

ADMINISTRATIVE MANUAL Charity Care (Free Care) and Discounted Payment (Financial Assistance Policy)	Implemented 02/2007 Revised: 04/30/2026 Reviewed: 02/17/2026 Responsibility: Business Office
	Reference: California Health and Safety Code, IRS §127400-127446; IRC§501(r)

POLICY:

Fairchild Medical Center’s mission statement, “To provide health care services of exceptional quality to all who need us,” reflects Fairchild Medical Center’s social accountability to the community we serve. Providing charity care (financial assistance) or discounted payments to patients, along with additional community benefit services, serves as a significant indicator of Fairchild Medical Center’s commitment to it. It is imperative that the determination, reporting, and tracking of charity care are in concert with our not-for-profit mission and community obligation.

Discounted payment and/or charity care will be based on the individual’s ability to pay as defined by the Federal Poverty Income Guidelines and the attached sliding scale. No one will be denied access to services due to the inability to pay. In furtherance of its charitable mission and in compliance with federal and California law, Fairchild provides emergency and medically necessary health care services without discrimination and without regard to a patient’s ability to pay.

Confidentiality of information and individual dignity will be maintained for all who seek charitable services. The handling of personal health information will meet all HIPAA requirements.

Fairchild Medical Center will not deny, delay, or discourage the provision of emergency medical screening and stabilizing treatment because an individual has not paid for past services or lacks the ability to pay.

PURPOSE:

The purpose of this policy is to define the eligibility criteria for charity care services and to provide administrative and accounting guidelines for the identification, classification, and reporting of patient accounts as charity care.

SCOPE:

This policy applies to all emergency and other medically necessary services provided by Fairchild Medical Center and as required by federal law, to emergency and medically necessary services provided in the hospital by substantially related entities.

This policy does not obligate Fairchild Medical Center to provide financial assistance for services that are not medically necessary or that are billed separately by providers not covered under this policy. A list of covered and non-covered providers is maintained in Exhibit C.

DEFINITIONS:

Application Period: There is no deadline for applying for charity care or discounted payment under California law.

Charity Care: Charity Care – Free Care (a 100% reduction of hospital charges) provided to eligible patients for emergency and other medically necessary services under this policy.

Discounted Payment: A reduction of hospital charges, less than free care, provided to eligible patients based on family income and family size under this policy.

Emergency Medical Care: Medical screening examinations and stabilizing treatment provided to evaluate or treat an Emergency Medical Condition, including services required under the Emergency Medical Treatment and Labor Act (EMTALA).

Essential Living Expenses: Essential Living Expenses include, but are not limited to:

- Rent or house payments and maintenance.
- Food and household supplies
- Utilities, telephone, and transportation/auto expenses
- Medical and dental payments, insurance, and child or spousal support

Extraordinary Collection Actions (ECA): Collection actions that involve legal or judicial processes or that place additional financial or personal burdens on a patient. Fairchild Medical Center does not use Extraordinary Collection Actions.

Family: For purposes of determining eligibility, family has the meaning assigned under California Health and Safety Code section 127400 and includes the patient and applicable spouse, domestic partner, parents, caretakers, and dependent children, and determined by the patient's age and circumstances.

Family Income:

The combined gross income of all family members as defined above, calculated in accordance with California law. Monetary assets are not considered when determining eligibility.

Federal Poverty Level: The. The Federal Poverty Level (FPL) is updated periodically by the United States Department of Health and Human Services and published in the Federal Register. FPL is used to determine eligibility for Charity Care and Discounted Payments.

Financial Assistance: Charity Care and Discounted Payment provided under this policy to reduce or eliminate a patient's financial responsibility for eligible hospital services.

Financially Qualified Patient: A patient who meets the income-based eligibility requirements for Charity Care or Discounted Payment under this policy.

High Medical Costs: Out of pocket medical expenses incurred by a patient that meet the definition of high medical costs under California law, generally when annual out of pocket costs exceed a specified percentage of family income.

Hospital Bill Complaint Program: A California state program administered by the Department of Health Care Access and Information (HCAI) that reviews hospital decisions regarding eligibility for financial assistance and discounted payment programs.

Medically Necessary Care: Health care services that are reasonable and necessary for the diagnosis or treatment of illness or injury and that are consistent with accepted standards of medical practice.

Presumptive Eligibility: A determination that a patient qualifies for Charity Care or Discounted Payment based on readily available information, without requiring a completed financial assistance application.

Self-Pay: A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal, and whose injury is not a compensable injury for purpose of worker's compensation, automobile insurance, or other insurance or other payer for the hospital services provided.

Underinsured: A patient who has limited insurance coverage that does not provide coverage for the medically necessary care provided or the maximum liability under the insurance coverage.

Uninsured: A patient who has limited insurance coverage that does not provide coverage for the medically necessary care provided or the maximum liability under the insurance coverage.

Procedure:

1. Who may Qualify for Charity Care or Discounted Payments (HSC127405(a)(1)(A); IRC§501(r):

- a. Self-pay patients
- b. Patients experiencing a sudden loss of income.
- c. Patients facing extraordinary circumstances.
- d. Insured Patients with limited coverage
- e. Insured patients who have exhausted their benefits
- f. Insured patients with high medical costs
- g. Insured patients with high-deductible plans

2. Eligibility Criteria:

a. Charity Care/Discounted Payment Application (See Financial Assistance Application)

- (1) A patient who indicates an inability to pay for a medically necessary service shall be evaluated for charity care or discounted payment assistance.
- (2) Fairchild Medical Center's Financial Assistance Application Form will be used to document each patient's overall financial situation.
- (3) A notification letter will be sent to each applicant once a determination is made, informing them of the facility's decision.
- (4) Employment status, potential payments from pending litigation, and any third-party liens related to the incident of care may be considered when determining eligibility.
- (5) The amount and frequency of hospital bills may also be considered.
- (6) All data used in making an eligibility determination should be verified to the extent practical based on the amount involved.
- (7) The hospital will use the look-back method for calculating amounts generally billed.

b. Eligibility for Charity Care Discount or Discounted Payments for Patients with no Third-Party Coverage (Self Pay).

- (1) Patients with no third-party coverage whose family income is less than or equal to 200% of the FPL may qualify for free care.
- (2) Patients with no third-party coverage with family incomes between 201% and 400% of FPL are eligible for a discounted payment. Eligibility will be determined by a review of the patient's income. Income will be verified with the patient's recent tax returns for the year in which the patient was first billed or 12 months prior to when the patient was first billed, or recent paystubs which are paystubs within a 6-month period before or after the patient is first billed by the hospital, or in the case of preservice, when the application is submitted.
- (3) Eligibility Period: The eligibility period is one year from the date of the initial eligibility determination, unless over the course of that year the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.
- (4) Patient to complete Fairchild Medical Center's Financial Assistance Application requesting a charity discount or discounted payment. Applications are available online at fairchildmed.org/help-paying-your-bill/, or by contacting a Financial Counselor at (530) 841-8537, option 2.
- (5) Criteria to be used to determine a patient's eligibility for a Discounted Payment:
 - a. Patient's income must be between 201% and 400% of FPL with recent tax returns that 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 or recent paycheck stubs (paystubs within a 6-month period before or after the patient is first billed by the hospital).
 - b. A sliding-fee schedule approach will be used to determine the discounted payment depending on patient/family size and income. This may result in a different discounted payment for the same service depending on the patient's income level.
- (6) Patients may also be offered an Extended Payment Plan. The terms of the plan will be negotiated by the patient and Fairchild Medical Center's Financial Counselors and will take into consideration the patient's family income and essential living expenses. The monthly payment limit shall be an amount that is not more than 10% of the patient's family income for the month, excluding deductions for "essential living expenses".

c. Eligibility for Discounted Payments for High Medical Costs Patients with Third Party Coverage.

- (1) High Medical Cost patients with third party coverage whose family incomes are between 201% and 400% of the Federal Poverty Level (FPL) are eligible for a discounted payment. High medical costs are defined as out-of-pocket medical expenses equal to or greater than 10% of the patient's annual family income in the last twelve months.
- (2) Patient to complete Fairchild Medical Center's Financial Assistance Application requesting a charity discount or discounted payment.
- (3) Patient to provide proof of payment of medical costs. Fairchild Medical Center reserves the right to verify payments.
- (4) Criteria to be used to determine a patient's eligibility for Discounted Payment for High Medical Costs:
 - a. Patient/Family income must be verified and must fall between 201% and 400% of the FPL. Income is verified using the patient's recent federal tax return for the year in which the patient was first billed or for the 12 months prior to when the patient was first billed, or by recent paycheck stubs (paystubs within a 6-month period) before or after the patient is first billed by the hospital.
 - b. Patients may also be offered an Extended Payment Plan. The terms of the plan will take into consideration the patient's family income and essential living expenses. The monthly payment limit shall be a payment that is not more than 10 percent of the patient's family income for the month excluding deductions for "essential living expenses".
 - c. A sliding fee schedule approach will be used to determine the discounted payment depending on patient/family size and income. This may result in a different discounted payment for the same service depending on the patient's income level.

d. Eligibility for 100% Charity Care (Free Care)

To qualify for 100% Free Care, the patient must meet the guidelines as described below:

- (1) If you are uninsured or underinsured, typically with a family income at or below 200% of the Federal Poverty Level.

- (2) If the patient qualifies for Charity Care (Free Care) and the discounted payment, the hospital will apply the **greater of the two discounts**.
- (3) Eligibility Period: The eligibility period is one year from the date of the initial eligibility determination, unless over the course of that year the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.
- (4) If the patient receives a discount because of third-party coverage, the patient is not eligible for an additional discount.

e. Emergency Room Physicians

Emergency physicians that provide emergency medical services in a hospital that provides emergency care will provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

f. Homeless Patients

Homelessness is considered a "presumptive eligibility" factor, meaning that the patient experiencing homelessness may automatically qualify for charity care without having to go through the application process. If a patient is known to be homeless, Fairchild may waive the requirement for a completed financial assistance application or proof of income, as the patient's situation already indicates an inability to pay for services. Patients determined to be eligible due to "presumptive eligibility" are eligible for the highest level of discount, which is typically Charity Care (Free Care) for emergency and medically necessary services.

g. Collection Agency

If a collection agency identifies a patient meeting the hospital's charity care eligibility Criteria, the patient's account may be considered for charity care. Collection agency Accounts meeting charity care criteria shall be returned to the hospital billing office and reviewed for charity care eligibility. If an account is returned and the patient is deemed to be eligible for financial assistance, the patient will not be charged more than the amount of payment the hospital would expect in good faith to receive for providing services from Medicare, or Medi-Cal, in which the hospital participates, whichever is greater. If there is no established payment by Medicare or any other government-sponsored program of health benefits in which the hospital participates, the hospital shall establish an appropriate discounted payment.

h. Special Circumstances

- (1) Deceased patients who pass away while admitted with no known estate or funding source, may be deemed eligible for charity care without a full, traditional application. A copy of the Death Certificate or obituary will be used to verify a patient's death.
- (2) Presumptive Eligibility: If a patient does not submit an application or documentation of income, Fairchild Medical Center may presumptively determine that a patient is eligible for charity care or discounted payment based on other information, such as a prior eligibility determination.
- (3) High Medical Costs: Patients with income above the standard limit but with annual out-of-pocket medical expenses at the hospital exceeding 10% of their family income in the prior 12 months may qualify for discounted rates.
- (4) Discretionary Assistance: Fairchild Medical Center may grant discounted or charity care at their discretion for patients facing catastrophic medical expenses or based on an assessment of the patient's individual financial situation, including unique income, assets, and expenses.
- (5) For rare occasions, a patient's individual circumstances may be such that while they do not meet the regular charity care criteria in this policy, they do not have the ability to pay their hospital bill. In these situations, with the approval of Administration, and per the Bad Debt Write-Off Authorization policy, part, or all of their cost of care may be written off as charity care. There must be complete documentation of why the decision was made to do so and why the patient did not meet the regular criteria.
 - a. Medi-Cal Denied Patient Days and Non-Covered Services: Medi-Cal patients are eligible for charity care write-offs related to denied stays, denied days of care, and non-covered services. These Treatment Authorization Requests (TARs) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity.

i. Governmental Assistance

- (1) The Hospital may assist patients in determining if they are eligible for any governmental or other assistance program, including applying for Presumptive Eligibility (PE) through California's Medi-Cal program. PE ends on the last day of the following month in which an individual was determined to be eligible for PE. Patients must follow up with the local division of Health and Social Services office and submit a completed application for benefits to be continued beyond this date. Applying for Governmental Assistance is not a requirement for Charity Care or discounted payments.

- (2) Patients eligible for programs such as Medi-Cal or SB612, but whose eligibility status is not established for the period during which the medical services were rendered, may be granted charity care for those services.

j. Application Process

- (1) An application for charity care or discounted payments can be determined at any time the hospital is in receipt of the information regarding the patient's income and financial situation. A patient has 30 days to return complete information, or the application is considered inactive. In some cases, eligibility is readily apparent, and a determination can be made before, on, or soon after the date of service. In other cases, it may take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information.
- (2) Patients may obtain a copy of the Financial Assistance Policy, the plain language summary, and the financial assistance application on our website www.fairchildmed.org/help-paying-your-bill/ or by calling (530) 841-8537, option 2 and speaking with one of our Financial Counselors.
- (3) The application process may take place prior to service, at the time of service (during admission or discharge), or after the billing process. In all cases the patient must make their desire to apply for financial assistance known to the Financial Counselors.
- (4) The application process includes completing the Financial Assistance Application and providing all supporting documentation required in the application.
- (5) The completed application should be received by Fairchild Medical Center during the application period. Applications can be mailed to Fairchild Medical Center at 444 Bruce Street, Yreka, California, 96097.
- (6) If the application is returned incomplete, Fairchild will make reasonable efforts to notify the patient of the additional information needed and will continue to accept and process the application whenever the required information is received. Consistent with California law, applications for charity or discounted payment shall not be solely due to the failure to submit requested information within a specified timeframe.
- (7) Submitting false information on the Financial Assistance Application may also result in a denial of financial assistance, in which case all collection efforts may be resumed.
- (8) Every effort should be made to determine a patient's eligibility for charity care or discounted payments. In some cases, a patient eligible for charity care or discounted

payment may not have been identified prior to initiating external collection action. Accordingly, each collection agency under contract with the hospital should be made aware of the policy on charity care. This will allow the agency to report amounts that they have determined to be uncollectible due to their inability to pay in accordance with the facilities charity care or discounted payment eligibility guidelines.

3. Notice of Determination

A written notice by the Financial Counselor of the charity or discounted payment determination will be mailed to the address on file for the patient within 7 days of the determination being made. The notice shall be issued prior to, or in conjunction with, any billing statement sent to the patient. The notice will include:

- A clear statement of the eligibility determination, whether it was approved or denied.
- A clear explanation of the reduced bill
- If denied, a reason for the denial
- Instructions on how to appeal the decision
- Information on the Hospital Bill Complain Program

4. Appeal of Determination

If the patient is denied charity or disputes the level of charity discount or discounted payment given, the patient may provide a written appeal at any time per California law. This written appeal shall be addressed to the Business Office Manager who has 10 business days to respond to the patient's written appeal. The appeal process involves review by the Chief Financial Officer and/or Chief Executive Officer. The hospital's decision on this appeal is final and will be communicated in writing to the patient. (HSC 127405(a)(1)(A); IRC§501(r))

5. Recordkeeping

Records relating to potential charity care patients must be readily obtained. Business Office records relating to charity care or discounted payments will be kept for five years. In addition, notes relating to charity applications and approval, or denial should be entered on the patient's account.

6. Public Notice and Posting (HSC 127410(b), IRC§501(r))

A notification addressing the availability of financial assistance will be posted in all registration areas. The notice will be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to, all of the following:

- (a) Emergency department
- (b) Admissions office
- (c) Other outpatient settings

Fairchild provides written notice of the availability of Charity Care and Discounted Payment programs in compliance with California Health and Safety Code §127410 and Title 22 of the California Code of Regulations.

- A copy of the written notice shall be provided at the time of service if the patient is conscious and able to receive the notice at that time.
- If the patient cannot receive the notice at the time of service, the notice shall be provided during the discharge process.
- If the patient is not admitted, the written notice shall be provided when the patient leaves the facility.
- If the patient leaves the facility without receiving the written notice, the hospital shall mail the notice to the patient within 72 hours of providing services.

Notices include contact information for financial counseling, the Health Consumer Alliance website, and information on Covered California and Medi-Cal.

All billing statements and required notices include the Hospital Bill Complaint Program Statement as required by state regulation.

Notices and documents are provided in the patient's preferred language and meet California document accessibility and readability standards.

7. Collection Efforts of Eligible Patients

Fairchild Medical Center complies with both Internal Revenue Code §501(r)(6) and the California Hospital Fair Billing Act. Fairchild Medical Center makes reasonable efforts to determine whether a patient is eligible for financial assistance before pursuing any collection activity.

- a. Patients who qualify for charity (free care) receive 100% discount for the qualifying period, but patients who qualify for discounted payments will receive a percentage discount. The remaining balance is needed to satisfy the patient's financial obligations.

- b. No-interest extended payment plans will be negotiated in good faith with patients receiving discounted payments to meet their financial obligations. If the patient does not negotiate a payment plan, any remaining balance may be subject to placement with a collection agency if necessary.
- (1) Once a payment plan is established, if no payments are made on the no-interest extended payment plan for 90 days, reasonable efforts to contact the patient in writing and by phone must be made and documented. The written notice must contain contact information about whom to contact and an opportunity to re-negotiate another no-interest extended payment plan.
- c. Extraordinary Collection Actions (ECA), as defined under federal law, are not used by Fairchild Medical Center. Collection activity, when necessary, is limited to lawful, non-extraordinary actions and is suspended immediately upon any indication that a patient may qualify for financial assistance.
- d. Prohibited Collection Practices:
- Fairchild does not report hospital debt to consumer credit reporting agencies under any circumstances.
 - Fairchild does not sell patient debt to third parties.
 - Fairchild does not place liens on, or force the sale of, a patient's real property for hospital bills related to emergency or medically necessary care.
 - Fairchild does not engage in wage garnishment, bank account attachment, or other extraordinary collection actions for patients eligible for financial assistance.

FORMS:

- Charity Discount Matrix (Exhibit A)
- Financial Assistance Application (Exhibit B)
- Providers Covered (Exhibit C)

**Fairchild Medical Center
Charity Matrix (Exhibit A)**

Income as a Percentage of Federal Poverty Level	Percentage Discount	Category
Less than or equal to 200 percent of the FPL	100%	Charity (Free) Care
201–300 percent of the FPL	75%	Discounted Payment
301-400 percent of the FPL	50%	
	25%	Underinsured

ATTENTION: If you need help in your language, please call **530-842-4121** or visit the **Financial Counselors' office** where you can obtain more information. The office is open **Monday through Friday, from 7:00am to 3:30pm** and located in the registration office at **Fairchild Medical Center**. **Aids and services for people with disabilities are free.**

Spanish (Español)

ATENCIÓN:

Si necesita ayuda en su idioma, por favor llame al 530-842-4121 o visite la Oficina de Asesores Financieros, donde puede obtener más información. La oficina está abierta de lunes a viernes, de 7:00 a.m. a 3:30 p.m., y está ubicada en la Oficina de Registro en Fairchild Medical Center. Las ayudas y servicios para personas con discapacidades son gratuitos.

Chinese (中文)

注意：

如果您需要使用您的语言获得帮助，请致电 530-842-4121，或前往财务咨询办公室获取更多信息。办公室开放时间为周一至周五，上午 7:00 至 下午 3:30，地址位于 Fairchild Medical Center 的挂号登记处。

为残障人士提供的辅助和服务均免费提供。

Vietnamese (Tiếng Việt)

Nếu quý vị cần được hỗ trợ bằng ngôn ngữ của mình, vui lòng gọi 530-842-4121 hoặc đến Văn phòng Tư vấn Tài chính để biết thêm thông tin. Văn phòng làm việc từ Thứ Hai đến Thứ Sáu, từ 7:00 sáng đến 3:30 chiều, và nằm tại Văn phòng Tiếp nhận/Đăng ký của Fairchild Medical Center.

Các hỗ trợ và dịch vụ dành cho người khuyết tật được cung cấp miễn phí.

Tagalog

Kung kailangan ninyo ng tulong sa inyong wika, mangyaring tumawag sa **530-842-4121** o bumisita sa **Opisina ng mga Tagapayo sa Pananalapi** upang makakuha ng karagdagang impormasyon. Ang opisina ay bukas **Lunes hanggang Biyernes, mula 7:00 n.u. hanggang 3:30 n.h.**, at matatagpuan sa **Opisina ng Rehistrasyon ng Fairchild Medical Center**.

Ang mga tulong at serbisyong para sa mga taong may kapansanan ay ibinibigay nang libre.

Korean (한국어)

주의:

귀하의 언어로 도움이 필요하신 경우 **530-842-4121**로 전화하시거나, 더 많은 정보를 얻기 위해 ****재정 상담 사무실(Financial Counselors' Office)****을 방문해 주십시오. 해당 사무실은 **월요일부터 금요일까지 오전 7시부터 오후 3시 30분까지** 운영되며, ****Fairchild Medical Center 등록 사무실(Registration Office)****에 위치해 있습니다.

장애인을 위한 보조 및 지원 서비스는 무료로 제공됩니다.

Armenian (Հայերեն)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ:

Եթե Ձեզ անհրաժեշտ է օգնություն Ձեր լեզվով, ինդրում ենք զանգահարել **530-842-4121** հեռախոսահամարով կամ այցելել **Ֆինանսական խորհրդատուների գրասենյակ՝** լրացուցիչ տեղեկություն ստանալու համար: Գրասենյակը բաց է **երկուշաբթիից ուրբաթ՝ առավոտյան 7:00-ից մինչև 3:30-ը**, և գտնվում է **Fairchild Medical Center-ի գրանցման գրասենյակում:**

Հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներն ու ծառայությունները տրամադրվում են անվճար:

Persian/Farsi **ارس ی**

چه:

اگر به کمک به زبان خود نیاز دارید، لطفاً با شماره **4121-842-530** تماس بگیرید یا برای دریافت اطلاعات بیشتر به **دفتر مشاوران مالی** مراجعه کنید. این دفتر **دوشنبه تا جمعه، از ساعت 7:00 صبح تا 3:30 بعدازظهر** واقع شده است **Fairchild Medical Center** باز است و در دفتر ثبت نام در

کمکها و خدمات برای افراد دارای معلولیت رایگان است.

Russian (Русский)

ВНИМАНИЕ: Если вам необходима помощь на вашем языке, пожалуйста, позвоните по телефону **530-842-4121** или посетите **офис финансовых консультантов**, где вы можете получить дополнительную информацию. Офис открыт **с понедельника по пятницу, с 7:00 до 15:30**, и расположен в **регистрационном отделе Fairchild Medical Center**. **Помощь и услуги для людей с ограниченными возможностями предоставляются бесплатно.**

Punjabi (ਪੰਜਾਬੀ)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ **530-842-4121** 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ **ਵਿੱਤੀ ਸਲਾਹਕਾਰਾਂ ਦੇ ਦਫ਼ਤਰ** ਵਿੱਚ ਜਾਓ, ਜਿੱਥੇ ਤੁਸੀਂ ਹੋਰ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਦਫ਼ਤਰ **ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 7:00 ਵਜੇ ਤੋਂ ਦੁਪਹਿਰ 3:30 ਵਜੇ ਤੱਕ** ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ ਅਤੇ **Fairchild Medical Center** ਦੇ **ਰਜਿਸਟ੍ਰੇਸ਼ਨ ਦਫ਼ਤਰ** ਵਿੱਚ ਸਥਿਤ ਹੈ। **ਅਪੰਗਤਾ ਵਾਲੇ ਵਿਅਕਤੀਆਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।**

Hindi (हिन्दी)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया **530-842-4121** पर कॉल करें या **वित्तीय परामर्शदाताओं के कार्यालय** में जाएँ, जहाँ आप अधिक जानकारी प्राप्त कर सकते हैं। कार्यालय **सोमवार से शुक्रवार, सुबह 7:00 बजे से दोपहर 3:30 बजे तक** खुला रहता है और **Fairchild Medical Center** के **पंजीकरण कार्यालय** में स्थित है। **विकलांग व्यक्तियों के लिए सहायता और सेवाएँ निःशुल्क हैं।**

Japanese (日本語)

注意: ご希望の言語でサポートが必要な場合は、**530-842-4121** までお電話いただくか、**ファイナンシャル・カウンセラー・オフィス**までお越しく下さい。詳細なご案内を受けることができます。オフィスは **月曜日**から**金曜日**の午前**7:00**から午後**3:30**まで開いており、**Fairchild Medical Center** の受付（登録）オフィス内にあります。障がいのある方への支援およびサービスは無料です。

Khmer (ភាសាខ្មែរ)

សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកត្រូវការជំនួយភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ **530-842-4121** ឬអញ្ជើញទៅ **ការិយាល័យអ្នកប្រឹក្សាហិរញ្ញវត្ថុ** ដើម្បីទទួលបានព័ត៌មានបន្ថែម។ ការិយាល័យបើកដំណើរការ **ថ្ងៃចន្ទដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង 7:00 ព្រឹក ដល់ម៉ោង 3:30 រសៀល** និងស្ថិតនៅក្នុង **ការិយាល័យចុះឈ្មោះ នៃ Fairchild Medical Center**។ ជំនួយ និងសេវាកម្មសម្រាប់មនុស្សពិការគិតគិតថ្លៃ។

Hmong (Hmoob)

CEEB TOOM: Yog tias koj xav tau kev pab hauv koj yam lus, thov hu rau **530-842-4121** lossis mus xyuas **chav ua hauj lwm Pab Tswv Yim Nyiaj Txiag,** qhov chaw uas koj tuaj yeem tau txais ntaub ntawv ntxiv. Chav ua hauj lwm qhib hnuv **Monday txog Friday, thaum 7:00 teev sawv ntxov txog 3:30 teev tav su,** thiab nyob hauv **chav Sau Npe ntawm Fairchild Medical Center.** Kev pab thiab kev pabcuam rau cov neeg xiam oob qhab yog pub dawb.

Thai (ภาษาไทย)

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ กรุณาโทร **530-842-4121** หรือไปที่ **สำนักงานที่ปรึกษาทางการเงิน** เพื่อขอข้อมูลเพิ่มเติม สำนักงานเปิดให้บริการ **วันจันทร์ถึงวันศุกร์ เวลา 7:00 น. ถึง 15:30 น.** และตั้งอยู่ที่ **สำนักงานลงทะเบียนของ Fairchild Medical Center** ความช่วยเหลือและบริการสำหรับผู้พิการไม่มีค่าใช้จ่าย