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Credit and Collection Policy	

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I. Purpose

Kaweah Delta Health Care District (KDHCD) provides high quality health care services to our patients. It is the policy of KDHCD to bill patients and applicable third-party payers accurately, timely, and consistent with applicable laws and regulations, including without limitation California Health and Safety Code section 127400 *et seq.* KDHCD operates a non-profit hospital and, therefore, KDHCD must also comply with 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) *et seq.* This policy is intended to meet all such legal obligations.

II. Scope

The Credit and Collection Policy applies to all patients who receive services through any of the licensed hospital facilities operated by KDHCD. This policy also applies to any collection agency working on behalf of KDHCD, including entities to which KDHCD sells or refers a Patient’s debt. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians (other than physician specialists on staff or with KDHCD hospital privileges who are called into the emergency department), anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a KDHCD bill. This policy does not create an obligation for KDHCD to pay for such physicians’ or other medical providers’ services. In California, Health and Safety Code section 127450 *et seq.* requires an emergency physician who provides emergency services in a hospital to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

III. Definitions

- A. **Collection Agency** is any entity engaged by KDHCD to pursue or collect payment from Patients.
- B. **Community Care Rate** means the amount KDHCD would receive for services under its contract with commercial insurance.

- C. Extraordinary Collection Actions (ECAs)** are any collection activities, as defined by the IRS, that healthcare organizations may take against an individual to obtain payment for care only after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. ECAs include any of the following:
- i)** Any action to obtain payment from a Patient that requires a legal or judicial process, including without limitation the filing of a lawsuit;
 - ii)** Selling a Patient’s debt to KDHCD to another party, including without limitation to a Collection Agency;
 - iii)** Reporting adverse information about a Patient to a consumer credit reporting agency or credit bureau;
 - iv)** Attaching or seizing a bank account or any other personal property¹;
 - v)** Causing a Patient’s arrest or obtaining a writ of body attachment²;
 - vi)** Wage garnishment;
 - vii)** Lien on a residence or other personal or real property;
 - viii)** Foreclosure on real or personal property;
 - ix)** Delay or denial of medically necessary care based on the existence of an outstanding balance for prior service(s); or
 - x)** Obtaining an order for examination.
- D. Financial Assistance Application** means the information and documentation that a Patient submits to apply for financial assistance under KDHCD’s Financial Assistance Policy. An application is complete after a Patient submits information and documentation sufficient for KDHCD to determine whether the individual is eligible for assistance. An application is incomplete if a Patient submits some, but not all, information and documentation needed to determine eligibility for assistance. Patients may submit required application information in writing and orally.
- E. Financial Assistance** refers to Full Charity Care and Partial Charity Care, as those terms are defined in the Finance Assistance Policy.

¹ 26 C.F.R. § 1.501(r)–6(b)(iv)(C).

² 26 C.F.R. § 1.501(r)–6(b)(iv)(F).

- F. **Financial Assistance Policy (FAP)** is the KDHCDC policy on Full Charity Care and Partial Charity Care Programs, which describes the KDHCDC Financial Assistance Program. This includes the criteria Patients must meet in order to be eligible for financial assistance as well as the process by which Patients may apply for Financial Assistance.
- G. **Insured Patient** means an individual whose hospital bill is fully or partially eligible for payment by a third-party payer.
- H. **Patient** includes the individual who receives services at KDCHD. For purposes of this policy, Patient also includes any person financially responsible for their care, also referred to as Guarantor.
- I. **Reasonable Efforts to Determine Eligibility** are actions KDHCDC must take to determine whether an individual is eligible for financial assistance under KDHCDC’s Financial Assistance Policy. These must include making a determination of presumptive eligibility as described in the FAP at Section III.A, and if the determination is less than Full Charity Care, providing adequate notice of an opportunity to apply for Full Charity Care and a reasonable period of time to do so.³ For submitted applications, these efforts must include a reasonable opportunity to correct an incomplete application and Reasonable Efforts to Notify.⁴
- J. **Reasonable Efforts to Notify** At a minimum, reasonable efforts include providing individuals with written and verbal notifications about the FAP and how to complete the FAP application, with reasonable opportunity to do so before initiating any ECA.⁵
- K. **Reasonable Payment Plan** means monthly payments that are not more than 10 percent of a Patient’s family income for a month, excluding deductions for essential living expenses. “Essential living expenses” means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
- L. **Reasonable Time** as used in this policy is a period of at least 30 days. That period may be extended for good cause. Situations that may merit an extension of time to act may include language access barriers, the need for disability accommodations, a Patient’s or Patient’s family member’s continuing illness, or other obstacles specific to a Patient’s circumstances.
- M. **Uninsured Patient or “Self-Pay Patient”** means a Patient who does not have third party insurance, Medi-Cal, or Medicare, and who does not have a compensable injury for

³ 26 C.F.R. § 1.501(r)–6(c)(2).

⁴ 26 C.F.R. § 1.501(r)–6(c)(3).

⁵ 26 C.F.R. § 1.501(r)–6(c)(3)-(c)(4).

purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by KDHCDC.

IV. Policies and Procedures

After KDHCDC Patients have received services, it is the policy of KDHCDC to bill Patients and applicable payers accurately. During the billing and collections process, KDHCDC staff, and any collection agency working on behalf of KDHCDC, provide quality customer service and follow-up, and all unpaid accounts are handled in accordance with this Policy and applicable laws and regulations.

A. Insurance Billing:

1. Obtaining Coverage Information: KDHCDC makes reasonable efforts to obtain information from Patients about whether private or public health insurance or sponsorship may fully or partially cover the services rendered by KDHCDC to the Patient. However, it is the Patient's responsibility to know their insurance benefits and coverage. With the exception of emergency care, all required referral(s) or authorizations must be secured prior to receiving services. If the Patient has questions regarding their financial responsibility or coverage of services at KDHCDC, they can contact their insurance company in advance of services as appropriate.
2. Billing Third Party Payers: KDHCDC shall diligently pursue all amounts due from third-party payers, including but not limited to contracted and non-contracted payers, indemnity payers, liability and auto insurers, and government program payers that may be financially responsible for a Patient's care. KDHCDC bills all applicable third-party payers based on information provided by or verified by the Patient or their representative. Upon receiving proof of Qualified Medicare Beneficiary (QMB) or Medi-Cal eligibility (including but not limited to a copy of the Medi-Cal card or the Patient's date of birth and either a Medi-Cal ID number or Social Security number), KDHCDC must bill exclusively to Medicare or Medi-Cal, and not the Patient, during periods of active QMB or Medi-Cal eligibility.⁶
3. Billing Medi-Cal Recipients: If the State Medi-Cal Eligibility System indicates a Patient with active Medi-Cal coverage also has other health coverage, and sufficient information is not available to bill that other health coverage, KDHCDC will contact the patient in an attempt to get the necessary information. If the Patient indicates they do not in fact have other health coverage or cannot access necessary information, KDHCDC will refer the Patient to their local Medi-Cal office or legal services office for further assistance. Except as authorized by law, KDHCDC will not refer for collection an account with active Medi-Cal coverage at the time of service. This section shall not prevent KDHCDC from billing a Medi-Cal patient for non-covered services, such as elective

⁶ 42 U.S.C. § 1396a(n)(3)(B); Welf. & Inst. Code § 14019.4.

services, or from collecting the Medi-Cal Share of Cost after screening for eligibility for Financial Assistance.

4. Dispute Resolution with Third Party Payers: If a claim is denied or is not processed by a payer due to factors outside of KDHCD's control, KDHCD will follow up as appropriate to facilitate resolution of the claim. If resolution does not occur after reasonable follow-up efforts, KDHCD may bill the Patient or take other actions consistent with KDHCD's Financial Assistance Policy, current regulations, and industry standards. Balance billing Qualified Medicare Beneficiary (QMB) and Medi-Cal Patients for covered services is prohibited.

B. Patient Billing:

1. Billing Insured Patients: KDHCD bills Insured Patients for the Patient Responsibility amount as indicated in the third-party Explanation of Benefits (EOB) and as directed by the third-party payer.
2. Billing Uninsured or Self-Pay Patients: KDHCD bills Uninsured or Self-Pay Patients for items and services provided by KDHCD, using KDHCD's Community Care Rate. All Patients receive a statement as part of KDHCD's normal billing process that is compliant with and subject to KDHCD's Financial Assistance Policy. If a Patient has no health insurance coverage, it is KDHCD's responsibility to provide a written notice to a Patient that they may be eligible for public or private insurance, and an application for Medi-Cal or other state- or county-funded health coverage programs, no later than discharge for admitted Patients and as soon as possible for Patients receiving emergency or outpatient care.⁷ Please refer to the KDHCD Financial Assistance Policy for more information.
3. Dispute Resolution with Patients/Guarantors: If a Patient/Guarantor disagrees with the account balance, the Patient/Guarantor may request the account balance be researched and verified prior to account assignment to a Collection Agency. The Patient/Guarantor may apply for Financial Assistance at any time. When a Patient/Guarantor has submitted an application for Financial Assistance, KDHCD will not assign an account to a Collection Agency before reaching a final eligibility determination. The referral of accounts for which an incomplete application for Financial Assistance has been received will be handled as outlined below.

C. Financial Assistance:

1. KDHCD notifies individuals that financial assistance is available to eligible individuals by doing the following:

⁷ Cal. Health & Safety Code § 127420(b).

- a. KDHCDC posts notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as the emergency department, billing office, admitting office, and hospital outpatient service settings, consistent with all applicable federal and state laws and regulations, and KDHCDC's FAP.
- b. KDHCDC makes its FAP, applications for assistance, and the plain language summary of its FAP, as well as other important information about the availability of financial assistance, easily available on the KDHCDC website.
- c. KDHCDC makes paper copies of its FAP, the application for assistance under the FAP, and the plain language summary of the FAP available upon request and without charge, both by mail and in public locations in the hospital facility, including, at a minimum, in the emergency department, admissions area, and billing department.
- d. KDHCDC provides prominent Financial Assistance information on all Patient statements. The statement notifies and informs patients about the availability of financial assistance under the KDHCDC FAP and includes the telephone number of the office or department which can provide information about the policy and application process, and the direct website address (or URL) where copies of this policy, the application form, and the plain language summary of this policy may be obtained. At the time of admission, discharge, and/or on at least one post-discharge written communication, KDHCDC provides to every Patient a written, plain language summary of the KDHCDC Financial Assistance Policy that contains information about the availability of KDHCDC's Financial Assistance policy, eligibility criteria, and the contact information for a KDHCDC employee or office where the Patient may apply for assistance or obtain further information about the policy.

D. Collection Practices:

1. KDHCDC and its contracted Collection Agency(ies) undertake reasonable efforts to collect amounts due for services received by pursuing reimbursement from insurers and other sources. These efforts include assistance with applications for possible private and government program coverage. If any balance remains after payment by third-party payers, before considering any ECA, KDHCDC will evaluate each Patient for Full Charity Care or Partial Charity Care consistent with its Financial Assistance Policy, for care received from KDHCDC and incurred at any time during which the Patient was eligible for Financial Assistance under the FAP.
2. KDHCDC pursues payment for debts owed for health care services provided by KDHCDC according to KDHCDC policies and procedures. All KDHCDC procedures for assignment to collection/bad debt and application of a reasonable payment plan are applicable to all KDHCDC Guarantors/Patients.⁸ KDHCDC complies with relevant federal and state laws and

⁸ Cal. Health & Safety Code § 127425(b).

regulations in the assignment of bad debt. KDHC is entitled to pursue reimbursement from third-party liability settlements or other legally responsible parties.

3. Prior to engaging in any ECA, and after normal collection efforts have not produced regular payments of a reasonable amount and the Patient has not completed a Financial Assistance application, complied with requests for documentation, or is otherwise nonresponsive to the application process, KDHC or any Collection Agency acting on its behalf shall make reasonable efforts to presumptively determine whether a Patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data.⁹
4. All Patient account balances that meet the following criteria are eligible for placement with a Collection Agency:
 - a. At least 150 days have passed since the first post-discharge billing statement was mailed to the Patient, or for billing statements that include any billing aggregation, at least 150 days have passed since the most recent episode of care¹⁰; and
 - b. KDHC is unaware of any pending appeals for insurance coverage of services¹¹; and
 - c. KDHC has made attempts to collect payment using reasonable collection efforts, such as mailing billing statements or making telephone calls. KDHC will mail four (4) Guarantor statements after the date of discharge from outpatient or inpatient care, with a final 30-day notice appearing on the fourth Guarantor statement, warning the account may be placed with a collection agency, and alerting the Guarantor that at least 150 days have passed since the first post-discharge billing statement for the most recent episode of care included in any billing aggregation¹²; and
 - d. KDHC has made reasonable efforts to presumptively determine whether a Patient is ineligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data; and
 - e. Placement for collection has been approved by the Director of Revenue Cycle¹³.
5. ECAs, including placement of an account with a collection agency, may not commence until 30 days after the final notice has been sent¹⁴, and KDHC has made reasonable efforts to determine whether the Patient is eligible for Financial Assistance.¹⁵

⁹ 26 C.F.R. § 1.501(r)-6(c)(2).

¹⁰ Cal. Health & Safety Code § 127426(a).

¹¹ Cal. Health & Safety Code § 127426(a).

¹² 26 C.F.R. § 1.501(r)-6(c)(4)(ii).

¹³ Cal. Health & Safety Code § 127425(a),

¹⁴ 26 C.F.R. § 1.501(r)-6(c)(4).

6. Accounts with a “Return Mail” status are eligible for collection assignment after good faith efforts have been documented and exhausted, including outbound phone calls and a reasonable search for a corrected address, and all other requirements of this section have been met.
7. KDHCDC and any Collection Agency acting on its behalf will suspend ECAs when a completed Financial Assistance Application, including all required supporting documentation, is received and until such time as a determination regarding the Financial Assistance Application has been made. Prior to resuming collection efforts on accounts found ineligible for full Charity Care, KDHCDC will send the Patient: (i) written notification of the basis for the finding and the amount of assistance given if any, (ii) a billing statement showing any balance still owed by the Patient and the date payment is due, and (iii) if found eligible for only Partial Charity Care, instructions as to how the Patient may obtain information regarding the amounts generally billed (AGB) for their care. Collection efforts may then resume after the Patient has been given a reasonable time to pay the balance or enter into a reasonable payment plan.¹⁶
8. If any Patient account previously placed with a Collection Agency is subsequently found eligible for financial assistance, KDHCDC and any Collection Agency acting on its behalf will pursue all reasonable measures to reverse prior collection efforts for debt that was 1) incurred for care received from KDHCDC during the previous 8 months; or 2) incurred at any time at which the patient was eligible for Financial Assistance under this policy. These reasonable measures include but are not limited to measures to vacate any judgment against the Patient, lift any levy or lien on the Patient’s property, and remove from the Patient’s credit report any adverse information previously reported to a consumer reporting agency or credit bureau.
9. If a Patient account previously placed with a Collection Agency is subsequently found eligible for Partial Charity Care with a remaining balance due, the account will be returned to KDHCDC for payment or negotiation of an interest-free reasonable payment plan. The account will not be re-referred to any Collection Agency unless the Patient refuses to participate in a reasonable payment plan, or until a patient has failed to make payments under a reasonable payment plan for at least 90 days and KDHCDC has made reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.¹⁷
10. KDHCDC and any Collection Agency acting on its behalf will suspend ECAs if an incomplete Financial Assistance Application is received and until a complete application has been submitted and a determination of eligibility is made, including resolution of

¹⁵ 26 C.F.R. § 1.501(r)–6(a).

¹⁶ 26 C.F.R. § 1.501(r)–6(c)(8)(ii).

¹⁷ Cal. Health & Safety Code § 127425(g)

any review or appeal of that determination,¹⁸ or the Patient has failed to respond to requests for additional information and/or documentation within a reasonable period of time to respond to such requests. If a Patient submits an incomplete application, a written notice will be sent to the Patient that (i) describes the missing information/documentation required for a complete application, and (ii) includes contact information for a KDHCDC employee or office where the Patient may obtain further information about the policy and assistance in applying.¹⁹ KDHCDC and any Collection Agency acting on its behalf must provide Patients with a reasonable timeframe (at least 30 days from notifying the Patient) to submit any missing information/documentation before resuming collection efforts.²⁰ If the Patient fails to provide the requested missing information/ documentation in a timely manner, KDHCDC and any Collection Agency working on its behalf will make reasonable efforts to presumptively determine whether the Patient is eligible for Financial Assistance based on the information already provided, prior eligibility for Financial Assistance, or the use of third-party data.

11. KDHCDC and any Collection Agency acting on its behalf does not base any FAP eligibility determination on any information obtained from Patients under duress or through the use of coercive practices, such as delaying or denying treatment until a Patient provides information.²¹
12. KDHCDC and any Collection Agency acting on its behalf does not seek any Patient's waiver of their right to apply for Financial Assistance or to receive Financial Assistance application information.²²
13. KDHCDC and any Collection Agency acting on its behalf does not use in collection activities any information obtained from a Patient during the eligibility process for Financial Assistance.²³ Nothing in this section prohibits the use of information obtained by KDHCDC or Collection Agency independently of the eligibility process for Financial Assistance.
14. Patient accounts at a Collection Agency may be recalled and returned to KDHCDC at the discretion of KDHCDC and/or according to state or federal laws and regulations. KDHCDC may choose to work the accounts to resolution with the Guarantor/Patient or third party as needed, or place the account with another Collection Agency in full compliance with these requirements. An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with KDHCDC's charity care policy. When, during the collection process, a patient asserts they cannot

¹⁸ See FAP, Section VII.B. (p. 10)

¹⁹ 26 C.F.R. § 1.501(r)-6(c)(5).

²⁰ 26 C.F.R. § 1.501(r)-6(c)(8)(ii).

²¹ 26 C.F.R. § 1.501(r)-6(c)(6)(ii)

²² 26 C.F.R. § 1.501(r)-6(c)(9).

²³ Cal. Health & Safety Code § 127405(e)(3).

afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by the collection agency as meeting KDHCDC's charity care eligibility criteria, the collection agency will refer the account back to KDHCDC to screen for charity care eligibility. KDHCDC will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred back to the collection agency.

15. KDHCDC will not report adverse information to a credit agency or pursue a civil action until after it has referred an account to a Collection Agency in conformity with this Credit and Collection Policy.²⁴

E. Collection Agencies:

KDHCDC may refer Patient accounts to a Collection Agency subject to the following conditions:

1. The Collection Agency has a written agreement with KDHCDC which provides that the Collection Agency's performance of its functions shall adhere to the terms of KDHCDC's Financial Assistance Policy, this Credit and Collection Policy, the Hospital Fair Pricing Act (Health and Safety Code sections 127400 *et seq.*), and 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) *et seq.*, including the definition of "reasonable payment plan."
2. The Collection Agency has processes in place to identify Patients who may qualify for Financial Assistance, communicate the availability and details of the Financial Assistance Policy to these Patients, and refer Patients who are seeking Financial Assistance back to KDHCDC Patient Financial Services. The Collection Agency shall suspend ECAs during any period after a completed Financial Assistance Application is pending, or an incomplete application is received and KDHCDC has sent the required information described in IV.D.7 of this policy.²⁵
3. All third-party payers have been properly billed, payment from a third-party payer is no longer pending, KDHCDC is unaware of any pending insurance payment appeals, and the remaining debt is the financial responsibility of the Patient. A Collection Agency will not bill a Patient for any amount that a third-party payer is obligated to pay.
4. The Collection Agency sends every Patient a Notice of Rights, included as Attachment A, with each document sent indicating that the commencement of collection activities may occur.²⁶

²⁴ Cal. Health & Safety Code § 127425(d).

²⁵ Cal. Health & Safety Code § 127425(d).

²⁶ Cal. Health & Safety Code § 127430.

5. At least 150 days has passed since KDHCDC sent the initial bill to the Patient on the account.
6. The Patient is not negotiating a reasonable payment plan, making payments under a reasonable payment plan as defined above, or making regular partial payments of a reasonable amount.²⁷

F. Judicial Collection Actions:

In those situations where an account has been assigned for collection and the Collection Agency has information showing that the Patient has an income greater than 600% of the federal poverty level and would not qualify for Partial Charity Care, but has failed or refused to pay for the medical services, or, if a Patient is approved for Partial Charity care and has failed or refused to make payments under a reasonable payment plan, the Collection Agency may be permitted to take legal action to collect the unpaid balance under the following conditions:

1. The Collection Agency shall assess a Patient or guarantor's ability to pay by reviewing, at a minimum, a current credit report for the Patient, if available, and reliable sources of publicly available information for Patients with little or no credit history, or a third party electronic review of Patient information.
2. When the Collection Agency has determined that legal action is appropriate and criteria for Extraordinary Collection Actions have been met, the Agency will forward a written request to the Director of Revenue Cycle, who must approve it prior to any legal action. The request must contain relevant particulars of the account, including:
 - a. Documentation that the Collection Agency has complied with all applicable provisions of this policy, KDHCDC's Financial Assistance Policy and all applicable laws and regulations; and
 - b. A copy of the Collection Agency's documentation that led it to believe the Patient or guarantor has an income greater than 600% of the federal poverty level and would not qualify for Full or Partial Charity Care, or, that the Patient was approved for Partial Charity Care and has failed or refused to make payments under a reasonable payment plan.
3. In cases where no Financial Assistance application is received by KDHCDC, one additional attempt to inform the patient of KDHCDC's Financial Assistance Policy and the opportunity to apply for assistance will be made before legal action is initiated. In addition to sending the patient a final correspondence, an additional attempt to contact the patient by phone will be made. If the Patient asks to apply for assistance, an application will be sent and no ECAs will be initiated until the application is received and

²⁷ Cal. Health & Safety Code § 127425(e).

processed, or an additional 30 days have passed without a complete or incomplete application being received.

4. The Director of Revenue Cycle will authorize each individual legal action in writing, after verifying that KDHCDC and/or the Collection Agency working on its behalf has made legally sufficient reasonable efforts to determine the individual is eligible for Financial Assistance. This authority cannot be delegated to any other person. A copy of the signed authorization for legal action will be maintained in the Patient account file.
5. In no case will the Collection Agency be allowed to file a legal action as a last resort to motivate a Patient to pay when the Collection Agency has no information as to the Patient's income relative to the federal poverty level and eligibility for financial assistance.
6. If subsequent to a judgment being entered against any Patient for any unpaid balance, KDHCDC or any Collection Agency working on its behalf receives information indicating the Patient would qualify for financial assistance under KDHCDC's FAP, or, if the judgment is for a balance outstanding after Partial Charity Care is approved and the Patient has refused to make payments under a reasonable payment plan, the following shall apply:
 - a. Neither KDHCDC nor any assignee which is an affiliate or subsidiary of KDHCDC shall use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.²⁸
 - b. A Collection Agency which is not an affiliate or subsidiary of KDHCDC may use the following measures to enforce judgment only under the following conditions:
 - i. Wage Garnishment: The Collection Agency must file a noticed motion with the applicable Court, supported by a declaration identifying the basis for which the Agency believes that the Patient has the ability to make payments on the judgment under the wage garnishment, including, if available, information about probable future medical expenses based on the current condition of the Patient, and other financial obligations of the Patient.²⁹
 - ii. Sale of Patient's primary residence: The Collection Agency may not notice or conduct a sale of the Patient's primary residence during the life of the Patient or the Patient's spouse, or during the period a child of the Patient is a minor, or a child of the Patient who has attained the age of majority is unable to take care of themselves and resides in the dwelling as their primary residence.³⁰

²⁸ Cal. Health & Safety Code § 127425(f)(1).

²⁹ Cal. Health & Safety Code § 127425(f)(2)(A).

³⁰ Cal. Health & Safety Code § 127425(f)(2)(B).

Credit and Collection Policy
Attachment A

NOTICE OF FINANCIAL RIGHTS

State and federal law requires hospitals to offer financial assistance to uninsured Patients and Patients with high medical debt who have low to moderate incomes. You may be eligible for free care or have your bill for medically necessary care reduced if you meet any of these criteria: (1) are receiving government benefits; (2) are uninsured; (3) have medical expenses in the past 12 months that exceed 10% of your Family income; (4) meet Federal Poverty Income Guidelines based on your gross household income (before deductions and taxes) and family size (see charts below); or (5) are in bankruptcy or have recently completed bankruptcy. All patients have the right to apply for financial assistance under KDHCD’s policy. To apply for financial assistance, you must request an application in one of the following ways:

- in person from the Acequia Lobby at the corner of Floral and Acequia, 305 West Acequia Avenue in Visalia, California 93291;
- over the phone by calling Patient Financial Services at (559) 470-0016 or (559) 624-4200 and selecting option 5; or
- by downloading an application from KDHCD’s website at: [kaweahdelta.org/documents/PDFs/FinancialAssistanceApp-\[english\].pdf](http://kaweahdelta.org/documents/PDFs/FinancialAssistanceApp-[english].pdf).

You may be eligible for FREE care if your income is below these amounts for your family size* (200% FPL)

	Family Size*	Monthly	Annual
1		\$2,082	\$24,980
2		\$2,818	\$33,820
3		\$3,555	\$42,660
4		\$4,292	\$51,500
5		\$5,028	\$60,340
6		\$5,765	\$69,180
7		\$6,502	\$78,020
8		\$7,238	\$86,860

You may be eligible for a DISCOUNT on your hospital bill if your income is below these amounts for your family size* (600% FPL)

	Family Size*	Monthly	Annual
1		\$6,245	\$74,940
2		\$8,455	\$101,460
3		\$10,665	\$127,980
4		\$12,875	\$154,500
5		\$15,084	\$181,020
6		\$17,295	\$207,540
7		\$19,504	\$234,060
8		\$21,715	\$260,580

*For households larger than eight persons, please call for income limits

State and federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (1-877-382-4357) or online at www.ftc.gov.

Free credit counseling services may be available from local nonprofit agencies.

ClearPoint Credit Counselling: 800-750-2227 / www.clearpoint.org