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Owner Amanda Escobedo: Training Coord- Revenue Cycle
Policy Area Patient Financial Services/Patient Access Services
Applicability SCOR SCV SGH SMB SMC SMH SMV
References Charity Care, Patient Financial Svcs / Patient Access Svcs, Policy & Procedure



Patient Financial Assistance Including Discounted Payments, and Charity Care (FAP), 15602.99

I. PURPOSE:

The Financial Assistance Policy at Sharp HealthCare hospital facilities, including Memorial Hospital, Sharp Grossmont Hospital, Sharp Chula Vista Medical Center, and Sharp Coronado Hospital, outlines the options and process for patients needing financial help with emergency and medically necessary care. This policy aims to inform patients about the Financial Assistance (Charity Care) available and details the process for determining eligibility for such assistance. Sharp HealthCare complies with all state and federal regulations, offering both financial assistance and discounted payments for financially qualified patients.

II. POLICY:

Sharp HealthCare is dedicated to providing patients with clear written information about Financial Assistance policy (FAP), irrespective of their ability to pay. The organization offers income-based

Financial Assistance (Charity Care) to eligible patients for emergency and medically necessary services. Sharp HealthCare ensures non-discriminatory access to examination, medical screening, and care for emergency medical conditions, as defined under section 1816 of the SSN Act (42.U.S.C.1395DD). The facility will not engage in any actions that discourage individuals from seeking treatment for emergency medical conditions, and it operates within its capabilities and capacity. We will strive to make every reasonable effort to address the patients' needs.

III. SCOPE:

This policy is applicable to Sharp HealthCare Hospitals. Unless otherwise specified, it does not apply to physicians or other medical providers, such as emergency room physicians, anesthesiologists, radiologists, hospitalists, and pathologists, whose services are not included in a hospital's billing. The policy does not obligate the hospital to cover the costs for these physicians' or medical providers' services. In California, emergency physicians providing services in a hospital must adhere to the FPL requirements as per California Health and Safety Code section 127450. Attachment A contains a list of providers, aside from the hospitals themselves, who deliver emergency or other medically necessary care within the hospitals.

IV. DEFINITIONS:

- A. **Financial Assistance or Charity Care** refers to free care or full assistance (100% discount) provided to qualifying patients, relieving them and their guarantor of the entire financial obligation for medical services. Charity Care does not decrease the amount that a third-party may be required to pay for eligible services provided to the patient
- B. **Discounted Payment Amount (AGB):** Medical care that is reduced but not entirely free. This reduced amount signifies the amount generally billed (AGB), as outlined by the Internal Revenue Service (IRS) requirements. Sharp HealthCare employs the prospective method for determining AGB and estimates the amount that would be paid by a Medicare beneficiary.
- C. **Federal Poverty Level (FPL):** The measure of income level that is published annually by the United States Department of Health and Human Services (HHS) and is used by Hospitals for determining eligibility for Financial Assistance.
- D. **Hospital or Sharp HealthCare Hospitals:** Refers to (a) all licensed hospital facilities operated by Sharp HealthCare and (b) all hospitals where Sharp HealthCare and/or an Affiliated Entity hold a direct or indirect voting control or equity interest exceeding fifty percent (50%), as well as all substantially-related entities [as defined in 26 C.F.R. section 1.501(r)-1(b)(28)], to the extent that these hospitals and substantially-related entities provide emergency services.
- E. **Hospital Services:** Refers to all services that a hospital is authorized to offer, encompassing both emergency and other medically necessary care, but excluding complex or specialized services.
- F. **Established Cash Price (Flat Rates):** Established cash price is the expected payment amount after applying a discount to its full charges for services. This amount is offered to patients who have no insurance and qualify under the hospitals discount payment policy but who have not been determined eligible for financial assistance. Patients determined eligible for Financial Services refer to those that Sharp HealthCare identifies as complex and specialized, such as transplants and experimental or investigational services. Additionally, it includes certain services that are non-covered under health plan coverage agreements, like elective procedures.
- G. **Primary Language of Hospital's Service Area:** Refers to a language spoken by the lesser of 1,000 individuals or 5% of the community served by the hospital, or the population likely to be affected or encountered by the hospital, based on the most recent Community Health Needs assessment.
- H. **Uninsured Patient:** A patient who lacks any source of payment for their medical expenses,

including but not limited to commercial insurance, government-sponsored healthcare benefit programs, third-party liability for injuries not considered compensable under workers' compensation, automobile insurance, or any other insurance.

- I. **Insured Patient:** A patient who has insurance coverage through a third-party payer, such as a health insurer, healthcare service plan, Medicare, or Medicaid.
- J. **Patient Responsibility:** The remaining balance that the patient is responsible for, regardless of insurance status, after applicable payments, adjustments, or assistance have been applied for the services rendered.
- K. **Presumptive Charity:** Sharp HealthCare may choose to provide charity care in lieu of sending the patient responsibly to collections when an uninsured patient has not engaged in the traditional financial assistance application process.
- L. **Patients:** Persons obtaining health care services from Sharp HealthCare hospital associated entity.
- M. **Guarantor:** If not the patient, a guarantor can be a person that is responsible for the patients healthcare services, usually a parent or legal guardian.
- N. **Patient Representative:** An individual authorized to act on behalf of a patient in healthcare or billing matters.
- O. **Family Income:** Determined by recent pay stubs and tax returns.
- P. **Financially Qualified Self-Pay Patients:** A patient who meets the criteria of high medical costs and/or patient who has a family income that does not exceed 400% of the federal poverty level.

V. PROCEDURES:

A. Eligibility

1. **Eligibility Criteria:** During the application process set forth below, Sharp Hospitals shall apply the following eligibility criteria for Financial Assistance:

FINANCIAL ASSISTANCE CATEGORY <i>NO APPLICATION REQUIRED</i>	PATIENT ELIGIBILITY CATEGORY
Presumptive Charity	Special circumstances under which the patient may be deemed eligible for Charity Care without submission of a traditional financial assistance application: <ul style="list-style-type: none">• Patient is expired and without a known living spouse, third-party insurance coverage or identifiable estate.• Patient is homeless, is not currently enrolled in Medicare, Medi-Cal or any government sponsored program, and

FINANCIAL ASSISTANCE CATEGORY <i>NO APPLICATION REQUIRED</i>	PATIENT ELIGIBILITY CATEGORY
	<p>is without third-party insurance.</p> <ul style="list-style-type: none"> • Patient is treated in the Emergency Department, but the Hospital is unable to issue a billing statement. • Victim of Domestic Violence
Medi-Cal	Patients eligible for programs such as Medi-Cal and other government sponsored low-income assistance programs are eligible for Charity Care when payment for services is not made by the programs [e.g. denied inpatient stays, non-covered services, Treatment Authorization Request (TAR) denials, denials due to restricted coverage, and Share of Cost (SOC)].
Pandemic/Crisis	During any State and/or Federal emergency declaration, such as the Access to HealthCare Crisis, where regulations may be modified to meet the immediate healthcare need of the hospital's community, Sharp will comply with any set forth financial assistance flexibilities.
FINANCIAL ASSISTANCE CATEGORY <i>APPLICATION REQUIRED</i>	PATIENT ELIGIBILITY CATEGORY
Full Charity Care with Application Process	All patients with a Family Income (as defined below) at or below 400% of the most recent FPL.
High Medical Cost Reduced Charity Care (for Insured Patients) with Application Process	<ol style="list-style-type: none"> 1. Patients who have insurance coverage but exhaust their benefits either before or during their hospital stay, and have a family income at or below 400% of the Federal Poverty Level (FPL). 2. Patients who have insurance coverage and a family income at or below 400% of the Federal Poverty Level (FPL), and whose medical expenses for themselves or their

FINANCIAL ASSISTANCE CATEGORY APPLICATION REQUIRED	PATIENT ELIGIBILITY CATEGORY
	family, incurred at the hospital affiliate or paid to other providers in the past 12 months, exceed 10% of the patient's family income.

2. **Calculating Family Income:** To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:

- a. **Patient Family:** The Patient Family shall be determined as follows:
 - i. **Adult Patients:** For patients over 18 years of age, the patient family includes their spouse, domestic partner, dependent children less than 21 years of age, whether living at home or not, and dependent children of any age if those children are disabled.
 - ii. **Minor Patients:** For patients (1) under 18 years of age or (2) who are 18 to 20 years of age and are dependent children, the patient family includes their parents, caretaker relatives, other children less than 21 years of age of the parent(s) or caretaker relatives, and dependent children of the patient's parents or caretaker relatives if those other children are disabled.
- b. **Patient Family Income:** Family Income is annual earnings of all members of the Patient Family from the prior 2 months and prior tax year as shown by the recent pay stubs, and income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income (e.g., salaries and wages, retirement income, and investment gains). Annual income may be determined by annualizing year-to-date family income.

- c. **Type of Income:**

Type of Income	Documentation
Employment Income	Copy of individual tax return (1040) for current tax year
	Copy of two most recent pay stubs
Self-Employment	Copy of individual tax return (1040) for current tax year
	Copy of business profit and loss statement for current year
	Copy of business profit and loss statement for current year
Social Security/ Retirement	Copy of individual tax return (1040) for current tax year

Type of Income	Documentation
	Copy of Award Letter from Social Security stating monthly payment
	Copy of monthly payment notification from Social Security Administration
Disability	Copy of individual tax return (1040) for current tax year
	Copy of Award Letter from State stating disability payment
	Copy of monthly notification from disability
Unemployment	Copy of individual tax return (1040) for current tax year
	Copy of letter stating monthly award amount

3. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Financial Assistance is not available under this Financial Assistance Policy:
 - a. **Uninsured Patient** seeks established Cash Price (Flat Rate).
 - b. **Patient declines covered services:** An insured patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from Sharp HealthCare, or a patient refuses to transfer from a Sharp HealthCare hospital to an in-network facility) is not eligible for financial assistance.
 - c. **Payer pays patient directly:** If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.
 - d. **Information falsification:** Hospitals may refuse to award financial assistance to patients who falsify information regarding family income, household size or other information in their eligibility application.
4. **No Consideration of Assets:** Hospitals can not consider a patient's monetary assets when determining that patient's eligibility for discount payment or charity care.
 - a. **Exception for Health Savings Accounts and Extended Payment Plans:** As a narrow exception to the general prohibition against considering monetary assets, hospitals may consider HSAs when negotiating the terms of an extended payment plan to allow a patient to pay the discounted price over time.
 - b. **Note regarding Waiver or Reduction of Medi-Cal and Medicare Cost-Sharing Amounts:** Hospitals may waive or reduce Medi-Cal and Medicare cost-sharing amounts as part of their charity care or discount payment program. In doing so, a hospital may consider some of the patient's monetary assets to the extent required for the hospital to be reimbursed under the Medicare program for Medicare bad debt without seeking to collect cost-sharing amounts from the patient as required by federal law

(See law for details on which assets may be considered).

c. Other Forms of Income Documentation:

- i. Hospitals may accept other forms of documentation of income but shall not require those other forms.
- ii. If a patient does not submit an application or documentation of income, a hospital may presumptively determine that a patient is eligible for charity care or discounted payment based on information other than that provided by the patient or based on a prior eligibility determination.

d. Cannot Require Discount Payment Patients to Apply for Health Coverage: Hospitals cannot require a patient to apply for Medicare, Medi-Cal, or other coverage before the patient is screened for, or provided, discount payment.

- i. However, hospital can assist a patient to apply for Medicare, Medi-Cal, or other coverage including the covered California exchange before screening for, or providing, charity care.
- ii. When screening for discount payment, can assist patient to participate in screening for Medi-Cal eligibility.
- iii. No Application Deadlines: Hospitals cannot impose time limits for charity care or discount payment applications. Hospitals also cannot deny eligibility based on the timing of a patient's application. May need to pull accounts back from collections.

B. Application Process

1. Each hospital shall make all reasonable efforts to obtain from the patient or his or her guarantor information about whether private or public health insurance may fully or partially cover the charges for care rendered by the hospital to a patient. A patient who indicates at any time the financial inability to pay a bill for hospital services shall be evaluated for financial assistance. In order to qualify as an uninsured patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance that would cover or discount the bill.
2. Patients who wish to apply for financial assistance shall use the Sharp HealthCare standardized application form, the "Application for Financial Assistance".
3. Patients may request assistance with completing the application for financial assistance in person at the Sharp HealthCare Hospitals listed on Attachment G, or provided upon request and without charge or over the phone at (858) 499-2400, through the mail, or via the Sharp HealthCare website (www.Sharp.com/billing/financial-assistance.cfm) or download the mobile application, Sharp App.
4. Patients should mail Applications for financial assistance to:
Sharp HealthCare
Attn: Charity Care Application
8695 Spectrum Center Blvd.
San Diego, CA 92123
5. Patients should complete the application for financial assistance as soon as

possible after receiving hospital services. All applications are reviewed once patient financial responsibility has been established.

C. Financial Assistance Determination

1. The hospital will consider each application for financial assistance and grant financial assistance when the patient meets the eligibility criteria set forth in Section A.
 - a. Income is below 400% of the federal poverty level (FPL). The patient has high medical costs as defined by state and federal regulations.
 - b. In the past 12 months, the documented annual out-of-pocket medical expenses after insurance coverages was higher than 10% of the family income. If a patient applies, or has a pending application for another health coverage program at the same time that he or she applies for financial assistance, the application for coverage under another health coverage program shall pend the patient's eligibility for financial assistance until a determination of other coverage is made.
2. Once a Charity Care or High Medical Cost Charity Care determination has been made, a "Determination Letter" will be sent to each applicant advising them of the hospital's decision (Attachment D).
3. Patients are presumed to be eligible for financial assistance for a period of one year 365 days after the hospital issues the Notification Form to the patient. After one year , patients must re-apply for financial assistance.
4. If the financial assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the Date of the patient's payment at the statutory rate (10% per annum) pursuant to California Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).
5. If the family income is above 400% FPL, Sharp may consider extenuating circumstance, and/or a catastrophic medical event. Manager approval is required and additional information may be requested.

D. Discounts - The following reductions/discounts may be offered during discount negotiations with the patient or patient representative:

1. Self-Pay Discounts: A 25% discount on total charges is applied to all uninsured/ unfunded patient accounts as a courtesy to the community. Self-Pay discounts are automatically adjudicated with the discount upon billing.
2. Established Cash Price (Flat Rates) refer to "Flat Rate & Self Pay Quotes, Policy No.15612.99."
3. Sharp offers interest free extended payments plans, with terms negotiated on the patients financial situation.

E. Discounts and Special Circumstances - Discounts can be combined in special circumstances to achieve appropriate customer service outcome as documented in patient activity notes.

1. Use the appropriate post adjustment code to reflect the actual agreement and discounts given.
2. The discount combination cannot exceed authorization level by user without management approval.

F. Disputes

1. A patient may seek review of any decision by the hospital to deny financial assistance, discounts and Charity Care by notifying the hospital, or his or her designee, of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. Hospital, or designee, shall review the patient's dispute as soon as possible and inform the patient of any decision in writing. Disputes are also accepted via telephone at 858-499-2400 (Monday – Friday, 8:00 a.m. to 4:30 p.m. Pacific Standard Time). Appeals are reviewed and responded to within 30 days.
2. 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.
3. Hospital Billing 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 HospitalBillCompliant.hcai.gov for more information and to file a complaint.

G. Availability of Financial Assistance Information

1. **Languages:** This policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in the Primary Language(s) of Hospital's Service Area during regular business hours (Monday – Friday, 8:00 a.m. to 4:30 p.m. Pacific Standard Time) and in a manner consistent with all applicable federal and state laws and regulations.
2. **Information Provided to Patients During the Provision of Hospital Services:**
 - a. **Preadmission or Registration:** During regular business hours at preadmission (Monday – Friday, 8:00 a.m. to 4:30 p.m. Pacific Standard Time) or registration (or as soon thereafter as practicable) Hospitals shall make available to patients a copy of a Plain Language Summary (Attachment E) of the policy that also contains information regarding their right to request an estimate of their financial responsibility for services. In the event the patient discharges without receiving a copy of a Plain Language Summary (Attachment E) the notice shall be mailed, if an address was provided, within 72 hours.
 - b. **Emergency Services:** : In the case of emergency service, hospital shall attempt to provide all self-pay patients a financial assistance package upon stabilization of the patient's emergency medical condition or discharge.
 - c. **Application provided at discharge:** At the time of discharge, hospital shall

provide all patients with a financial assistance package and application for Medi-Cal/Medicaid and California Children's Services or any other potentially applicable government program.

- d. **Financial Assistance Counselors:** Patients who may be uninsured patients shall be assigned Financial Assistance Counselors who shall attempt to visit with the patients in person at the Hospital. Financial Assistance Counselors shall give such patients assistance with securing government funding. If the patient does not qualify for any government programs, a Financial Assistance Counselor may assist with information regarding the financial assistance process and hospital personnel who can provide additional information about this policy and assist with the application process.

3. **Information Provided to Patients at Other Times:**

- a. **Contact Information:** Patients may call 858-499-2400 (Monday – Friday, 8:00 a.m. to 4:30 p.m. Pacific Standard Time) or contact the hospital department listed on Attachment G to obtain additional information about financial assistance and assistance with the application process.
- b. **Billing Statements:** Hospitals shall bill patients in accordance with the Sharp HealthCare Billing, Collections and Bad Debt Review Policy 15801.99. Billing statements to patients shall include a Patient Information Notice (Attachment F), a conspicuous written notice that notifies and informs recipients about the availability of financial assistance under the hospital's policy that includes a telephone number of the hospital office or department for patients to call with questions about the policy and application process, and the website address where patients can obtain additional information about financial assistance, including copies of the Financial Assistance Policy, a Plain Language Summary of Financial Assistance Policy, and the application for financial assistance (Attachment B).
- c. **Upon Request:** Hospitals shall provide patients with paper copies of the Financial Assistance Policy, the application for financial assistance, and the Plain Language Summary of the Financial Assistance Policy upon request and without charge.

4. **Publicity of Financial Assistance Information:**

- a. **Public posting:** Hospitals shall post copies of the policy, the application for financial assistance, and the Plain Language Summary of the financial assistance policy in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including, but not limited to, the waiting rooms, billing offices, and Hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for Hospital Services.
- b. **Website:** The financial assistance policy, application for financial assistance and Plain Language Summary shall be available in a prominent

place on the Sharp HealthCare website (www.sharp.com/billing/financial-assistance.cfm or Sharpapp). Persons seeking information about financial assistance shall not be required to create an account or provide any personal information before receiving information about financial assistance.

- c. **Mail:** Patients may request that a copy of the financial assistance policy, application and Plain Language Summary be sent by mail, at no cost to the patient.
- d. **Advertisements/Press Releases:** As necessary, and at least on an annual basis, Sharp HealthCare will place an advertisement regarding the availability of financial assistance at hospitals in the communities served by Sharp HealthCare. Sharp HealthCare will issue a Press Release containing this information, or use other means that Sharp HealthCare concludes will widely publicize the availability of this Financial Assistance Policy to affected patients in our communities.
- e. **Community Awareness:** Sharp HealthCare will work with affiliated organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

H. Miscellaneous

1. **Recordkeeping:** Records relating to financial assistance must be readily accessible. Each hospital shall maintain information regarding the number of uninsured patients who have received services from the hospital, the number of financial assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for financial assistance should be entered into the patient's account, as well as a copy of the application for financial assistance and supporting documents scanned and filed according to the patient's visits related to the application.
2. **Submission to HCAI (formerly OSHPD):** Sharp HealthCare Hospitals will submit Financial Assistance policies to the California Department of Health Care Access and Information (HCAI). Policies can be located on the OSHPD website located here: <https://hcai.ca.gov/>
3. **Amounts Generally Billed:** In accordance with Internal Revenue Code Section 1.501(r), Sharp HealthCare adopts Medicare methodology for amounts generally billed. Following a determination that a patient is eligible for financial assistance, the patient may not be charged more than this amount for emergency or medically necessary care after all reimbursements from third-party payers, if any, have been applied.
4. **T5-Year Record Retention for Money Owed to the Hospital:** A hospital must maintain all records relating to money owed to the hospital by a patient or a patient's guarantor for 5 years, including, but not limited to, all of the following: (a) documents related to litigation filed by the hospital, (b) a contract and significant related records

by which a hospital assigns or sells medical 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 the hospital sold or assigned medical debt or (ii) retained by the hospital to pursue litigation for debts owed by patients on behalf of the hospital.

5. **Contracts With Assignees and Debt Buyers Must Require 5-Year Record Retention:**
Any contract entered into by a hospital related to the assignment or sale of medical debt must require the assignee or buyer (and any subsequent assignee or buyer) to maintain records related to litigation for five years.
6. **Changed Relevant Lookback Date for Policy's Application to The Time the Patient Was First Billed:**
A hospital must not deny a patient financial assistance that would be available under the hospital's policy published on HCAI's website at the time the patient was first billed by the hospital.
7. **Generally:**
 - a. Medical Debt Must Be Excluded from Consumer Credit Reports: No consumer credit reporting agency shall make any consumer credit report containing medical debt.
 - b. Hospitals Cannot Provide Information Regarding Medical Debt to Consumer Credit Reporting Agencies: Hospitals must not furnish information regarding a medical debt to a consumer credit reporting agency.
 - c. 180-Day Grace Period: Hospitals cannot commence civil action against a patient for nonpayment of medical debt before 180 days after initial billing.

VI. REFERENCES:

- A. Internal Revenue Code Section 501(r)
- B. 26 Code of Federal Regulations 1.501(r)-1.501(r)-7
- C. California Health and Safety Code sections 127400 – 127446
- D. Social Security Act (42 U.S.C. 1395dd)
- E. NSA AB 1020
- F. CAHSC 1250
- G. AB 2297 (2024)
- H. SB 1061
- I. AB 532 (2022)

VII. ORIGINATOR:

Patient Financial Services - Single Billing Office Leadership

VIII. LEGAL REFERENCES:

Emergency Medical Treatment and Active Labor Act (EMTALA), 64 Fed Reg 18434 (April 7, 2000), AB 774 (January 1, 2007) AB 774 (January 1, 2014), Health & Safety Code 127400(g-i), 127446, AB 1503 (January 1, 2024) & SB 1276 (January 1, 2015), 501 (r) 2016, AB 537 (January 1, 2022), 45 Code of Federal Regulations Part 149 NSA (January 1, 2022), AB 1020 (January 1, 2024), CAHSC 1250 [96051.1 - 96051.37 (f of title 22 of the CCR)]

IX. ACCREDITATION:

None

X. CROSS REFERENCES:

- A. Policy 35033 Transfer: Emergency Treatment and Transfer (COBRA-EMTALA)
- B. Policy 15801 Billing, Collections and Bad Debt Review

XI. APPROVALS:

- A. PFS Policy and Procedure Committee - 12/94; 2/95; 5/98; 12/03; 03/04; 10/04; 11/05; 02/06; 03/06; 01/07; 07/07; 08/07; 04/08; 06/08; 02/11; 12/12; 03/13; 02/14; 04/14; 12/14; 03/15; 09/16; 01/17; 04/18; 8/2020; 03/2021; 03/2024; 04/2024; 12/2024; 04/2025
- B. System Policy & Procedure Steering Committee – 04/04/96
- C. Legal Affairs Department - 12/03; 03/04; 03/13; 08/16
- D. Sharp Finance Department – 06/16

XII. REPLACES:

PFS Dept. P&P originally dated 12/94









XIII. HISTORY:

System #15602.99; Originally Dated 3/96;

Reviewed/Revised: 03/99; 06/01; 12/03; 12/24 – Revised & Removed CCD's: 03/04; 10/04 – Updated Attachment: 11/05; 02/06; 01/07; 07/07; 08/07; 05/08; 06/08; 12/24 – Updated Attachments: 02/11; 07/12 – Updated Attachments: 03/13; 02/14; 12/24 – Updated Attachments: 04/14; 12/14; 03/15; 03/16; 06/16; 09/16; 12/24 – 501 (R) Updates: 01/17 – Financial Assistance Application Updated: 4/18 (FPL Chart); 07/19 (FPL Chart); 12/24 (removed FPL chart); 01/2025 (revisions to the applicant form submitted by SBO leadership) – Financial Assistance Calculator Updated with New Federal Poverty Level: 2/19; 07/19; 12/24 – Provider/Physician Emergency Room Contact: 07/19, 12/24

A. Attachments

Attachments

-  [A: Provider/Physician Emergency Room Contacts](#)
-  [B. 2025 Sharp HealthCare Financial Assistance Application](#)
-  [C: Financial Assistance Calculations Worksheet](#)
-  [D: Charity Letters – Denied, Full](#)
-  [E: Important Billing Information for Patients Financial Assistance Plain Language Summary](#)
-  [F: Patient Informational Notice](#)
-  [G: Sharp HealthCare Hospitals Physical and Website Addresses and Community Assistance Locations](#)
-  [H: Hospital Financial Assistance Notification](#)

Approval Signatures

Step Description	Approver	Date
Administrator	Tamara Westgate: Prgm Mgr- Policies and Procedures	4/9/2025
	Amanda Escobedo: Training Coord-Revenue Cycle	4/9/2025

Applicability

Chula Vista, Coronado, Grossmont, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare