Hoag Orthopedic Institute

Effective: 9/29/2026
Next Review: 9/28/2029

# Financial Assistance Program Policy (FAP)

## PURPOSE:

The purpose of this policy is to ensure a fair, non-discriminatory, effective, and uniform method for the provision of financial assistance to eligible individuals who are unable to pay in full or part for medically necessary medical care. This policy describes the Hoag Financial Assistance Program (FAP), and outlines Hoag's operational guidelines in relation to the availability of and eligibility for financial assistance, including charity care and discounted payment, for patients who demonstrate financial need as explained below.

## SCOPE:

This policy applies to Hoag Memorial Hospital Presbyterian and its wholly owned subsidiaries, and Hoag Orthopedic Institute (collectively, "Hoag").

## AUTHORIZED PERSONNEL:

Financial Assistance Specialist, Business Office Manager, Self-Pay Manager, Supervisor Self-Pay/Charity, Self-Pay Collectors, Financial Councilors, PAS Supervisors, Insured and Uninsured Patients

## POLICY:

A. Hoag seeks to address patient's health care and financial needs while remaining committed to the stewardship of Hoag resources. To ensure that Hoag obtains appropriate reimbursement for services provided, several payment options and programs are available to support the needs of uninsured and underinsured patients who demonstrate financial need.
B. Hoag's Financial Assistance Program is widely publicized, including on the Hoag website, Conditions of Admissions, in postings throughout the Hospital and outpatient departments, and through notices and information given to patients at time of treatment, following discharge, or upon patient request.
C. Patient billing processes shall remain in compliance with applicable laws and regulations, and Hoag policies relevant to patient financial assistance:
    I. All Hoag patients receive information about Hoag's Financial Assistance Program at the time care is provided, at discharge, and/or when services are billed.
    II. All Hoag patients may apply for financial assistance, with eligibility for assistance based on demonstrated financial need.
    III. Access to necessary care shall in no way be affected by whether financial assistance eligibility exist; medically necessary care will always be provided to the extent Hoag can reasonably do so.
    IV. The need for financial assistance is a sensitive and deeply personal issue for patients. All Hoag employees will maintain

confidentiality of requests for financial assistance, the information obtained in the application process, and the approval or denial of financial assistance.

V. To help ensure that patients' post-acute and follow-up health care needs are fully supported, Hoag provides information to those without third-party insurance coverage about applying for government-sponsored programs such as Medicare, Medicaid, Medi-Cal, the Healthy Families Program (CA), and coverage available through Covered California (CA), as well as other state or county-funded health coverage options. While patients are encouraged to explore and apply for these programs, participation is not required. Hoag offers assistance throughout the application process and will follow through to acceptance or denial to help patients navigate their coverage options with confidence.

## LIST OF PROFESSIONALS SUBJECT TO HOAG'S FAP:

A. Emergency Medicine physicians who provide services to patients in the Hoag Emergency Department at either Hoag Hospital campus, are required by law to provide discounts to uninsured patients and patients with High Medical Costs who are at or below 400% of the federal poverty level. In addition, Hoag maintains a list of physicians, medical groups, and other health care providers who provide services to Hoag patients, indicating those who offer discounted care through the Hoag Financial Assistance Program. Hoag will provide this list to any patient who requests a copy. The provider list may be located on Hoag's website: www.hoag.org/billing-information/financial-assistance-charity-care

## BILLING PROCESS AND DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE:

A. It is the expectation that the patient's estimated cost or liability will be collected in full, prior to or at the time of service. If a patient has insurance coverage for the service, their co-pay or other payment responsibility will be requested at time of service and insurance will be billed. If a patient states they have no insurance coverage and cannot pay in full at time of service, payment options and programs will be offered and will be consistent with the sequential order as outlined below:

I. Full payment will be requested.

II. Hoag will offer a reasonable payment plan based on the estimated cost for care, and a deposit payment will be requested, if Hoag and the patient agree on a reasonable payment plan. Health saving account may be considered in payment plan negotiation.

III. Hoag will assist patients in determining eligibility for government-funded programs including, but not limited to:

a. Medicare
b. Medi-Cal (CA)
c. Covered California
d. Other State and County funded health coverage programs.

IV. When a payment solution cannot be found in Stages I - III

above, then the patient's options for charity care or discounted payment should be considered. Pending applications for government-funded health program will not preclude the patient's eligibility for discounted care.
**Important:** If at any time, a patient requests information, or an application for Hoag financial assistance, it is promptly provided to the patient.

## FINANCIAL ASSISTANCE PROGRAM OVERVIEW:

A. The Financial Assistance Program at Hoag ensures that medically necessary health care is provided at discounted or no cost to uninsured and under-insured patients who meet financial eligibility requirements. Any uninsured or underinsured patient who is unable to pay for their Hoag bill and whose income meets the Federal Poverty Level (FPL) guidelines set forth below will be considered eligible for assistance through the Hoag Financial Assistance Program in accordance with those guidelines. Additionally, patients who incur qualified High Medical Costs may be deemed eligible for financial assistance.
B. Hoag aspires to provide health care services in the communities it serves with the utmost dignity and compassion for each patient and family in its care. In a confidential and caring environment, patients are provided financial assistance to pay their Hoag bills, which ensures access to necessary health care services. This support is seen as an essential element in fulfilling their human dignity and enabling them to live more healed, more whole, and more capable of contributing to the common good.

## COMPLETION OF THE FAP APPLICATION:

A. Upon a patient's request, a Financial Assistance Program (FAP) application will be provided. Designated personnel will assist patients in completing the Financial Assistance application and determining eligibility for charity care, discounted payment, or government-funded programs, if applicable. Financial Assistance notices printed in English and Spanish are also placed in the public admission areas at Hoag. Interpretation services are available to address any questions or concerns and to assist in the completion of the Financial Assistance application.
B. A patient, or patient representative, who requests a discount, charity care, or other assistance in meeting their financial obligation to Hoag shall make every reasonable effort to provide Hoag with documentation of income and health benefits coverage. If the person requests charity care or a discount and fails to provide information that is reasonable and necessary for Hoag to make a determination, Hoag may consider that failure in making its determination.
C. Upon establishing full or partial eligibility under the Financial Assistance Program, the terms of assistance established will be valid for six (6) months from the date of the eligibility letter. Additionally, other pre-existing patient account outstanding balances at the time of eligibility determination will be included as eligible, excluding exceptions set forth in this policy. After six (6) months, a patient will need to reapply for consideration under the Financial Assistance Program. Discounts under the Financial Assistance Program will only apply to hospital services for which financial assistance was requested

and approved, and other hospital services provided within six (6) months following such approval.

D. Hoag financial systems will be updated to reflect the charity care or discounted amount using the designated adjustment code for the full or partially approved amount.

## PATIENT BILLING:

A. Statements mailed to the patient will include a clear and concise notice advising the patient of the Hoag Financial Assistance Program and the appropriate contact information.
    I. This notice shall also:
        a. Advise the patient that they may be eligible for programs such as Medicare, Medi-Cal (CA), Covered California or other state or county funded health coverage programs.
        b. Offer assistance to the patient to apply for any of these programs and that Hoag will provide the patient with an application.
B. Patients in the process of qualifying for government financial assistance or the Financial Assistance Program will not be assigned to collections prior to 180 days from the date of initial post-discharge/treatment billing.
C. If a patient is attempting to qualify for eligibility under the Financial Assistance Program and is attempting in good faith to settle an outstanding bill with Hoag by negotiating an extended payment plan or by making regular partial payments of a reasonable amount, Hoag shall not send the unpaid bill to any collection agency or other assignee, unless that entity has agreed to comply with guidelines outlined in California Health and Safety Code Section 127400 et seq.
D. Insured or uninsured patients, who at the sole discretion of Hoag are reasonably cooperating to settle an outstanding hospital bill by making regular and reasonable payments towards their outstanding hospital bill, will not be sent to an outside collection agency if doing so would negatively impact the patient's credit.
E. Any extended payment plan may be declared no longer operative after 90 consecutive days without payment. Before declaring the extended payment plan no longer operative, Hoag shall make a reasonable attempt to contact the patient by telephone and to give notice in writing that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. Prior to the extended payment plan being declared inoperative, Hoag shall attempt to renegotiate the terms of the defaulted extended payment plan, if requested by the patient. Hoag shall not refer to the collection agency or commence a civil action against the patient or responsible party for nonpayment at any time within 180 days after the initial post-discharge billing or prior to the time the extended payment plan is declared to be no longer operative.
F. Patients who communicate that they have an appeal for coverage of services pending will not be forwarded to collections until the final determination of that appeal is made.

# APPLYING FOR FINANCIAL ASSISTANCE

A. Patients may apply for financial assistance by submitting a completed Financial Assistance Program Application. Financial Assistance Program applications are available by visiting Hoag.org, emailing PFS@hoag.org or by connecting with Patient Financial Services at 949-764-8400.
    I. The Financial Assistance Program application form may be submitted prior to service, during a patient stay, or after services are completed and the patient has been discharged.
    II. A Financial Assistance Program application will be accepted at any time after the initial post-discharge billing, upon receipt of a recent pay stub or income tax return. 26 C.F.R. § 1.501(r)6(c).
    III. Hoag will provide assistance with completion of an application for the Financial Assistance Program as needed and will also provide guidance and/or direct assistance to patients as necessary to facilitate completion of government low-income program applications when the patient may be eligible.
    IV. In the case of patients who have submitted an incomplete application Hoag will:
        a. Notify the patient in writing that their Financial Assistance Program application is incomplete, including the list of outstanding items and information.
        b. Offer assistance with the completion of the application; and
        c. After such assistance is provided, allow the patient thirty (30) days to complete and resubmit the application with the additional information and items required and resubmit it.
B. As part of the Financial Assistance Program application, the patient must provide copies of the following:
    I. Two (2) pay stubs for each wage earner, or a 1040 tax return for the year in which the patient was first billed or for the 12 months preceding the billing date, including all applicable schedules and attachments.
    II. If uninsured, patients are encouraged to explore eligibility for government-funded programs. These may include, but are not limited to: Medicare, Medi-Cal (CA), Covered California, and other state and county-funded health coverage programs.
    III. In cases where documentation is unavailable, the patient's income may be verified by having the patient sign the Financial Assistance application attesting that the income information provided is accurate, if other submitted proof of income cannot be verified or is incomplete.
    IV. Patients applying for discounted payment or charity care are required to provide two (2) pay stubs or a 1040 tax return. They may provide additional information to demonstrate financial eligibility.
C. Hoag relies on the fact that information presented by the patient is complete and accurate. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, inaccurate or incomplete information has been given. In addition, Hoag reserves the right to seek all remedies, including but not limited to civil and criminal damages from those who have provided false, inaccurate or incomplete information in order to qualify for the Financial Assistance Program.

## INCOME QUALIFICATIONS:

A. Uninsured patients with a family income at or below 400% of the federal poverty level (FPL) at time of first billing who are unable to pay for medical care or under-insured patients whose annual out of pocket cost incurred by the individual at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months who are unable to pay for medical care may qualify for financial assistance. The income that qualifies as 400% FPL in 2025 is lower than the 2026 amount. If the patient was billed in 2025, they only have to meet the FPL of 2025. Based on income alone, without consideration of monetary assets, patients may be eligible for either charity care, which covers services at no cost, or discounted care, which offers reduced charges but is not free. The level of assistance provided depends on the criteria outlined below.

<table>
<tr><th>If the income % of FPL is:</th><th>And the Patient is:</th><th>Then:</th></tr>
<tr><td>200% or Less</td><td>Uninsured or Insured</td><td>Full Financial Assistance, entire (100%) patient liability portion of the bill for services, will be written off.</td></tr>
<tr><td>201% - 400%</td><td>Uninsured</td><td>Partial Financial Assistance, the patient payment obligation will be a 50% of the gross amount the Medicare program would have paid for the services.</td></tr>
<tr><td>201% - 400%</td><td>Insured</td><td>The patient obligation will be reduced by the insurance payments:<table><tr><td>If the amount paid by the insurance exceeds what Medicare would have paid:</td><td>Then Full Financial Assistance, the entire (100%) patient liability portion of the bill for services, will be written off.</td></tr><tr><td>If the Medicare payment rate is greater than the HMO/PPO rate for services rendered:</td><td>Then the patient payment obligation will be based on the HMO/PPO payment rate (deductible, copay, coinsurance, etc.), then there is no discount.</td></tr></table></td></tr>
<tr><td>201% - 400%</td><td>Insured yet services are NOT covered by the payer</td><td>The following will apply:<table><tr><td>If the patient ordinarily would be responsible for the full billed charges:</td><td>Then Partial Financial Assistance, the total patient payment obligation, will be based on the Medicare or Medi-Cal rate that would have applied had the service been covered.</td></tr></table></td></tr>
</table>

AUTOMATIC CLASSIFICATION FOR CHARITY CARE:

B. Under the following special circumstances, patient may be deemed eligible for charity care without absolute requirement for submission of a financial assistance application:

| Circumstance | California |
|---|---|
| Eligible for other FPL- qualified programs | (Addressed in Other Special Circumstances section below) |
| Disabled | n/a |
| Deceased | Is deceased and without third-party insurance coverage or identifiable estate, no living spouse |
| Incarcerated | n/a |
| Homeless | Is determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government sponsored program, without third-party insurance coverage |
| Seen in ER, unable to bill | Is treated in the Emergency Department but Hoag is unable to issues a billing statement |
| Access to Care | Is treated through an Access to Care Program |

## OTHER SPECIAL CIRCUMSTANCES:

A. Patients who are in bankruptcy proceedings may have their debt discharged by the court. Hoag staff can validate this status by obtaining from the patient a legal document showing discharge for accounts not yet in collection. Hoag's external collection agency may also determine that a patient's debt has been discharged through bankruptcy.
B. Patients who are eligible for FPL - qualifying programs such as Medi-Cal, Medicaid, and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payment for services is not made by the FPL-qualifying program. Patient account balances resulting from non-reimbursed charges are eligible for charity care write off. Medi-Cal Share of Cost obligations are not eligible for charity write off or the discount program..
C. Specifically included, but not limited to, are eligible charges related to the following:
    I. Denied inpatient stays for medically necessary services.
    II. Denied inpatient days of care; charges related to days exceeding a

length of stay limit.

III. Eligible non-covered services.

IV. Denied IP Treatment Authorization Request (TAR).

V. Denials due to restricted coverage, including Medi-Cal Restricted Aid Codes (i.e., Patients that may only have pregnancy or emergency benefits, but receive other hospital care).

VI. Out-of-State Medicaid claims with "no payment" (i.e., Out-of State Medicaid claims that cannot be billed due to lack of a provider agreement with the applicable state).

## PRESUMPTIVE CHARITY:

A. Hoag recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Hoag, in certain instances, may make reasonable assumptions based on the Automated Predictive Scoring Tool (ASPT) to qualify patients for Charity Care. ASPT predicts the likelihood of a patient qualifying for Charity Care based on publicly available data sources. ASPT provides estimates of the patient's likely socio-economic standing, as well as the patient's household income and size.

B. **QMB patients**: Qualified Medicare Beneficiaries: Eligible for charity write off when no secondary or Medi-Cal information is obtainable or balance after secondary other than SOC: Medicare providers and suppliers may not bill people in the QMB program for Medicare deductibles, coinsurance or co-pays, but state Medicaid programs may pay for those costs. Under some circumstances, federal law lets states limit how much they pay providers for Medicare cost sharing. Even when Medicare allows cost sharing, people in the QMB program have no legal obligation to pay Medicare providers Part A or Part B cost-sharing.

## CATASTROPHIC MEDICAL EXPENSES

A. Hoag at its discretion, may grant charity care or discounted care in the event of a catastrophic medical expense. These patients will be handled on an individual basis.

## APPROVAL LEVELS:

A. Financial assistance determinations will be made only by approved Hoag personnel according to the local levels of authority.

**B. Notification of Determination**

I. Patients will receive notification of Hoag's determination within 30 days of submitting the completed FAP application and supporting documentation.

**C. Patient Disputes**

I. A decision about eligibility for the FAP is determined after the application is reviewed for eligibility based on criteria contained in this policy. Financial assistance shall not be provided on a discriminatory or arbitrary basis. However, Hoag retains full discretion to establish eligibility criteria based on sufficient evidence and information provided

by the patient or guarantor.

D. In the event of a dispute, a patient or guarantor may seek review from Hoag management or the Executive Director of Revenue Cycle via email at PFS@hoag.org or in writing by providing additional information to support the dispute at:

Hoag Memorial Hospital Presbyterian
Attn: Executive Director of Revenue Cycle
2975 Red Hill Avenue, Suite 200
Costa Mesa, CA 92626

## CASH DISCOUNT

A. Hoag Hospital
   I. A 35% discount will be given to patients paying cash for services, without requiring evidence of eligibility for the Financial Assistance Program, excluding services only available at a cash rate to all patients. Services with a cash rate are excluded from this discount. Payment is expected at the time of service.

B. Hoag Clinic
   I. A 35% discount will be given to patients paying cash for services, without requiring evidence of eligibility for the Financial Assistance Program, excluding services only available at a cash rate to all patients. Services with a cash rate are excluded from this discount. Payment is expected at the time of service.

## DEFINITIONS:

| TERM | DEFINITION |
|---|---|
| Affordable Care Act (ACA) | A federal mandate that aims to increase the quality and afford-ability of health insurance. |
| Amounts Generally Billed (AGB) | A Hoag facility may determine AGB for any emergency or other medically necessary care provided to a FAP-eligible individual by using the billing and coding process the Hoag facility would use if the FAP-eligible individual were a Medicare fee-for-service or Medicaid beneficiary. AGB for the cost of care is the amount the Hoag facility determines would be the total amount Medicare or Medicaid would allow for the care (including both the amount that would be reimbursed by Medicare or Medicaid and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles). |
| Automatic Predictive Scoring Tool (APST) | An electronic payment assistance ranking score that estimates the patient's Federal Poverty Level (FPL)percentage and assists in evaluating and |

| | |
|---|---|
| | determining eligibility criteria. |
| Charity Care (Full Financial Assistance) | Free care where the patient is not expected to pay anything at all. |
| Covered California | California's Health Insurance Marketplace program provides assistance and shopping for affordable health care and possibly financial assistance. Covered California will also assist in determining qualifications for Medi-Cal. |
| Deposit | When payment arrangements are made, the first installment payment is considered the deposit. The deposit is negotiated, starting at 50% of the total estimated patient liability. |
| Discounted Payment | Any charge for care that is reduced but not free. |
| Emergency Physician | A physician who is credentialed by a hospital and either employed or contracted by the hospital to provide emergency medical services in the emergency Department of the hospital. "Emergency physician" does not included a physician specialist who is called into the emergency department of a hospital or who is on staff or has privileges at the hospital outside of the emergency department. |
| Essential Living Expenses (CA) | Expenses for any of the following: rent or house payment and maintenance; property taxes; food; utilities and telephone; medical expenses; health and life insurance; childcare; auto expenses, including insurance, installment payments. |
| Excluded services | If service deemed not medically necessary; cosmetic, Hoag for Her Center for Wellness |
| Federal Poverty Level (FPL) | The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of the subsection (2) of Section 9902 of Title 42 of the United States Code. The dollar amounts may be found at https://aspe.hhs.gove/topic/proverty-eecon |
| Financial Assistance Program | Financial Assistance Program available to patients unable to pay for their care for any services at Hoag. |
| Financially Qualified | A patient who is both of the following: |

| | |
|---|---|
| Patient | A patient who isa self-pay patient or a patient with high medical costs; and<br><br>A patient who has a family income that does not exceed 400% (percent) of the federal poverty level. |
| Government -Funded Insurance Programs | The following are included in the "government-funded insurance programs" (but is not limited to):<br><br>· Medicare<br>· Presumptive Eligibility (Medi-Cal)<br>· Medi-Cal (CA)<br>· Covered California (CA)<br>· Out of State Medicaid |
| Health Insurance Marketplace | A component of the Affordable Care Act (ACA) is the Health Insurance Marketplace (formally known as Exchange). Each state is mandated to have this online venue for customers and small businesses to compare and purchase insurance coverage options and to learn if they are eligible for federal insurance subsidies. |
| High Medical Cost | Annual out-of-pocket costs incurred by the individual at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months. Out-of-pocket costs means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.<br><br>Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months. Out-of-pocket expenses means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. |
| HMO/PPO Payment Rates | The average amount of payment Hoag would receive from all contracted HMOs/PPOs for providing services. This rate, represented as a percentage of total billed charges, is Hoag- specific and updated periodically. |
| Household Income or Patient’s Family Income | The wages and fringe benefits in the form of money, property or services. Generally, gross income includes everything received as payment for personal services, such as federal taxable wages, self-employment income, |

| | |
|---|---|
| | Social Security Income, retirement or pension income, investment income, rental and royalty income. |
| Insured Patient | A patient who has a third-party payer for all or a portion of their medical expenses. |
| Medi-Cal (CA) | Medi-Cal is California's federally funded health insurance programs that pay for a variety of medical services for children and adults who have limited resources and low income. Under ACA, Medi-Cal has expanded who may be eligible. |
| Medically Necessary Services | Services or supplied determined to be proper and needed for the diagnosis, direct care or treatment of the medical condition and meet the standards of good medical practice in the medical community. |
| Medical Payment Rates | The average amount of payment Hoag would receive from Medicare for providing services. This rate is Hoag specific and updated periodically. |
| Medicare | Medicare is a federally funded health insurance program for qualified people aged 65 or older. Certain people younger than 65 also qualify based on disabilities or renal disease. This program helps with the cost of health care but does not cover all medical expenses or the cost of long-term care. It is not based on a low-income. It is not part of the Health Insurance Marketplace, but there are some coverage changes as a result. |
| Out of Pocket Expense | 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. |
| Out of State Medicaid | Hoag will bill for Out of State Medicaid provided a contract is approved by the state and/or obtained through an outsourced vendor. |
| Partial Financial Assistance | The patient does not qualify for Full Financial Assistance (free care) but is eligible for a discount and may be expected to pay only a portion of the bill. |
| Patient | The party who is financially responsible for the services provided. |
| Patient's Family (Household) | For patients 18 years of age and older, the family includes the patients spouse, registered domestic partner and dependent children under 21 years of age, |

| | |
|---|---|
| | whether living at home or not. Includes dependent children of any age if those children are disabled.<br><br>Patients (1) under 18 years of age or (2) who are 18 to 20 years of age and are a dependent child, included other dependent children of the patient's parents or caretakers relatives if those other children are disabled. |
| Payment Arrangements/Installment Plans | A plan negotiated and agreed to by Hoag and the patient sets the terms of extended payment for services provided by Hoag. Any pre-service payment plan is based on an estimate and the financial counselors and/or schedulers coordinate payment through self -pat supervisor as Final terms are set up after final bill. |
| Presumptive Charity (APST, SOS, Teen Proviacy, and La Amistad programs) | Share ourselves program (SOS), Teen Private , and La Amistad have been pre-determined to meet the program guidelines as these individuals were deemed to be at or below the 200% FPL. SOS, and La Amistad complete their own screening and approval. APST is a patient account scoring mechanism. APST score is evaluated bi-annually and calibrated to reflect the charity care policy of Hoag for evaluation an eligibility criteria. |
| Reasonable Payment Plan (CA) | If Hoag and the patient/guarantor cannot agree on payment terms, Hoag shall create and offer a reasonable payment plan. Monthly payments pursuant to a reasonable payment cannot exceed more than 10% of the patient's family income, excluding deductions for essential living expenses. |
| Uninsured or Self-Pay Patient | A patient who has no third-party payer for any portion of their medical expenses including a patient whose benefits under all potential sources of payment have been exhausted. No compensable injury for purposes of government programs, workers' compensation, automobile insurance, other insurance, or third-party liability as determined and documented by the hospital. No Medi-Cal/Medicaid coverage or patients who qualify but who do not receive coverage for all services or for the entire stay. |

## PLAIN LANGUAGE SUMMARY: HOAG NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE

MISSION: Our mission as a non-profit, faith-based hospital is to provide the highest quality health care services to the communities we serve. Hoag is committed to working with our patients through any financial issues, including finding ways to

make medical care more affordable. Hoag offers financial assistance for medically necessary care to eligible patients who do not have the financial ability to pay for their medical bills. If you're having trouble paying for all or some of your health care, we encourage you to talk with one of our Financial Counselors or someone in our business office about how we can help you.

## WHAT IS THE PATIENT FINANCIAL ASSISTANCE PROGRAM?

Hoag's Financial Counseling Department offers free financial screenings for people who do not have health insurance and cannot pay their Hoag bill, as well as patients who do have insurance, but are unable to pay their portion of the bill that insurance does not cover.

Our Financial Counselors will review your eligibility for Medicare, Healthy Families Program, Medi-Cal, or other coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or charity care. If you already have coverage through one of these programs, please notify our Financial Counselors immediately. Patients ineligible for government assistance may still qualify for discount or charity programs available through Hoag. You may also be referred to www.OCGOV.com for local assistance.

If you lack, or have inadequate, insurance, and you meet low- and moderate-income requirements, you may qualify for discounted payment or charity care. Please remember that access to medically necessary health care is not affected by eligibility for financial assistance. Hoag is committed to treating all those who come to us for care.

You may also apply directly for the above programs by accessing their website directly:
Medi-Cal: http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx
Affordable Care Act: www.HealthCare.gov to apply by phone Call 1-800-318-2596
Medicare: www.ssa.gov/medicare/apply.html
Hoag Charity care program: www.Hoag.org (Patient & Visitors tab, Billing, Charity Care Application)

Free or Discounted Care: For those who qualify for financial assistance, free or discounted care is available. The amount discounted is determined by your family income as compared to the Federal Poverty Level (FPL). Free care is offered to patients with family income of 200% or less of FPL and discounted care is offered to patients with family income of 201% to 400% of FPL.

A patient who is eligible for financial assistance from Hoag may not be charged more than the amount generally billed for emergency or other medically necessary care.

## HOW AND WHEN TO APPLY

Please contact our Financial Counselors immediately after discharge or completion of services by calling 949-764-5564 or by e-mail at FC@hoag.org.

If you have questions or would like to receive a financial assistance application form, please contact:

- By telephone: 949-764-8413

- On our website at hoag.org
- By visiting in person at one of the following locations:

| | | |
|---|---|---|
| **Hoag Hospital- Newport Beach**<br>Cashier's Office<br>One Hoag Drive<br>Newport Beach, CA 92662<br>Hours: Monday through Friday 8:30am to 4:30pm or by email at FC@Hoag.org | **Hoag Hospital- Irvine**<br>Cashier's Office<br>16200 Sand Canyon Ave<br>Irvine, CA 92618<br>Hours: Monday through Friday 8:30am to 4:30pm or by email at FC@Hoag.org | **Patient Financial Services**<br>Attn: Charity Care Specialist<br>2975 Red Hill Ave., Suite 200<br>Costa Mesa, CA 92626<br>Hours: Monday through Friday 8:30am to 4:30pm or by email at PFS@Hoag.org |

We are committed to making information about the Hoag Financial Assistance Program available in the communities we serve in a manner that is easy to understand. In addition to English, this summary, Hoag Financial Assistance Policy, and Hoag Financial Assistance Application form, are available in other languages, including Arabic, Chinese, Farsi, Korean, Spanish and Vietnamese. Please visit hoag.org

CONFIDENTIALITY
We understand that the need for financial assistance can be a sensitive and deeply personal issue. We are committed to maintaining the confidentiality of requests, information and funding.

**Reference:** n/a

## Review and/or input for this procedure was given by the following:

Internal Revenue Code Section 501®; 26 C.F.R. 1.501(r) (1)-1.501(r) (7); California Health & Safety Code

**Title and version of IFU:** n/a