

Charity Care & Financial Assistance Program Plain Language Summary and Application

Charity Care and Financial Assistance Offered

Kern Valley Healthcare District (KVHD) offers charity care and financial assistance through its Charity Care and Financial Assistance Policy to patients who are uninsured, underinsured, or insured patients with high medical costs. Our Financial Counselor will review individual cases and will decide on the financial assistance that may be offered prior to, during, or after services are provided. Upon verifying eligibility for financial assistance, An individual who qualifies for a financial assistance discount will not pay more than Medicare or Medi-Cal would pay for the same service, whichever is greater. KVHD shall offer hospital inpatients and hospital outpatients discounted care in accordance with the KVHD Financial Assistance Policy for Medically Necessary Services.

Charity Care and Financial Assistance Guidelines

- Charity Care (free care) and Financial Assistance (discounted care) is available for emergency medical care and medically necessary care provided by Kern Valley Healthcare District.
- Eligibility is based on the individual or a family's annual income and family size.
- Income is the annual family earnings from the prior 12 months or prior tax year, as shown by recent pay stubs or W2, less payments made for alimony and child support.
- Eligibility is determined after reviewing an applicant's Charity Care/Financial Assistance application and income information.

Required Documentation

To be considered, a submitted application must include the following with supporting documentation. For patients applying for either charity care or the financial assistance discount payment program eligibility, the hospital will request most recent pay stubs or current W2. Recent tax returns are tax returns which document a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed, and recent paystubs are paystubs within a 6-month period before or after the patient was first billed by the hospital, or in the case of preservice, when the application is submitted. The hospital may accept other forms of documentation of income but shall not require such other forms. Please note that those patients who are approved for Charity Care will receive their services for free care and patients that are approved for Financial Assistance will receive a discount on services.

- Completed and signed financial assistance application
- Two recent pay stubs (2 months' worth) or current W2 are required for both charity care and the financial assistance discount.
- If an individual has no source of income, a letter stating how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.
- Applications received without proof of family income or incomplete applications cannot be processed.

Program Qualifications

- Charity Care is free care for an uninsured individual or family whose gross annual income is at or below 100% for the Federal Poverty Level.
- Financial Assistance is discounted care for uninsured or underinsured individuals or families whose gross annual income is between 101% and 400% of the Federal Poverty Level.
- Insured patients with high medical costs are eligible to apply for a discount as well. To be eligible, applicants' medical costs must be more than 30% of their monthly gross income.

Have Questions or Need Help Applying

Have questions, need assistance with completing the application, or submit a completed application with supporting documentation, contact KVHD's Financial Counselor (Monday-Friday 8:00 a.m. to 4:30 p.m.) through the following methods:

1. Phone: 760-379-2681 ext. 512
2. In person: 6412 Laurel Ave., Lake Isabella, CA 93240
3. By mail: P.O. Box 1628, Lake Isabella, CA 93240
4. Email: billing@kvhd.org

FINANCIAL ASSISTANCE APPLICATION

Please complete this entire application to be considered under the Financial Assistance (discounted care) and Charity Care (free care) Program. List the total number of dependents, including yourself, at your address. **Incomplete applications and applications missing required documents cannot be processed.**

Name: _____
 First Middle Last

Address: _____
 Street/P.O. Box City State Zip Code

Phone Number(s): _____ Cell Phone Number(s): _____

Social Security Number: _____ Date of Birth: _____ Hourly Rate of Pay \$: _____

Employer _____ Phone Number: _____ Occupation: _____

DEPENDENTS (list each by name and age):

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Please use a separate sheet of paper if more room is needed.

ESSENTIAL LIVING EXPENSES

If you want this information considered for an extended payment plan.

Rent/Mortgage \$: _____ Loans \$: _____ Utilities \$: _____ Alimony \$: _____

Food \$: _____ Child Support \$: _____ Medical \$: _____ Insurance Premiums \$: _____

I certify that, to the best of my knowledge, the above information is true and accurate. I authorize Kern Valley Healthcare District to verify any information given on this application.

Patient or Responsible Party Signature

Date

For KVHD use only: circle one

Approved Charity Care Approved Financial Assistance Discount Not Approved
Discount Percentage: _____

Decision rationale:

KVHD Employee: _____ Date: _____

ATTENTION: If you need help in your language, please call (760) 379-2681 EXT 512 or visit Kern Valley Healthcare District. The office is open 8:00 am to 4:30 pm and located at 6412 Laurel Ave., Lake Isabella, CA 93240. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

ATENCIÓN: Si necesita ayuda en su idioma, llame al (760) 379-2681 EXT 512 o visite Kern Valley Healthcare District. La oficina está abierta de 8:00 am a 4:30 pm y está ubicada en 6412 Laurel Ave., Lake Isabella, CA 93240. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

注意：如果您需要您語言的協助 請致電 (760) 379-2681 EXT 512 或造訪克恩谷醫療區。該辦公室的營業時間為上午8:00 點至下午4:30 點，地址為6412 Laurel Ave., Lake Isabella, CA 93240。也為殘疾人士提供幫助和服務，例如點字、大字體、音訊和其他無障礙電子格式的文件。這些服務是免費的。

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi (760) 379-2681 EXT 512 hoặc đến Khu chăm sóc sức khỏe Kern Valley. Văn phòng mở cửa từ 8:00 giờ sáng – 4:30 giờ chiều và tọa lạc tại 6412 Laurel Ave., Lake Isabella, CA 93240. Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử để tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa (760) 379- 2681 EXT 512 o bisitahin ang Kern Valley Healthcare District. Ang opisina ay bukas 8:00 am - 4:30 pm at matatagpuan sa 6412 Laurel Ave., Lake Isabella, CA 93240. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malalaking print, audio, at iba pang naa-access na electronic format. Ang mga serbisyong ito ay libre.

주의: 귀하의 언어로 도움이 필요하시면 (760) 379-2681 EXT 512 로 전화하시거나 Kern Valley Healthcare District를 방문하십시오. 사무실은 오전 8:00 시부터 오후 4:30시까지 운영되며 주소는 6412 Laurel Ave., Lake Isabella, CA 93240입니다. 점자 문서, 큰 활자체, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, ինտրում ենք զանգահարել (760) 379-2681 EXT 512 հեռախոսահամարով կամ այցելել Kern Valley Healthcare District: Գրասենյակը բաց է առավոտյան 8:00-ից մինչև երեկոյան 4:30-ը և գտնվում է 6412 Laurel Ave., Lake Isabella, CA 93240 հասցեում: Հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, ինչպիսիք են փաստաթղթերը բրայլյան, խոշոր տպագիր, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով, նույնպես հասանելի են: Այս ծառայություններն անվճար են:

670 (379- 512 EXT 2681) B1 لظفا د، داز دارن مک ن ب۰ ان خود ۷ ز ر/ت توجه :ا/ه مراقب از ناح ع د:ن گ بک تماس

بهداش Kern Valley 6412 Laurel از است و در ب عد از ظهر 4:30 B از ساعت 8:00 صبح تا: د این دفد کن عازد ب س

B Ave., Lake Isabella, CA 93240 ت، مانند اسنادن برای افراد دارای معلول: و خدمات واقه شده است. خدمات

ند: ان هس 1/ع ند. این خدمات را موجود هس: ن: ن: ل دس ب قال و ن: ن: ل، چاپ درشت، صدا، و سایر فرمت های ال: د خط ب.

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону (760) 379- 2681 EXT 512 или посетите медицинский округ Керн-Вэлли. Офис открыт с 8:00 до 16:30 и расположен по адресу 6412 Laurel Ave., Lake Isabella, CA 93240. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, написанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

