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VALLEY PRESBYTERIAN HOSPITAL

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References	26 - Cal H & S Code 127405(d)(3)

Charity Care and Discounted Care (Financial Assistance) Policy

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PURPOSE:

To provide eligibility criteria and procedures for providing free or discounted healthcare to patients treated at Valley Presbyterian Hospital (Hospital) that have an inability to pay for their care. California acute care hospitals must comply with Health & Safety Code Section 127400 et seq., herein referred to as the California Fair Pricing Law, including requirements for written policies providing discounts and charity care to financially-qualified patients. Tax-exempt hospitals are required to comply with the requirements of Section 501(r) of the Internal Revenue Code of 1986, as amended, which have requirements relating to the provision of charity care. This policy is intended to exceed the legal requirements detailed in the California Fair Pricing Law and the Internal Revenue Code.

POLICY:

Through its Financial Assistance Program, the Hospital is committed to providing charity and discounted care to persons with healthcare needs who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their financial situation. Consistent with its mission to deliver and improve the quality of health in the San Fernando Valley, the Hospital strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. The Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or government assistance.

Financial assistance eligibility determinations should occur when a patient is admitted, or as quickly as possible after emergency care is provided. Patients may be considered for charity care or discounted care at any time, even if they previously had an application denied. A patient's eligibility for financial assistance will only be considered after all payment sources have been determined.[1] If a charity care patient is not awarded a grant of financial assistance up to full charges, the patient will be offered the ability to participate in the Discounted Care Program through a Reasonable Payment Plan,[2] based on criteria that would qualify a patient for reduced responsibility, i.e., no available resources for payment such as a third party resource or private health insurance. Our Plain Language Summary **(Exhibit C)** includes a notice explaining our Financial Assistance Policy. If there is a third party, the patient must cooperate in helping the Hospital to get paid. Upon the request of any individual without coverage, the Hospital shall provide a written estimate of the amount the hospital will require the person to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the person by the Hospital, based upon an average length of stay and services provided for the person's diagnosis.[3] A list of providers who participate in our Financial Assistance Program is included as ***Exhibit B***.

In the case where a patient's hospital treatment involves a third-party, Valley Presbyterian Hospital will not pursue collections from the third-party, but the patient is expected to cooperate with us. When providing charity care services, we are permitted to charge the greater of the amounts that we would expect to be paid by Medicare or Medi-Cal for providing the relevant services.[4] However, the amount that we charge will never exceed the amount generally billed (AGB) for providing the relevant services. Related policies supporting the Charity Care and Discounted Care Policy (Financial Assistance Policy) are referenced in the Attachments/Exhibits portion of this policy.[5]

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There is a category of patients who qualify for Medi-Cal, but do not receive payment for their entire stay. Under the charity care policy definition, these patients are eligible for charity care write-offs. In addition, the hospital specifically includes as charity the charges related to denied stays, denied days of care, and non-covered services. These Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity. These patients are receiving the service, and they do not have the ability to pay for it. In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/deductibles, for which Medi-Cal does not make payment, will also be included as charity.

Note:EMPLOYEES OF VALLEY PRESBYTERIAN HOSPITAL SHOULD NOT, AT ANY TIME, INDICATE OR SUGGEST TO THE PATIENT THAT HE/SHE WILL BE RELIEVED OF THE DEBT BY WAY OF A CHARITY CARE OR DISCOUNTED CARE WRITE-OFF UNTIL A FINAL DETERMINATION HAS BEEN MADE CONSISTENT WITH THIS POLICY.

I. **Financial Assistance Program**

A. Charity Care
Charity care means free care. It is available to financially qualified patients under this policy. Eligibility is based on family income and the criteria stated below. Monetary assets and other financial resources are not considered when determining eligibility. Charity care does not include contractual adjustments.

B. Discounted CareDiscount payment means a reduction of the amount charged to a

patient who qualifies under this policy. A self-pay patient or a patient with high medical costs whose family income does not exceed 400% of the Federal Poverty Level is eligible for discount payment. Eligibility is not conditioned on first applying for, or exhausting, other coverage or resources. Eligible patients will not be charged more than the applicable amount permitted by law. Payment plans are interest-free. If the Hospital and patient cannot agree on a plan, the Hospital will establish a reasonable payment plan with monthly payments not exceeding 10% of the patient's monthly family income after deductions for essential living expenses.

II. **Eligible Services**

The following healthcare services are eligible for charity care and discounted care, whether they are provided by medical personnel employed by the Hospital or under contract to provide emergency medical services. A list of providers who are covered by the Hospital's Financial Assistance Policy is included as ***Exhibit B***.

A. Emergency medical services provided in an emergency room setting;

B. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;

C. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and

D. Medically necessary services.

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III. **Charity Care and Discounted Care Eligibility**[7]

A. **Charity Care Eligibility.**[8] To qualify for charity care, a patient must:

1. be uninsured and have a family income at or below 400% of the FPG,[9] **or**
2. be a patient with high medical costs whose family income does not exceed 400% of the Federal Poverty Level. High medical costs means either: (a) annual out-of-pocket costs incurred by the patient at the Hospital that exceed the lesser of 10% of the patient's current family income or 10% of family income in the prior 12 months; or (b) annual out-of-pocket medical expenses that exceed 10% of family income when the patient provides documentation of medical expenses paid by the patient or family in the prior 12 months. Out-of-pocket costs and expenses are medical-care expenses not reimbursed by insurance or a health coverage program[10]

B. **Discounted Care Eligibility**. A self-pay patient or a patient with high medical costs is eligible for discounted care when the patient's family income does not exceed 400% of the Federal Poverty Level.

IV. **Factors to be considered in making Financial Assistance eligibility determination.**

Factors to be considered in determining eligibility for charity care or discounted care must include comparing the family's gross income to the annually published FPG, or equivalent thereof. This information may be obtained through completion of documentation by the patient, verbal means from the patient/guarantor and documented by a Medi-Cal Eligibility Provider (MEP) Patient Advocate, Financial Counselor, or other specifically designated

Hospital employee.[12]
Other factors may include, but are not limited to the following:

A. The Hospital may request information reasonably necessary to determine family income. Monetary assets, liabilities, and the exhaustion of other resources will not be considered in determining eligibility.

B. A patient is not required to apply for or exhaust other health coverage or payment resources before receiving discounted payment.

C. The Hospital will require patients to provide the number of family members in their family.

   a. For a patient 18 years of age or older, the patient's family includes the patient's spouse or domestic partner and dependent children under 21 years of age, or of any age if disabled, whether living at home or not.

   b. For a patient under 18 years of age, or a dependent child 18 through 20 years of age, the patient's family includes the parent, caretaker relatives, and the parent's or caretaker relatives' other dependent children under 21 years of age, or of any age if disabled.

D. Homeless affidavit or criteria for validation.

V. **Income calculation** - The Hospital requires patients to provide their household's yearly gross income. For patients being screened for Discounted Care eligibility, only pay stubs and tax statements may be considered.[14]

VI. **Yearly Income**

A. Adults - For a patient 18 years of age or older, yearly family income includes the income of the patient, spouse or domestic partner, and dependent children under 21 years of age, or of any age if disabled, whether living at home or not.

B. Minors - Minors and dependent children - For a patient under 18 years of age, or a dependent child 18 through 20 years of age, yearly family income includes the income of the parent or caretaker relatives and the parent's or caretaker relatives' other dependent children under 21 years of age, or of any age if disabled.

C. Deceased patients - Deceased patients may be deemed to have no income for purposes of the Hospital calculation of income if there is no surviving spouse or no other guarantor appears on the patient account. Although no documentation of income and no Confidential Financial Application are required for deceased patients, the patient's financial status will be reviewed at the time of death by a Hospital employee to ensure that a charity care adjustment is appropriate.

VII. **FPG Guidelines.** The Patient Financial Services (PFS) Manager or designee will apply FPG guidelines by using the FPG Table (refer to ***Exhibit A***), which is updated annually. The patient's family size is used to determine whether monthly or annual income falls at, below, or exceeds **400%** of the FPG.

VIII. **Refunds** – The Hospital must refund any payments made by patients that are greater than the amount owed pursuant to the Hospital's financial assistance program.[16] Before any refund can be issued, refund amounts must be applied to other accounts, including inpatient, outpatient, and emergency accounts, that reflect patient liability for the same patient before a

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refund can be considered. All amounts owed to the patient for payments made in excess of the amounts due will be refunded promptly to the patient, including interest.[17] The Hospital shall give the patient a credit for the amount due within 30 days from the date payment by the patient is received by the hospital. Our Refund Policy is attached as a related policy.

IX. **Write-offs.** The Hospital's policy on Medicare "Bad Debts" is attached as a related policy.

Procedure:

I. **Charity Care**. For patient accounts meeting the guidelines for Charity Care:

A. The PFS Manager or designee will complete the Confidential Financial Application that indicates there are no other payment sources and the patient meets the income of the FPG to apply the appropriate discount.

B. Eligibility will be determined in accordance with the following procedures to ensure an individual assessment of Family Income:

C. The Financial Assistance Packet should include a Confidential Financial Assistance Application (refer to **Financial Assistance Application Form** attachment), and the following: federal tax returns, recent pay stubs.

D. The PFS Manager or designee will review the application for charity care for appropriateness and completeness ensuring that it has been reviewed and meets the requirements for submission to the facility for charity care consideration and administrative adjustment.

E. Pending the completion of the application, the patient should be treated as a "Financial Assistance Review" patient.

F. Charity applications over $25,000 need to be reviewed and approved by the Hospital's Chief Financial Officer ("CFO").

G. In determining whether each individual qualifies for charity care, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medi-Cal, Victims of Crime, California Children Services, or the Affordable Care Act benefit plans. Valley Presbyterian Hospital (VPH) shall assist patients in exploring appropriate alternative sources of payment and coverage from public and private payment programs and also assist patients in applying for such programs. However if the patient applies, or has a pending application for another health coverage program at the same time that he or she applies for VPH charity care or discount payment program, neither application shall preclude eligibility for the other program.

H. Patients whose income exceeds 400% of the Federal Poverty Level (FPL) may be eligible to receive discounts based on the VPH Charity Care & Discounted Care policy. Insured patients with high medical costs or limited coverage who have exhausted their benefit coverage may qualify for charity care or the Discounted Care Program based on our policy.

II. **Contracting with Other Organizations to Determine Eligibility**

A. VPH may from time-to-time contract with other organizations that specialize in assisting patients and their families with qualifying for charity or other sources of funding or insurance enrollment. Organizations (Contractors) are required to abide

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by the policies set forth by VPH. Patients are given information regarding the availability of assistance from these other organizations and are encouraged to cooperate with the qualifying process. Patients are not expected to incur any costs when utilizing these services.

B. Once the determination is made that the patient is eligible for Financial Assistance and Charity Care, patients will be eligible for a period of one year after the determination is made. After one year, patients must re-apply for Financial Assistance and Charity Care. If at any time information relevant to the eligibility of the patient changes, it is the patient's responsibility to notify VPH of the updated information. A review will include any other outstanding accounts for the patient that may also be eligible for the financial assistance approval timeframe.

C. If a collection agency identifies a patient meeting VPH Charity Care eligibility criterion, the patient account may be considered charity care. The Collection Agency should return the account to the VPH billing office to be reviewed for charity care eligibility.

III. **Discounted Care**.

A. Non-Emergency Care. The Hospital's Patient Access Services Department determines a patient's ability to pay upon admission or registration. If the patient is receiving elective services and is not eligible for charity care, the Patient Access Services representative will provide an estimate of the discounted price that the Hospital can offer to the patient. If the patient is unable to pay the estimate in full or make payment arrangements at that time, the patient will be referred to the Hospital's Financial Counseling Department for a Medi-Cal eligibility screening. For elective procedures, payment must be collected prior to services, or an accepted deposit and payment arrangements must be approved by management prior to the delivery of services.

B. Emergency Care. If the patient has received emergency care, and is still at the Hospital as an inpatient, they will be referred to the Patient Access Services Department to discuss payment of their financial responsibility after receiving the relevant services. Patients receiving emergency services receive an estimate for services after triage and medical screening by a physician are completed. If the patient has been discharged, the account will be referred to an outside collections agency. For more information on that process, please see our Billing and Collection Policy, attached as a related policy.

IV. **Documentation, Application**

A. Confidential Financial Application

1. In order to qualify for charity care, the Hospital requires each patient or family to complete the Confidential Financial Application (refer to **Financial Assistance Application Form** attachment). This application allows the collection of information about income and the documentation of other requirements as defined below.[18]
2. A Confidential Financial Application completed by the patient may not be required for patients who are deemed to be already eligible for other Federal, State, and County Assistance Programs. Such programs include,

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but are not limited to, Medi-Cal, County Assistance Programs, Medically Indigent Adult (MIA), Minority Serving Institution (MSI), Aid to Families with Dependent Children (AFDC), Food Stamps, and Women, Infants and Children (WIC).[19]

3. Discounted Care:
    a. Only recent pay stubs or income tax returns are reviewed for Discounted Care patients.[20]

4. In cases where the patient is unable to complete the written application independently, Hospital staff shall work with the patient to complete as much of the application as possible, and include documentation in the file explaining why any sections of the application were not completed. The Hospital may not deny financial assistance based upon an applicant's failure to provide information or documentation unless that information or documentation is described in the FAP or the FAP application form.[21]

B. Presumptive Eligibility for Charity Care

1. VPH recognizes that not all patients, or patients' Guarantors, are able to complete
the Financial Assistance application or provide requisite documentation.
2. For patients, or patients' Guarantors, who are unable to provide required documentation but meet certain financial need criteria, VPH may nevertheless grant Financial Assistance. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:
3. Patient is deceased with no known estate.
4. For patients, or their Guarantors, who are non-responsive to the VPH application process, other sources of information, as described below, may be used to make individual assessment of financial need. This information will enable VPH to make an informed decision on the financial need of non-responsive patients.
5. For the purpose of assisting a patient that communicates a financial hardship, VPH may utilize a third-party to review a patient's, or the patient's Guarantor's, information to assess financial need.
This review utilizes a health care industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical Financial Assistance approvals for VPH. The predictive model enables VPH to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process.
6. Information from the predictive model may be used by VPH to grant presumptive eligibility to, or to satisfy the documentation requirements for patients or their Guarantors. In cases where there is an absence of

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information provided directly by the patient, and after efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive eligibility to patients in financial need.

C. Eligibility Disputes

a. Patient disputes regarding the hospital's eligibility determination will be reviewed by the PFS Manager, Director of Revenue Cycle, Chief Financial Officer, or other appropriate manager for review. Once the appeal has been reviewed, the hospital will communicate the outcome to the patient or guarantor in a timely manner.

V. **Income verification**

A. Eligibility is determined using family income. The Hospital will not consider monetary assets or liabilities when determining eligibility for charity care or discounted payment. For discounted payment, income documentation may include recent pay stubs, income tax returns, or other documentation of income when those documents are unavailable.

1. **Charity care income verification.** Patients must provide current income tax returns, and recent pay stubs to Valley Presbyterian Hospital to determine if the patient is eligible**. If any of the above is not provided, a signed statement as to why the document is not available is required.**
2. Participation in a Public Benefit Program **-** Public Benefit Program documentation showing current participation in programs, such as Social Security, Workers' Compensation, Unemployment Insurance, Medi-Cal, County Assistance Programs, AFDC, Food Stamps, WIC, or other similar indigence-related programs.

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B. **Financial Assistance Applications with supporting documentation must be submitted to the following address**:

Valley Presbyterian Hospital
15107 Vanowen Street
Van Nuys, CA 91405
Attention: Business Office

C. **Discounted care income verification**. For purposes of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs or income tax returns. All Financial Assistance Applications, including those for discounted care, must be returned with supporting documentation to the address listed above in section III(C).

D. **Information falsification**

1. Falsification of information will result in denial of the application for Financial Assistance. If, after a patient is granted financial assistance, the hospital finds material provision(s) of the application to be untrue, financial assistance status may be revoked and the patient's account will be forwarded for normal collection processes.
2. In the event that a patient's application for Financial Assistance is denied, documentation is to be placed in the facility patient accounting system as

to the reason for the rejection. The determining Manager is also to indicate on the Confidential Financial Application the reason for denial and the date of the denial.

3. In the event the CFO/designee denies a patient's application for charity care, documentation is to be placed in the facility collection system as to the reason for the rejection of the recommendation. The CFO/designee is also to indicate on the Confidential Financial Application the reason for the denial and the date of the denial.

VI. Publicizing the Financial Assistance Policy

A. Hospital will distribute a Plain Language Summary of its financial assistance policies and offer a Confidential Financial Application for charity care or discounted care prior to discharge.[22] Hospital will also distribute a written notice about the availability of the hospital's discount payment and charity care policies, eligibility, and contact information for a hospital employee who can provide further information about these policies. See ***Exhibit C*.**

B. Information about financial assistance, available from Hospital, shall also be disseminated and made widely available through various means, including: (1) making paper copies available in person or by mail upon request and without charge; (2) informing and notifying visitors through conspicuous public display, including posting notices in areas such as the emergency department, billing office, admissions office, other outpatient settings, and other places that Hospital may elect; (3) informing and notifying the community, such as by distributing an information sheet or summary of the charity care policy to local public agencies and nonprofit organizations; and (4) making available on Hospital's Web site the charity care policy and a Plain Language Summary of the charity care policy, and the Confidential Financial Application form.

C. Such information shall be provided in English and Spanish, or any other language as required by law (including any language spoken by at least 5 percent of the local population), and will be translated for patients/guarantors who speak other languages. The public may readily obtain a free written description of the full measures taken by the hospital to widely publicize the charity care policy by contacting Hospital's Chief Financial Officer.[23]

VII. Custodian of Records

A. The Business Office will serve as the custodian of records for all charity care documentation for all accounts identified as approved charity care.

B. **All applicants will receive a referral for legal services to the following:**

For legal assistance involving consumer issues, contact
Neighborhood Legal Services of Los Angeles County (NLSLA).
Address: 13327 Van Nuys Blvd.
Pacoima, CA 91331
(800) 433-6251
www.nlsla.org

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Exhibits:

Exhibit A – Federal Poverty Guidelines 2024

Exhibit B – List of Participating Providers

Exhibit C – Plain Language Summary

Exhibit A

Federal Poverty Guidelines[24] - The Poverty Guidelines API are publicly available yearly at: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Exhibit B

List of Providers participating in Valley Presbyterian Hospital's Financial Assistance Program:

- All Emergency Room providers are contracted through La Perouse. La Perouse participates in VPH's Financial Assistance Program. They can be contacted at (424) 502-0002.
- Renaissance Imaging Medical Associates, Inc. (RIMA) (Radiology professional services) may participate in VPH's Financial Assistance Program, but the patient will need to contact them directly to ensure participation. They can be contacted at (888) 965-0083.
- All Laboratory professional services are provided by Coronis Health. Coronis Health participates in VPH's Financial Assistance Program. They can be contacted at (314) 849-3535.
- San Fernando Valley Medical Group, Inc. (Hospitalist group) may participate in VPH's Financial Assistance Program, but the patient will need to contact them directly to ensure participation. They can be contacted at at (818) 325-0200. [25]

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In the course of treatment, each additional physician utilized in the care would have to be consulted regarding his/her participation in VPH's FAP.

Exhibit C

Plain Language Summary of Financial Assistance Policy

Notice to Our Patients and Families:

Thank you for choosing Valley Presbyterian Hospital for your hospital services. Our hospital requests payments for services upon discharge from the hospital. A representative from our Patient Access Services (PAS) department will notify you of your estimated financial obligation, such as insurance co-payments or self-pay responsibility. This will be addressed and collected during pre-registration, if scheduled, or during your hospital stay at Valley Presbyterian Hospital.

For patients who do not have insurance coverage, there are alternative funding and payment plan options offered by our hospital. Our PAS department will work with you to identify the best payment option based on government or hospital rules and regulations.

If a patient receives a legal settlement, judgment, or award under a liable third-party action that includes payment for health care services or medical care related to the injury, Valley Presbyterian Hospital may

require the patient or guarantor to reimburse the hospital for the related health care services rendered up to the amount reasonably awarded for that purpose.[26]

This packet is designed to provide you with information regarding alternate funding and payment plans offered by our hospital. The following is an overview of the financial assistance programs provided by our hospital. Our Financial Assistance Policy, application form, and Plain Language Summary are all available in English and Spanish.

Medi-Cal and Government Programs

The Medi-Cal Eligibility Program is a hospital service provided to you at no cost. You may qualify for California Health Benefits Exchange (Covered California) or other government programs which pay for all or part of your hospital expenses. You will be given information upon registration regarding the available plans.

Charity Care Financial Assistance Program

The Hospital will continue to pursue financial recovery options from third party payers even after all charity write offs are applied. Patients will **not** be billed after any 100% charity write off, though may be notified of collection activities involving third party payers. A Financial Assistance Program is available to patients that do not have the means to pay for hospital expenses. You may qualify if your gross household income falls at or below 400% of the federal poverty level or medical expenses exceed 10% of your annual household income. To be considered for the Financial Assistance Program, you will be required to provide information on your household finances through a confidential Financial Application. Documentation will be requested to verify your circumstances. An FAP-eligible individual will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care. Please refer to the attached policy and application for additional information and requirements. While the FAP does not apply to physician services, patients should be aware that the Emergency Room physicians of this and every other California hospital must provide discounted care consistent with California's Emergency Physician Fair Pricing Policies Law for eligible patients with family incomes at or below 400 percent of the FPL. Copies of the free Financial Assistance Application can be obtained at the Cashiers' office or Financial Counselors' office at the hospital, 15107 Vanowen St., Van Nuys, California 91405, or on-line at our website, www.valleypres.org. The direct URL for this information is: www.valleypres.org/patients-visitors/for-patients/billing-insurance-payments-cost-of-care/billing-payments-cost-of-care/charity-care-financial-assistance/ For more information regarding the Financial Assistance Program, or to have the information mailed to you, please contact the Business Office at (818)902-2913

Uninsured Discount Rate

All Uninsured patients are eligible for discounts. The discount is similar to rates paid by Medicare and is offered to you under our Uninsured Discount Program.

In addition three maternity plans are available. Normal Delivery: Up to a 2-day stay - $3,000; C- Section: Up to a 3-day stay - $5,000; C-Section: 4-day stay - $6,500 – Each additional day for a Normal Delivery or C-Section is $2000/day; Additional OB Nursery days are $600/day.

If during the admission, you choose to have a circumcision completed on your child, it is included in the

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maternity plan. If a decision is made to perform the procedure on an outpatient surgery basis, the cost will be calculated based upon the above referenced calculation for outpatient uninsured discounted rates.

Bills and Payment Plans

If you do not qualify for state assistance or any of our financial assistance programs, you may establish payment arrangements with our financial counselor. Payment arrangements may be made with no interest penalties. Defaulting on your payment plan disqualifies you from taking advantage of this option. You may receive bills from other billing companies for physician charges, radiology, ambulance, etc. For assistance regarding policy, questions or disputes of your hospital bill, please contact the Business Office at (**818) 902-2913.**

Nonprofit credit counseling service may be available in your area.

Estimate of Charges

In accordance with California law, a written or electronic copy of the charge master is available at the cashier's office for medical procedures and services, or you may call (818) 902-2913, Monday through Friday, 8 a.m.to 4 p.m.

_____ _____

Signature Date

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FOOTNOTES/REFERENCES:

- 1 - Cal H & S 127420(a)
- 2 - Cal H & S 127400(i)
- 3 - CA H & S 1339.585
- 4 - Cal H & S Code 127405(d)
- 5 - CA H & S 127405(d)
- 6 - Cal H & S 127425(g)
- 7 - Cal H & S 127405(a)(1)(A)
- 8 - Cal H & S 127405(c)
- 9 - Cal H & S 127405(c)(1)
- 10 - Cal H & S 127400(g)
- 11 - Cal H & S 127405(a)(1)(A), (b)
- 12 - Cal H & S 127405(c)
- 14 - Cal H & S 127405(e)(1)
- 15 - Cal. H & S 127405(c)
- 16 - Cal. H & S § 127440
- 17 - IRC 1.501(r)-6(c)(4)(i)(D)(2); Cal. H & S 127440
- 18 - Cal H & S 127405(e)

- 19 - Cal H & S 127420(a)
- 20 - Cal. H & S 127405(e)(1)
- 21 - IRC § 1.501(r)-4(b)(3)
- 22 - Cal. H & S 127410(a)
- 23 - IRC 1.501(r)-4(b)(5)
- 24 - These Federal Poverty guideline figures are updated yearly at: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines
- 25 - IRC § 1.501(r)-4(b)(iii)(F)
- 26 - Cal H & S Code 127405(d)(3)

RELATED POLICIES:

- Patient Payment Policy
- Billing and Collection Policy
- Patient and Insurer Refund Policy
- Medicare Bad Debts Policy
- Fair Pricing - Uninsured Discount Policy

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All Revision Dates

10/14/2026, 6/24/2026, 1/31/2025, 8/28/2024, 10/25/2023, 3/1/2023, 6/30/2022, 1/11/2022, 7/29/2020, 6/26/2019, 6/6/2018

Attachments

Financial Assistance Application Form.doc.rtf

Approval Signatures

Step Description	Approver	Date
Exec Leader - VP Finance	Jeremy Redin: VP Finance	Pending
Director	Brett Steigerwald: Director-Revenue Cycle	11/2/2026
Owner/Content Expert	Ivan Ferman: Manager-Patient Financial Services	10/14/2026