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Policy Name: Financial Assistance Policy (Discount Payment Policy and Charity Care Policy)			

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Purpose

This Financial Assistance Policy (“Policy”) defines the eligibility criteria for financial assistance at El Centro Regional Medical Center (“ECRMC”) and provides the operational guidelines for the ECRMC Financial Assistance Program. This Financial Assistance Policy includes ECRMC’s discount payment policy, charity care policy, eligibility procedures for those policies, and review process.

Scope

Financial assistance pursuant to this Policy is only available for services provided under ECRMC’s general acute care hospital license.

This includes:

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, in the opinion of the treating physician or other health care professional, would lead to an adverse change in the health status of an individual if not treated promptly; and
- Non-elective services provided in response to life-threatening or health-threatening circumstances.

The following services are excluded as ineligible for Financial Assistance under this Policy, except as required by law:

- Services that are not medically necessary, including without limitation elective cosmetic surgery procedures and other elective procedures (e.g., cosmetic procedures, infertility services, andrology services, sterilization, reversal of sterilization, circumcision, certain eye surgeries, and routine vision exams).
- Services provided to a patient who has third-party coverage but the third-party coverage denies a claim for the services on the ground they are not medically necessary.

- 29 • Non-emergency services provided to patients who seek services at ECRMC despite
- 30 ECRMC not being in their third-party coverage’s network, and payment for their
- 31 services is denied on that basis.
- 32 • Services provided to a patient who elects not to use their third-party coverage to pay
- 33 for the services.
- 34 • Medical equipment including without limitation eyeglasses, contact lenses, and
- 35 hearing aids.
- 36 • Purchases from ECRMC’s retail operations, such as gift shops and cafeteria.
- 37 • Physician professional services that are not billed by ECRMC.
- 38 • Services that are not licensed hospital services.

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Policy Statement

40 ECRMC strives to ensure that the financial capacity of families who need healthcare services does

41 not prevent them from seeking or receiving care. The Policy encompasses the charity care policy

42 and the discount payment policy, which includes the process used by ECRMC to determine

43 whether a patient is eligible for Charity Care or Discounted Payment (as defined in this Policy).

44

45 It is recognized that the need for financial assistance is a sensitive and deeply personal issue.

46 Confidentiality of requests, information, and funding will be maintained for all who seek or

47 receive financial assistance. The orientation of staff and selection of personnel who will

48 implement this Policy should be guided by these values.

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Responsibilities

Person/Title	Responsibilities

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Procedure/Plan

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FINANCIAL ASSISTANCE PROGRAM PROCEDURE

52

I. FINANCIAL ASSISTANCE ELIGIBILITY AND LEVEL OF FINANCIAL ASSISTANCE

53

A. Eligibility for Charity Care

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55 To be eligible for Charity Care, a patient must meet all of the following qualifications:

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- 58 1. Patient must be a Self-Pay Patient;
- 59 2. Patient Facility Income must be less than or equal to one hundred percent (100%) of the

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- 64 FPL;
- 65 3. The patient must demonstrate they have applied for but were denied eligibility for
- 66 assistance from an applicable federal, state, or county health benefit program(s);
- 67 4. The service(s) provided must have been to treat an emergency medical condition;
- 68 5. The patient must be a United States citizen or a non-U.S. citizen with undocumented
- 69 status who resides in the United States.

70

71 Financially Qualified Self-Pay Patients who are eligible for Charity Care shall receive a write-off of

72 all amounts owed by such patient, provided that the patient shall remain responsible to pay a co-

73 payment according to the following schedule:

74

Hospital Service	Co-Payment
Emergency Care	\$50.00/visit
Inpatient Admission after receiving emergency care (ER Co-Pay Waived)	\$100.00/per day, not to exceed \$1,000

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76 Other than the above co-payment schedule, which may be waived for deceased patients, ECRMC

77 shall not bill these patients for any additional amount. In no event shall the amount due from a

78 Financially Qualified Self-Pay Patient as provided above exceed the amount that ECRMC would

79 expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is

80 greater.

81

82 **B. Eligibility for Discounted Payment**

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84 A Financially Qualified Patient who does not qualify for Charity Care under this Policy may be

85 eligible to pay a Discounted Payment, as follows:

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- 87 1. For Financially Qualified Patients who do not qualify for Charity Care and have Patient
- 88 Family Income below four hundred percent (400%) of the FPL, the amount ECRMC will
- 89 seek to collect from the patient will be limited to the amount of payment ECRMC would
- 90 expect, in good faith, to receive for providing services from Medicare or Medi-Cal,
- 91 whichever is greater. If there is no established payment by Medicare or Medi-Cal,
- 92 ECRMC shall establish an appropriate Discounted Payment.

93

94 **C. Emergency Physician Fair Pricing Policy**

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96 Any emergency department physician or surgeon who provides emergency medical services at

97 ECRMC is also required by law to provide discounts to Financially Qualified Self-Pay Patients or

98 Patients with High Medical Costs who are at or below four hundred percent (400%) of the Federal

99 Poverty Level. Patients who receive a bill from an emergency department physician or surgeon
100 should contact that physician’s office and request financial assistance This statement shall not be
101 construed to impose any additional responsibilities upon ECRMC.

102

103 **II. DETERMINATION OF FINANCIAL ASSISTANCE ELIGIBILITY**

104

105 **A. Determination of Patient’s Insurance Status**

106

107 At or before the time of admission to ECRMC, or as soon as possible thereafter, ECRMC shall
108 make all reasonable efforts to obtain from the patient or the patient’s representative information
109 about whether private or public health insurance or sponsorship may fully or partially cover the
110 charges for care rendered by ECRMC, including but not limited to any of the following:

111

- 112 • Private health insurance, including coverage offered through the California Health Benefit
113 Exchange.
- 114 • Medi-Cal, California Children’s Services, or other state-funded benefit programs designed
115 to provide health coverage.
- 116 • Medicare.
- 117 • Other coverage, including workers’ compensation, automobile insurance, or other
118 insurance.

119

120 In some cases, such as emergency admissions, it may not be possible to establish the patient’s
121 coverage status until after the patient is stabilized or discharged.

122

123 If the patient or the patient’s representative does not indicate coverage by a third-party payor or
124 requests Financial Assistance, then ECRMC shall provide the patient with the notice that is
125 described in Sections 1.A and 1.C of the ECRMC Notice of Financial Assistance Policy.

126

127 **B. Application for Financial Assistance**

128

129 To determine a patient’s eligibility for Financial Assistance, ECRMC will request that each patient
130 or patient’s representative applying for Financial Assistance complete an Application, including a
131 Statement of Financial Condition. The ECRMC Patient Accounting Department may assist with
132 completing the Application.

133

134 **i. Documentation of Income**

135

136 For the purposes of determining eligibility for Financial Assistance that is a discount under Section
137 I.B of this Policy, documentation of Patient Family Income shall be limited to recent pay stubs or
138 income tax returns for the year prior to the date of admission (for inpatient services) or service

139 (for outpatient services).

140
141 For the purposes of determining eligibility for Financial Assistance that is Charity Care under
142 Section I.A of this Policy, a patient may document Patient Family Income by providing recent pay
143 stubs or income tax returns for the year prior to the date of admission (for inpatient services) or
144 service (for outpatient services). However, if the patient does not have any recent pay stubs or
145 income tax returns, eligibility for Charity Care may also be verified through any of the following
146 mechanisms:

- 147
- 148 • IRS Form W-2;
 - 149 • Social Security income (IRS Form SSA-1099);
 - 150 • Wage and Earnings Statement;
 - 151 • Workers' Compensation or unemployment compensation determination letters;
 - 152 • Other indicators of income;
 - 153 • Documentation showing the patient's current participation or participation or
154 qualification within the preceding six months in a public benefits program, including Social
155 Security, Workers' Compensation, Unemployment Insurance Benefits, Medicaid, County
156 Indigent Health, TANF, Food Stamps, WIC, AFDC, or other similar indigence related
157 programs.

158

159 ii. Unavailable Documentation

160
161 When a patient is unable to provide the requested documentation to verify the Patient Family
162 Income, ECRMC may request a written explanation from the patient as to why the patient or
163 patient's representative is unable to obtain and/or provide documents. If provided, the
164 explanation shall be noted on the Application.

165
166 Additionally, ECRMC may, at its sole discretion, verify the Patient Family Income in either one of
167 the following two ways:

- 168
- 169 1. By having the patient or patient's representative sign the Application confirming the
170 accuracy of the income information provided; or
 - 171 2. Through the written attestation of ECRMC personnel completing the Application that the
172 patient or patient's representative verbally verified ECRMC's calculation of income.

173

174 **C. Application Period to Apply for Financial Assistance**

175

176 i. Application Period

177
178 ECRMC shall provide the patient or patient's representative an adequate amount of time to apply

179 for Financial Assistance. All Applications for Financial Assistance must be submitted within the
180 Application Period. When a patient submits a complete Application during the Application Period,
181 ECRMC shall determine whether the patient is eligible for financial assistance.

182
183 ii. Incomplete Application or Missing Documentation
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185 When a patient submits an incomplete Application, ECRMC shall notify the patient about how to
186 complete the Application and give the patient a reasonable opportunity to do so. If adequate
187 documents are not provided, ECRMC may contact the patient or the patient’s representative to
188 request additional information or documentation.

189
190 If the patient or the patient’s representative does not comply with the request within 14 calendar
191 days from the date of the request, or within another period of time as agreed upon between
192 ECRMC and the patient, such non-compliance may be grounds for denial of Financial Assistance.
193 If the requested documentation is later submitted, ECRMC may choose to re-review all submitted
194 documentation and reconsider the patient for Financial Assistance if the extraordinary
195 circumstances prevented the patient or the patient’s representative from providing the
196 additional documentation within 14 calendar days from the date of the request and they made
197 a reasonable effort to communicate the circumstances to ECRMC.

198
199 iii. Application Submitted After Application Period Ended
200

201 Eligibility for Discounted Payments or Charity Care may be determined at any time ECRMC is in
202 receipt of a completed Application. However, if the Application is submitted after the Application
203 Period is over, ECRMC may (1) deny Financial Assistance or (2) grant Financial Assistance if it
204 determines that the patient or their representative acted reasonably even though the Application
205 was not timely submitted.

206
207 iv. Responsibility of Patient to Provide All Necessary Information
208

209 When a patient or patient’s legal representative requests a Discounted Payment, Charity Care,
210 or other assistance in meeting their financial obligation to ECRMC, they shall make every
211 reasonable effort to provide ECRMC with (a) documentation of income and (b) if applicable,
212 health benefits coverage.

213
214 The patient or patient’s legal representative must also:
215

- 216 • Provide accurate and complete information in a timely manner so that ECRMC can
- 217 process the request for Financial Assistance;
- 218 • Provide timely follow-up for additional documents or information ECRMC requires for the

- 219 Financial Assistance application process;
220 • Provide full disclosure of the required information; and
221 • Satisfy any patient/guarantor payment obligation.
222

223 If the person requesting Charity Care or a Discounted Payment fails to provide information that
224 is reasonable and necessary for ECRMC to make a determination, such failure may result in a
225 denial of the Application.

227 v. Inaccurate Information
228

229 ECRMC makes arrangements for Financial Assistance for qualified patients in good faith and relies
230 on the fact that information presented by the patient or patient’s representative is complete and
231 accurate.

232
233 Falsification of information may result in denial of the Application. If after a patient is granted
234 Financial Assistance and ECRMC finds material provision(s) of the Application to be untrue, the
235 Financial Assistance may be reversed.

236
237 When fraudulent or purposely inaccurate information has been provided by the patient or the
238 patient’s representative, ECRMC reserves the right to bill retrospectively for all services to the
239 extent permitted by law. In addition, ECRMC reserves the right to seek all remedies, including but
240 not limited to civil and criminal damages from those patients or family representatives who have
241 provided fraudulent or purposely inaccurate information in order to qualify for Financial
242 Assistance, including those who accept financial assistance after an improvement in their
243 financial circumstances which was not made known to ECRMC.

244
245 **D. ECRMC’s Review Procedures for Determining Financial Assistance Eligibility**
246

247 i. ECRMC’s Review of the Application
248

249 ECRMC personnel will complete a Financial Assistance Eligibility Determination Worksheet
250 (“**Worksheet**”) and attach it to the patient’s Application, along with the copies of required
251 documents. The Worksheet with the Application allows for the documentation of the
252 administrative review and approval process utilized by ECRMC to grant financial assistance.
253

254 The ECRMC Patient Accounting Department (“PAD”) will review the Worksheet and Application
255 for completeness and provide a recommendation to the Chief Financial Officer or his/her delegee
256 within 15 days. The PAD Director must approve any revision to the Financial Assistance Eligibility
257 Determination Worksheet.
258

259 ii. Approval for Financial Assistance

260

261 A financial assistance determination will be made only by approved hospital personnel according
262 to the following levels of authority:

263

- 264 • Manager of Patient Accounting: Accounts less than \$2,500
- 265 • Chief Financial Officer: Accounts greater than \$2,500 and less than \$10,000
- 266 • Chief Executive Officer: Accounts greater than \$10,000

267

268 Each level requires the review, approval and signature of the person authorized to approve at
269 that level prior to an application for a larger medical expense liability moving forward for
270 approval by the additional designated authorized signers. For example, the Manager of Patient
271 Accounting, Chief Financial Officer, and Chief Executive Officer will all need to approve any
272 Financial Assistance for an account that is greater than \$10,000.

273

274 For patient accounts meeting the Financial Assistance eligibility criteria, the Application may be
275 approved for services provided under ECRMC’s general acute care hospital license. The accounts
276 will be recorded for the purposes of S10 reporting according to the date the Financial Assistance
277 adjustment was entered onto the account.

278

279 A patient shall not be denied Financial Assistance that would be available pursuant to the ECRMC
280 policy published on the California Department of Health Care Access and Information (“HCAI”)
281 internet website at the time of service.

282

283 Additionally, if a patient applies or has a pending application for another health coverage
284 program at the same time that the patient applies for Financial Assistance, neither application
285 shall preclude eligibility for the other program.

286

287 a) Presumptive Eligibility

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289 ECRMC reserves the discretion to utilize a Presumptive Eligibility Determination process to
290 provide Charity Care or discounted care for patients who are unable to complete the Application
291 or provide financial information or documentation, based on an objective, good faith
292 determination of financial need, taking into account the individual patient’s circumstances, the
293 local cost of living, a patient’s income, a patient’s family size, and/or the scope and extent of a
294 patient’s medical bills, based on reasonable methods to determine financial need.

295

296 In making a Presumptive Eligibility Determination, ECRMC shall take into account any extenuating
297 circumstances that would affect the good faith determination of the patient’s eligibility for
298 Financial Assistance in the following ways:

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- ECRMC may use reasonable methods for determining financial need, including, for example, documented patient interviews or questionnaires.
 - ECRMC may also determine a patient’s eligibility for Financial Assistance based upon information other than that provided by the patient, such as qualification in other welfare-based programs (including eligibility for Medicaid), homeless status, or based upon a prior Financial Assistance eligibility determination.
 - Any account returned to ECRMC from a collection agency that has determined the patient or patient’s representative does not have the resources to pay the patient’s bill may be deemed eligible for Financial Assistance. Documentation of the patient or family representative’s inability to pay for services will be maintained in the Financial Assistance documentation file.
 - ECRMC may also rely on the information included in publicly available databases and information provided by third-party vendors who utilize publicly available databases to make a good faith determination of whether a patient is entitled to Financial Assistance.

314 The Chief Financial Officer or his/her/their designees shall be authorized to approve patients for
315 presumptive eligibility for Financial Assistance and must ensure documentation of the basis upon
316 which presumptive eligibility was granted.

317

318 **E. ECRMC’s Procedures for After Determination of Financial Assistance Eligibility**

319

320 i. Written Notification of Determination of Financial Assistance

321

322 ECRMC shall notify the patient or the patient’s representative of the determination in writing.
323 The Financial Counselor shall coordinate the processing and mailing of these communications.

324

325 ii. Duration of Approval

326

327 If the Application is approved and the patient needs to return for care, the approval is applicable
328 for all services covered under this Policy provided within six months after approval.

329

330 iii. Offer of Extended Payment Plan

331

332 When a patient is approved for Financial Assistance that is a Discounted Payment, the patient
333 may pay any or all outstanding amounts due in one lump sum payment, or ECRMC shall offer an
334 extended payment plan to allow payment of the discounted price over time. Such extended
335 payment plans shall be interest-free. For further discussion on the terms of the extended
336 payment plan, see ECRMC’s Collection Policy.

337

338 iv. Changed Circumstances

339 If, at any time, information relevant to the eligibility of the patient changes, the patient may
340 update the documentation related to income and provide ECRMC with the updated information.
341 It is the patient's responsibility to notify ECRMC of the updated information.

342

343 ECRMC will consider the patient's changed circumstances in determining eligibility for Financial
344 Assistance. ECRMC may reverse previously applied discounts if it learns of information that it
345 believes supports a conclusion that information previously provided was inaccurate.

346

347 v. Appeals

348

349 In the event of a dispute regarding eligibility for Financial Assistance, patients have the right to
350 appeal the decision. Patients must provide written appeals outlining the reasons they believe the
351 determination was incorrect. Any dispute regarding eligibility, determination of financial
352 assistance, or billing or collection should be directed to PAD within 60 days of the date of the
353 determination.

354

355 PAD shall obtain all information regarding the dispute and forward it to the Chief Financial Officer
356 or his/her designee for review. The Chief Financial Officer or his/her designee will decide the
357 appeal based on whether the patient is eligible for Financial Assistance under this Policy, taking
358 into account all of the information provided in the Application and the appeal. The Chief Financial
359 Officer or his/her designee shall respond in writing to the patient or patient's representative
360 regarding the results of the review. If the Chief Financial Officer's designee denies the appeal, the
361 patient or patient's representative may appeal the determination to the Chief Financial Officer
362 whose determination will be final. All determinations shall be communicated to the patient in
363 writing.

364

365 **F. Medicare Cost Reporting and Charity Care for Medi-Cal/Medicaid Patients**

366

367 Financial Assistance shall be counted as charity allowances. As defined by the Medicare Provider
368 Reimbursement Manual 15-1, section 302.3, charity allowances are reductions in charges made
369 by the provider of services because of the indigence or medical indigence of the patient.

370

371 As required under Medicare Provider Reimbursement Manual 15-1, section 328, all charges
372 related to services subject to Financial Assistance shall be recorded at the full amount charged to
373 all patients, and the allowances should be appropriately shown in a revenue reduction account.

374

375 The portion of Medicare patient accounts (a) for which the patient is financially responsible
376 (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer,
377 including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be
378 classified as Charity Care if:

379

380 1. The patient is a beneficiary under Medi-Cal/Medicaid or another program serving

381 the health care needs of low-income patients; or
382 2. The patient otherwise qualifies for financial assistance under the Financial
383 Assistance Policy and then only to the extent of the write-off provided for under
384 the Financial Assistance Policy.

385
386 i. Financial Assistance for Medi-Cal/Medicaid Patients and Other Government-
387 Sponsored Low-Income Assistance Programs

388
389 ECRMC deems those patients that are enrolled in government-sponsored low-income assistance
390 programs (e.g., Medi-Cal/Medicaid, California Children’s Services, and any other applicable state
391 or local low-income program) to be indigent. Therefore, such patients are eligible under the
392 Financial Assistance Policy when payment is not made by the governmental program or entity
393 administering the government program, such as a Medi-Cal Managed Care Plan.

394
395 Specifically, ECRMC may grant Charity Care to Medicaid-enrolled patients who receive non-
396 covered and denied services. Because Medicaid beneficiaries are not responsible for any form of
397 patient financial liability, all non-reimbursed patient account balances related to eligible services
398 under this Policy that are not covered, including all denials, by Medicaid (including Medi-Cal and
399 other out-of-state Medicaid programs), are eligible for full write-off as Charity Care. For example,
400 any charges for days or services that are written off (excluding billing timeliness, medical records,
401 missing invoices, or eligibility issues) as a result of a Medi-Cal denial (such as TAR denial) are
402 eligible for Charity Care.

403
404 Other examples of services for which Medicaid and Medi-Cal beneficiaries may receive Charity
405 Care include but are not limited to:

- 406 • Non-covered services provided to Medicaid beneficiaries with restricted
407 Medicaid (i.e., patients that may only have pregnancy or emergency benefits
408 but receive other hospital care);
- 409 • Medi-Cal-pending accounts;
- 410 • Medi-Cal or other indigent care program denials, including Treatment
411 Authorization Request (“TAR”) denials;
- 412 • Charges related to days exceeding a length-of-stay limit;
- 413 • Out-of-state Medicaid claims with “no payment”; and
- 414 • Line-item denials.

415
416 This does not include any Share of Cost (“SOC”) amounts, as SOCs are determined by the state to
417 be an amount that the patient must pay before the patient is eligible for Medi-Cal/Medicaid.
418 However, after collection of the patient’s SOC portion, any other unpaid balance relating to a
419 Medi-Cal/Medicaid patient may be considered for Charity Care.

420
421 **G. Charity Care Reporting to HCAI**

422 ECRMC will report actual Charity Care provided in accordance with regulatory requirements of
423 the Department of Health Care Access and Information (“HCAI”) as contained in the Accounting
424 and Reporting Manual for Hospitals, Second Edition.¹

425
426 Charity Care as used by HCAI is the Financial Assistance offered by ECRMC in accordance with its
427 Financial Assistance Policy. As explained in HCAI’s Accounting and Reporting Manual for
428 Hospitals, section 1400, “the determination of what is classified as bad debt versus what is
429 considered charity care can be made by establishing whether or not the patient has the ability to
430 pay. The patient’s accounts receivable must be written off as bad debt if the patient has the
431 ability but is unwilling to pay off the account.”

432
433 To comply with regulations, ECRMC will maintain written documentation regarding its Charity
434 Care criteria. For individual patients, the hospital will maintain written documentation regarding
435 all Charity Care determinations. As required by HCAI, Charity Care provided to patients will be
436 recorded on the basis of actual charges for services rendered.

437
438 Charity Care shall be written off directly to Accounts Receivable, rather than to an allowance
439 account, as charity determinations are made. In other words, these accounts must be charged
440 with the differential between the amount, based on the hospital’s full established rates, of charity
441 patients’ bills for hospital services and the amount (if any) to be received from such patients in
442 payment for such services. This differential should be credited directly to the appropriate
443 Accounts Receivable account.

444
445 Charity Care reflects actual amounts written off during the reporting period and is not the
446 expected level of charity to be provided based on accrual estimates.

447

448 **A. Translation of Correspondences**

449

450 Written correspondence to the patient required in this Policy shall be in the language spoken by
451 the patient, consistent with Section 12693.30 of the Insurance Code, applicable state and federal
452 law, and this Policy.

453

454 **Definitions**

Term	Definition
Application Period	The period of time when a patient may apply for Financial Assistance. The Application Period begins on the patient’s first date of service (for emergency services) or the date that the patient first contacts ECRMC to schedule an appointment (all

	other services) and ends 240 days from the date of the initial post-discharge bill for the service.
Charity Care	Qualifying patients shall be relieved of their entire financial obligation with the exception of a specified co-payment. Charity Care does not reduce the amount, if any, that a third party may be required to pay for services provided to the patient.
Discounted Payment	Qualifying patients shall be relieved of a portion of their financial obligation to pay. Discounted Payment does not reduce the amount, if any, that a third party may be required to pay for services provided to the patient.
Federal Poverty Level (“FPL”)	The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Eligibility for Financial Assistance shall be based on the FPL in effect at the time the patient submits the Application.
Financial Assistance	The collective term used for Charity Care or Discounted Payment.
Financial Assistance Application (“Application”)	Is the required application to determine whether a patient is eligible for Financial Assistance. The Application shall include a Statement of Financial Condition.
Financially Qualified Patient	A patient who qualifies for Financial Assistance. There are two categories of a Financially Qualified Patient – (1) Financially Qualified Self-Pay Patient or (2) Patient with High Medical Costs.
Financially Qualified Self-Pay Patient	<ol style="list-style-type: none"> 1. Is a Self-Pay Patient (i.e., the patient does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital). 2. Patient Family Income does not exceed four hundred percent (400%) of the FPL <p>A Financially Qualified Self-Pay Patient may qualify for Charity Care or Discounted Payment depending on Patient Family Income.</p>

<p>Patient Family Income</p>	<p>Is the income earned by the Patient’s Family before taxes minus payments made for alimony and child support. Patient Family Income may be documented from recent pay stubs or income tax returns. The Patient Family Income will be determined in accordance with the Application. Proof of income may be used to annualize the Patient Family Income, based on the current earning rates.</p> <p>A Patient’s Family includes the patient and any of the following:</p> <ol style="list-style-type: none"> 1. For patients 18 years of age and older: spouse, domestic partner, as defined in Section 297 of the California Family Code, and dependent children under 21 years of age, whether living at home or not. 2. For patients under 18 years of age: parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.
<p>Patient with “High Medical Costs”</p>	<p>Is a patient who:</p> <ol style="list-style-type: none"> 1. Has third-party insurance or other coverage; 2. Has a Patient Family Income that does not exceed four hundred percent (400%) of the FPL; and 3. Has either: <ol style="list-style-type: none"> a. Annual out-of-pocket costs incurred by the patient at ECRMC that exceed the lesser of ten percent (10%) of the current Patient Family Income or Patient Family Income in the prior 12 months. b. Annual out-of-pocket expenses incurred at ECRMC or other healthcare providers that exceed ten percent (10%) of the Patient Family Income if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months. <p>Patients with “High Medical Costs” may qualify for a Discounted Payment.</p>

Self-Pay Patient	A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

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