage or other sources of payment, a person's historical financial profile and current financial situation. This method allows for a fair and accurate method to assist patients who are experiencing financial hardship. Partial and/or full financial assistance may be granted based on the criteria set forth in this policy.

RRH may determine eligibility for financial assistance before or after Medically Necessary Services are provided, as well as before or after discharge. All eligibility determinations related to emergency services shall be conducted in accordance with applicable EMTALA policies.

If a patient applies, or has a pending application, for another health coverage program at the same time that the patient applies for financial assistance under this policy, the application for other health coverage does not affect the patient's ability to receive financial assistance under this policy.

**Eligibility Determination for Charity Care or Discounted Care**

Patients that are eligible for Charity Care or Discounted Care in accordance with this policy include:

1. Uninsured, Self-Pay Patients with incomes at or below 400% of the federal poverty level.
2. Insured patients with High Medical Costs and incomes at or below 400% of the federal poverty level.

To be considered for eligibility to participate in the Financial Assistance Program the patient must complete the Financial Assistance Application form attached hereto. If the patient is unable to complete the Application or to provide the information required, the Business Office or Registration staff may complete the application with information received through interviews with those who know the patient's financial status. For insured patients with High Medical Costs, the patient will be required to cooperate with any insurance claim submissions.

The Financial Assistance Program eligibility documentation may be initiated by Patient Access/Admitting, Business Office, or a Financial Counselor. Applications received will be evaluated and approved or denied within thirty days of receipt of a completed application (including all supporting documentation). A letter of determination will be mailed to the patient within two weeks of determination. The determination letter shall clearly state if the eligibility was granted or denied, and, if denied, the reasons denied. The letter must set forth a clear explanation of the reduced bill and instructions on how the patient may obtain additional information regarding a reasonable payment plan, if applicable. The letter shall include information on the Hospital Bill Complaint Program and the Health Consumer Alliance.

In instances where a Self-Pay Patient is able to pay a portion of his/her account at time of admission, the patient may still be eligible for financial assistance in accordance with this policy. In such cases, the patient will be provided with the Financial Assistance Application form and, upon a determination of eligibility, will be reclassified in the Business Office records system as a Financial Assistance patient.

Financial Assistance Program Applications for accounts with balances below $500 shall be reviewed and may be approved by the Business Office Manager; balances below $10,000 by the Administrator, and anything above this by the CFO/CEO.

## Alternative Eligibility Determination Method

If a patient does not submit an application or documentation of Income, RRH may (in its sole discretion) presumptively determine that the patient is eligible for Charity Care based on information other than that provided by the patient or based on a prior eligibility determination. This information will enable RRH to make an informed decision on the financial need of patients utilizing the best estimates available in the absence of information provided directly by the patient.

RRH may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized electronic predictive model ("Predictive Model") that is based on public record databases. This Predictive Model incorporates public record data to calculate a socio-economic and financial capacity score. The Predictive Model is designed to assess each patient to the same standards and is calibrated against historical approvals for RRH financial assistance under the standard Financial Assistance Application process. The Predictive Model will be used by RRH prior to bad debt assignment and only if a patient does not submit an application for financial assistance or documentation of Income. This allows RRH to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data generated via the Predictive Model will constitute adequate documentation of financial need under this policy.

When the Predictive Model is used as the basis for a determination of eligibility, the highest discount of full free care, Charity Care, will be granted for eligible services for retrospective dates of service only. A determination of eligibility for Discounted Care will not be made via the Predictive Model method.

Patient accounts granted eligibility via the Predictive Model process will be reclassified under the financial assistance policy as Charity Care. They will not be sent to collection, will not be subject to further collection actions, will not be notified of their qualification and will not be included in the hospital's bad debt expense.

## Basis for Calculating Eligibility for Charity Care or Discounted Care

Income Calculation: RRH requires patients to provide their family's yearly Net Income ("Family Income") and provide supporting documentation. In accordance with the Hospital Fair Pricing Law, the documentation of Income required by RRH for purposes of determining eligibility for Charity Care or Discounted Care is limited to recent pay stubs and/or tax returns. (H & S Code § 127405(e)(1).) RRH accepts other forms of documentation of Income but does not require those other forms. Recent tax returns are tax returns which document the 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, or in the case of preservice, when the application is submitted. The hospital may request a maximum of six months of consecutive pay stubs. The Income calculated shall be compared to the federal poverty guidelines. The term "yearly Income" on the application means the sum of the total yearly net income of the patient and the patient's family (as defined above).

Additional Procedures:
Information obtained pursuant to the above paragraphs regarding income verification shall not be used for collection activities. This paragraph does not prohibit the use of information obtained by the hospital, collection agency, or assignee independently of the eligibility process for the Financial Assistance Program.

The guidelines for determining eligibility for the Financial Assistance Program will be calculated in accordance with this policy and based upon the information provided in the Financial Assistance Application, and RRH shall provide Charity Care or Discounted Care in accordance with the sliding scale attached hereto.

Acceptance into the RRH Financial Assistance Program for care that was previously provided does not obligate RRH to provide future health care services as Discounted Care or Charity Care. A patient may be required to re-apply and re-qualify for financial assistance for subsequent episodes of care (whether as an outpatient or inpatient). The financial assistance approval is good for 180 days (e.g., 6 months) after the approval is granted.
For bills received after 180 days from when the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient is seeking financial assistance to pay those bills.

**Discounted Care Payments**
For Discounted Care, the hospital limits the expected payment for Medically Necessary Services it provides to a patient eligible for Discounted Care to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater. Because the hospital is paid by Medicare on a cost reimbursement basis, the gross charges need to be reduced to reflect the expected rate of payment from Medicare under the prospective method of determining the average generally billed. (IRS Code Section 501r(4).) This rate is re-calculated annually based upon the most recent Medicare cost report and billing staff should be contacted regarding the current rates. If the hospital provides a service for which there is no established payment by Medicare, the hospital will establish an appropriate discounted charge for the service.

Patients offered a Discounted Care payment plan under this policy shall not be charged interest in accordance with the Hospital Fair Pricing Law. (H & S Code § 127425(i).) The hospital and the patient may negotiate the terms of the payment plan. In the event the hospital and the patient cannot agree upon the terms of the payment plan, the payment shall not exceed 10% of the patient's family income for a month, excluding deductions for essential living expenses (including rent/house payment and maintenance, food/household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses (insurance, gas, repairs), installment payments, laundry and cleaning and other extraordinary expenses. (H & S Code § 127400(i).)

The Discounted Care payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during a 90 day period. The 90 day period will start on the first billing statement's due date missed by the patient. Before declaring the

hospital extended payment plan no longer operative, RRH, the collection agency, or the assignee will make a reasonable attempt to contact the patient by telephone and give notice in writing that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. The notice will be sent at least 60 calendar days after the first missed bill and provide the patient with at least 30 calendar days to make a payment before the extended payment plan becomes inoperative. RRH and its representatives, including a collection agency or assignee, shall not report adverse information to a consumer credit reporting agency or commence a civil action against the patient or responsible party for nonpayment prior to the time the extended payment plan is declared to be no longer operative. The notice and telephone call to the patient described above may be made to the last known telephone number and address of the patient. If the patient fails to make all consecutive payments for 90 days and fails to renegotiate a payment plan, the patient/guarantor is obligated to make payments on his or her obligation to the hospital from the date the extended payment plan is declared no longer operative. The patient's financial responsibility shall not exceed the discounted amount previously determined.

**Collection Procedure**

The collections actions Ridgecrest Regional Hospital may take if a financial assistance application and/or payment is not received are described in more detail in RRH's separate Billing and Debt Collection Policy / Patient Business Policies ("Debt Collection Policy"). In brief, Ridgecrest Regional Hospital will make reasonable efforts to provide patients with information about our financial assistance policy before we or our agency representatives take extraordinary actions to collect your bill.

RRH will provide collection agencies with its Debt Collection Policy and will obtain written agreement that the agency shall comply with that policy.

The hospital shall not knowingly assign an account to a collection agency if the patient has a pending application for a County, State, or Federal health assistance program.

RRH, any assignee of RRH, or other owner of the patient debt, including a collection agency or debt buyer, shall not do either of the following:
(1) Report adverse information to a consumer credit reporting agency.
(2) Commence civil action against the patient for nonpayment before 180 days after initial billing.
For more information on the steps Ridgecrest Regional Hospital will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Ridgecrest Regional Hospital's Debt Collection Policy. You can request a free copy of this full policy in person or by mailing a request to Ridgecrest Regional Hospital, 1081 N. China Lake Blvd., Ridgecrest, CA 93555, or by calling us at (760) 499-3000.

**Refund of Charges**

Patients qualified under this policy shall receive a refund of any payments made above what is owed in accordance with this policy. (H & S Code § 127440). When such a refund is owed, the hospital shall reimburse the patient any amount actually paid in excess of the amount due, including interest. Interest owed by the hospital to the patient shall accrue at the rate set forth

by law, beginning on the date payment by the patient is received by the hospital. However, hospital shall not reimburse the patient or pay interest if the amount due is less than five dollars ($5.00). The hospital shall give the patient a credit for the amount due for at least 60 days from the date the amount is due. (H & S Code § 127440). RRH will refund the patient within 30 days.

**Reasons for Denial or Revocation**

RRH may deny or revoke a request for financial assistance for a variety of reasons including but not limited to:

- Sufficient income
- Patient is uncooperative or unresponsive to requests for information
- Incomplete application or missing supportive documentation
- Pending insurance or liability claim, unless an appeal is pending
- Withholding insurance information or personal injury information

RRH reserves the right to reverse financial assistance adjustments made to a patient's account upon verification of information that the patient was not eligible to participate in the Financial Assistance Program and to henceforth pursue appropriate reimbursement or collections.

In the event the patient has a dispute regarding eligibility, the patient may contact the hospital's Patient Account Representative or the Revenue Cycle Administrator.

**Emergency Services**

RRH will provide emergency care to patients regardless of their ability to pay. In accordance with EMTALA, following evaluation and stabilizing treatment (if necessary), non-emergent patients requesting financial assistance should complete a Financial Assistance Application, which should be reviewed by the Business Office and approved before additional services are provided.

An emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to patients who are at or below 400 percent of the federal poverty level and are uninsured patients or patients with High Medical Costs. This statement shall not be construed to impose any additional responsibilities upon the hospital. The emergency physicians are solely responsible for compliance with the provisions of Hospital Fair Pricing Law applicable to emergency physicians.

**Alternative Assistance**

RRH staff will provide the potential Financial Assistance Program patient with information, including booklets, pamphlets, and applications for other potential payment programs, including Medicare, Medi-Cal, Covered California and California Children's Services programs. In addition, RRH staff may assist patients with applying for such coverage. Many potential Financial Assistance Program patients are not aware they may be eligible for public health insurance programs or have not pursued application for such programs. Notwithstanding the foregoing, the Financial Assistance Program shall be available to any patient that completes the Financial Assistance Program Application and meets the eligibility requirements.

**Discretionary Discounts**
Nothing contained herein shall prohibit the hospital from providing discretionary discounts (including free care) to patients that do not meet the requirements for Charity Care or Discounted Care as forth in this policy. The hospital may require such patients to complete the Financial Assistance Application. The discount shall be made from the hospital's undiscounted charges. The discount may differ for inpatient and outpatient services and, in general, the discount will usually be no greater than the hospital's current average commercial fee-for-service discounts with managed care payers. However, greater discounts may be provided upon approval of the CEO and CFO. Every effort shall be made to afford administrative discounts in a uniform manner.

**Non-Discrimination**
RRH is committed to upholding all applicable federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, gender identity, disabilities, military service, or any other classification protected by federal, state or local laws. RRH shall not discriminate based on the individual's inability to pay or whether payment is being made by Medicare, Medicaid, or other federal or state funded programs.

**Confidentiality**
RRH staff will uphold the confidentiality and individual dignity of each and every patient. RRH will meet all HIPAA requirements for handling personal health information.

**Posted Signage**
As required by applicable laws, signs are located at the facility in areas visible to the public, including but not limited to, the Emergency Department, Admissions Department, Observation, Outpatient areas and clinics, as well as the Business Office. These signs provide information indicating that patients who are unable to pay for their health care services may be eligible for financial assistance such as the hospital's Charity Care or Discounted Care.

**Billing Statement Notices**
As required by applicable laws, when the hospital bills a patient that has not provided evidence of third-party coverage, the bill shall include a statement of the charges for services; a request that the patient inform the hospital if the patient has health insurance coverage (Medicare, Medi-Cal/Medicaid, or other coverage); notice that if the patient does not have health insurance coverage, that the patient may be eligible for Medicare, Medi-Cal, coverage through the California Health Benefit Exchange ("Covered California") or other state- or county-funded health coverage programs and indicate that the hospital will provide such applications and inform the patient how to obtain the applications for such programs; and information of the availability of the Financial Assistance Program, including a statement that if the patient meets certain low-income requirements, that patient may qualify for the hospital's Financial Assistance Program. The packet shall include the Financial Assistance Program Notification & Application and the Plain Language Summary. This information packet shall be re-sent to the patient prior to assigning the patient to collections.

**Intake/Discharge Notices**

During the intake/admission process if the patient is conscious and able to receive the document or no later than during the discharge process or when the patient leaves the facility, patients shall be offered the Financial Assistance Packet, which consists of all of the attachments to this policy (i.e., the Financial Assistance Program Notification & Application, the Plain Language Summary, the Sliding Scale, the Provider List, and the Language Translation sheet). In addition, the patient receives the "Application for Insurance Covered California" as required by law. If the patient leaves the facility without receiving the notice, RRH will mail the notice within 72 hours of providing services. The hospital shall maintain proof that written notice was provided.

**Paper Copies Available & Available on Website**

Paper copies of this document are available from the Admissions Department and the Emergency Department, as well as other appropriate areas. Upon a request for a paper copy, RRH can offer to send the documents electronically and, upon approval of the patient, such electronic copies can serve to satisfy the provision of paper copies, including the provision of the plain language summary during intake or discharge. RRH shall post this policy, a plain language summary of this policy, and the Financial Assistance Program Notification & Application on its website. All of these actions are measures to widely publicize the policy within the community being served by the hospital in accordance with the Affordable Care Act.

**Submission to HCAI**

This policy and the Financial Application form shall be sent to the California Department of Health Care Access and Information ("HCAI") every two (2) years or upon any significant changes.

**Languages & Accessibility**

All notices/communications provided under this policy shall be available in the primary language(s) of the hospital's service area and in a manner consistent with all applicable federal and state laws and regulations. As required by law, a language assistance tagline sheet is provided. This policy and all associated documents shall be available in sans serif 12-point font. The hospital shall assist patients that need access to larger print, braille, audio, including by screen reader.

**Scope**

The Hospital Financial Assistance Program set forth in this policy is intended to comply with California' Hospital Fair Pricing Law requirements, the Federal as well as the IRS requirements for non-profit hospitals set forth in I.R.C. Section 501(r).

Under this Financial Assistance Policy, financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within RRH's hospital facilities are provided by RRH employees and therefore may not be covered under this policy.

The providers covered by this policy, if any, are included in the attached Provider List. The hospital owned clinics and Skilled Nursing Facility may separately offer charity care,

discounted care or other financial assistance programs. In accordance with IRS and Treasury Department laws and regulations, such care may be classified as charity care.

**Medicare Reimbursement Rate files**
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

**Laboratory Fee Schedules**
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/index.html

**Poverty Guidelines**
https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

**References**

California Hospital Association Hospital Charity Guidelines.
California Health & Safety Code Section 127400 et. seq. (i.e., A.B. 774, California Hospital Fair Pricing Law, and as periodically amended from time to time, including, but not limited to, CA S.B. 1276, Sept. 28, 2014, effective Jan. 1, 2015, CA A.B. 532, effective Jan. 1, 2022, and CA A.B. 2297, effective Jan. 1, 2025).
Patient Protection and Affordable Care Act, Public Law 111–148 (124 Stat. 119) (2010) Section 9007 (Federal Exemption Standards).
I.R.S. Code Section 501(r), including IRS Final Regulations, 79 Fed Reg 78954 (Dec. 31, 2014).
Public Health Service Act Section 330(k)(3)(G), 42 CFR 51c.303, 42 CFR 56.303.
California Code of Regulations, Title 22, Division 7, Ch. 9 (22 CCR 96040, et. seq. (Eff.1/1/2024)

**Attachments – All of the below items combined constitute the FAP Packet**
Financial Assistance Program Notification & Application
Plain Language Summary of Hospital Financial Assistance Policy
Financial Assistance Policy Sliding Scale
Financial Assistance Policy Provider List
Language Translation Sheet

Date Created: Dec. 23, 2015
Revised: June 18, 2025

## Financial Assistance Program Notification & Application

We understand you currently do not have any health insurance. Please inform us immediately if you do have health insurance coverage, Medicare, Medi-Cal, or other coverage. Ridgecrest Regional Hospital ("RRH") participates in the Medi-Cal (Medicaid) hospital presumptive eligibility program, which means that you may qualify for immediate coverage for medically necessary services under Medi-Cal while awaiting permanent Medi-Cal (Medicaid) coverage. You may also be eligible for health insurance under Covered California or through the California Children's Services program. Our Admissions staff can assist you with these applications. Also, RRH has a Patient Financial Assistance program that may be of assistance to you in paying your bill if you lack insurance, or have inadequate insurance and meet certain low-moderate-income requirement, you may qualify for discounted care or free charity care. Enclosed you will find a Financial Assistance Application for you to complete. If you are interested in learning about our charges, you can visit our website for a list of "Shoppable Services" (as defined by law) at https://www.rrh.org/patients-visitors/billing/ and clicking on the price estimator link.

**Please fill out the Financial Assistance Application form completely and return it with your proof of income**, *for everyone in your household*. **For proof of income you will need to provide at least one of the following**:

- Two recent pay stubs
- A copy of your most current W-2

If you have no income you will need to provide a statement as to how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.

Please note, you must return the Financial Assistance Application form with appropriate proof of income in order to be considered for this program. Acceptance into this program is decided based on the Federal Poverty Guidelines. We have provided you with a self-addressed stamped envelope in which to return the Financial Assistance Application form and all necessary documentation. If you have applied for another health coverage program, you may still apply for this RRH financial assistance program, and neither application shall preclude eligibility for the other program. However, please advise as to which program(s) you have applied.

## 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

https://healthconsumer.org for more information. Also, if your application for financial assistance from RRH is denied, you can contact the undersigned or the hospital's Revenue Cycle Administrator.

**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.

Should you have any questions please feel free to contact me at the number listed below. I'm in the office from 7:30 to 4:00 Monday thru Friday.

Sincerely,

Lupe Flores
Financial Counselor
Ridgecrest Regional Hospital
1081 N China Lake Blvd.
Ridgecrest, CA 93555
760-499-3010

**RIDGECREST REGIONAL HOSPITAL**
**Financial Assistance Application**
1081 N. China Lake Blvd, Ridgecrest, Ca 93555

Account #_____
Date _____

Ridgecrest Regional Hospital (RRH) uses this single application to determine a patient's eligibility for both charity care (free care) and discounted care. Therefore, California law requires RRH to provide you the following two notices:

- For patients applying only for discount payment program eligibility, RRH only requests recent paystubs or income tax returns for documentation of income. RRH may accept other forms of documentation of income but shall not require such other forms.

  Note: For patients applying for charity care program eligibility, RRH also only requests recent paystubs or income tax returns for documentation of income.

- Patients that only apply for discount payment program eligibility may receive less financial assistance than what may be available to them under the charity care program.

**Program Being Applied For:**

Charity Care ☐ Discounted Care ☐ Both ☐

**All information must be complete for consideration for financial assistance**

***Patient Information***

Name:_____

Address:_____

City/St/Zip:_____

Employer:_____

Employer Phone: _____

Monthly Net Income: _____

***Parent/Spouse/Guarantor Information***

Name:_____

Address:_____

City/St/Zip:_____

Employer:_____

Employer Phone: _____

Monthly Net Income: _____

Number of Dependents_____ Names _____ _____ _____ _____

List all other income: $_____ Source_____ $_____Source _____

If unemployed, what is your source of income?_____
**(This must be answered if source of income is zero)**

***You must provide either (i) two recent pay stubs or (ii) a recent income tax form.***

I declare that the above statements are true and correct to the best of my knowledge. I understand that withholding of information or the giving of false information will make the patient and/or responsible party liable for all charges for services.

Signature:_____ Date:_____

All lines must be filled out. If not applicable, please indicate.

Amount of discount is determined based on income level and Federal Poverty Guidelines.
Please refer to the Financial Assistance Program policy available on our website for a complete listing of services covered. Not all Physician professional fees are covered under the Financial Assistance Policy.

Questions: Call 760-499-3010

## Plain Language Summary of Hospital Financial Assistance Policy

In keeping with the philosophy and mission of Ridgecrest Regional Hospital ("RRH"), it is the policy of RRH to offer financial assistance to patients who are unable to pay their hospital or clinic bills due to difficult financial situations. A RRH Financial Counselor or Business Office Representative will review your need for financial assistance and can make a determination either prior to, during, or after services are provided. Upon verifying eligibility for financial assistance, you may be offered Charity Care (i.e., free care) or Discounted Care in accordance with the RRH Financial Assistance Policy and other applicable policies for Medically Necessary Services.

### Financial Assistance Guidelines

- Financial Assistance is only available for emergency medical care and medically necessary care provided by Ridgecrest Regional Hospital (see the RRH Financial Assistance Policy for the definition of medically necessary and covered and non-covered providers), and also primary health care services provided by the Rural Health clinic.
- Eligibility is determined after reviewing an applicant's financial circumstances as discussed below.
- If a patient applies, or has a pending application, for another health coverage program, such as Medicare or Medi-Cal, at the same time that the patient applies for the hospital's Financial Assistance Program, such application(s) shall not preclude eligibility for the other program(s).

### Required Documentation

To be considered complete, a submitted application must include the following:

- Completed and signed Financial Assistance application
- Two recent pay stubs

If an individual has no source of income, a letter stating as to how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.

### Program Qualifications

- Financial assistance discounts will be given to an individual or a family whose yearly gross income does not exceed 400% of the federal poverty level (see the Financial Assistance Policy for a definition of yearly gross income).
- An individual or family whose yearly gross income is 200% of the federal poverty level or less qualifies for free charity care (i.e., 100% financial assistance).
- An individual who qualifies for financial assistance will not be required to pay more than amounts indicated within the Financial Assistance Policy.

### Accessing/Applying for Financial Assistance

- Copies of the Financial Assistance Policy and application are available on the hospital's website at https://www.rrh.org/patients-visitors/billing/financial-assistance-program-policy. Copies of these documents are also available at all of Ridgecrest Regional

Hospital registration sites.
- All documents are provided free of charge.
- To obtain copies of these documents in person or by mail, ask questions, receive assistance with completing a financial assistance application, or submit a completed financial assistance application, contact Ridgecrest Regional Hospital's business office through the following methods:
  - Phone: 760-499-3010
  - Mail or in person: 1081 N. China Lake Blvd., Ridgecrest, CA 93555

**Help Paying Your Bill**

In addition to talking with our RRH staff, there are other organizations that can also assist you in understanding the billing and payment process, including the free consumer advocacy organization Health Consumer Alliance (https://healthconsumer.org), phone number888-804-3536.

**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 HospitalBillComplaint.hcai.ca.gov for more information and to file a complaint.

**Languages**
All notices/communications provided under this policy shall be available in the primary language(s) of the hospital's service area in a manner consistent with all applicable federal and state laws and regulations and provided in sans serif 12-point font. This document can be obtained both online and in paper form in the same manner as the Financial Assistance Program Policy including from the hospital's Admissions Department. This document is available in the primary language(s) of the hospital's service area. A language translation sheet is attached.

## Financial Assistance Policy Sliding Scale

| Income as a Percentage of Federal Poverty Level | Discount Off of Medicare Reimbursement Rate | Patient Responsibility (Percent of Medicare Reimbursement Rate) |
|---|---|---|
| At or below 200% | 100% discount | 0% |
| 200.1% - 250% | 80% discount | 20% |
| 250.1% - 300% | 60% discount | 40% |
| 300.1% - 350% | 40% discount | 60% |
| 350.1% - 400% | 20% discount | 80% |

## Financial Assistance Policy Provider List

It is the intent of RRH to ensure that the entire hospital bill for all Medically Necessary Services rendered to a patient by the hospital are appropriately discounted for eligible patients in accordance with the Financial Assistance Program Policy ("FAP Policy").

Professional services provided by Hospitalists and Certified Registered Nurse Anesthetist, are covered by the FAP Policy and are billed along with other hospital charges on the hospital's bill and will contain the appropriate discount as provided for under the FAP.

However, most physician professional services are not subject to the FAP and patients may receive separate bills from the physician for the physician's professional services.[FN1] Those physician services include:

Anesthesiology
Gastroenterology
Maternity/OB
Pathology
Radiology
Surgery
Urology
General attending physician services
Specialty attending physician services

Although a physician may elect to provide discounted or free care, the patient will need to contact the physician to inquire into the physician's policies.

The RRH Emergency Department physicians offer a separate charity care and discounted care policy that is in compliance with the laws applicable to Emergency Department physicians.

The following hospital departments and clinics may separately offer charity care, discounted care or other financial assistance programs but are not required under the California Hospital Fair Practices Act to follow the FAP Policy, although some may follow this policy even though not required to do so under the laws and regulations.

Ambulatory Surgery Center
Bella Sera/TCRU
RRH Visiting Nurses & Hospice
China Lake Community Health Clinic
Southern Sierra Medical Clinic
Sydnor Specialty Center
Ridgecrest Rural Health Clinic

Trona Rural Health Clinic
Ridgecrest Obstetrics/Women's Health Clinic
Liberty Ambulance/Progressive Ambulance

FN1: "A hospital may specify providers by reference to a department or type of service." (IRS Bulletin 2015-28, July 13, 2015, Notice: 2015-46.)

**Language Translation for Financial Assistance Program**

**English**
ATTENTION: If you need help in your language, please call *(760) 499-3010* or visit *Financial Counselors Office*. The office is open *8:00 am to 4:00pm* and located at *1081 N China Lake Blvd., Ridgecrest, California 93555*. 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.

**1. Armenian**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ
Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել *(760) 499-3010* կամ այցելել *Financial Counselors Office*: Գրասենյակը բաց է *8:00 am to 4:00pm* և գտնվում է *1081 N China Lake Blvd., Ridgecrest, California 93555*: Առկա են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլյան փաստաթղթերը, մեծ տառատեսակները, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայություններն ԱՆՎՃԱՐ են

**2. Chinese**
注意：如果您需要使用您的母语获得帮助，请拨打*(760) 499-3010*或访问*Financial Counselors Office*。该办公室的开放时间为*8:00 am to 4:00pm*，位于*1081 N China Lake Blvd., Ridgecrest, California 93555*。我们还免费提供给残障人士的辅助服务和设施，例如盲文文件、大字体打印、音频以及其他可访问的电子格式文件。

**3. Farsi**
توجه: اگر به زبان خود به کمک نیاز دارید، لطفاً با (760) 499-3010 تماس بگیرید یا به *Hospital office where patients may obtain more information* مراجعه کنید. دفتر در *Office hours* باز است و در *1081 N China Lake Blvd., Ridgecrest, California 93555*. موقعیت دارد. کمک ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ های الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان است. درشت، صوت و سایر فرمت

**4. Hindi**
कृपया ध्यान दीजिये: यदि आपको अपनी भाषा में में सहायता की ज़रुरत है तो,कृपया कॉल करें *(760) 499-3010* या हमारे कार्यालय में पधारें *Financial Counselors Office* हमारा कार्यालय खुला है *8:00 am to 4:00pm* और यह यहां स्थित है *1081 N China Lake Blvd., Ridgecrest, California 93555.* शारीरिक रूप से अक्षम व्यक्तियों के लिए-ब्रेल लिपि में दस्तावेज, बड़े आकार के प्रिंट,ऑडियो और अन्य इलेक्ट्रॉनिक फ़ॉर्मेट,जिन तक उनकी आसानी से पहुँच हो, सहायता और सेवा के रूप में उपलब्ध हैं। ये सभी सेवाएं निःशुल्क हैं।

**5. Lu Mien**
YAH SE MAM DIEN DIEN: If yah doh mei mah dien dien dien lep, jio mei *(760) 499-3010* mo nha mo *Financial Counselors Office*. YAH SE MAM DIEN DIEN DIEN lep, reh mei *8:00 am to 4:00pm* mui si mo mo la. Ki sien kieu mui mo *1081 N China Lake Blvd., Ridgecrest, California 93555*. YAH

poh ceng kiu ngo mui doh ngo mo documents in braille, large print, audio, giu kieu ngo poh ceng kieu mui mo lai. YAH se mam de lai.

**6. Punjabi**
ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ *(760) 499-3010* ਜਾਂ *Financial Counselors Office*। ਦਫ਼ਤਰ *8:00 am to 4:00pm* ਖੁੱਲ੍ਹਾ ਹੈ ਅਤੇ ਸਥਿਤ ਹੈ *1081 N China Lake Blvd., Ridgecrest, California 93555*। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਦਸਤਾਵੇਜ਼ਾਂ ਵਿੱਚ ਬਰੇਲ, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

**7. Tagalog**
ATENSYON: Kung ikaw ay nangangailangan ng tulong sa iyong lenggwahe, maaring tumawag sa *(760) 499-3010* o bumisita sa *Financial Counselors Office*. Ang opisina ay bukas *8:00 am to 4:00pm* at matatagpuan sa *1081 N China Lake Blvd., Ridgecrest, California 93555*. Mga tulong at serbisyo para sa mga may kapansanan, tulad ng mga dokumento sa braille, malaking printa, audio, at iba pang magagamit na mga elektronikong format ay meron din. Ang mga serbisyong ito ay libre.

**8. Laotian ( ລາວ )**
**ຂ ໍ ້ ໃ ສ ່ ໃ ຈ**: ຖ ້ າ ທ ່ ານ ຕ ້ ອ ງ ການ ຄ ວ າ ມ ຊ ່ ວ ຍ ເ ຫ ຼ ື ອ ເ ປ ັ ນ ພ າ ສ າ ຂ ອ ງ ທ ່ ານ, ກ ະ ລ ຸ ນ າ ໂ ທ ຫ າ *(760) 499-3010* ຫ ຼ ື ໄ ປ ເ ຂ ້ າ ໄ ປ ຢ ້ ຽ ມ *Financial Counselors Office*. ຫ ້ ອ ງ ການ ເ ປ ີ ດ ໃ ນ *8:00 am to 4:00pm* ເ ວ ລ າ ຕ ັ ้ ง ຢ ู ่ ທ ี ่ *1081 N China Lake Blvd., Ridgecrest, California 93555*. ການ ຊ ่ ວ ຍ ເ ຫ ຼ ື ອ ແ ລ ະ ການ ໃ ຫ ้ ບ ໍ ร ิ ການ ສ ໍ າ ລ ັ ບ ຄ ົ ນ ພ ิ ການ, ເ ຊ ่ ັ ນ ເ ອ ກ ະ ສ ານ ໃ ນ ຕ ົ ວ ອ ັ ກ ສ ອ ນ ู ນ (Braille), ການ ພ ิ ມ ເ ປ ็ ນ ຂ ະ ໜ າ ດ ໃ ຫ ญ ่ , ສ ຽ ง, ແ ລ ະ ร ู ป ແ ບ ບ ເ ອ ເ ล ็ ก ໂ ຕ ຣ ນ ิ ก ต ่ า ง ๆ ท ี ่ ท ่ า น ส า ม า ร ถ เ ข ้ า ถ ึ ง ไ ด ้ . ການ ບ ໍ ร ิ ການ ເ ห ล ่ า ນ ี ้ ฟ ร ี.

**9. Thai (ไทย)**
**โปรดทราบ:** หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร *(760) 499-3010* หรือไปยังที่ *Financial Counselors Office* สำนักงานเปิดทำการระหว่าง *8:00 am to 4:00pm* และตั้งอยู่ที่ *1081 N China Lake Blvd., Ridgecrest, California 93555*. ความช่วยเหลือ และ บริการสำหรับคนพิการ เช่น เอกสารเป็นอักษรเบรลล์ การพิมพ์ขนาดใหญ่เสียง และรูปแบบอิเล็กทรอนิกส์ที่คุณสามารถเข้าถึงได้, บริการเหล่านี้ฟรี.

**10. Hmong (Hmoob)**
CEEB TOOM: Yog tias koj xav tau kev pab hais txog koj hom lus, thov hu rau *(760) 499-3010* los sis mus ntsib *Financial Counselors Office*. Lub chaw hauj lwm qhib. *8:00 am to 4:00pm* thiab nyob ntawm *1081 N China Lake Blvd., Ridgecrest, California 93555* dua li ntawd lawm tseem muaj kev pab thiab cov kev pab cuam rau cov neeg muaj kev tsis taus, xws li cov ntaub ntawv ua hom ntawv rau neeg dig muag (Braille), luam ua tus ntawv loj, ua suab lus thiab lwm yam ntawv hauv tshuab siv hluav taws xob. Cov kev pab cuam no yog muab pab dawb xwb.

**11. Cambodia (ខ្មែរ)**
**សូមយកចិត្តទុកដាក់ថា៖** ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅកាន់ *(760) 499-3010* ឬទៅកាន់ទីតាំងដូ ច ខ្ញុ ំ ង ទៅ *Financial Counselors Office*។ ការ ិ យាល័យបើក *8:00 am to 4:00pm* ហើយម ំ ង ទៅ *1081 N China Lake Blvd., Ridgecrest, California 93555*។ ជំនួយ

និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្តាប ការបោះពុម្ពធំ
សំឡេងនិងទម្រង់អេឡិចត្រូនិកដែលអាចចូលប្រើបានផ្សេងទៀតក៏មានផងដែរ។
សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។.

**12. Vietnamese ( Tiếng Việt )**
**LƯU Ý:** Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi *(760) 499-3010* hoặc truy cập *Financial Counselors Office*. Văn phòng mở cửa *8:00 am to 4:00pm* và tọa lạc tại *1081 N China Lake Blvd., Ridgecrest, California 93555*. Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

**13. Russian**
ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону *(760) 499-3010* или посетите *Financial Counselors Office*. Часы работы офиса *8:00 am to 4:00pm* и он расположен по адресу *1081 N China Lake Blvd., Ridgecrest, California 93555*. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, напечатанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

**14. Ukrainian**
УВАГА: якщо вам потрібна допомога вашою мовою, зателефонуйте *(760) 499-3010* або відвідайте *Financial Counselors Office*. Офіс відкритий *8:00 am to 4:00pm* і розташований за адресою *1081 N China Lake Blvd., Ridgecrest, California 93555*. Також доступні засоби допомоги та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля, великим шрифтом, аудіо та інші доступні електронні формати. Ці послуги безкоштовні.

**15. Spanish**
ATENCIÓN: Si necesita ayuda en su idioma, llame al (760) 499-3010 o visite *Financial Counselors Office*. La oficina está abierta *8:00 am to 4:00pm* y ubicada en *1081 N China Lake Blvd., Ridgecrest, California 93555.* 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.

**16. Japanese**
注意：あなたの言語でサポートが必要な場合は、*(760) 499-3010* に電話するか、*Financial Counselors Office* にアクセスしてください。オフィスの営業時間は*8:00 am to 4:00pm* で営業しており、*1081 N China Lake Blvd., Ridgecrest, California 93555.* にございます。障害のある方向けの支援サービスには、点字・大きな活字・音声・その他のアクセス可能な電子形式の文書などがご利用いただけます。これらのサービスはすべて無料でご利用できます。

**17. Korean**
주의: 귀하의 언어로 도움이 필요하시면 *(760) 499-3010*로 전화하거나 *Financial*

*Counselors Office*로 방문하십시오. 사무실 업무 시간은 *8:00 am to 4:00pm*이며 *1081 N China Lake Blvd., Ridgecrest, California 93555*에 있습니다. 장애인을 위한 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

**18. Arabic**

انتبه: إذا كنت بحاجة للمساعدة بلغتك (760) 499-3010 أو قم بزيار( Financial Counselors Office. المكتب يفتح أبوابه 8:00am to 4:00pm وموقع المكتب ( 1081 N China Lake Blvd., Ridgecrest, California 93555. تتوفر المساعدة والخدمات للأشخاص من ذوي الاحتياجات الخاصة مثل الوثائق بلغة بريل للمكفوفين والوثائق المطبوعة بأحرف كبيرة والتسجيل الصوتي إضافة إلى غيرها من النماذج الألكترونية الممكن الحصول عليها.