

MPTF	
Department: Patient Business Services	Effective: 3/17
Policy Name: Hospital Financial Assistance Policy for Patients	Revised: 12/16, 3/17, 7/17, 6/22, 5/24, 7/21/25
Policy Number: 106	Reviewed: 3/17, 7/17, 11/18
Department Manager/Director: Manager, Admitting/PBX/PBS	Hospital Administration: 07/24/2025
	Governing Body: 3/3/17, 12/7/18, 05/22/24
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TITLE: **FINANCIAL ASSISTANCE POLICY FOR HOSPITAL PATIENTS (FAP)**
Motion Picture and Television Fund (MPTF)
Samuel Goldwyn, Jr. Center for Behavioral Health (CBH)

PURPOSE:

To establish guidelines for providing financial relief to CBH patients who receive medically necessary care and cannot afford to pay their portion of the bill. This policy ensures consistent and equitable guidelines for patients who are uninsured, underinsured, and have high out-of-pocket medical costs compared to income. Under this policy, Financial Assistance includes both charity care and discounted care, in accordance with California's Hospital Fair Pricing Act.

SCOPE:

This policy applies exclusively to **Motion Picture and Television (MPTF) Samuel Goldwyn, Jr. Center for Behavioral Health (CBH)** hospital. CBH is a 12-bed acute inpatient psychiatric facility serving **geriatric patients aged 55 and older**. It does not provide emergency room services, outpatient services or other acute medical care. It serves both the **general community** as well as **members of the entertainment industry**. This policy does **not** apply to services provided by physicians or other providers whose charges are **not included** in the hospital's bill.

POLICY:

The Motion Picture Television Fund (MPTF) offers financial assistance to CBH patients who receive medically necessary care in the following situations:

- **Uninsured patients** – Patients with no third-party health coverage, whose family income within the prior 12 months is at or below 400% of the Federal Poverty Guidelines, are eligible for charity care (free care).

- **Underinsured patients** – Patients with some form of third-party health coverage which is not sufficient to pay the current bill, whose family income within the prior

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12 months is at or below 400% of the Federal Poverty Guidelines, are eligible for charity care (free care) to cover the patient responsibility portion of the bill,

- **High Out-of-Pocket Medical Cost** - Patient's whose family income is at or below 400% of the Federal Poverty Guidelines and meet any of the following:
 - Annual out-of-pocket medical costs incurred at the hospital that exceed the lesser of 10% of the patient's current family income or family income in the prior 12 months, they are eligible for full discounted care (free care) to cover the patient responsibility portion of the bill.
 - Annual out-of-pocket expenses exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or their family in the prior 12 months, they are eligible for full discounted care (free care) to cover the patient responsibility portion of the bill.

In all cases, a screening will be completed to confirm that the patient's medical services are not eligible for payment by any federal or state governmental health care program, or other private insurance.

Patients with insurance who choose to receive out-of- network care, even when in-network services or facilities are available, do not qualify for charity care or full discounted care. -

While this policy applies only to charges on the MPTF CBH hospital bill, we also consider medical expenses the patient paid to other health care providers when determining whether they meet the "high medical costs" threshold.

Services provided by medical providers who are not directly employed by the hospital and whose charges are billed separately cannot be discounted by MPTF. Patients will be advised to contact those providers directly regarding their financial assistance policies. See Appendix A for a list of provider services covered under this policy and those that are not covered.

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PROCEDURE:

Patients, regardless of their ability to pay, will be informed about the hospital's financial assistance program (FAP). A plain language summary of the FAP will be included in each patient's admission and discharge packet. Patients may notify Patient Business Services verbally or in writing, if they are unable to pay at the time of service or upon receiving a bill. In such cases, the patient will be offered a free copy of the FAP and an application.

Patients will also be provided with the contact information for Health Consumer Alliance (HCA) -a free and independent resource that helps California residents understand the medical billing and payment process. HCA can be reached at (888) 804-3536 or online at healthconsumer.org.

Information about accessing health coverage programs, including Medi-Cal and Covered California, is available through MPTF staff and HCA.

To Apply:

A free copy of the Financial Assistance policy and application are available online at <https://mptf.com/help-paying-your-bill>, in-person at the Admitting desk or Patient Business Services department or by mail upon request.

For help completing the form, please contact Patient Business Services at (818) 876-1076.

Mail or drop off a completed application with proof of income and other documents to:
MPTF
23388 Mulholland Drive
Woodland Hills, CA 91364
Attn: PBS Manager Mailstop 70

Acceptable Income Documents

- Recent Federal Tax Return, or
- Recent Pay stubs

Other Supporting Documents

- Written documentation from all income sources

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- Receipts of high medical costs within prior 12 months, if applicable
- Written explanation of current financial hardship
- Patient death certificate

Application Review Process:

The Patient Business Services (PBS) Manager will review all submitted financial assistance applications to determine whether the patient meets the eligibility guidelines outlined in this policy.

In certain cases – such as where a patient qualifies for another low- income program, is deceased with no known estate, or is unhoused- financial assistance may be presumed without an application or income documentation at the discretion of the PBS Manager and the Chief Financial Officer (CFO).

Any documents collected during the application process, such as tax returns, proof of income, will only be used to determine eligibility for financial assistance and will not be used for collection purposes.

If the patient qualifies for financial assistance:

- The patient will receive 100% financial assistance (charity free care or full discounted care).
- The PBS Manager will notify the patient of the determination in writing.
- The patient's account will be updated, and a charity adjustment will be applied to reduce the patient's responsibility to \$0.00.

If the patient does not qualify for financial assistance:

- The PBS Manager will notify the patient in writing, stating the reason for the decision.
- The patient may be offered an acceptable payment plan; PBS staff may work with the patient to negotiate the terms of an extended payment plan.

Appeal Process

A patient who disagrees with the determination may request a formal review.

To do so, the patient must submit a written request to:

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MPTF -Chief Financial Officer
Mail Stop 218 FAP Appeal
23388 Mulholland Drive, Woodland Hills, CA 91364.

The appeal must include all relevant supporting documentation for the formal review. The results of the review will be provided to the patient in writing. If the PBS Manager's original determination is upheld and the patient does not pay for the care received, their account will be followed up for further collection activity in accordance with the MPTF Self-Pay Billing and Collection for CBH policy.

Additional Patient Support Services:

Language assistance is available at no cost, 24 hours a day, 7 days a week. For help in your preferred language, call (818) 876-1888 or visit our Admitting Office. Aids and services for people with disabilities, such as documents in large print or other formats, are also available at no cost.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at (888)-804-3536 or go to Healthconsumer.org for more information.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Price Transparency

As of January 1, 2019, the Center for Medicare and Medicaid Services (CMS) requires all hospitals to publish their standard charges and shoppable services online.

MPTF Samuel Goldwyn, Jr. Center for Behavioral Health (CBH) provides inpatient psychiatric care based on a per diem facility rate - fixed daily amount an insurance payer agrees to pay a hospital for each day of inpatient care. Because charges at

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inpatient psychiatric facilities are bundled and not scheduled individually, shoppable services are limited to the facility's standard room and board rate.

To view our pricing information, visit mptf.com/help-paying-your-bill or contact Patient Business Services at (818) 876-1076 for assistance or to request a cost estimate.

References & Resources:

- CA Health & Safety Code §§ 127400–127462
- Assembly Bill 1020 and AB 2297
- Internal Revenue Code § 501(r)
- Federal Poverty Guidelines: aspe.hhs.gov
- Health Consumer Alliance: healthconsumer.org
- CMS - Hospital Price Transparency: <https://www.cms.gov/hospital-price-transparency>

Related Documents:

1. Appendix A
2. Application for Hospital Financial Assistance/ Charity Care/Discounted Care

Motion Picture & Television Fund (MPTF)
Financial Assistance Policy for Hospital Patients (FAP)
Samuel Goldwyn, Jr. Center for Behavioral Health (CBH)
Appendix A

Service Covered:

This Policy covers facility fees and certain other medically necessary services provided at the MPTF Samuel Goldwyn, Jr. Center for Behavioral Health facility. This Policy only applies to charges included on the hospital bill. Hospital bill charges include but are not limited to room and board, medications, medical supplies, laboratory and diagnostic tests, and therapeutic activities.

Provider Services Not Covered:

This Policy does not cover physician fees (also known as “professional fees”) services provided by certain individual healthcare providers who treat patients and are not directly employed by MPTF Samuel Goldwyn, Jr. Center for Behavioral Health facility. These healthcare providers charges are billed separately from the facility charges. Payment for professional fees billed by these healthcare providers is the patient’s responsibility and does not qualify for a discount or charity care under this Policy.

Certain providers not covered under this policy are listed, but please be aware that there could be additional ones not included in this list.

- Alliance for Wellness Medical Group Providers
- Barkadar, Leon, MD
- Davidorf Eye Group Providers
- Healy, Linda K., NP
- Heimberg, Brandon F., PsyD
- Herr, Stephen L., MD
- Humayun, Saeed, MD
- Interventional Cardiology Medical Group
- Jacobs, Ronald W., MD
- Karapetians, Anthony, MD
- Matthew, Jonathan S., MD
- Makhani, Mehboob A., MD
- Nassoura, Zahi E., MD
- Newman, Nate, PhD, LCSW
- Olshansky, Adel, MD
- Rely Radiology Telemedicine
- San Fernando Valley Vascular Group
- Seide, Ann P., MD
- Sengupta, Veena V., MD
- Sharma, Anil, MD
- Shimizu, Kanako, DMD
- Siber, David J., DO
- Trochanova, Nadia S., NP
- Wadekar, Mitali, MD
- Weitzbuch, Hal M., MD
- Weitzbuch, Sanford J., DPM
- West Hills Neurology & Neurosurgery Medical Providers
- Woods, Helene R., NP
- Wong, Robert C., DDS
- Wu, Brian W., MD