



- Systemwide Standard Policy
- Systemwide Model Policy

Standard Policy No. 14736
Approval Pathway: Nonclinical
Department: Revenue Cycle

STANDARD POLICY: FINANCIAL ASSISTANCE POLICY FOR CALIFORNIA-BASED HOSPITALS

POLICY SUMMARY/INTENT:

This policy describes Adventist Health's Financial Assistance (Charity Care and Discounted Care) policy for its California hospitals. Adventist Health provides Financial Assistance to patients and families when they are unable to pay all or part of their medical bill, based on the standards below. This policy describes how Adventist Health reviews a patient's financial resources to determine if Financial Assistance can be provided. The intent of this policy is to comply with applicable federal, state and local laws and regulations. Adventist Health does not discriminate and is fair in reviewing and assessing eligibility for Financial Assistance for community members who may be in need of financial help. Adventist Health also offers a sliding scale Rural Health Clinic Discount to patients of its rural health clinics, as set forth in [Appendix F](#), in addition to the Financial Assistance described in this Policy.

Overview:

Adventist Health is committed to providing Financial Assistance to patients who seek needed healthcare services but have limited, or no means, to pay for that care. Financial Assistance is comprised of Charity Care (free care) and Discounted Care. Adventist Health also offers rural Health Clinic Discounts as set forth in [Appendix F](#) in addition to the Financial Assistance in this Policy. Adventist Health determines eligibility for Financial Assistance based on: (1) income, (2) type of service requested, (3) the availability of other health coverage/insurance, and (4) whether the patient has incurred High Medical Costs compared to income. This policy describes the eligibility criteria and the level of Financial Assistance that will be offered to patients meeting specified criteria.

Charity Care and Discounted Care are not substitutes for personal responsibility. Patients are expected to work with the facility when seeking Financial Assistance. Persons must help pay for the cost of their care based on their ability to pay. Persons with financial means to purchase health insurance will be encouraged to do so since this helps improve their access to health care services.

All patients will be notified of the Financial Assistance Policy and how to access the Financial Assistance Application. Some patients will be presumptively eligible for Financial Assistance without need for further application. Patients may request Financial Assistance by submitting an application with supporting documentation, as applicable.

Adventist Health will apply the standards in this Policy to make a determination on each Financial Assistance Application and shall notify each applicant of its determination. Applicants dissatisfied with the determination can appeal the determination to Adventist Health. The collection of any remaining patient financial responsibility shall be subject to the Adventist Health Self Pay Billing and Collection Policy.

Adventist Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy, as detailed in each Adventist Health hospital's Emergency Medical Treatment and Labor Act (EMTALA) policy and Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations (or any successor regulations).

DEFINITIONS:

1. **Amount Generally Billed (AGB):** The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This is usually described as a percent of Gross Charges. The AGB percentages for each hospital facility are updated annually.
2. **Application:** Adventist Health's application form for Financial Assistance.
3. **Charity Care:** Free care provided when the patient is not expected to pay the patient's payment obligation for items and services provided by Adventist Health.
4. **Discounted Care:** A reduction from the payment obligations for items and services that are provided for cash, prompt, or advanced payment, or to certain categories of patients, e.g., self-pay patients.
5. **Emergency Medical Care:** Refers to Emergency Services and Care, as defined in the Adventist Health Emergency Medical Treatment and Labor Act policy (EMTALA) #AD-06-019-S.
6. **Essential Living Expenses:** Expenses like rent or house payment and maintenance, food, household supplies, laundry and cleaning, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas, repairs and installment payments, and other extraordinary expenses.
7. **Family:** Family is defined as:
 - a. For persons 18 years of age and older, spouse, domestic partner, dependent children under 21 years of age, or any age if disabled, whether living at home or not, and
 - b. For persons under 18 years of age, or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, parents or care taker relatives' other dependent children under 21 years or any age if disabled.
8. **Household Income:** The combined income of the patient seeking Financial Assistance and his/her/their Family as determined under this Policy. Income as used here shall include any sources (as set forth in [Appendix D](#)) used to calculate the adjusted gross income, as set forth on line 11 of Form 1040, U.S. Individual Income Tax Return.
9. **Financial Assistance:** Charity Care and Discounted Care.
10. **Federal Income Tax Return:** The Internal Revenue Service (IRS) form/s used to report taxable income. The IRS form must be a copy of the signed and dated forms sent to the IRS.
11. **Federal Poverty Level (FPL):** The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under its statutory authority. These levels are set forth in [Appendix C](#).
12. **High Medical Costs:** Defined as any of the following:

- a. Annual Out-of-Pocket Costs, incurred by an individual at an Adventist Health hospital, that exceeds the lesser of ten percent (10%) of the patient's current Household Income or Household Income in the prior 12 months.
 - b. Annual Out-of-Pocket Costs that are more than ten percent (10%) of the patient's Household Income, if the patient provides documentation of their medical expenses paid by the patient, or the patient's Family Members, in the prior 12 months
13. **Medically Necessary Care:** A service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to either (a) protect life, to prevent significant illness or significant disability, (b) to alleviate severe pain, or (c) to prevent, diagnose or treat an illness, injury, condition or disease, the symptoms of an illness, injury, condition or disease, and (d) meets accepted standards of medicine.
 14. **Medically Unnecessary Care:** services performed within the hospital for which 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.
 15. **Out of Pocket Costs** - 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
 16. **Patient Financial Services (PFS):** The Adventist Health department responsible for billing, collecting, and processing payments
 17. **Policy:** Adventist Health Financial Assistance Policy
 18. **Rural Health Clinic Discounts:** A sliding scale of discounts available to patients of the rural health clinics as set forth in [Appendix F](#). This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).
 19. **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. Self-Pay patients may include Charity Care patients. Self-Pay Patients are considered "Uninsured Patients" herein.

AFFECTED DEPARTMENTS/SERVICES:

- A. Patient Financial Services (PFS)
 - B. Patient Access
 - C. Compliance
 - D. Finance
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POLICY: COMPLIANCE – KEY ELEMENTS

1. What is covered under this Financial Assistance Policy

a. Covered Providers

Financial Assistance pursuant to this Policy includes health care services provided at Adventist Health owned and operated facilities in California listed in [Appendix A](#). Discounted Care and

Charity Care pursuant to this Policy also covers services rendered by practitioners listed as a “Covered Provider” in the documentation from [Appendix B](#).

Emergency room physicians, who provide emergency medical services in an Adventist Health general acute care facility are excluded from this policy unless listed as a “Covered Provider” in the documentation from [Appendix B](#). These emergency physicians are also required by California law to provide discounts to Uninsured Patients or patients with High Medical Costs whose Household Incomes are at or below 400 percent of the Federal Poverty Level. Patients who receive a bill from an Emergency Room physician, and are uninsured, underinsured, or have High Medical Costs, should contact that physician’s office and ask about their financial assistance policy.

b. Eligible Services

The following services are excluded as ineligible for the application of Financial Assistance under this policy, except as required by law:

- Medically Unnecessary Care with a provider’s attestation that the hospital services are not medically necessary.
- Purchases from a hospital’s retail operations, such as gift shops and cafeteria.
- Non-hospital services, such as physician services, that are not billed by the hospital with the exception of services rendered by Covered Providers in the documentation from [Appendix B](#); and
- Services that are not licensed hospital services.

Adventist Health may waive or reduce Medi-Cal or Medicare cost-sharing amounts as part of Charity Care or Discounted Care.

2. Applying for Financial Assistance

a. Access to Financial Assistance Policy and Application

Adventist Health makes information about its Financial Assistance Policy and Application, and its Rural Health Clinic Discount policy and application, available through numerous means in compliance with applicable state and federal laws and regulations. Information about this Policy is available on each hospital’s website home page and on any website where the patient pays a bill or accesses information about the patient’s account, posted in hospital areas that are accessible to the public, such as the emergency department and any rural health clinics waiting areas, included in writing on each billing statement, and by plain language summaries provided in writing to all patients. Hospital personnel shall direct patients, guardians, or family members who request Financial Assistance or information about Financial Assistance, or who the hospital personnel believe may be eligible for Financial Assistance to any hospital registration area or by phone to **(844) 827-5047** to receive a paper copy of this Policy and an application form. An explanation of Adventist Health’s Financial Assistance program, and Adventist Health’s Rural Health Clinic Discounts program, and the related application forms are available at [Adventist Health Help Paying Your Bill](#) . Adventist Health shall ensure that this Policy is translated into each language spoken by the lesser of 1,000 people or five percent of the population that resides in each hospital’s service area and is made accessible by interpretation or alternative formats to ensure access for limited English proficient and disabled individuals.

b. Other Forms of Health Coverage

Each Adventist Health owned and operated facility shall 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 rendered by the hospital to a patient. These efforts will include helping the patient find insurance options, including, but not limited to, any of the following:

- Private health insurance, including coverage offered through the California Health Benefit Exchange.
- Medicare
- The Medicaid program, the California Children's Services program, or other state-funded programs designed to provide health coverage.

If a patient applied or has a pending application for another health coverage program at the same time that the patient applies for Financial Assistance, neither application will stop eligibility for the other program.

Financial Assistance does not relieve the patient or guarantor's responsibility to ensure payment for health care services. Adventist Health encourages patients to cooperate with Adventist Health to find other sources of payment, or coverage, from public and/or private payment programs. The patient or guarantor is responsible for meeting the conditions of coverage of their insurance or health plan if they have third-party insurance or health plan.

The patient is required to pay Adventist Health the entire amount of any reimbursement sent directly to the patient or guarantor by a third-party payer for the hospital services received. If the patient receives a legal settlement, judgment or award under a liable third-party action that includes payment for health care services or medical care related to the injury, the patient or guarantor must reimburse Adventist Health for the related health care services provided up to the amount reasonably awarded for that purpose.

c. Application Process

To be considered for Financial Assistance under this policy, a patient or guarantor must submit a true, accurate, and complete confidential Financial Assistance Application by email, mail or online submission. The Financial Assistance Application must be completed in writing and may be completed by or with the assistance of a staff or management member of the Patient Financial Services Department. The Financial Assistance Application must be signed by the patient or the patient's legal representative and accompanied with the following documentation:

- Recent pay stubs from within the 6 months before or after the patient is first billed (or in preservice when Application is submitted) or
- Copy of Federal Income Tax Return (Form 1040) for patient and spouse or domestic partner from the year the patient was first billed or 12 months prior to when the patient was first billed

If the patient is seeking a reduction of the Medi-Cal or Medicare Share of Cost, Adventist Health may require documentation of the patient's monetary assets to the extent required for Adventist Health to be reimbursed under the Medicare program for Medicare bad debt. Adventist Health will not consider the patient's monetary assets in determining eligibility for Charity Care or Discounted Care.

A patient, or patient's legal representative, who requests Discounted Care, Charity Care, or other assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. Adventist Health may consider the failure to provide this information in making its determination. These documents provided for the Application will only be used in reaching a determination of Financial Assistance and will not be used for collection activities.

An individual is considered to have submitted a complete Financial Assistance Application if he or she provides information and documentation sufficient for the hospital facility to determine whether the individual is eligible for Financial Assistance. A Financial Assistance Application is incomplete if he or she provides some, but not sufficient, information and documentation to determine eligibility for Financial Assistance.

d. Notification of Financial Assistance Determination

Once an Adventist Health facility has reviewed the Financial Assistance Application and has made a determination based on the Eligibility requirements stated below, the facility shall notify the individual in writing by mail of this eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.

e. Effect of Financial Assistance Determination

If found eligible for Financial Assistance, whether Charity Care or Discounted Care, the facility shall provide the individual with a billing statement that states the amount the individual now 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 found eligible for Discounted Care, the patient may enter into an extended payment plan to allow payment over time. The hospital and the patient shall negotiate the terms of the payment plan and take into consideration the patient’s Household Income, Essential Living Expenses, and the availability of a health savings account of the patient or the patient's family. If the hospital and the patient cannot agree on the payment plan, the hospital shall create a payment plan where monthly payments will not be more than 10 percent of a patient’s Household Income for a month, excluding deductions for Essential Living Expenses.

If appropriate, the facility shall refund the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying after Financial Assistance has been applied. The hospital shall make any refunds under this section within 30 days of the determination of eligibility for Financial Assistance. Any interest owed by the hospital 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 the hospital. However, Adventist Health may choose not to reimburse the patient if Adventist Health determines the patient would have qualified for Financial Assistance at the time the patient was first billed and it has either (i) been five years or more since the last payment to the hospital, assignee or debt buyer or (ii) the patient's debt was sold before January 1, 2022, in accordance with the law at the time.

The Financial Assistance approval is good for 180 days after the approval is granted. The adjustment will be applied to all eligible patient account balances, including those received before the application approval date. For bills received after 180 days from when the Financial Assistance is approved, a new Financial Assistance Application will need to be filled out if the patient is seeking Financial Assistance for those bills.

f. Appeal of Financial Assistance Determination

Patients may submit a written request for reconsideration to the Finance Officer of the Adventist Health facility at which they received services. Such an appeal should demonstrate that the individual either:

- i. Believes their Financial Assistance Application was not approved according to this policy; or
- ii. Disagrees with the way the policy was applied to their case

Appeal must be submitted within 30 days of the date of the decision letter. The Financial Officer will be the final level of appeal.

g. Change in Circumstances

If at any time information relevant to the eligibility of the patient changes, the patient may update the documentation related to income and provide the relevant Adventist Health owned and operated facility with the updated information. Each Adventist Health owned and operated facility will consider the patient's changed circumstances in determining eligibility for Financial Assistance.

Each Adventist Health owned and operated facility may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate. In addition, each Adventist Health owned and operated facility may elect to pursue legal actions against persons who it believes knowingly misrepresented their financial condition, including those who accept Financial Assistance after an improvement in their financial circumstances which was not made known to each Adventist Health facility.

h. How to Ask for Help

More information about Financial Assistance and paper copies of this Policy and Application are available from any hospital registration area or by phone at **(844) 827-5047**.

5. Eligibility

a. Presumptive Eligibility

Each Adventist Health facility reserves the discretion to grant presumptive Financial Assistance for individuals if it determines that the individual is eligible for Financial Assistance for the care based on information other than that provided by the individual or based on a prior Financial Assistance determination.

If the patient does not or cannot respond to the application process, Adventist Health will screen the patient for certain socio-economic or financial factors described below as well as use an independent credit-based financial assessment tool to estimate a patient's income and financial capacity. The third-party vendor electronic eligibility review uses a healthcare industry-recognized model based on public record databases. The electronic eligibility review data that supports Financial Assistance for an estimated Household Income of 200% FPL, or less, will only be applied to past patient balance. The above information helps Adventist Health 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 the socio-economic or financial factors Adventist Health considers for presumptive eligibility for Financial Assistance include but are not limited to:

- i. The patient was granted Financial Assistance within the last 180 days.
- ii. The patient's medical record that documents he/she is homeless;
- iii. The patient expired with no known estate or spouse;
- iv. The patient is currently incarcerated;
- v. The patient qualifies for a public benefit program including Social Security Disability Insurance, Unemployment Insurance Benefits, Medicaid, County Indigent Health, TANF, Food Stamps, WIC, etc.; or

- vi. The patient meets another public benefit program's requirements that are similar to the eligibility standards in this Policy.

Adventist Health will apply a presumptive Charity Care determination of 100% assistance in the following situations:

- i. Patient has an active Medicaid plan.
- ii. Patient is eligible for Medicaid; or
- iii. Patients with current active Medicaid coverage, even if they did not have Medicaid coverage on the date of service

If Adventist Health determines the patient is presumptively eligible for Charity Care, the patient will not be required to take further action and assistance will be applied to patient's past bills.

If Adventist Health determines that the patient is eligible for Discounted Care, Adventist Health will notify the individual regarding the basis for the presumptive Financial Assistance determination and the way to apply for more generous assistance available under this Financial Assistance Policy. Adventist Health will provide the patient with a reasonable period of time to apply for more generous Financial Assistance before initiating extraordinary collection actions to obtain the discounted amount owed for the care.

b. Standard Eligibility

The level of Financial Assistance, such as Charity Care (no charge to the patient) or Discounted Care (a discount to the patient), is based on several factors: Household Income, the patient's insurance plan and whether the patient has High Medical Costs. Different discount policies apply based on the Household Income level, insurance status of the patient, and whether the services are rendered by a rural health clinic.

Adventist Health authorizes Financial Assistance as set forth in this Policy. Hospital discounts are based on the AGB thresholds set forth in [Appendix E](#). Adventist Health will limit charges to a patient eligible for Financial Assistance 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, if this amount is lower than the discounted amounts set forth in the tables below.

Non-covered and denied services and related services provided to Medicaid-eligible beneficiaries are considered a form of Charity Care. Medicaid beneficiaries are not responsible for any form of patient financial liability besides Share of Cost, unless waived or reduced. Examples of this include but are not limited to services provided to Medicaid beneficiaries with restricted Medicaid, Medicaid pending accounts, Medicaid of other indigent care program denials, charges related to days exceeding length-of-stay limits, Medicaid claims (including out-of-state Medicaid claims) with "no payments," and any service provided to a Medicaid-eligible patient with no coverage and no payment.

Financial Assistance may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts and other liabilities for medically necessary hospital services. Adventist Health may waive or reduce Medi-Cal or Medicare Share of Cost amounts as part of Charity Care of Discounted Care.

Table 1: Uninsured Patient Financial Assistance Eligibility

	Emergency Medical Care and Medically Necessary Care	Care that is Neither Emergency Medical Care nor Medically Necessary Care
<i>Household Income</i>	<i>Patient Responsibility</i>	<i>Patient Responsibility</i>
200% or less of the Federal Poverty Level	Zero (Full Charity)	50% of the AGB (Discount)
201% - 300% of the Federal Poverty Level	50% of the AGB (Discount)	75% of the AGB (Discount)
301% - 350% of the Federal Poverty Level	75% of the AGB (Discount)	100% of the AGB (Discount)
351% - 400% of the Federal Poverty Level	75% of the AGB (Discount)	100% of the AGB (Discount)
> 400% of the Federal Poverty Level	No Discount	No Discount

Table 2: Insured Patients with High Medical Costs Financial Assistance Eligibility

<i>Household Income</i>	<i>Patient Responsibility</i>
400% or less of the Federal Poverty Level	Remaining AGB, if any, after applying insurance payment.
> 400% of the Federal Poverty Level	No Discount. Patient liable for remaining cost sharing.

6. Access to Documents

1. Patients may get a free hard copy of the “Financial Assistance Covered and Noncovered Physicians List” at the facility addresses listed in [Appendix A](#).

7. Miscellaneous

1. Requests and all information collected related to an application for Financial Assistance are subject to applicable privacy law.

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

Adventist Health Help Paying Your Bill
(844) 827-5047
Financial Assistance Reference Table Appendix A-E
RURAL HEALTH CLINIC DISCOUNTS (CA)
Self Pay Billing and Collection Policy (CA)
Self Pay Billing and Collection Policy (CA)

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

No specific state requirements noted. Corporate policy applies as written.

HAWAII:

No specific state requirements noted. Corporate policy applies as written.

OREGON:

No specific state requirements noted. Corporate policy applies as written.

WASHINGTON:

No specific state requirements noted. Corporate policy applies as written.

REFERENCES:

ADVENTIST HEALTH
SYSTEM/WEST POLICY OWNER:

Director, Revenue Cycle Compliance

ENTITY POLICY OWNER:

Not applicable

APPROVED_BY:

ADVENTIST HEALTH
SYSTEM/WEST:

(01/15/2025) Nonclinical Policy Review Team - Revenue Cycle, (01/23/2025) Finance Core Team, (Not yet approved) AH System Board

ADVENTIST HEALTH
SYSTEM/WEST INDIVIDUAL:

ENTITY:

Not applicable

ENTITY INDIVIDUAL:

Not applicable

REVIEW DATE:

REVISION DATE:

11/14/2024

APPROVAL PATHWAY:

Nonclinical

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<https://connect.ah.org/sso/lucidoc/login/rsvl.ah.org?returnto=%2Fcgj%2Fdoc-gw.pl%3Fref%3Dahrsvl%3A14736%241>.

Appendix A: Federal Poverty Levels (FPL)

2024 Federal Poverty Levels (FPL)

Persons in Family	48 Contiguous States and the District of Columbia	Alaska	Hawaii
1	\$15,060	\$18,810	\$17,310
2	\$20,440	\$25,540	\$23,500
3	\$25,820	\$32,270	\$29,960
4	\$31,200	\$39,000	\$35,880
5	\$36,580	\$45,730	\$42,070
6	\$41,960	\$52,460	\$48,260
7	\$47,340	\$59,190	\$54,450
8	\$52,720	\$65,920	\$60,640
For each additional person, add	\$5,380	\$6,730	\$6,190

Source: <http://www.aspe.hhs.gov/poverty/>

APPENDIX B: Covered Facility List

List of Adventist Health facilities covered under this policy:

Doing Business As (DBA)	Address	Phone Number
Adventist Health Bakersfield	2615 Chester Avenue Bakersfield, CA 93301	661-395-3000
Adventist Health Castle	640 Ulukahiki Street Kailua, HI 96374	808-263-5500
Adventist Health Clear Lake	15630 18th Avenue Clearlake, CA 95422	707-994-6486
Adventist Health Columbia Gorge	1700 East 19th Street The Dalles, OR 97508	541-296-1111
Adventist Health Delano	1401 Garces Highway Delano, CA 93215	661-725-4800
Adventist Health Feather River	5125 Skyway Road Paradise, CA 95969	530-872-2000
Adventist Health Glendale	1509 Wilson Terrace Glendale, CA 91206e	818-409-8000
Adventist Health Hanford	115 Mall Drive Hanford, CA 93230	559-582-9000
Adventist Health Howard Memorial	1 Marcela Drive Willits, CA 95490	707-459-6801
Adventist Health Lodi Memorial	975 S. Fairmont Avenue Lodi, CA 95240	209-334-3411
Adventist Health Mendocino Coast	700 River Drive Fort Bragg, CA 95437	707-961-1234
Adventist Health Physicians Network	Please use contact address for the nearest AH	Please use phone
Adventist Health Reedley	372 W. Cypress Avenue Reedley, CA 93654	559-638-8155
Adventist Health Rideout	726 4th Street Marysville, CA 95901	530-749-4300
Adventist Health Selma	1141 Rose Avenue Selma, CA 93662	559-891-1000

Adventist Health Simi Valley	2975 North Sycamore Drive Simi Valley, CA 93065	805-955-6000
Adventist Health Sonora	1000 Greenley Road Sonora, CA 95370	209-536-5000
Adventist Health St. Helena	10 Woodland Road St. Helena, CA 94574	707-963-3611
Adventist Health Tehachapi Valley	1100 Magellan Drive Tehachapi, CA 93561	661-823-3000
Adventist Health Tillamook	1000 Third Street Tillamook, OR 97141	503-842-4444
Adventist Health Tulare	869 N. Cherry Street Tulare, CA 93274	559-688-0821
Adventist Health Ukiah Valley	275 Hospital Drive Ukiah, CA 95482	707-462-3111
Adventist Health Vallejo	525 Oregon Street Vallejo, CA 94590	707-648-2200
Adventist Health White Memorial	1720 East Cesar E. Chavez Ave. Los Angeles, CA 90033	323-268-5000
Adventist Health Home Care	Please Call for the Information	844-827-5047

APPENDIX C - Amount Generally Billed (AGB) for facilities in California:

AGB Table #1: Amount Generally Billed (AGB) for facilities in California

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHBD	Adventist Health Bakersfield	All services	5/1/2024	16%
AHCL	Adventist Health Clear Lake	All services	5/1/2024	44%
AHDL	Adventist Health Delano	All services	5/1/2024	39%
AHGL	Adventist Health Glendale	All services	5/1/2024	14%
AHHF	Adventist Health Hanford	All services	5/1/2024	16%
AHHM	Adventist Health Howard Memorial	All services	5/1/2024	28%
AHLM	Adventist Health Lodi Memorial	All services	5/1/2024	10%
AHMC	Adventist Health Mendocino Coast	All services	5/1/2024	59%
AHRD	Adventist Health Reedley	All services except Rural Health Clinics – See Appendix D	5/1/2024	16%
AHRO	Adventist Health and Rideout	All services	5/1/2024	19%
AHSV	Adventist Health Simi Valley	All services	5/1/2024	14%
AHSR	Adventist Health Sonora	All services	5/1/2024	18%
AHSH	Adventist Health St. Helena	All services	5/1/2024	14%

AHTV	Adventist Health Tehachapi Valley	All services	5/1/2024	27%
AHTR	Adventist Health Tulare	All Services	5/1/2024	16%
AHUV	Adventist Health Ukiah Valley	All services	5/1/2024	22%
AHWM	Adventist Health White Memorial	All services	5/1/2024	15%
AHPN	Adventist Health Physician Network	All Services	5/1/2024	40.40%

AGB Table #2: Amount Generally Billed (AGB) for facilities in Oregon, Washington and Hawaii.

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHCS	Adventist Health Castle	All services except Physician Clinics - See Below Table 3	5/1/2024	33%
AHCG	Adventist Health Columbia Gorge	Hospital Services	5/1/2024	37%
AHTM	Adventist Health Tillamook	All Services	5/1/2024	55%

AGB Table #3: Amount Generally Billed (AGB) for Adventist Health Home Care

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHHC	Adventist Health Home Care	All Services	5/1/2024	58%

APPENDIX E : Covered and Noncovered Provider's List

Facility Abbreviation	Facility
Adventist Health Bakersfield	Adventist Health - Help Paying Your Bill
Adventist Health Castle	Adventist Health - Help Paying Your Bill
Adventist Health Clear Lake	Adventist Health - Help Paying Your Bill
Adventist Health Columbia Gorge	Adventist Health - Help Paying Your Bill
Adventist Health Delano	Adventist Health - Help Paying Your Bill
Adventist Health Glendale	Adventist Health - Help Paying Your Bill
Adventist Health Hanford	Adventist Health - Help Paying Your Bill
Adventist Health Howard Memorial	Adventist Health - Help Paying Your Bill
Adventist Health Lodi Memorial	Adventist Health - Help Paying Your Bill
Adventist Health Mendocino Coast	Adventist Health - Help Paying Your Bill
Adventist Health Physician Network	To be determined
Adventist Health and Rideout	Adventist Health - Help Paying Your Bill
Adventist Health Simi Valley	Adventist Health - Help Paying Your Bill
Adventist Health Sonora	Adventist Health - Help Paying Your Bill
Adventist Health Tehachapi Valley	Adventist Health - Help Paying Your Bill
Adventist Health Tillamook	Adventist Health - Help Paying Your Bill
Adventist Health Ukiah Valley	Adventist Health - Help Paying Your Bill
Adventist Health Home Care Services	To be determined
Adventist Health White Memorial	Adventist Health - Help Paying Your Bill



- Systemwide Standard Policy
- Systemwide Model Policy

Standard Policy No. 14739
Approval Pathway: Nonclinical
Department: Revenue Cycle

STANDARD POLICY: RURAL HEALTH CLINIC DISCOUNTS (CA)

POLICY SUMMARY/INTENT:

This policy sets forth an additional class of discounts, Rural Health Clinic Discounts, based on a sliding scale, available to patients of Adventist Health Rural Health Clinics, as listed in Exhibit A. This is a re-statement of the Rural Health Clinic Discount policy, which was previously embedded in the greater Financial Assistance Policy. The discounts set forth in this Policy are in addition to the discounts and charity care set forth in the main Adventist Health Financial Assistance Policy and apply only to Rural Health Clinic visits. Adventist Health's Rural Health Clinics will provide healthcare services to all Rural Health Clinic patients, without discrimination, regardless of their ability to pay, their eligibility under this policy, or their eligibility for government assistance programs, including Medicare, Medicaid, or the Children's Health Insurance Program. No one is refused service because of lack of financial means to pay.

The Rural Health Clinic Discounts described in this Policy apply to services received at Adventist Health Rural Health Clinics, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services.

Accordingly, this Policy:

- A. includes eligibility criteria for Rural Health Clinic Discounts;
- B. describes how patients apply for Rural Health Clinic Discounts;
- C. describes the basis for how Adventist Health calculates the amount charged to patients who qualify for Rural Health Clinic Discounts under this Policy; and
- D. describes how Adventist Health Rural Health Clinics limit the amount billed to patients who qualify for Rural Health Clinic Discounts.

This Policy is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured). Rural Health Clinic Discounts are not substitutes for personal responsibility. Patients are expected to work with the facility when seeking Rural Health Clinic Discounts. Persons must help pay for the cost of their care based on their ability to pay. Persons with financial means to purchase health insurance will be encouraged to do so since this helps improve their access to health care services.

DEFINITIONS:

1. **Application** - Adventist Health's Rural Health Clinic Discounts Application, attached herein as Exhibit C.

2. **Application Period** – means the period during which Adventist Health must accept and process a Rural Health Clinic Discounts Application submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for Rural Health Clinic Discounts under this Policy. The Rural Health Clinic Discounts Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided, 12 months after the patient pays for the services provided or the 30th day after Adventist Health provides the individual with a written notice.
3. **Family Members** means the following:
 1. For persons 18 years or older, Family Members mean a spouse, domestic partner, as defined by the state where the facility is licensed, and dependent children under 26 years, whether living at home or not, and other individuals for whom the patient, patient's spouse, or patient's domestic partner is financially responsible.
 2. For persons under 18 years of age, Family Members mean parents, caretaker relatives, other children of the parent or caretaker relative who are less than 26 years of age of the parent or caretaker relative, and other individuals for whom the patient, patient's spouse or domestic partner, or patient's parent(s) may be financially responsible
4. **Family Income** – means the combined income of the patient seeking Rural Health Clinic Discounts and his/her/their Family Members as determined under this Policy.
5. **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 its statutory authority.
6. **Patient Financial Services (PFS)** – means the Adventist Health department responsible for billing, collecting, and processing payments.
7. **Policy** – This Adventist Health Rural Health Clinic Discounts Addendum.
8. **Rural Health Clinic Discounts** – A sliding scale of discounts outlined in Exhibit B available to patients of the rural health clinics identified in Exhibit A. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured). Rural Health Clinic Patients will not be denied services due to inability to pay or Medicare, Medicaid, or Children's Health Insurance Program eligibility. Eligibility for discount is solely based on family size and income.

AFFECTED DEPARTMENTS/SERVICES:

- A. PFS, Patient Access, Compliance and Finance.

POLICY: COMPLIANCE – KEY ELEMENTS

A. Public Notice

1. Public notice of the availability of Adventist Health Rural Health Clinic Discounts will be provided along with the general notice of the broader Adventist Health Financial Assistance Policy, including posting in visible locations, provision during visits, inclusion with billing and collection notices, and on each facility's website. These Rural Health Clinic Discounts will be offered for Rural Health Clinic services at the same time at any other applicable discounts are offered.

2. Information about this policy and other discounts may be obtained by calling (844) 827-5047.

B. Process to Determine Eligibility for Rural Health Clinic Discounts

1. Prior to Applying for Rural Health Clinic Discounts

- a. Referral of patients for Rural Health Clinic Discounts may be made by any member of the medical, or facility, staff. A request for Rural Health Clinic Discounts may also be made by the patient, his or her guardian, or family member. Requests are subject to applicable privacy law.

2. Applying for Rural Health Clinic Discounts

- a. Eligibility for Rural Health Clinic Discounts are based solely on family size and income. To be considered for Rural Health Clinic Discounts under this Policy, a patient or guarantor must submit a true, accurate, and complete Application by mail, online submission, or in person to the front desk of the Rural Health Clinic within the Application Period.
- b. Applicants may provide one of the following: prior year W-2, three most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.
- c. A rural health clinic may obtain information for completing the Financial Assistance Application from an individual in writing or orally (or a combination of both). A staff or management member of the PFS Department may complete an internal Application for a patient, to include:
 - i. The reason the patient, or patient's guarantor, cannot apply on his/her own behalf; and
 - ii. The patient's documented medical or socio-economic reasons that stop the patient, or patient's guarantor, from completing the application.
- d. A patient, or patient's legal representative, who requests Rural Health Clinic Discounts in meeting their financial obligation to the clinic, shall make every reasonable effort to provide the clinic with documentation of income.
- e. If a patient submits an incomplete Financial Assistance Application during the Application Period, the clinic will notify the individual by mail about how to complete the Application and give the individual a reasonable opportunity to do so. The written notice shall describe the additional information and/or documentation required for the Application that must be submitted to complete the Application and shall include the contact information for the PFS office for assistance.

3. Determination of Rural Health Clinic Discounts

- a. Decisions on whether a patient will be granted Rural Health Clinic Discounts are based on a patient's financial need. Race, color, national origin, citizenship, religion,

creed, gender, sexual preference, gender identity and expression, age, or disability are not considered.

- b. The standards for eligibility for Rural Health Clinic Discounts are in Exhibit B. Adventist Health does not require patients to apply to Medicaid/health insurance or do asset testing to qualify for the Rural Health Clinic Discounts. Patients with incomes above 100 percent of poverty, but at or below 400 percent poverty will be charged a nominal fee of \$60.00, or a percentage thereof, according to the sliding fee schedule in Exhibit B and based on their family size and income. The nominal charge of \$60.00 is not a threshold for receiving care and thus, is not a minimum fee or co-payment. The nominal charge does not reflect the service's true value and will be assessed annually to ensure it does not create a barrier to care for patients.
- c. Once PFS has reviewed the Application and has made a determination based on the Eligibility requirements as stated in Exhibit B below, the facility shall notify the individual in writing by mail of this eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.

4. After Determination of Rural Health Clinic Discounts

- a. If eligible for Rural Health Clinic Discounts, the facility shall provide the individual with a billing statement that indicates the amount the individual owes for the care pursuant to Exhibit B.
- b. Length of Approval of Rural Health Clinic Discounts
 - i. The Rural Health Clinic Discount adjustment will be applied to all eligible patient account balances, including those received before the application approval date.
 - ii. The Rural Health Clinic Discounts approval is good for 12 months after the approval is granted.
 - iii. For bills received after 12 months from when the Rural Health Clinic Discounts are approved, a separate Application will need to be filled out if the patient is seeking Rural Health Clinic Discounts to pay those bills.

5. Appeals

- a. Patients may submit a written request for reconsideration of the Rural Health Clinic Discount determination either through the submission of a written statement or other supporting documentation or by requesting review by the Finance Officer of the Adventist Health facility at which they received services. Such an appeal should demonstrate that the individual either:
 - i. Believes their Application was not approved according to this Policy; or
 - ii. Disagrees with the way the Policy was applied to their case.

6. Change in Circumstances

- a. If at any time information relevant to the eligibility of the patient changes, the patient may update the documentation related to income and provide the relevant rural health clinic with the updated information. Each Rural Health Clinic will consider the

patient's changed circumstances in determining eligibility for Rural Health Clinic discounts.

- b. Each Rural Health Clinic may deny an application for Rural Health Clinic Discounts and/or may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate. In addition, each Adventist Health owned and operated facility may elect to pursue legal actions against persons who it believes knowingly misrepresented their financial condition, including those who accept Rural Health Clinic Discounts after an improvement in their financial circumstances which was not made known to the rural health clinic.

C. Collections Policy

- 1. Adventist Health follows its Self Pay Billing and Collection Policy on how Adventist Health advances patient debt to collection agencies and other external agencies. That policy outlines the process and substance of: (1) Adventist Health bills to patients, including notices regarding the availability of financial assistance including this Policy; (2) the process and notice prior to assigning a bill to collections or to a debt buyer; (3) reasonable efforts to notification prior to any extraordinary collection actions; (4) the process and timing of any legal action or extraordinary collection actions to collect overdue balances.

EXHIBIT A: RURAL HEALTH CLINICS (CA)

Medical Office	Address	Phone
AH Delano - RHC	1201 Jefferson Street, Delano, CA, 93215	(661) 454-3770
AH Shafter FS - RHC	1150 East Lerdo Hwy, C, Shafter, CA,93263	(661) 630-5890
AH Wasco Plaza - RHC	2300 7th Street, Wasco, CA, 93280	(661) 758-4184
AH Avenal - RHC	216 E Fresno Street, Avenal, CA, 93204	(559) 386-5364
AH Avenal West - RHC	337 E Kings Street, Avenal, CA, 93204	(559) 386-5200
AH Caruthers - RHC	2440 W Tahoe Avenue, Caruthers, CA, 93609	(559) 864-3212
AH Caruthers East - RHC	2357 W Tahoe Avenue, Caruthers, CA, 93609	(559) 864-5200
AH Coalinga - RHC	155 S Fifth Street, Coalinga, CA, 93210	(559) 935-4282
AH Corcoran East - RHC	1310 Hanna Avenue, Corcoran, CA, 93212	(559) 992-8200
AH Dinuba - RHC	1451 E El Monte Way, Dinuba, CA, 93618	(559) 591-3342
AH Dinuba Plaza - RHC	444 West El Monte Way, Dinuba, CA, 93618	(559) 591-4166
AH Dinuba West - RHC	250 W El Monte Way, Dinuba, CA, 93618	(559) 595-9890
AH Earlimart - RHC	398 South Church Road, Earlimart, CA, 93219	(661) 849-4300
AH Fowler - RHC	300 S. Leon S. Peters Boulevard, Fowler, CA, 93625	(559) 834-1614
AH Hanford - RHC	1025 N Douty Street, 2nd Floor, Hanford, CA,93230	(559) 537-0170
AH Hanford Home Garden - RHC	11899 Shaw Place, Hanford, CA, 93230	(559) 537-0192
AH Hanford Surgical Specialties - RHC	1122 North Harris Street, Hanford, CA, 93230	(559) 537-0170
AH Huron - RHC	16916 Fifth Street, Huron, CA, 93234	(559) 945-9090
AH Kerman - RHC	1000 S Madera Avenue, Kerman, CA, 93630	(559) 846-9370
AH Kingsburg - RHC	1781 Simpson Street, Kingsburg, CA, 93631	(559) 897-6610
AH Kingsburg - RHC	1781 Simpson Street, Kingsburg, CA, 93631	(559) 897-6610
AH Lemoore - RHC	810 East D Street, Lemoore, CA, 93245	(559) 924-7711
AH Madera Ranchos - RHC	11976 Road 37, Madera, CA, 93636	(559) 645-4191
AH Oakhurst - RHC	48677 Victoria Lane, Oakhurst, CA, 93644	(559) 683-2711

Medical Office	Address	Phone
AH Orange Cove - RHC	1455 Park Boulevard, Orange Cove, CA, 93646	(559) 626-0882
AH Orosi - RHC	41696 Road 128, Orosi, CA, 93647	(559) 528-6966
AH Parlier - RHC	155 S Newmark Avenue, Parlier, CA, 93648	(559) 646-1200
AH Reedley - RHC	811 E 11th St, Reedley, CA, 93654	(559) 391-3120
AH Reedley Cypress - RHC	372 W Cypress Avenue, Reedley, CA, 93654	(559) 391-3110
AH Reedley Jefferson - RHC	1150 E Washington Avenue, Reedley, CA, 93654	(559) 391-3105
AH Reedley Pediatrics - RHC	1433 N Acacia Avenue, Reedley, CA, 93654	(559) 391-3100
AH Reedley Womens Health - RHC	550 W. Cypress Avenue, Reedley, CA, 93654	(559) 391-3115
AH Riverdale - RHC	3567 W Mt Whitney Avenue, Riverdale, CA, 93656	(559) 867-7200
AH Sanger - RHC	1939 Academy Avenue, Sanger, CA, 93657	(559) 875-6900
AH Selma - RHC	1041 Rose Avenue, Selma, CA, 93662	(559) 856-6090
AH Selma Central - RHC	2141 High Street, E, Selma, CA, 93662	(559) 856-6110
AH Shafter - RHC	406 James Street, Shafter, CA, 93263	(661) 746-5788
AH Taft - RHC	501 Sixth Street, Taft, CA, 93268	(661) 763-5131
AH Tulare - RHC	2059 N Hillman Street, Tulare, CA, 93274	(559) 605-0090
AH Wasco - RHC	1040 7th Street, Wasco, CA, 93280	(661) 758-7801
AH California City - RHC	9350 N Loop Blvd, California City, CA, 93505	(760) 373-1785
AH Mojave - RHC	2041 Belshaw St, Mojave, CA, 93501	(661) 824-4511
AH Tehachapi - RHC	105 West E Street, Tehachapi, CA, 93561	(661) 823-7070
AH Clearlake - RHC	15230 Lakeshore Drive, Clearlake, CA, 95422	(707) 995-4500
AH Clearlake Hilltop - RHC	15322 Lakeshore Drive, 103, Clearlake, CA, 95422	(707) 995-4573
AH Corning Solano - RHC	155 Solano Street, Corning, CA, 96021	(530) 824-4663
AH Hidden Valley Lake - RHC	18990 Coyote Valley Road, 8, Hidden Valley Lake, CA, 95467	(707) 995-5689
AH Kelseyville - RHC	5290 State Street, Kelseyville, CA, 95451	(707) 279-8813
AH Lakeport 11th St - RHC	801 11th Street, Lakeport, CA, 95453-4100	(707) 263-3746
AH Lakeport 11th St - RHC	801 11th Street, Lakeport, CA, 95453-4100	(707) 263-3746
AH Lakeport Main St - RHC	487 South Main Street, Lakeport, CA, 95453	(707) 263-4631
AH Lower Lake Konocti - RHC	9430 Lake Street, C, Lower Lake, CA, 95457	(707) 995-5630
AH Lucerne - RHC	6300 E Hwy 20, Lucerne, CA, 95458	(707) 274-9299
AH Middletown - RHC	21337 Bush Street, Middletown, CA, 95461	(707) 987-3311
AH Paradise Skyway - RHC	5125 Skyway, B, Paradise, CA, 95969	(530) 876-2547
AH Howard Memorial - RHC	3 Marcela Drive, C, Willits, CA, 95490	(707) 459-6115
AH Galt - RHC	387 Civic Drive, Galt, CA, 95632	(209) 745-8080
AH Fort Bragg Mendocino Coast - RHC	721 River Drive, A, Fort Bragg, CA, 95437	(707) 961-4631
AH Sonora - RHC	193 S. Fairview Lane, K, Sonora, CA, 95370	(209) 536-5144
AH Fort Bragg - RHC	850 Sequoia Circle, Fort Bragg, CA, 95437	(707) 964-0259
AH Ukiah - RHC	260 Hospital Drive, 103, Ukiah, CA, 95482	(866) 832-8218
AH Ukiah N State St - RHC	1050 North State Street, Ukiah, CA, 95482	(707) 463-7428

EXHIBIT B - Rural Health Clinic Discounts (California)

A completed Application must be submitted, and any determination of eligibility for Rural Health Clinic Discounts is valid for 12 months from the date of qualification. Rural Health Clinic Discounts are based on income and family size only. However, patients will not be denied services due to an inability to pay.

In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by the Finance Officer of the clinic. Any waiving of charges should be documented in the patient's file along with an explanation.

Income Level/Family Size	<100% of the 2024 FPL	100% to 200% of the 2024 FPL	200% to 400% of the 2024 FPL	Over 400% of the 2024 FPL
1	<\$15060	\$15060-\$30119	\$30120-\$60239	>\$60240
2	<\$20440	\$20440-\$40879	\$40880-\$81759	>\$81760
3	<\$25820	\$25820-\$51639	\$51640-\$103279	>\$103280
4	<\$31200	\$31200-\$62399	\$62400-\$124799	>\$124800
5	<\$36580	\$36580-\$73159	\$73160-\$146319	>\$146320
6	<\$41960	\$41960-\$83919	\$83920-\$167839	>\$167840
7	<\$47340	\$47340-\$94679	\$94680-\$189359	>\$189360
8	<\$52720	\$52720-\$105439	\$105440-\$210879	>\$210880
Additional Person	\$5380	\$5380	\$10760	\$21520
Discounted charge as a percent of Nominal Charge of \$60	Zero (Full Charity)	10% of Nominal Amount (\$6.00)	100% of Nominal Amount (\$60.00)	No Discount

EXHIBIT C: APPLICATION

ADVENTIST HEALTH RURAL HEALTH CLINIC

Sliding Fee Discount Information

It is the policy of Adventist Health Rural Health Clinics to provide essential services regardless of the patient's ability to pay. Adventist Health Rural Health Clinics offer discounts based on family size and annual income.

Please complete the following information and return by mail, online submission, or to the front desk to determine if you or members of your family are eligible for a discount.

This discount will apply to services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a

consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Application Form - Confidential

NAME				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Total Income			

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.