DEPARTMENT: Patient Financial Services	**CATEGORY:** Policies
SUBJECT: Financial Assistance Program (FAP) – Charity Care and Discounted Payments	
Effective Date: August 25, 2026	**Approved by:** Administrative Team

A. PROGRAM

Bear Valley Community Healthcare District (BVCHD) strives to provide quality services in a caring environment and to make a positive, measurable difference in the health of individuals we serve. Helping to meet the needs of the low-income uninsured is an important element of our commitment to the community.

This program provides the means for BVCHD to demonstrate its commitment to achieving its mission and values.

B. PURPOSE

- To ensure BVCHD is in compliance with the HCAI "Hospital Fair Pricing Act" (Health & Safety Code §§127400–127446, and 22 CCR §96051) in managing our "Financial Assistance Program" policy.
- To establish a uniform procedure for identifying, screening, and assisting patients who quality for charity care and discounted payments, i.e., the BVCHD Financial Assistance Program ("FAP")
- To define the policy for FAP eligibility criteria for financial assistance

C. DEFINITIONS

1. Charity Care – means free health services provided without expectation of payment to persons who meet BVCHD's criteria for financial assistance and are unable to pay for all or a portion of the services. Charity care does not include bad debt.

2. Discounted Payment – means any charge for care that is reduced but not free; that part of the hospital's charges that a financially qualified patient is expected to pay.

3. Federal Poverty Level ("FPL") – means the poverty guidelines updated periodically in the Federal Register of the U.S. Department of Health and Human Services ("HHS")

4. Financially qualified patient – means a patient who is both of the following:
    a. A patient who is an uninsured/self-pay patient, or a patient with high medical costs
    b. A patient who has a family income that does not exceed 400% of the federal poverty level

5. A patient with high medical costs – means a person whose family income does not exceed 400% of the federal poverty level, and
    a. Annual out-of-pocket costs incurred by the individual at the hospital exceed the lesser of 10% of the patient's current family income or family income in the prior 12 months. Out-of-pocket costs

means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or MediCal cost sharing

b. Annual 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 the patient's family in the prior 12 months. Out-of-pocket expenses means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare co-pays of MediCal cost sharing.

6. Patient's family means:
   a. For persons 18 years of age or older, a spouse, domestic partner (as defined in Family Code, Section 297), and dependent children under 21 years of age, or any age if disabled, whether living at home or not.
   b. For persons under 18 years of age or for a dependent child 18-20 years of age, is includes of a parent, caretaker relatives, and parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled.

7. Reasonable Payment Plan – means monthly payments that are not more than 10% of a patient's family income for a month, excluding deductions for essential living expenses. "Essential Living Expenses" means: rent or house payment and maintenance, food and household expenses, utilities and telephone, clothing, medical and dental and auto expense, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

8. Self-pay/uninsured patient – means a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and who injury is not a compensable injury for purposes of workers' compensation, automobile insurance or their insurance as determined and documented by the hospital. Self-pay patients may include charity care patients.

D. POLICY

1. This policy is applicable to:
   a. All hospital departments involved in registration, billing, collections, and financial counseling
   b. All inpatient, outpatient, emergency, ancillary services, including provider-based clinics, and to hospital charges only; it does not apply to fees billed by physicians and other allied professions.
   c. All patients receiving **medically necessary** care, regardless of insurance status.

2. If a provider refers a patient to BVCHD for services that are not medically necessary, BVCHD will require an attestation, signed by the provider, indicating the specific services that were not medically necessary. BVCHD will not deny eligibility for the FAP for non-medically necessary services unless an attestation has been obtained.

3. BVCHD offers the FAP to financially qualified patients who meet the eligibility criteria as defined in F. below.

4. Services provided by emergency physicians in the Emergency Department to financially qualified patients are subject to the same charity and discounted payments. These services are billed by the emergency physicians, not the hospital. Questions concerning payment for these services must be directed to these physicians.

5. All patient notifications required by this policy will be provided in English and the language spoken by the patient and in compliance with the "Healthy Families Program Language Access Requirements."

6. Patients may not be asked to provide proof of citizenship or lawful presence in consideration for the FAP.

7. BVCHD, or any assignee, or other owner of patient debt, including a collection agency or debt buyer, will not:
    a. Report adverse information to a consumer credit reporting agency
    b. Commence civil action against the patient for nonpayment before 180 days after initial billing.

E. NOTIFICATION AND SCREENING

1. All hospital documents and notices provided or made available to patients related to this policy will meet the following requirements:
    a. Be designed and presented in a way that is easy to read and understood by a patient
    b. Use a white background and on paper
    c. Use black sans serif font in at least a 12-point size, with section headings in a larger font side or bond/underlined font style to distinguish different sections of the document
    d. Use plain, straightforward language that avoids technical jargon
    e. Meet the language requirements of HSC 127410(a) and in the BVCHD "Limited English Proficiency" policy
    f. Be maintained in the patient's medical record.

2. Each patient will be provided the written "Availability of BVCHD's Financial Assistance Program" notice ("Discharge Notice").
    a. The notice will include:
        i. A main title that states "Help Paying Your Bill"
        ii. Information about eligibility for BVCHD's FAP
        iii. A title "How to Apply" followed by application information
        iv. Information about eligibility and contact information for the hospital office that can provide further information
        v. Information on where the patient may access the FAP
        vi. A title "Hospital Bill Complaint Program" and the following language:

- *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 State of California's Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint."*

vii. A title "More Help" followed by the following statement:
- "*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."*

viii. An explanation of organizations that can help the patient understand the billing payment process, as well as information about Covered California and MediCal presumptive eligibility if BVCHD participates in the presumptive eligibility program.

ix. The internet address for the hospital's list of shoppable services as required by the federal Hospital Price Transparency regulations, in addition to the CA Payers' Bill of Rights.

x. The names of any software products and any other third-party services used to presumptively determine, or determine, eligibility for the FAP.

xi. A tagline sheet with the following statement provided in English and in the top 15 languages spoken by Limited English-Proficient ("LEP") individuals in CA as determined by the State Department of Health Care Services:
- *ATTENTION: If you need help in your language, please call 909-878-8252 or visit Patient Financial Services / Billing office. The office is open Monday through Friday from 7:30 AM to 5:00 PM and located at 41870 Garstin Drive, Big Bear Lake, CA. Aids and services for people with disabilities, like documents in accessible alternative format such as braille, large print, audio, and other accessible electronic formats are also available. These services are free.*

b. The "Availability of BVCHD's Financial Assistance Program" notice will be provided to all patients at the time of service, whether they are admitted as an inpatient or who receive emergency or outpatient services.

c. Except for Emergency Department visits, this written notice may be provided in either hard copy or using the patient's preferred electronic notification method if the patient has previously consented to receive clinical or nonclinical electronic communications. If sent electronically, it will be sent separately from other electronic communications and prominently indicate in the subject line that the communication is related to the discount payment and charity care policy.

d. The written notice will be provided in hard copy for all Emergency Department visits.

e. If the patient is not able to receive this notice at the time of service, it will be provided during the discharge process or, if the patient is not admitted, when the patient leaves the facility.

f. If the patient leaves the facility without receiving the notice, it will be mailed to the patient within 72 hours of providing services.

3. The written "Availability of BVCHD's Financial Assistance Program" notice will be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to, the following:
   a. Emergency Department
   b. Billing Office
   c. Admissions Office
   d. Other outpatient settings, including locations where observation services are provided.

4. All hospital postings will be:
   a. In a sans serif font
   b. Use a white background and black font
   c. Use paper that is no smaller than an 11" x 17" sheet
   d. Be designed and presented in a way that is easy to read and understood by the patient
   e. Use plain, straightforward language that avoids technical jargon
   f. Meets the language requirements outlined in Health and Safety Code section 127410(a)

5. BVCHD will maintain an internet webpage:
   a. Titled "Help Paying Your Bill" that will be noticeable and prominently displayed and will include:
      i. A link to the "Availability of BVCHD's Financial Assistance" notice and the FAP policy
      ii. A title of "Financial Assistance Application" and eligibility requirements
      iii. Link to the application and instructions on how to apply
      iv. Office where the patient may go for more information
      v. Information on and the following statement:
         - *Hospital Bill Complaint Program – The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you quality 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."*
   b. The webpage will be located:
      i. in the footer of the website
      ii. on any webpage where the patient may find information about paying a bill
      iii. in the hospital website's header or within one click on the hospital's dropdown menu from the hospital website's header.

   c. The size of the text on the website will be consistent with other text sizing or larger, at least 12 inch font in sans serif and distinguished from other text as bolded/underlined.

6. BVCHD will screen patients for eligibility for the FAP if the patient is:
   a. Uninsured
   b. Enrolled in MediCal with cost sharing or eligible for MediCal under the Hospital Presumptive Eligibility (HPE) program
   c. Enrolled in a Covered California health plan.

7. Screening will not be considered a request or application for charity care of discounted payment and not disqualify a patient, or the patient's representative, from requesting charity care or discounted payment, or submitting an application or documentation of income for the purpose of determining eligibility.
   - BVCHD may not compel the patient to provide information or documentation in the screening process, but may accept voluntary submission of information or documentation that would assist in the screening process.

8. BVCHD may use existing patient information in the screening process for the sole purpose of determining eligibility and incorporate this information into standard intake, registration, or billing workflows. This information may include:
   a. Existing medical or billing records
   b. Information routinely collected during patient registration or admission
   c. Information voluntarily provided
   d. Prior eligibility determination
   e. Any other information routinely collected or maintained that reasonably indicates financial hardship or eligibility

9. BVCHD will not require patients to apply for other coverage, e.g., Medicare, MediCal, or other coverage before they are screened for, or provided discounted payment. However, BVCHD may require the patient to participate in a screening for MediCal eligibility when screening for discounted payments.

10. BVCHD will inform patients of our screening process for eligibility for discounted payments or charity care and that the financial information they provide will be used solely for this purpose.
    - Patients will be further informed of their right to opt out of screening and will be provided the "Opt Out of Screening" form. The form will be maintained in the patient's medical record.

11. If the screening process concludes that a patient is financially qualified, further determination will be made about whether the patient is eligible for charity care or discounted care. The patient will not be required to complete a separate application.

DEPARTMENT: Patient Financial Services	CATEGORY: Policies
SUBJECT: Financial Assistance Program (FAP) – Charity Care and Discounted Payments	
Effective Date: August 25, 2026	Approved by: Administrative Team

F. ELIGIBILITY CRITERIA

1. BVCHD will make all reasonable efforts to obtain from the patient, or the patient's representative, information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care provided, including but not limited to:
    a. Private health insurance, including California Health Benefit Exchange
    b. Medicare
    c. MediCal, CA Children's Services Program or other state-funded programs

2. If information about third-party coverage is not provided by the patient, or they request a discounted price or charity care, BVCHD will provide an application for the MediCal program or other state- or county-funded health coverage programs. This application will be provided prior to discharge if the patient has been admitted or if they receive emergency or outpatient care.

3. Presumptive Eligibility Criteria
    a. Patients are presumed eligible for charity care if they, or any member of their family, are enrolled in any of these programs that provide sufficient evidence of financial qualification:
        - Homeless (self-attestation is acceptable)
        - Deceased with no estate
        - CalFresh
        - CalWORKS
        - Tribal Temporary Assistance for Needy Families (Tribal TANF)
        - Women, Infants and Children (WIC)
        - California Alternate Rates for Energy (CARE)
        - Low-Income Home Energy Assistance Program (LIHEAP)
        - Housing Choice Voucher (HCV) program
        - MediCal

    b. Patients will also be considered to be presumptively eligible if they, or a member of their family, were determined to be eligible for participation under this policy for services billed or provided during the previous six-month period. BVCHD will ask the patient if their income or insurance has changed during the last six months.
        i. If the patient attests that their income and insurance have not changed since last being approved for the FAP, BVCHD will offer the patient either charity care or discounted payments based on their previous determination of eligibility.
        ii. If the patient attests that their income and insurance have changed since last being approved for charity care of discounted payment, BVCHD will reevaluate their eligibility.
        iii. A patient that is approved for charity care or discounted payment based on a determination of eligibility within the prior six months will not be considered a new determination of eligibility.

c. Patients who are presumptively determined to be eligible for the FAP through the screening process will be provided with a written notice ("Notice of Presumptive Eligibility"). This notice may be provided prior to, or in conjunction with, the billing statement. The billing statement will **not** be sent to a patient who is presumptively determined to be eligible prior to the issuance of the "Notice of Presumptive Eligibility."
   i. The billing statement for patients who are presumptively determined to be eligible for charity care or discounted payment, will reflect the adjustments made to the patient's hospital charges under the FAP.
   ii. If the presumptive determination made through the screening process determines a patient is eligible, but it is later determined they are ineligible, or if verification cannot be determined, a written notice of the FAP policy will be sent/provided to the patient.

4. Insured patients may quality for charity care or discounted care if their income is less than or equal to the FPL and they have high medical costs.

5. BVCHD utilizes the following to determine eligibility for the FAP, to include family income:

   a. Income Limits for Adults (19–64)
   For standard adult eligibility under Modified Adjusted Gross Income (MAGI):
      - Single adult (1 person): $1,836/month or $22,025/year
      - 2-person household: $2,489/month or $29,864/year
      - 3-person household: $3,142/month or $37,702/year
      - 4-person household: $3,795/month or $45,540/year
      - Each additional person adds $653/month or $7,838/year
      These limits apply to adults and childless couples for full MediCal coverage with no premi ums

   b. Income Limits for Children (0–18)
   Children qualify with higher income thresholds — up to 266% of FPL:
      - Single child: $3,538/month or $42,454/year
      - 2 children: $4,797/month or $57,563/year
      - 3 children: $6,056/month or $72,672/year
      - 4 children: $7,315/month or $87,780/year
      - Each additional child adds $1,259/month or $15,109/year

   c. Pregnant Women
   Pregnant women can qualify at income up to 213% FPL, receiving coverage including prenatal t o 12 months postpartum

6. Benefit Amount -
   a. Applicants whose qualifying income is at 200% or less of the unit value(s) established by the FPL Guidelines, including family income, will be granted charity care benefit as follows:
      - Income 200% or less FPL will be granted full (100%) charity care (free care) for a 12-

month period.

b. Applicants who are homeless and qualifying income is at or greater than 201% and equal to or less than 400% less of the unit value(s) established by the FPL Guidelines, including family income, will be granted charity care benefit as follows:
   - Income 201%-400% or less FPL who are homeless will be granted fully (100%) charity care (free care)

7. Benefit Amount -Discounted Payments for uninsured/self-pay
   Applicants qualifying income is 201% but no greater than 400% the FPL benefit, including family income, is as follows:
   i. Income 201%-300% of FPL Guidelines discounted to MediCal Allowed Amount
   ii. Income 301%-350% of FPL Guidelines discounted to 75% of Self Pay Liability
   iii. Income >400% of FPL Guidelines Self Pay Liability

8. Benefit Amount -High Medical Cost Patients
   Applicants whose qualifying income is at 201% but no greater than 400% of the FPL, including family income, who incurred high medical costs during the prior twelve (12) months will be considered for the FAP. The patient's out-of-pocket medical expenses in the prior twelve (12) months (whether incurred at or outside of BVCHD) exceeds 10% of family income and patient does not otherwise receive discount as a result of third-party coverage benefit is as follows:
   a. Income 201%-300% of FPL Guidelines discounted to MediCal Allowed Amount.
      - If patient is insured the patient liability is reduced to the difference between maximum government amount (MediCal Allowed Amount) and insurance company payment
   b. Income 301%-400% of FPL Guidelines discounted to 75% of Self Pay Liability.
      - If patient is insured, the patient liability is reduced to the difference between the maximum (75% of Self Pay Liability) and insurance company payment.
   c. Income > 400% of FPL Guidelines Self Pay Liability.
      - If patient is insured, the patient liability is reduced to the difference between maximum amount (Self Pay Liability) and insurance company payment.

9. BVCHD may, at our discretion, screen or determine presumptive eligibility for the FAP if the patient is insured, not eligible for MediCal with cost sharing, or not enrolled in a Covered California Plan.

G. APPLICATION AND VERIFICATION

1. If BVCHD is not able to independently verify presumptive eligibility, we will request verification from the patient.
   a. The verification request will be made in writing and include the documentation necessary to determine eligibility as defined in this policy.
   b. Patients are expected to make every reasonable effort to provide the requested verification.
   c. BVCHD will assist the patient in obtaining verification when feasible.

   d. BVCHD will attempt to collect all of the information required to verify eligibility before discharge.

2. All patients who are screened as eligible for, or who request financial assistance, will be provided the BVCHD "Financial Assistance Evaluation Application" to include:
   a. Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level.
   b. Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; and (ii) medical expenses for themselves or their family (incurred at the hospital or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
   c. Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital and have a family income at or below 400% of the federal poverty level.

3. The "Financial Assistance Evaluation Application" will make it clear that for patients applying only for discount payment program eligibility, they may receive less financial assistance than what may be available to them under the charity care program.

4. As proof of income BVCHD will only request copies of:
   a. Recent pay stubs within a 6-month period before or after the patient is first billed, or in the case of pre-service, when the application is submitted.
   b. Tax returns which document a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed.

5. BVCHD may only request recent paystubs or income tax returns for documentation of income. We may accept other forms of documentation of income but we will not require it.

6. This information will not be used for collections activities. However, if this information is obtained independent of the eligibility process, it can be relied upon by BVCHD or a collection agency.

7. Once eligibility documentation is received, eligibility for the FAP will be considered at any time, i.e., no time limits will be imposed.

8. BVCHD may waive or reduce MediCal and Medicare cost-sharing amounts, and in doing so may consider the patient's monetary assets to the extent required to be reimbursed under the Medicare program for Medicare bad debt without seeking to collect cost-sharing amounts for the patient as required by federal law. Monetary assets are those that are convertible to case and do not include retirement or deferred compensation plays qualified under IRS Code, non-qualified deferred compensation plans, or asses below the maximum community spouse resource allows under the Medicaid spousal impoverishment statute (42 USC Section 1396r-5).

9. The Director of Patient Financial Services or designee will review all Financial Assistance Evaluation Applications to determine eligibility for the FAP.

10. Determination of eligibility for the FAP will be approved by the CFO.

11. In the event of a dispute, a patient may seek review from the business manager, CFO, or other appropriate manager as designated in the charity care and discount payment policy. Upon determination that a patient is eligible for the FAP, BVCHD will provide the patient the "Eligibility Determination Letter" which includes:
    a. A clear statement of the hospital's determination of the patient's eligibility for the FAP.
    b. If the patient was denied eligibility for the FAP, a clear statement explaining why the patient was denied .
    c. If the patient was approved for the FAP, a clear explanation of the reduced bill and instructions on how the patient may obtain additional information regarding a reasonable payment plan, if applicable.
    d. The name of the hospital office, contact name, and contact information where the patient may appeal the hospital's decision.
    e. Information on the "BVCHD's Hospital Bill Complaint Program."
    f. Information on the Health Consumer Alliance, including the following statement:
        - *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.

12. Payment Plans
    a. BVCHD will offer uninsured patients, anyone else who qualifies under our FAP, and insured patients who indicate an inability to pay their bill (the patient responsibility) in a single installment, or the option to enter into an agreement to make payments over time.
    b. BVCHD and the patient will negotiate the terms of the payment plan and take into consideration the patient's family income and essential expenses.
    c. If the hospital and the patient cannot agree on a payment plan, the hospital will create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly family income, excluding deductions for essential living expenses.
    d. If a patient is attempting to quality for eligibility under the FAP and is attempting in good faith to settle an outstanding bill by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount, the hospital shall not send the unpaid bill to any collection agency, debt buyer, or other assignee, unless the entity has agreed to comply with other hospital payment plan provisions.
    e. Payment plans will be offered interest free.
    f. If a patient who agreed to a payment plan does not make a payment for 90 days BVCHD will:
        i. Make a reasonable effort to contact the patient by telephone (to the patient's last known

number and address) and to give notice in writing that the payment plan may be in default (become invalid)

ii. Inform the patient that they can renegotiate the defaulted payment plan

g. If after notification of default of the payment plan the patient does not respond, the payment plan will be determined to be invalid. Further civil action will not be taken until the payment plan is declared no longer valid (See "Billing and Collections" policy).

h. All documentation related to money owed the hospital will be maintained for five (5) years.

H. BILLING

If BVCHD bills a patient who, at the time of care or discharge, did not provide proof of coverage by a third party, we will provide a clear and conspicuous "Request for Insurance Information" notice that includes:

1. The statement of charges
2. A request the patient inform BVCHD of their health insurance coverage, Medicare, MediCal or other coverage
3. A statement informing the patient that if they do not have health insurance coverage, they may be eligible for Medicare, MediCal, coverage offered through California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage or charity care, including a statement informing patents of how to obtain applications for these programs.
4. A referral to a local consumer assistance center at legal services offices.
5. Information about financially qualifying for the charity care of discounted payment application including:
   a. A statement that indicates if the patient lacks, or has inadequate insurance, and meets certain low- and moderate-income requirements, the patient may qualify for discounted payment or charity care.
   b. The name and phone number of the hospital department from which the patient may obtain information about BVCHD's FAP and how to apply for assistance.
   c. If a patient applies, or has a pending application, for another health coverage program at the same time the patient applies for charity care or discounted payment, neither application will preclude eligibility of the other program.

I. HCAI CONTACT, REGISTRATION, AND POLICY SUBMISSION

1. BVCHD has designated the CFO as the primary contact and the Revenue Cycle Leader as the secondary contact for the purpose of receiving compliance and informational communications regarding our policies from HCAI. The primary and secondary contacts will register on the Department's online policy submission portal at hdc.ca.gov and provide the following information:
   a. The legal name of the hospital
   b. The name of the contact person
   c. The business title of the contact person
   d. A business address

e. A business email
f. A business phone number
g. Whether they are the primary or secondary contact

2. BVCHD will update any change/s to this contact information through the online policy submission portal within 10 working days after the change.

3. The primary contact will identify approved users who may use the HCAI online patient complaint portal on behalf of the hospital. These users will sign a statement of certification provided by HCAI that validates their authorization and the accuracy responses under penalty of perjury.

4. The primary or secondary contact will submit the HCAI required policies through the online policy submission portal at hdc.hcai.ca.gov by January 1, 2028 and biennially between September 1st and January 1st prior to the submission due date, or when significant changes are made. The required policies to be submitted must include:
   a. Discount payment policy
   b. Charity care policy
   c. Eligibility procedures
   d. Review process
   e. Application for the FAP programs
   f. Debt collection policy

5. If no significant changes are made since the previous submission, BVCHD will notify HCAI of the lack of change/s. This will meet the reporting requirements.

DEPARTMENT: Patient Financial Services	**CATEGORY:** Policies
SUBJECT: Financial Assistance Program (FAP) – Charity Care and Discounted Payments	
Effective Date: August 25, 2026	**Approved by:** Administrative Team

LANGUAGE ASSISTANCE / AYUDA CON EL IDIOMA

The following notice is provided in English and the top 15 languages spoken by Limited English-Proficient (LEP) individuals in California, as required by state law. All language assistance services are **FREE**.

ENGLISH

ATTENTION: If you need help in your language, please call 909-878-8252 or visit the Patient Financial Services Office. The office is open Monday through Friday, 8:00 AM to 5:00 PM, and is located at 41870 Garstin Drive, Big Bear Lake, CA 92315. Aids and services for people with disabilities, like documents in accessible alternative formats such as braille, large print, audio, and other accessible electronic formats are also available. These services are free.

ESPAÑOL (Spanish)
ATENCIÓN: Si necesita ayuda en su idioma, llame al 909-878-8252 o visite la Oficina de Servicios Financieros para Pacientes. La oficina está abierta de lunes a viernes, de 8:00 a.m. a 5:00 p.m., y se encuentra en 41870 Garstin Drive, Big Bear Lake, CA 92315. También están disponibles ayudas y servicios para personas con discapacidades, como documentos en formatos alternativos accesibles como braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

中文 (Chinese)
注意：如果您需要用您的语言获得帮助，请致电 909-878-8252 或前往患者财务服务办公室。办公室开放时间为周一至周五上午 8:00 至下午 5:00，地址位于 41870 Garstin Drive, Big Bear Lake, CA 92315。我们还为残障人士提供辅助设备和服务，如盲文、大字体、音频及其他无障碍电子格式的文件。这些服务均免费提供。

TIẾNG VIỆT (Vietnamese)
CHÚ Ý: Nếu bạn cần hỗ trợ bằng ngôn ngữ của mình, vui lòng gọi 909-878-8252 hoặc đến Văn phòng Dịch vụ Tài chính Bệnh nhân. Văn phòng mở cửa từ Thứ Hai đến Thứ Sáu, 8:00 sáng đến 5:00 chiều, tại 41870 Garstin Drive, Big Bear Lake, CA 92315. Các hỗ trợ và dịch vụ dành cho người khuyết tật như tài liệu ở định dạng braille, chữ in lớn, âm thanh và định dạng điện tử khác cũng có sẵn. Các dịch vụ này miễn phí.

TAGALOG (Filipino)
ATENSYON: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa 909-878-8252 o bumisita sa Opisina ng Mga Serbisyong Pinansyal para sa Pasyente. Ang opisina ay bukas mula Lunes hanggang Biyernes, 8:00 AM hanggang 5:00 PM, sa 41870 Garstin Drive, Big Bear Lake, CA 92315. Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng braille, malaking print, audio, at iba pang electronic na format, ay available din. Ang mga serbisyong ito ay libre.

DEPARTMENT: Patient Financial Services	**CATEGORY:** Policies
SUBJECT: Financial Assistance Program (FAP) – Charity Care and Discounted Payments	
Effective Date: August 25, 2026	**Approved by:** Administrative Team

한국어 (Korean)
주의: 귀하의 언어로 도움이 필요하시면 (760) 866-5501로 전화하시거나 환자 재정 서비스 사무소를 방문하십시오. 사무소는 월요일부터 금요일까지 오전 8시부터 오후 5시까지 운영되며, 주소는 41870 Garstin Drive, Big Bear Lake, CA 92315입니다. 점자, 큰 활자, 오디오 및 기타 전자 형식의 장애인용 보조 자료도 이용 가능합니다. 이러한 서비스는 무료입니다.

ՀԱՅԵՐԵՆ (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ անհրաժեշտ է օգնություն Ձեր լեզվով, խնդրում ենք զանգահարել 909-878-8252 կամ այցելել Հիվանդի Ֆինանսական Ծառայությունների Գրասենյակ: Գրասենյակը բաց է երկուշաբթիից ուրբաթ, ժամը 8:00-ից 17:00, հասցե՝ 41870 Garstin Drive, Big Bear Lake, CA 92315: Օգնություններ և ծառայություններ՝ նախատեսված հաշմանդամություն ունեցող անձանց համար, ինչպես օրինակ՝ բրայլյան գրեր, խոշորատառ տպագրություն, ձայնագրություններ և այլ հասանելի էլեկտրոնային ձևաչափեր, նույնպես հասանելի են: Այս ծառայությունները անվճար են:

РУССКИЙ (Russian)
ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по номеру 909-878-8252 или посетите Отдел финансовых услуг для пациентов. Офис работает с понедельника по пятницу с 8:00 до 17:00 и расположен по адресу: 41870 Garstin Drive, Big Bear Lake, CA 92315. Также доступны вспомогательные средства для людей с ограниченными возможностями, включая документы шрифтом Брайля, крупным шрифтом, в аудиоформате и других доступных электронных форматах. Эти услуги предоставляются бесплатно.

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 909-878-8252 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਮਰੀਜ਼ ਵਿੱਤੀ ਸੇਵਾਵਾਂ ਦਫ਼ਤਰ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਤੋਂ ਸ਼ਾਮ 5:00 ਵਜੇ ਤੱਕ, 41870 Garstin Drive, Big Bear Lake, CA 92315 'ਤੇ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ। ਅਪਾਹਜ ਵਿਅਕਤੀਆਂ ਲਈ ਬ੍ਰੇਲ, ਵੱਡੀ ਛਪਾਈ, ਆਡੀਓ ਅਤੇ ਹੋਰ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

العربية (Arabic)
تنبيه: إذا كنتَ بحاجة إلى مساعدة بلغتك، يُرجى الاتصال بالرقم 8252-878-909 أو زيارة مكتب الخدمات المالية للمرضى. يعمل المكتب من الاثنين إلى الجمعة، من 8:00 صباحًا حتى 5:00 مساءً، ويقع في 41870 Garstin Drive, Big Bear Lake, CA 92315. تتوفر أيضًا وسائل مساعدة للأشخاص ذوي الإعاقات، كالوثائق بطريقة برايل والطباعة الكبيرة والتسجيلات الصوتية وغيرها. هذه الخدمات مجانية.

فارسی (Farsi)
توجه: اگر به کمک به زبان خود نیاز دارید، لطفاً با 8252-878-909 تماس بگیرید یا از دفتر خدمات مالی بیمار بازدید کنید. دفتر از دوشنبه تا جمعه، ساعت ۸:00 صبح تا ۵:00 بعدازظهر باز است و در 41870 Garstin Drive, Big Bear Lake, CA 92315 قرار دارد. کمک‌ها و خدمات برای افراد دارای معلولیت، از جمله اسناد به صورت بریل، چاپ بزرگ، صوتی و فرمت‌های الکترونیکی دیگر نیز موجود است. این خدمات رایگان هستند.

हिंदी (Hindi)
ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो 909-878-8252 पर कॉल करें या रोगी वित्तीय सेवा कार्यालय जाएं। कार्यालय सोमवार से शुक्रवार, सुबह 8:00 से शाम 5:00 बजे तक, 41870 Garstin Drive, Big Bear Lake, CA 92315 पर खुला रहता है। विकलांग व्यक्तियों के लिए ब्रेल, बड़े प्रिंट, ऑडियो और अन्य इलेक्ट्रॉनिक प्रारूपों में दस्तावेज़ उपलब्ध हैं। ये सेवाएं निःशुल्क हैं।

DEPARTMENT: Patient Financial Services	**CATEGORY:** Policies
SUBJECT: Financial Assistance Program (FAP) – Charity Care and Discounted Payments	
Effective Date: August 25, 2026	**Approved by:** Administrative Team

Hmoob (Hmong)
CEEB TOM: Yog tias koj xav tau kev pab ua koj hom lus, hu rau 909-878-8252 lossis mus ntsib Chav Haujlwm Kev Pab Nyiaj Txiag rau Cov Neeg Mob. Lub chaw ua haujlwm qhib hnub Monday txog Friday, 8:00 AM txog 5:00 PM, ntawm 41870 Garstin Drive, Big Bear Lake, CA 92315. Cov kev pab cuam rau cov neeg xiam oob qhab xws li braille, ntawv loj, suab lus, thiab lwm hom electronic kuj muaj. Cov kev pab cuam no yog dawb xwb.

ភាសាខ្មែរ (Cambodian/Khmer)
ចំណាំ៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅ 909-878-8252
ឬចូលទៅកាន់ការិយាល័យសេវាហិរញ្ញវត្ថុអ្នកជំងឺ។ ការិយាល័យបើកពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រ ពីម៉ោង 8:00 ព្រឹក ដល់ 5:00 ល្ងាច នៅ 41870 Garstin Drive, Big Bear Lake, CA 92315។ ជំនួយសម្រាប់ជនពិការ ដូចជាឯកសារជា Braille, ពុម្ពអក្សរធំ, សំឡេង និងទ្រង់ទ្រាយអ៊ីឡិចត្រូនិចផ្សេងទៀតក៏មានផងដែរ។ សេវាទាំងនេះឥតគិតថ្លៃ។

日本語 (Japanese)
注意：あなたの言語でのサポートが必要な場合は、909-878-8252 にお電話いただくか、患者財務サービス窓口をご利用ください。窓口は月曜日から金曜日の午前8時から午後5時まで営業しており、41870 Garstin Drive, Big Bear Lake, CA 92315 にあります。点字・大きな活字・音声・その他のアクセシブルな電子形式のような障害のある方向けの支援も利用できます。これらのサービスはすべて無料です。

ภาษาไทย (Thai)
ข้อสังเกต: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทร 909-878-8252 หรือไปที่สำนักงานบริการทางการเงินสำหรับผู้ป่วย สำนักงานเปิดทำการวันจันทร์ถึงวันศุกร์ ตั้งแต่ 8:00 น. ถึง 17:00 น. ที่ 41870 Garstin Drive, Big Bear Lake, CA 92315
นอกจากนี้ยังมีบริการสำหรับผู้พิการ เช่น เอกสารเป็นอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์อื่นๆ
บริการเหล่านี้ไม่มีค่าใช้จ่าย

Bear Valley Community Hospital • 909-878-8252 • www.bvcommunityhealth.org
These language assistance services are free of charge.
Required by California Health & Safety Code §127400 et seq.