

POLICY TITLE: Discounted Payment and Charity Care Program	
DISTRIBUTION: Organization, Website, HCAI, Bad Debt Agencies	PAGE: 1 of 15
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AUTHOR/OWNER: Karen Dostart, Director Hospital Patient Billing & Payer Contracting	APPROVED BY: Chief Financial Officer, Board of Directors

SCOPE: Registration, front desk, and financial counseling staff.

POLICY STATEMENT:

This policy outlines Marshall Medical Center's ("Marshall") Discounted Payment and Charity Care policy for its hospital and affiliated clinics. Marshall provides Discounted Payment and Charity Care to Financially Qualified Patients. This policy describes how Marshall reviews a patient's financial resources to determine a patient's financial eligibility for Discounted Payment and Charity Care services. This policy also provides administrative and accounting guidelines for the identification, classification, and reporting of patient accounts as Discounted Payments or Charity Care.

OVERVIEW:

Marshall is committed to providing Discounted Payment and Charity Care Services to Financially Qualified Patients. Marshall determines a patient's Discounted Payment and Charity Care eligibility based on: (1) the patient's income; (2) the services rendered; (3) the availability of other coverage/insurance; and (4) whether the patient has incurred High Medical Costs.

It is Marshall's intention to ensure that every Marshall patient will be presented before discharge, and at time of billing, with written notice that includes information regarding the availability of Marshall's Discounted Payment and Charity Care Program, including information about eligibility, as well as contact information for a hospital office from which the person may obtain further information about these policies.

Patients may request Discounted Payment and Charity Care Services by submitting an application for Discounted Payment or Charity Care, also known as a Statement of Financial Condition, to Marshall online or in person. Marshall will review the application and make a determination of eligibility applying the standards set forth in this policy. Following a determination of eligibility, an eligible individual will not be charged more for emergency or other Medically Necessary care than Marshall would receive for the services from Medicare or Medi-Cal, whichever is greater. Patients dissatisfied with the eligibility determination may appeal using Marshall's Discount Payment/Charity Care Appeal process defined below.

SUPPORTIVE INFORMATION:

Marshall is committed to providing, without discrimination, care for emergency medical conditions to our patients regardless of their eligibility under this Discounted Payment and Charity Care Program. Requests for Discounted Payment and Charity Care may be made verbally or in writing at any point before, during or after the provision of care.

Confidentiality of information and individual dignity will be maintained for all who seek Discounted Payment or Charity Care under these policies. The handling of personal health information will meet all HIPAA and California Medical Information Act (56 California Civil Code § 56 et seq.) requirements.

DEFINITIONS:

Amounts Generally Billed (AGB) means the maximum amount billed by Marshall to individuals eligible for Discounted Payment or Charity Care, as determined by this policy. Marshall determines AGB using a method allowed by federal regulations, namely the “Medicare Prospective” method. The prospective method allows Marshall to use the billing and coding process the hospital would use if the patient were a Medicare fee-for-service or Medi-Cal beneficiary and billing the amount it would be paid by Medicare for the emergency or other medical necessary care as if the Financially Qualified Patient were a Medicare fee-for-service beneficiary. The term “Medicare fee-for-service” includes only health insurance available under Medicare parts A and B of Title XXVII of the Social Security Act (42 U.S.C. 1395c through 1395w-5) and not health insurance plans administered under Medicare Advantage. In rare cases where the Medicare rate is more than the Medi-Cal fee-for-service amount, or Medicare does not have a rate set for a service, the discount will be based on the Medi-Cal fee-for-service fee schedule at the time of service. Any questions should be directed to the financial counselors at 530-626-2618.

Charity Care means free health care services provided without expectation of payment from Financially Qualified Patients. Patients who do not have insurance coverage or are unable to obtain insurance coverage and unable to pay are eligible for this discount.

Collection Agency means a debt collection vendor contracted by Marshall who attempts to collect payment for an overdue debt.

Deceased Patient means a patient who has expired, has no living spouse/guardian, and does not have an estate against which a creditor’s claim may be filed. Deceased Patients will be considered automatically covered as Discounted Payment or Charity Care under this policy. Validation will be secured through verification of marital status and court research of estate notices.

Discounted Payment means a reduction in payment for health care items and services that a Financially Qualified Patient is expected to pay in accordance with Health & Safety Code Sections 127405 (b) and 127405 (d). Marshall’s Discounted Payment assistance limits health care charges that a Financially Qualified Patient is expected to pay to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater. Discounted Payment may be applied to the total amount due for Uninsured/Self Pay patients, as well as the patient liability for patients with insurance, including charges determined

uninsured for the hospital stay, co-insurance, co-payment, deductible amounts, and other liabilities for medical necessary hospital services.

Emergency Medical Services means emergency services and care required to stabilize a patient's medical condition initially provided in the emergency department or otherwise classified as "emergency services" under the federal EMTALA Law or Section 1317.1 et seq of the California, Health & Safety Code, and continuing until the patient is medically stable and discharged, transferred, or otherwise released from treatment.

Essential Living Expenses means rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or childcare; child or spousal support; transportation and auto expenses, including insurance, gas, and repairs; installment payments; laundry and cleaning; and other extraordinary expenses.

Federal Poverty Level (FPL) means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Information about the FPL can be accessed here: [HHS Federal Poverty Guidelines](#).

The HHS Poverty Guidelines in effect as of January 11, 2024, are:

2024 POVERTY GUIDELINES	FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA
Persons in family/household	Poverty Guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

For families/households with more than 8 persons, add \$5,380 for each additional person

Financially Qualified Patients are patients that: (1) have a family income that does not exceed 450 percent of the Federal Poverty Level, or have High Medical Costs as determined in accordance with the processes set forth in this policy; (2) have completed and submitted an application; and (3) have been determined by Marshall to qualify for either Discounted Payment or Charity Care.

Full Scope Medi-Cal is a free or low-cost health care for some people who live in California and is provided by Medi-Cal. Full Scope Medi-Cal covers more than just emergency health care. It provides medical, dental, mental health, treatment for alcohol and drug use, family planning and vision (eye) care.

High Medical Costs mean:

- Annual Out-Of-Pocket costs incurred by the patient for services and items rendered at Marshall that exceed the lesser of ten (10) % of the patient's current income or family income in the prior 12 months;
- Annual Out-Of-Pocket costs that exceed ten (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; or
- A lower level determined by Marshall in accordance with this policy.

The High Medical Cost discount applies to patients whose family income does not exceed 450 percent of the Federal Poverty Level and who are not Uninsured/Self Pay. Insured patients are eligible for discounts to their liability, including copayment, coinsurance, deductible amounts, and other liabilities for Medically Necessary hospital services.

Homeless Patients/Homelessness includes patients that are "homeless", "at risk of homelessness", and "chronically homeless" as defined by the U.S. Department of Housing and Urban Development (HUD). Patients without a payment source are automatically classified as charity if they do not have a job, mailing address, residence, or insurance. Consideration must also be given to classifying emergency room only patients who do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of their care. Certification of Homelessness must be provided every six months to continue coverage under this policy.

Medi-Cal Hospital Presumptive Eligibility (HPE) is a state program that provides individuals with temporary, no-cost, Medi-Cal benefits for up to two months. To qualify individuals must meet certain rules, such as having income monthly limit for household size, being a California resident, and not currently on Medi-Cal.

Medically Necessary means healthcare services that are necessary to preserve a patient's life, to prevent significant illness or significant disability, or to alleviate severe pain. Hospital services are presumed to be Medically Necessary care unless either the provider who referred the patient for the hospital services or the supervising health care provider for the hospital services attests that the hospital services were not medically necessary.

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 Medi-Cal cost sharing.

Patient Family include:

- For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, or any disabled, whether living at home or not.
- For persons under 18 years of age including a dependent child 18 to 20 years of age, parent, caretaker relatives and parent's or caretaker relatives' other dependent children under the age of 21 years, or any age if disabled.

Proof of Income means either (1) recent 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; or (2)

recent paystubs within a 6-month period before or after the patient is first billed by the hospital, or in case of preservice, when the application is submitted.

Reasonable Payment Plan is a payment plan where monthly payments are not more than 10% of the patient's monthly family income, excluding deductions for Essential Living Expenses. A Reasonable Payment Plan is created when Marshall and the patient or their guarantor cannot agree on a payment plan.

Restricted Scope Medi-Cal means Medi-Cal that covers limited services and does not cover medicine or primary care. If a patient has pregnancy-related limited scope Medi-Cal, they have the Full Scope Medi-Cal benefits if the services are Medically Necessary.

Statement of Financial Condition means the application for which the patient or patients' guarantor will provide all relevant information required to begin the determination process.

Uninsured/Self Pay means a patient who has no insurance coverage for health care services or an insured patient who does not have coverage for the services they received and is not eligible for any State, Federal, or local programs. Uninsured/Self Pay individuals with a household/family income of less than 450% of the FPL will qualify for an Uninsured Discount, reducing patient liability to no more than one hundred (100) % percent of the AGB.

DISCOUNTED PAYMENT AND CHARITY CARE PROGRAM:

A. Covered Providers and Services

Covered Services:

Only (1) Medically Necessary hospital and professional services provided by Marshall Medical Foundation providers and (2) home health services provided by Marshall Home Care will be considered eligible for Discounted Payment and Charity Care. All services will be presumed Medically Necessary unless there is an attestation by the provider or supervising health care provider stating the services were not Medically Necessary.

Excluded Services:

The following services are excluded as ineligible for Marshall's Discounted Payment and Charity Care under this policy, except as required by law:

- Purchases from hospital retail operations, such as gift shops and cafeteria.
- Medically unnecessary care.

Covered Providers:

Medically Necessary services rendered by the following providers are covered under this policy:

Location Address	Suite	Phone
Divide Wellness Center Rural Health Clinic, 6065 State HWY 193, Georgetown		530-333-2548
Marshall Cardiology, 1004 Fowler Way, Placerville	Suite 4	530-626-9488
Marshall Cardiology, 3501 Palmer Drive, Cameron Park	Suite 204	530-626-9488
Marshall Cardiology, 5137 Golden Foothill Parkway, El Dorado Hills		530-626-9488
Marshall CARES, 1045 Marshall Way, Placerville		530-621-7965
Marshall ENT, 4300 Golden Center Drive, Placerville	Suite D	530-344-2010
Marshall Family Medicine, 1095 Marshall Way, Placerville	Suite 100	530-626-2920
Marshall Family Medicine, 3581 Palmer Drive, Cameron Park	Suite 602	530-672-7000
Marshall Family Medicine, 5137 Golden Foothill Parkway, El Dorado Hills	Suite 120	916-933-8010
Marshall General Surgery, 1095 Marshall Way, Placerville	Suite 202	530-626-3682
Marshall GI, 3501 Palmer Drive, Cameron Park	Suite 201	530-672-7040
Marshall Hematology/Oncology, 3581 Palmer Drive, Cameron Park	Suite 400	530-676-6000
Marshall OB/GYN, 1095 Marshall Way, Placerville	Suite 201	530-344-5470
Marshall Orthopedics, 4300 Golden Center Drive, Placerville	Suite C	530-344-2070
Marshall Orthopedics, 5137 Golden Foothill Parkway, El Dorado Hills	Suite 120	916-805-2320
Marshall Pediatrics Rural Health Clinic, 4341 Golden Center, Placerville	Building A	530-626-1144
Marshall Rheumatology, 3501 Palmer Drive, Cameron Park	Suite 201	530-672-7040
Marshall Sierra Primary Medicine, 4341 Golden Center Drive, Placerville	Building B	530-621-3600
Marshall Urology, 3501 Palmer Drive, Cameron Park	Suite 204	530-676-6131

Emergency physicians who provide emergency medical services in the hospital are also required by law to provide discounts to uninsured patients or patients with High Medical Costs who are at or below 400 percent of the federal poverty level. This statement shall not be construed to impose any additional responsibilities upon the hospital according to Health and Safety code 127405(a)(1)(B).

Excluded Providers:

The following individual providers, practice groups or any other entities that are providing emergency or Medical Necessary care in the hospital will bill and make discounts based on their services separately and do not qualify under Marshall's Discounted Payment and Charity Care policy.

Barley, William P., Jr., MD, The Doctor Office	(530) 626-8003
Boston, Keith J., MD	(530) 622-4884
California Kidney Disease Associates	(916) 500-4706
Capitol Endocrinology	(916) 677-0700
Capital Nephrology Medical Group	(916) 929-8564
Capital Pediatric Cardiology Associates, Inc.	(916) 750-2328
Cedar Eye Center	(530) 344-2020

Dermatology Center of Northern California	(916) 983-3373
Drummer, Harriet L., DO/PhD	(530) 295-6100
El Dorado Anesthesia Medical Group, Inc.	(775) 747-5050
El Dorado Community Health Center	(530) 621-7700 Ext. 5115
El Dorado Pain Management Center	(530) 672-1311
El Dorado Pathology Medical Group, Inc.	(530) 626-5421
El Dorado Surgery Center	(530) 344-1680
Emergency Medicine Physicians Partners of El Dorado County, Inc.	(330) 493-4443
Gastroenterology Medical Center	(916) 983-4444
Golden Foothill Oral and Facial Surgery	(916) 941-9860
Larsen, Raymond W., DDS	(530) 622-3050
Lawrence J. Ellison Ambulatory Care Center	(916) 734-3588
Placerville Radiology Medical Group, Inc.	(775) 747-5050
Rice, Reginald D., Jr., MD, The Esthetics Center of El Dorado Hills	(916) 941-9400
Robert, Jarka, MD	(530) 344-1680
Sacramento Eye Consultants	(916) 983-4550
Sevaro Health Inc.	(866) 239-1650
Sierra Hematology & Oncology	(916) 984-6230
Singh, Kulwant, MD	(916) 984-6111
Snowline Hospice	(530) 621-7820
StatRad	(858) 546-3800
Sucheski, Victor R., DPM	(530) 626-5062
Sutter Medical Group	(916) 781-1225
Tong, Mark L., MD	(530) 344-9200
UC Davis Medical Center Providers	(916) 734-5440
University of California Davis	(916) 734-7224
VeeOne	(866) 377-6260
Western Sierra Medical Center	(530) 647-9762
Wolff, Thomas W., DPM	(530) 621-7700
Zimmerman, Terry J., MD	(916) 573-1561

B. Screening

Other Forms of Health Coverage:

Alternative means of funding to cover the cost of services will be explored before Discounted Payment or Charity Care is approved. Marshall will make appropriate referrals to local county agencies Medi-Cal or other programs for financial assistance. Currently Marshall utilizes an outside vendor as assignee to assist in this aspect of patient support.

In addition, all Uninsured/Self Pay patients registered in the emergency department will be screened for Medi-Cal Hospital Presumptive Eligibility (HPE) upon completion of the medical screening exam. When the HPE is not able to be completed due to the patients' condition, screening will be attempted prior to discharge if not possible the patient will be referred to an outside eligibility vendor for follow-up.

Coverage by Non-Contracted Payors:

Marshall's Senior Health Plan Contract Analysts or designee will negotiate with insurance carriers without written agreements with Marshall involving inferred contractual relationships for insured patients. Although Marshall may agree to the terms of the negotiations with insurance companies, an inferred contractual relationship is not representative of a patient "under contract."

A patient who had coverage through a Health Maintenance Organization (HMO) will not be eligible for Charity Care when not electing to adhere to the guidance or care protocols of said insurer.

C. Financial Qualification

Discounted Payment and Charity Care Qualification:

A patient must financially qualify in order to receive Discounted Payment or Charity Care services. Discounted Payment and Charity Care will be determined based on the following:

- The patients Proof of Income.
- Availability of other coverage/insurance.
- For patients who are not Uninsured/Self Pay, High Medical Costs.

Discounted Payment and Charity Care Level Determinations

Charity Care	149% FPL and below	patient has zero liability
Level 1 Discounted Payment (Insured)	149% FPL and below	patient has zero liability
Level 2 Discounted Payment Insured and Uninsured	150% - 249% FPL	responsible for 25% of AGB
Level 3 Discounted Payment Insured and Uninsured	250% - 349% FPL	responsible for 50% of AGB
Level 4 Discounted Payment Insured and Uninsured	350% - 450% FPL	responsible for 100% of AGB

Presumptive Discounted Payment and Charity Care:

Marshall may grant Discounted Payment or Charity Care in the absences of a completed application in situations where the patient does not apply but other available information substantiates a financial hardship. The reason for presumptive eligibility will be reflected in the transaction code used to adjudicate the patient's claim. Additional patient notes may be included. In considering this information, Marshall will make an informed, good faith decision on the financial need of a patient by using the best estimates available if the patient does not or cannot provide the requested information. Examples of this exception, where documentation requirements are waived, include but are not limited to scenarios where an independent credit-based financial assessment tool indicates

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indigence or a financial counselor independently determinates the patient's financial qualification. Alternatively, an automatic Discounted Payment or Charity Care determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:

- Patient has an active Medi-Cal plan.
- Patient is eligible for Medi-Cal.

Special Circumstances:

Special Circumstances include the following as Charity Care:

- Deceased Patients without an estate or third-party coverage.
- Minors seeking care for services deemed "protected" by Federal and State agencies.
- Medi-Cal patients automatically eligible for charity care write-offs related to:
 - Non-benefit non elective services.
 - Denied days.
 - Unbillable services as defined by Medi-Cal Billing Manual.

Other Qualifying Circumstances:

Patients who qualify for Full-Scope Medi-Cal are also qualified for Charity Care. For services received prior to Medi-Cal eligibility the services will be processed as Charity Care. An application is not required for Special Circumstance Charity Care cases.

In rare occasions a patient's individual circumstances may be such that, while they do not meet the regular Discounted Payment or Charity Care criteria, they do not have the ability to pay their hospital bill. In these situations, with the approval of the Chief Financial Officer or designee, part or all of their cost of care may be written off as Discounted Payment or Charity Care. There must be complete documentation of why the decision was made and why the patient did not meet the regular criteria.

The absence of financial data does not preclude eligibility under this policy. Marshall may, in meeting its charitable mission, provide services to patients for whom Marshall is unable to obtain personal financial data. In evaluating all factors pertaining to the patient's personal and demographic situation, Marshall may grant Discounted Payment or Charity Care eligibility in the absence of requested documents or suggest alternative documents that may be available to the patient.

The data used in making a determination concerning eligibility for Discounted Payment or Charity Care is verified to the extent practical in relation to the amount involved. The information used is not shared or used in any collection efforts related to the patients' family debt.

Non-Covered/Denied Medi-Cal or Indigent Care Program Services:

Non-covered and denied services provided to Medi-Cal eligible beneficiaries are considered a form of Charity Care. Medi-Cal beneficiaries are not responsible for any forms of patient financial liability and all charges related to services not covered, including all denials, are Charity Care. Examples may include, but are not limited to:

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- Services provided to Medi-Cal beneficiaries with Restricted Scope Medi-Cal (i.e., patients that may only have pregnancy or emergency benefits, but receive other hospital care).
- Medi-Cal pending accounts.
- Medi-Cal or other indigent care program denials.
- Charges related to days exceeding a length-of-stay limit.
- Medi-Cal claims (including out of state Medicaid claims) with “no payment”.
- Any service provided to a Medi-Cal eligible patient with no coverage and no payment.

Non-Covered/Denied Charges for all Payors:

Any unreimbursed charges from non-covered or denied services from any payor, such as charges for days beyond a length-of-stay limit, exhausted benefits, balance from Restricted Scope Medi-Cal coverage, Medi-Cal pending accounts, and payor denials are considered a form of patient financial assistance at Marshall. Charges related to these denials/non-covered amounts written off during the fiscal year are reported as uncompensated care.

Patients Insured by a Company that is Not Under Contract with Marshall:

When a patient’s insurer is not contracted with Marshall (Marshall is out-of-network) and the patients insurer pays less than 25% of the total amount charged by Marshall, the remaining costs will be considered a charitable event and are a form of patient financial assistance. Cost is determined by total hospital charges for provided services multiplied against Marshall's cost to charge ratio from Marshall's latest Medicare cost report. All unreimbursed amounts are a form of patient financial assistance and determined as the difference between gross hospital charges and hospital reimbursement.

D. Application Process

In order to receive Discounted Payment or Charity Care, a patient must submit a Statement of Financial Condition to Marshall. The Statement of Financial Condition form will be used to document each patient’s overall financial situation. Patients have the ability to submit an application in the following ways:

1. Paper Application dropped off at any Marshall registration location or mailed to P.O. Box 872, Placerville, CA 95667; or
2. Online at the following Marshall website: <https://www.marshallmedical.org/patients-visitors/patient-information/financial-assistance>

The Statement of Financial Assistance will be available in the primary language(s) of the service area. Marshall will accept a copy of the completed DHCS SAWS-1 as a substitute of the Statement of Financial Condition.

Any patient, or patients’ legal representative, who requests a Discounted Payment, Charity Care, or other assistance in meeting their financial obligation to Marshall shall make every reasonable effort to provide Marshall with documentation of income and health benefits coverage. If the person requests Discounted Payment or Charity Care and fails to provide information that is reasonable and

necessary for Marshall to make a determination, Marshall will consider that failure in making its determination. Eligibility for Discounted Payment or Charity Care may be determined at any time Marshall is in receipt of the information described above.

While it is desirable to determine the amount of Discount Payment or Charity Care for which a patient is eligible as close to the time of service as possible, the review timeline may take several months. In some cases, eligibility is readily apparent, and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information. Marshall is committed to work with a patient and any point in the process beginning at or before the time of service.

E. Effect of Financial Determination

Once a determination has been made, a determination letter will be sent to each applicant, advising him or her of the decision. If found eligible for Discounted Payment or Charity Care, Marshall will provide the patient with a billing statement that states the amount the individual owes for the care, how that amount was determined and how the individual can get information regarding the Amounts Generally Billed ("AGB") for the care.

If the patient is eligible for Discounted Payment, the patient may enter into a Reasonable Payment Plan to allow the patient to make payments to Marshall to satisfy their debt over time. Marshall and the patient shall negotiate the terms of the payment plan taking into account the patient's family income and Essential Living Expenses, as described in the Debt Collection Process policy. If Marshall and the patient cannot agree on a payment plan, Marshall shall 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.

If appropriate, Marshall shall reimburse the patient any amount actually paid in excess of the amount due under this policy, including interest.

Interest Owed:

Interest owed by Marshall to the patient shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by Marshall. However, Marshall is not required to reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). Marshall shall refund the patient any interest owed within 30 days.

F. Eligibility Period

Discounted Payment and Charity Care are granted in twelve (12) month increments. When a patient is granted Charity Care due to homelessness, eligibility is granted for six (6) months. Patients must reapply at the end of the eligibility period.

Some patients eligible for Discounted Payment and Charity Care may not have been identified prior to initiating an external Collection Agency. Marshall's Collection Agency shall be made aware of this possibility and are requested to refer-back patient accounts that may be eligible for Discounted Payment or Charity Care. When it is discovered that an account is eligible for Discounted Payment or Charity Care, Marshall will cancel the account out of bad debt and document the respective discount

in charges as Discounted Payment or Charity Care. Please see the Debt Collection Process Policy for further information.

G. Approval Matrix

Approval Limit	Position
< \$20,000	Financial Counselor, Lead Financial Counselor, Acute Care Billing Supervisor
\$20,000.01 - \$59,999.99	Director Hospital Patient Billing or Designee
> \$60,000.00	Chief Financial Officer or Designee

H. General Ledger for Discounted Payment and Charity Care

To allow the appropriate tracking and monitoring of the amount of Discounted Payment or Charity Care being granted, Marshall will account for the Discounted Payment or Charity Care write-offs in a separate deduction from revenue and appropriately record transactions to the general ledger accounts as follows:

General Ledger Account

5870-51-600

The transaction codes used for accounting of Discount Payment and Charity Care and their mapping to the General Ledger will be reviewed periodically to ensure accuracy by the Executive Director of Finance.

I. Discount Payment/Charity Care Appeal

In the event of a dispute, a patient may seek review of their eligibility by contacting the financial counselors at (530) 626-2618, in person at the main admitting desk 1100 Marshall Way, Placerville, CA 95667 or on the web at marshallmedical.org and request a Discounted Payment/Charity Care Appeal form. The appeal should demonstrate why the patient disagrees with the way this policy was applied to their case. An appeal must be submitted to the attention of the financial counselors within 30 days of the date of the determination letter. The Chief Financial Officer, or their designee, will review eligibility disputes.

APPROVAL:

Approval of the Chief Financial Officer indicates that Policy has been reviewed and adopted by the Board of Directors Finance Committee and the Board of Directors of Marshall.

REFERENCES:

Discounted Payment and Charity Care Program

State and Federal laws referenced in this policy include but are not limited to:

- a) California Hospital and Fair Pricing Policies (California Health & Safety Code Section 127400 et seq.) and its implementing regulations.
- b) Internal Revenue Code (IRC) Section 501(r) and 26 C.F.R. §§ 1.501(r)-0, et seq.

ATTENTION: If you need help in your language, please call 530-626-2618 or visit the main admitting desk located at 1100 Marshall Way Placerville, CA 95667. Their office hours are 7:00am-5:00pm. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك ، فيرجى الاتصال بالرقم 530-626-2618 أو زيارة مكتب القبول الرئيسي الموجود في Marshall Way Placerville ، CA 1100 95667. ساعات عملهم هي 7:00 صباحا - 5:00 مساء. تتوفر أيضا مساعدات وخدمات للأشخاص ذوي الإعاقة ، مثل المستندات بطريقة برايل والطباعة الكبيرة والصوت وغيرها من الأشكال الإلكترونية الميسرة. هذه الخدمات مجانية.

ATTENTION: Si vous avez besoin d'aide dans votre langue, veuillez appeler le 530-626-2618 ou vous rendre au bureau d'admission principal situé au 1100 Marshall Way Placerville, CA 95667. Leurs heures de bureau sont de 7h00 à 17h00. Des aides et des services pour les personnes handicapées, comme des documents en braille, en gros caractères, audio et d'autres formats électroniques accessibles, sont également disponibles. Ces services sont gratuits.

ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, rufen Sie bitte 530-626-2618 an oder besuchen Sie den Haupteinlassschalter in 1100 Marshall Way Placerville, CA 95667. Die Bürozeiten sind von 7:00 bis 17:00 Uhr. Hilfsmittel und Dienstleistungen für Menschen mit Behinderungen, wie Dokumente in Brailleschrift, Großdruck, Audio und anderen barrierefreien elektronischen Formaten sind ebenfalls verfügbar. Diese Dienste sind kostenlos.

XIM: Yog hais tias koj xav tau kev pab nyob rau hauv koj hom lus, thov hu rau 530-626-2618 los yog mus ntsib lub ntsiab admitting desk nyob ntawm 1100 Marshall Way Placerville, CA 95667. Lawv chaw ua hauj lwm teev yog 7:00 am-5:00 pm. Aids thiab kev pab rau cov neeg uas muaj mob xiam oob qhab, xws li cov ntaub ntawv nyob rau hauv braille, loj print, audio, thiab lwm yam kev siv electronic formats kuj muaj. Cov kev pab no yog pub dawb xwb.

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया 530-626-2618 पर कॉल करें या 1100 मार्शल वे प्लेसरविले, सीए 95667 पर स्थित मुख्य प्रवेश डेस्क पर जाएं। उनके कार्यालय का समय सुबह 7:00 बजे से शाम 5:00 बजे तक है। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल में दस्तावेज़, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप भी उपलब्ध हैं। ये सेवाएं मुफ्त हैं।

注意: あなたの言語で助けが必要な場合は、530-626-2618に電話するか、1100 Marshall Way Placerville、CA 95667にあるメインの入場デスクにアクセスしてください。営業時間は7:00am-5:00pmです。点字、大活字、音声、その他のアクセシブルな電子形式の文書など、障害を持つ人々のための支援やサービスも利用できます。これらのサービスは無料です。

주의: 귀하의 언어로 도움이 필요하면 530-626-2618로 전화하거나 1100 Marshall Way Placerville, CA 95667에 위치한 주 입학 데스크를 방문하십시오. 근무 시간은 오전 7:00-오후 5:00입니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식으로 된 문서와 같은 장애인을 위한 보조 도구 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

ATENÇÃO: Se você precisar de ajuda em seu idioma, ligue para 530-626-2618 ou visite o balcão de admissão principal localizado em 1100 Marshall Way Placerville, CA 95667. O horário de

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atendimento é das 7h00 às 17h00. Auxiliares e serviços para pessoas com deficiência, como documentos em braille, letras grandes, áudio e outros formatos eletrônicos acessíveis também estão disponíveis. Estes serviços são gratuitos.

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 530-626-2618 или посетите главную стойку приема, расположенную по адресу 1100 Marshall Way Placerville, CA 95667. Часы работы с 7:00 до 17:00. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы со шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

注意： 如果您需要语言方面的帮助，请致电 530-626-2618 或访问位于 1100 Marshall Way Placerville, CA 95667 的主接待处。他们的办公时间为上午 7：00 至下午 5：00。还提供针对残障人士的辅助工具和服务，如盲文、大字体、音频和其他无障碍电子格式的文件。这些服务是免费的。

注意： 如果您需要語言方面的說明，請致電 530-626-2618 或訪問位於 1100 Marshall Way Placerville, CA 95667 的主接待處。他們的辦公時間為上午 7：00 至下午 5：00。還提供針對殘障人士的輔助工具和服務，如盲文、大字體、音訊和其他無障礙電子格式的檔。這些服務是免費的。

ATENCIÓN: Si necesita ayuda en su idioma, llame al 530-626-2618 o visite el mostrador principal de admisión ubicado en 1100 Marshall Way Placerville, CA 95667. Su horario de oficina es de 7:00 a.m. a 5:00 p.m. También están disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

ATTENTION: Kung kailangan mo ng tulong sa iyong wika, tumawag lamang sa 530-626-2618 o bisitahin ang main admitting desk na matatagpuan sa 1100 Marshall Way Placerville, CA 95667. 7:00am 5:00pm ang office hours nila. Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malaking print, audio, at iba pang mga naa access na mga format ng elektroniko ay magagamit din. Ang mga serbisyong ito ay libre.

CHÚ Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 530-626-2618 hoặc đến bàn tiếp nhận chính tại 1100 Marshall Way Placerville, CA 95667. Giờ làm việc của họ là 7:00 sáng - 5:00 chiều. Hỗ trợ và dịch vụ cho người khuyết tật, như tài liệu bằng chữ nổi, bản in lớn, âm thanh và các định dạng điện tử có thể truy cập khác cũng có sẵn. Các dịch vụ này là miễn phí.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 530-626-2618 կամ այցելել գլխավոր ընդունող գրասենյակը, որը գտնվում է Marshall Way Placerville, CA 95667 հասցեում: Նրանց գրասենյակային ժամերն են 7:00-5:00: Հասանելի են նաեւ հաշմանդամություն ունեցող անձանց համար նախատեսված սարքեր եւ ծառայություններ, ինչպես բրեյլիով գտնվող փաստաթղթերը, մեծ տպաքանակը, աուդիո եւ այլ հասանելի էլեկտրոնային ձեւաչափերը: Այս ծառայությունները անվճար են