

# **Policy On Financial Assistance for Sutter Hospitals (Charity Care)**

## **EFFECTIVE DATE**

The effective date of this Policy on Financial Assistance for Sutter Hospitals (Charity Care) is January 1, 2024.

## **PURPOSE**

The purpose of this policy is to establish guidelines for Financial Assistance (Charity Care) available at Sutter hospital facilities and to outline the process for determining eligibility for Financial Assistance.

## **POLICY**

It is policy to provide patients, regardless of ability to pay, with understandable written information regarding Financial Assistance and to provide income-based Financial Assistance (Charity Care) to qualified patients. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a hospital's bill. This policy does not create an obligation for the hospital to pay for such physicians' or other medical providers' services. In California, an emergency physician, as defined in Health and Safety Code section 127450, who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Sutter provides, without discrimination, an examination, medical screening and care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)) to individuals regardless of their eligibility under the Policy on Financial Assistance for Sutter Hospitals (Charity Care), within the capabilities and capacity of the facility. Sutter will not engage in any actions that discourage individuals from seeking treatment for emergency medical conditions.

## **SCOPE**

This policy applies to Sutter Health and any legal entity for which Sutter Health is the sole member or directly or indirectly controls greater than 50% of the voting power or equity interest and does not have a third-party manager (herein referred to as Sutter).

## **DEFINITIONS**

**Charity Care** means full financial assistance (i.e., 100% discount) to qualifying patients that relieves the patient and his or her guarantor of their entire financial obligation to pay for eligible services. Charity Care does not reduce the amount, if any, that a third-party may be required to pay for eligible services provided to the patient.

**Complex/Specialized Services** means services that a Sutter hospital determines are complex and specialized (e.g., transplants, experimental and investigational services) as well as certain elective services that are typically excluded from coverage under health plan coverage agreements (e.g., cosmetic procedures).

**Federal Poverty Level (FPL)** means the measure of income level published annually by the United States Department of Health and Human Services (HHS) and is used by hospitals for determining eligibility for Financial Assistance.

**Financial Assistance** means to provide full charity care adjustments and/or high medical cost charity care adjustments (as outlined in section A (Eligibility)).

**Hospital Services** means all services that a hospital is licensed to provide, including emergency and other medically necessary care (excluding Complex/Specialized Services).

**Insured Patient** means a patient who has a third-party source of payment for a portion of their medical expenses.

**NHSC Clinic** means a Rural Health Clinic that has been approved by the Health Resources and Services Administration as a National Health Service Corps site.

**Patient Responsibility** means the amount that an Insured Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

**Primary Language of Hospital's Service Area** means a language used by the lesser of 1,000 people or 5% of the community served by the hospital based upon the most recent community health needs assessment performed by hospital.

**Uninsured Patient** means a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third-party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

## **PROCEDURE**

### **A. ELIGIBILITY**

1. **Eligibility Criteria (non-NHSC Clinic):** During the application process set forth in sections B and C below, hospitals shall apply the following eligibility criteria for Financial Assistance:

| <b>Financial Assistance Category</b>                         | <b>Patient Eligibility Category</b>   | <b>Available Discount</b>   |
|--|---|---|
| <b>FULL CHARITY CARE</b>                                     | Patient is an Uninsured Patient with a family income (as defined below) at or below 400% of the most recent FPL.  | Full write-off of all charges for Hospital Services.                    |
| <b>HIGH MEDICAL COST CHARITY CARE (for Insured Patients)</b> | <ul style="list-style-type: none"> <li>▪ Patient is an Insured Patient with a family income (as defined below) at or below 400% of the most recent FPL; <b>and</b></li> <li>▪ Medical expenses for themselves or their family (incurred at the hospital or paid to other providers in the past twelve (12) months) that exceed 10% of the patient's family income.</li> </ul> | A write-off of the Patient Responsibility amount for Hospital Services. |

2. **Eligibility Criteria (NHSC Clinics):** During the application process set forth in sections B and C of this policy, NHSC Clinics and the emergency department (ED) of Sutter Lakeside Hospital shall apply the following eligibility criteria for Financial Assistance (see **Attachment C** - application for NHCS Clinic patients):

| <b>Financial Assistance Category</b> | <b>Patient Eligibility Criteria</b>   | <b>Available Discount</b>  |
|--------------------------------------|---|--|
| <b>FULL CHARITY CARE</b>             | All Patients with a family income (as defined below) of no more than 400% of the most recent FPL. | A full write-off (full 100% discount) of patient responsibility charges for NHSC Clinic Services (SLCC and SLMP) and Hospital Services provided by the ED of Sutter Lakeside Hospital. |

## B. CALCULATING FAMILY INCOME

1. To determine a patient's eligibility for Financial Assistance, the hospital shall first calculate the patient's family income, as follows:
  - a. **Patient Family:** The patient family shall be determined as follows:
    - i. **Adult Patients:** For patients over eighteen (18) years of age, the patient family includes their spouse, domestic partner, and dependent children less than twenty-one (21) years of age, whether living at home or not.
    - ii. **Minor Patients:** For patients under eighteen (18) years of age, the patient family includes their parents, caretaker relatives, and other children less than twenty-one (21) years of age of the parent(s) or caretaker relatives.
  - b. **Proof of Family Income:** Patient shall only be required to provide recent pay stubs or tax returns as proof of income when submitting an application. Family income is earnings of all members of the patient family as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Recent tax returns are 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. Recent paystubs 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. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date family income. Sutter may validate income by using external presumptive eligibility service providers, provided that such service must determine eligibility using only information permitted by this policy.
  - c. **Calculating Family Income for Expired Patients:** Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of family income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance
  - d. **Calculating Family Income as a Percentage of FPL:** After determining family income, hospital shall calculate the family income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the FPL for a family of three (3) is \$20,000, and a patient's family income is \$60,000, the hospital shall calculate the patient's family income to be 300% of the FPL. Hospitals shall use this calculation during

the application process to determine whether a patient meets the income criteria for Financial Assistance. Use U.S. Federal Poverty Guidelines as the guide for eligibility, see **Attachment E**.

- e. **Special Circumstance – Benefits Exhausted During Inpatient Stay:**  
When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the patient's stay because the patient exhausted their benefits during the stay, the hospital should collect from the patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A hospital shall not pursue from the patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the patient's share of cost or co-insurance. A patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the patient is eligible for Financial Assistance, the hospital shall write off all charges for services that the hospital provided after the patient exceeded the benefit cap.
- f. **Medi-Cal/Medicaid Denied Patient Days and Non-covered Services:**  
Medi-Cal/Medicaid patients are eligible for charity care write-offs related to denied charges and non-covered services. These Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid patients are to be classified as charity, excluding share of cost identified in Section B.1.g.ii below.
- g. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Financial Assistance is not available under this policy:
  - i. **Uninsured Patient seeks Complex/Specialized Services:**  
Generally, Uninsured Patients who seek Complex/Specialized Services (e.g. transplants, experimental or investigational procedures), and seek to receive Financial Assistance for such services, must receive administrative approval from the individual responsible for finance at the hospital (or designee) prior to the provision of such services. Hospitals shall develop a process for patients to seek prior administrative approval for services that require such approval. Elective services that are normally exclusions from coverage under health plan coverage agreements (e.g., cosmetic procedures) are not eligible for Financial Assistance.
  - ii. **Medi-Cal/Medicaid Patients with Share of Cost:** Medi-Cal/Medicaid patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to

reduce the amount of share of cost owed. Hospitals shall seek to collect these amounts from the patients.

- iii. Patient declines covered services:** An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from Sutter, or a patient refuses to transfer from a Sutter hospital to an in-network facility) is not eligible for Financial Assistance.
- iv. Insured Patient does not cooperate with third-party payer:** An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.
- v. Payer pays patient directly:** If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.
- vi. Information falsification:** Hospitals may refuse to award Financial Assistance to patients who falsify information regarding family income, household size or other information in their eligibility application.
- vii. Third party recoveries:** If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances and is not eligible for Financial Assistance.
- viii. Professional (physician) Services:** Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in **Attachment A**. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

## C. APPLICATION PROCESS

1. Each hospital shall make all reasonable efforts to obtain from the patient or their representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the hospital to a patient. A

patient, upon initial presentation, annually, and any time the patient indicates financial need will be evaluated for ability to pay and when indicated for Financial Assistance. To qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that they are not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.

2. Patients may request assistance with completing the application for financial assistance in person at the Sutter hospitals listed (see **Attachment A**), over the phone at 855-398-1633, through the mail, or via the Sutter website ([www.sutterhealth.org](http://www.sutterhealth.org)).
3. Patients who wish to apply for Financial Assistance shall use the Sutter standardized application form, the application for Financial Assistance (see **Attachment B (for non-NHCS Clinics) and Attachment C (for NHCS Clinics)**).
4. Patients should mail applications for Financial Assistance to Sutter Health, P. O. Box 619010, Roseville, CA 95661-9998 Attn: Charity Care Application.
5. Patients should complete the application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within two hundred and forty (240) days of the date the hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

#### **D. FINANCIAL ASSISTANCE DETERMINATION**

1. The hospital will consider each applicant's application for Financial Assistance regardless of ability to pay and grant Financial Assistance when the patient meets the eligibility criteria set forth in **section A.1.** or **section A.2.**, depending upon location of services. Non-NHSC sites may use **Attachment D** to determine eligibility; otherwise, eligibility will be based upon family size and income alone.
2. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
  - a. The hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e., Covered California) or for Hawaii residents, the federal health insurance marketplace (*see* [healthcare.gov](http://healthcare.gov)).
  - b. If a patient applies, or has a pending application, for another health coverage program while they apply for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.

3. Once a full charity care or high medical cost charity care determination has been made, a notification form (see **Attachment F**) will be sent to each applicant advising them of the hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one (1) year after the hospital issues the notification form to the patient. After one (1) year, patients must re-apply for Financial Assistance.
5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

#### **E. DISPUTES**

A patient may seek review of any decision by the hospital to deny Financial Assistance by notifying the individual responsible for finance at the hospital or designee, of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The individual responsible for finance at the hospital or designee shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

#### **F. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION**

1. **Languages:** This policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language(s) of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.
2. **Information Provided to Patients During the Provision of Hospital Services:**
  - a. **Preadmission or Registration, and Discharge:** During preadmission or registration (or as soon thereafter as practicable) hospitals shall provide all patients with a copy of **Attachment G (non-NHCS Clinics) or Attachment H (NHCS Clinics)**, which includes a plain language summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services. If the hospital does not provide a copy of Attachment G or H to the patient during preadmission or registration, it shall be provided upon the patient's discharge. If Attachment G or H is not provided upon discharge, it shall be mailed to the patient's last known address within 72 hours of their discharge. Hospitals shall maintain a contemporaneous record that Attachment G or H was provided to the patient, and such record shall be retained in accordance with the hospital's record retention requirements outlined in state and federal law. Hospitals shall identify the



department that patients can visit to receive information about, and assistance with applying for, Financial Assistance.

- b. **Financial Assistance Counselors:** Patients who may be Uninsured Patients shall be assigned financial counselors, who shall visit with the patients in person at the hospital. Financial counselors shall give such patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy and assist with the application process.
- c. **Emergency Services:** In the case of emergency services, hospitals shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.
- d. **Government Program Applications Provided at Discharge:** At the time of discharge, hospitals shall provide all Uninsured Patients with applications for Medi-Cal/Medicaid and California Children's Services or any other potentially applicable government program.

### 3. **Information Provided to Patients at Other Times:**

- a. **Billing Statements:** Hospitals shall bill patients in accordance with the [Policy on Billing and Collections for Sutter Health Hospitals](#). Billing statements to patients shall include **Attachment I (non-NHCS Clinics) or Attachment J (NHCS Clinics)**, which contains a plain language summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain additional information about Financial Assistance including the Financial Assistance Policy, a plain language summary of the policy, and the application for Financial Assistance. A summary of patient's legal rights is included in **Attachment I and J**, and shall be included on the patient's final billing statement.
- b. **Contact Information:** Patients may call 1-855-398-1633 or contact the hospital department listed on **Attachment K** to obtain additional information about Financial Assistance and assistance with the application process.
- c. **Upon Request:** Hospitals shall provide patients with paper copies of the Financial Assistance Policy, the application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

#### 4. **Publicity of Financial Assistance Information**

- a. **Public Posting:** Hospitals shall post copies of the Financial Assistance Policy, the application for Financial Assistance, the plain language summary of the Financial Assistance Policy, and the **Help Paying You Bill** notice (see **Attachment L**) in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including, but not limited to, the waiting rooms, billing offices, and hospital outpatient service settings (including observation units). These public notices shall include information about the right to request an estimate of financial responsibility for services.
- b. **Website:** The Financial Assistance Policy, application for Financial Assistance and plain language summary shall be available in a prominent place on the Sutter website ([www.sutterhealth.org](http://www.sutterhealth.org)) and on each individual hospital's website. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance. The Sutter website shall include the information require by 22 California Code of Regulations section 96051.11.
- c. **Mail:** Patients may request a copy of the Financial Assistance Policy, application for Financial Assistance and plain language summary be sent by mail, at no cost to the Patient.
- d. **Advertisements/Press Releases:** As necessary and on at least an annual basis, Sutter will place an advertisement regarding the availability of Financial Assistance at hospitals in the principal newspaper(s) in the communities served by Sutter, or when doing so is not practical, Sutter will issue a press release containing this information, or use other means that Sutter concludes will widely publicize the availability of the policy to affected patients in our communities.
- e. **Community Awareness:** Sutter will work with aligned organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

## G. MISCELLANEOUS

1. **Recordkeeping:** Records relating to Financial Assistance must be readily accessible. Hospitals must maintain information regarding the number of Uninsured Patients who have received services from the hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.
2. **Payment Plans:** Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per the [Policy on Billing and Collections for Sutter Health Hospitals](#).
3. **Billing and Collections:** Hospitals may employ reasonable collection efforts to obtain payment from patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by the hospital or by any collection agency engaged by the hospital. General collection activities may include issuing patient statements, phone calls, and referral of statements have been sent to the patient or guarantor. Affiliates and revenue cycle departments must develop procedures to confirm that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Hospital or collection agencies will not engage in any extraordinary collection actions (as defined by the [Policy on Billing and Collections for Sutter Health Hospitals](#)). Copies of the [Policy on Billing and Collections for Sutter Health Hospitals](#) policy may be obtained free of charge on the Sutter website at [www.sutterhealth.org](http://www.sutterhealth.org), by calling 855-398-1633, or within the hospital patient registration, patient financial services offices and the emergency department.
4. **Submission to HCAI:** Sutter hospitals will submit Financial Assistance policies to the California Department of Health Care Access and Information (HCAI) and information can be located on the [HCAI website](#).
5. **Amounts Generally Billed:** In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

## **REFERENCES**

Internal Revenue Code section 501(r)

26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7

California Health and Safety Code section 124700 through 127446

22 California Code of Regulations sections 96051 through 96051.37

Policy on Billing and Collections for Sutter Health Hospitals

## **ATTACHMENTS**

Attachment A – Providers Covered and Not Covered by Policy

Attachment B – Application for Financial Assistance (non-NHCS Clinics)

Attachment C -- Application for Financial Assistance (NHCS Clinics)

Attachment D – Financial Assistance Calculation Worksheet

Attachment E: U.S. Federal Poverty Guidelines

Attachment F – Notification Form Sutter Health Eligibility Determination for Charity Care

Attachment G – Important Billing Information for Patients (non-NHCS Clinics)

Attachment H -- Important Billing Information for Patients (NHCS Clinics)

Attachment I – Notice of Rights (non-NHCS Clinics)

Attachment J– Notice of Rights (NHCS Clinics)

Attachment K – Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Attachment L – Help Paying Your Bill

## **Attachment A**

### **Providers Covered and Not Covered by Policy**

Unless otherwise specified, the Sutter Health Financial Assistance Policy for Hospitals does not apply to physicians or certain other medical providers who care for you while you are in the hospital. This includes emergency room doctors, anesthesiologists, radiologists, hospitalists, pathologists, and other providers. These doctors will bill you separately from the hospital bill. This policy does not create an obligation for the hospital to pay for the services of these physicians or other medical providers.

Some medical professionals who care for you in the hospital are covered by the Financial Assistance Policy for Hospitals. Those categories of providers are listed below.

- Nurses who do not have advance practice licenses
- Registered nurses, including registered nurse first assistants
- Licensed vocational nurses
- Certified nursing assistants, medical assistants and other non-licensed assistants (dental, et cetera.)
- Physical therapists, occupational therapists (including hand therapists), speech-language therapists and therapy assistants
- Pharmacists
- Technologists or technicians – all types
- Laboratory scientists
- Respiratory therapists
- Registered dietitians
- Diabetes educators (who are typically licensed as registered dietitians or registered nurses)

## Attachment B

### APPLICATION FOR FINANCIAL ASSISTANCE (Non-NHCS Clinics)

PATIENT NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 ACCOUNT# \_\_\_\_\_ SNN \_\_\_\_\_  
(PATIENT) (SPOUSE)

FAMILY STATUS: List any spouse, domestic partner, or children under the age of 21. If patient is a minor, list all parents, caretaker relatives, and siblings under 21

| Name  | Age   | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

#### EMPLOYMENT AND OCCUPATION

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person & Telephone: \_\_\_\_\_

If Self-Employed, Name of Business: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person & Telephone: \_\_\_\_\_

If Self-Employed, Name of Business: \_\_\_\_\_

#### CURRENT MONTHLY INCOME

|   | Patient | Other Family |
|---|---------|--------------|
| <i>Add:</i> Gross Pay (before deductions)                     | _____   | _____        |
| <i>Add:</i> Income from Operating Business (if Self-Employed) | _____   | _____        |
| <i>Add:</i> Other Income:                                     |         |              |
| Interest and Dividends  | _____   | _____        |
| From Real Estate or Personal Property                         | _____   | _____        |
| Social Security   | _____   | _____        |
| Other (specify):  | _____   | _____        |
| Alimony or Support Payments Received                          | _____   | _____        |
| <i>Subtract:</i> Alimony, Support Payments Paid               | _____   | _____        |
| <i>Equals:</i> Current Monthly Income                         | _____   | _____        |
| Total Current Monthly Income (add Patient + Spouse)           | _____   | _____        |
| Income from above   | _____   | _____        |

#### FAMILY SIZE

Total Family Members \_\_\_\_\_  
 (Add patient, parents (for minor patients), spouse and children from above)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Do you have health insurance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have other Insurance that may apply (such as an auto policy)?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Were your injuries caused by a third party (such as during a car accident or slip and fall)? | <input type="checkbox"/> | <input type="checkbox"/> |

By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financial discount, I understand that I may be required to provide proof of the information I am providing in the form of recent pay stubs or tax returns. Sutter Health will consider other forms of proof of income if submitted.

\_\_\_\_\_  
 (Signature of Patient or Guarantor)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Spouse)

\_\_\_\_\_  
 (Date)

**Attachment C**

**APPLICATION FOR FINANCIAL ASSISTANCE (NHSC Clinic)**

PATIENT NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ACCOUNT# \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(PATIENT) (SPOUSE)

FAMILY STATUS: List any spouse, domestic partner, or children under the age of 21. If patient is a minor, list all parents, caretaker relatives, and siblings under 21

| Name  | Age   | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

**EMPLOYMENT AND OCCUPATION**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person & Telephone: \_\_\_\_\_

If Self-Employed, Name of Business: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person & Telephone: \_\_\_\_\_

If Self-Employed, Name of Business: \_\_\_\_\_

**CURRENT MONTHLY INCOME**

|   | Patient | Other Family |
|---|---------|--------------|
| Gross Pay (before deductions)                                 | _____   | _____        |
| <i>Add:</i> Income from Operating Business (if Self-Employed) | _____   | _____        |
| <i>Add:</i> Other Income:                                     |         |              |
| Interest and Dividends  | _____   | _____        |
| From Real Estate or Personal Property                         | _____   | _____        |
| Social Security   | _____   | _____        |
| Other (specify):  | _____   | _____        |
| Alimony or Support Payments Received                          | _____   | _____        |
| <i>Subtract:</i> Alimony, Support Payments Paid               | _____   | _____        |
| <i>Equals:</i> Current Monthly Income                         | _____   | _____        |
| Total Current Monthly Income (add Patient + Spouse)           | _____   | _____        |
| Income from above   | _____   | _____        |

**FAMILY SIZE**

Total Family Members \_\_\_\_\_  
(Add patient, parents (for minor patients), spouse and children from above)

By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financial discount, I understand that I may be required to provide proof of the information I am providing in the form of recent pay stubs or tax returns. Sutter Health will consider other forms of proof of income if submitted.

\_\_\_\_\_  
(Signature of Patient or Guarantor) (Date)

\_\_\_\_\_  
(Signature of Spouse) (Date)

**Attachment D**

**FINANCIAL ASSISTANCE CALCULATION WORKSHEET**

Patient Name: \_\_\_\_\_ Patient Account #: \_\_\_\_\_

Sutter Health Affiliate: \_\_\_\_\_

Special Considerations/Circumstances: \_\_\_\_\_

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Does Patient have Health Insurance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is Patient Eligible for Medicare?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is Patient Eligible for Medi-Cal/Medicaid?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

If the patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a charity care or discount payment program, neither application shall preclude eligibility for the other program.

|  |                          |                          |
|--|--------------------------|--------------------------|
| Does Patient have other insurance (i.e., auto medpay)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was Patient injured by a third party?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is Patient Self-Pay?                                   | <input type="checkbox"/> | <input type="checkbox"/> |

**Charity/Financial Assistance Calculation:**

Total Combined Current Monthly Income  
(From Statement of Financial Condition) \$ \_\_\_\_\_

Family Size (From Statement of Financial Condition) \_\_\_\_\_

Qualification for Charity Care/Financial Assistance (circle one): Full/High Medical Cost/Catastrophic  
(Identify using eligibility guide) No Eligibility

**Catastrophic Charity Write-off Calculation (complete section only if patient qualifies for catastrophic charity w/o):**

- A. Patient Liability (total charges unless another discount has been applied) \$ \_\_\_\_\_
- B. Annual Income \$ \_\_\_\_\_
- C. Patient Liability as Percent of Annual Income. \$ \_\_\_\_\_
- D. Is Line A divided by Line B greater than .30 (30%)? Yes  No
- E. If no, patient is not eligible for this type of write-off \$ 0
- F. If yes, multiply Line B by 30 % to identify the patient liability amount \$ \_\_\_\_\_
- G. If yes, subtract line F from Line A to identify the write-off amount. \$ \_\_\_\_\_

**Total Amount of Recommended Charity Write-offs(s):** \$ \_\_\_\_\_

**Worksheet Completed by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Attachment E:**

**U.S. Federal Poverty Guidelines (Excludes Hawaii and Alaska)**

Annualized: Based on Family Size

| <b>Family of 1</b> | <b>Family of 2</b> | <b>Family of 3</b> | <b>Family of 4</b> | <b>Family of 5</b> | <b>Family of 6</b> | <b>Family of 7</b> | <b>Family of 8</b> | <b>Each additional person</b> | <b>Poverty Level</b> | <b>Patient Discount</b> |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-------------------------------|----------------------|-------------------------|
| \$15,060           | \$20,440           | \$25,820           | \$31,200           | \$36,580           | \$41,960           | \$47,340           | \$52,720           | \$5,380                       | 100%                 | 100%                    |
| \$18,825           | \$25,550           | \$32,275           | \$39,000           | \$45,725           | \$52,450           | \$59,175           | \$65,900           | \$5,380                       | 125%                 | 100%                    |
| \$22,590           | \$30,660           | \$38,730           | \$46,800           | \$54,870           | \$62,940           | \$71,010           | \$79,080           | \$5,380                       | 150%                 | 100%                    |
| \$26,355           | \$35,770           | \$45,185           | \$54,600           | \$64,015           | \$73,430           | \$82,845           | \$92,260           | \$5,380                       | 175%                 | 100%                    |
| \$30,120           | \$40,880           | \$51,640           | \$62,400           | \$73,160           | \$83,920           | \$94,680           | \$105,440          | \$5,380                       | 200%                 | 100%                    |
| \$60,240           | \$81,760           | \$103,280          | \$124,800          | \$146,320          | \$167,840          | \$189,360          | \$210,880          | \$5,380                       | < or = 400%          | 100%                    |

From U.S. Federal Poverty Guidelines, 2024

**Attachment F**  
**NOTIFICATION FORM**  
**SUTTER HEALTH**  
**ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE**

Sutter Health has conducted an eligibility determination for financial assistance for:

\_\_\_\_\_  
PATIENTS NAME                      ACCOUNT NUMBER                      DATE(S) OF SERVICE

The request for financial assistance was made by the patient or on behalf of the patient on\_\_\_\_\_.

This determination was completed on \_\_\_\_\_.

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made:

Your request for financial assistance has been approved for services rendered on\_\_\_\_\_.

*After applying the financial assistance reduction, the amount owed is*  
\$\_\_\_\_\_. You may elect to make payment arrangements for this amount. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient. Please contact Patient Financial Services at 855-398-1633 to discuss payment arrangements.

Your request for financial assistance is pending approval. However, the following information is required before any adjustment can be applied to your account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request for financial assistance has been denied because:

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Granting of financial assistance is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance or provided incomplete or inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant Financial Assistance and hold the you and/or third parties responsible for the hospital's charges.

If an application has been submitted for another health coverage program at the same time that you submit an application for Financial Assistance, neither application shall preclude eligibility for the other program.

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

**Help Paying Your Bill.** There are free consumer advocacy organizations that will help you understand the billing and payment process You may call the Health Consumer Alliance at 888-804-3536 or go to <https://healthconsumer.org> for more information.

If you have any questions on this determination, or would like to appeal the decision, please contact:

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Patient Financial Services  
855-398-1633

## Attachment G

### [For non-NHCS Clinic]

#### Important Billing Information for Patients Financial Assistance Plain Language Summary

Thank you for choosing Sutter Health. This handout is designed to help our patients understand the Financial Assistance that is available to eligible patients, the application process for Financial Assistance, and your payment options. Your hospital bill will not include any bill for services you may receive during your hospital stay from physicians, anesthesiologists, clinical professionals, ambulance companies, and other providers that may bill you separately for their services. If you wish to seek assistance with paying your bills from these other providers, you will need to contact the providers directly.

**Emergency Services:** If you received emergency services at the hospital you will receive a separate bill for the emergency room physician. Any questions pertaining to the emergency room physician's services should be directed to the physician. An emergency room physician, as defined in Section 127450 of the Health and Safety Code, who provides emergency medical services in a hospital that provides emergency care is required by law to provide discounts to uninsured patients or insured patients with high medical costs who are at or below 400% of the federal poverty level.

**Payment Options:** Sutter Health has many options to assist you with payment of your hospital bill.

**Payment Plans:** Patient account balances are due upon receipt. Patients may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient.

**Medi-Cal/Medicaid & Government Program Eligibility:** You may be eligible for a government-sponsored health benefit program. Sutter Health has staff available to assist you with applying for government programs like Medi-Cal/Medicaid. Please contact Patient Financial Assistance at (855) 398-1633 if you would like additional information about government programs, or need assistance with applying for such programs. This facility also contracts with organizations that may assist you further with applying for government assistance, if needed.

**Covered California:** You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Contact the hospital financial assistance department at (855) 398-1633 for

more detail and assistance to see if you qualify for health care coverage through Covered California.

**Summary of Financial Assistance (Charity Care):** Sutter Health is committed to providing financial assistance to qualified low-income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following are categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located within the Patient Access/Registration Departments at the Hospital or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website ([www.sutterhealth.org](http://www.sutterhealth.org)). You may also submit an application by speaking with a representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration and Patient Financial Services offices as well as at [www.sutterhealth.org](http://www.sutterhealth.org) and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

**Pending applications:** If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

**Notice of Availability of Financial Estimates:** You may request a written estimate of your financial responsibility for hospital services. Requests for estimates must be made during business hours. The estimate will provide you with an estimate of the amount the hospital will require the patient to pay for health care services, procedures, and supplies that are reasonably expected to be provided by the hospital. Estimates are based on the average length of stay and services provided for the patient's diagnosis. They are not promises to provide services at fixed costs. A patient's financial responsibility may be more or less than the estimate based on the services the patient actually receives.

The hospital can provide estimates of the amount of hospital services only. There may be additional charges for services that will be provided by physicians during a patient's stay in the hospital, such as bills from personal physicians, and any anesthesiologists, pathologists, radiologists, ambulance companies or other medical professionals who are not employees of the hospital. Patients will receive a separate bill for these services.

If you have any questions about written estimates, please contact Patient Access at 855-398-1637. If you have any questions, or if you would like to pay by telephone, please contact the Patient Financial Services at 855-398-1633.

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

**Help Paying Your Bill.** There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to <https://healthconsumer.org> for more information. Please contact Patient Financial Services for further information.

**Price Transparency.** Healthcare cost transparency is important to help consumers make informed decisions about their care. We post a list of standard charges for more than 300 services provided in Sutter hospitals. Please visit the following website for more information: <https://myhealthonline.sutterhealth.org/mho/GuestEstimates>

**ATTENTION:** If you need help in your language, please call 855-398-1633 or visit the Patient Financial Services office at the hospital. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

## Attachment H

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In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

**Pending applications:** If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

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## **Attachment I**

**[for non-NHCS Clinics]**

### **Notice of Rights**

Thank you for selecting Sutter Health for your recent services. Enclosed please find a statement of the charges for your hospital visit. **Payment is due immediately.** You may be entitled to discounts if you meet certain financial qualifications, discussed below, or if you submit payment promptly.

Please be aware that this is the bill for hospital services only. There may be additional charges for services that will be provided by physicians during your stay in the hospital, such as bills from physicians, and any anesthesiologists, pathologists, radiologists, ambulance services, or other medical professionals who are not employees of the hospital. You may receive a separate bill for their services.

**Summary of Your Rights:** State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. 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 (382-4357) or online at [www.ftc.gov](http://www.ftc.gov).

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area. Please contact Patient Financial Services office at 855-398-1633 for a referral.

Sutter Health has agreements with external collection agencies to collect payments from patients. Collection Agencies are required to comply with the hospital's policies. Collection Agencies are also required to recognize and adhere to any payments plans agreed upon by the hospital and the patient.

**Financial Assistance (Charity Care):** Sutter Health is committed to providing financial assistance to qualified low-income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following categories of patients who are eligible for Financial Assistance:

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**Pending applications:** If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

**Health Insurance/Government Program Coverage/Financial Assistance:** If you have health insurance coverage, Medicare, Medi-Cal/Medicaid, California Children's Services, or any other source of payment for this bill, please contact Patient Financial Services at

855-398-1633. If appropriate, Patient Financial Services will bill those entities for your care.

If you do not have health insurance or coverage through a government program like Medi-Cal/Medicaid or Medicare, you may be eligible for government program assistance. Patient Financial Services can provide you with application forms and assist you with the application process.

If you have received an award of Financial Assistance from the Hospital that you believe covers the services that are the subject of this bill, please contact Patient Financial Services at 855-398-1633.

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**Contact Information:** Patient Financial Services is available to answer questions you may have about your hospital bill or would like to apply for Financial Assistance or government program. The telephone number is 855-398-1633. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

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**[for NHCS Clinics]**  
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**Price Transparency.** Healthcare cost transparency is important to help consumers make informed decisions about their care. Sutter Health post a list of standard charges for more than 300 services provided in Sutter hospitals. Please visit the following website for more information: <https://myhealthonline.sutterhealth.org/mho/GuestEstimates>

**Contact Information:** Patient Financial Services is available to answer questions you may have about your hospital bill or would like to apply for Financial Assistance or government program. The telephone number is 855-398-1633. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

**ATTENTION:** If you need help in your language, please call 855-398-1633 or visit the Patient Financial Services office at the hospital. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.



## Attachment K

### Sutter Health Hospitals, Physical Address and Website Address for Financial Assistance

#### **Alta Bates Summit Medical Center**

##### ***Patient Access/Registration***

#### **Ashby Campus**

2450 Ashby Avenue  
Berkeley, CA 94705  
510-204-4444

#### **Herrick Campus**

2001 Dwight Way  
Berkeley, CA 94704  
510-204-4444

#### **Merritt Peralta Institute (MPI)**

3012 Summit Street, 5<sup>th</sup> Floor  
Oakland, CA 94609  
510-652-8000

#### **Summit Campus**

350 Hawthorne Avenue  
Oakland, CA 94609  
510-655-4000

#### **Summit Campus (South Pavilion)**

3100 Summit Street  
Oakland, CA 94609-3412  
510-655-4000

<http://www.altabatessummit.org>

#### **California Pacific Medical Center**

##### ***Patient Access/Registration***

#### **California Campus**

3700 California Street  
San Francisco, CA 94118  
415-600-6000

#### **Pacific Heights Campus**

2333 Buchanan Street  
San Francisco, CA 94115  
415-600-6000

**Davies Campus**

Castro and Duboce  
San Francisco, CA 94114  
415-600-6000

**Van Ness Campus**

1101 Van Ness Avenue  
San Francisco, CA 94109  
415-600-6000

**Mission Bernal Campus**

3555 Cesar Chavez St.  
San Francisco, CA 94110  
415-647-8600

<http://www.cpmc.org>

**Eden Medical Center*****Patient Access/Registration*****Eden Campus**

20103 Lake Chabot Road  
Castro Valley, CA 94546  
510-537-1234

<http://www.edenmedicalcenter.org>

**Kahi Mohala, A Behavioral Healthcare System*****Patient Access/Registration***

91-2301 Fort Weaver Road  
Ewa Beach, HI 96706  
808-671-8511

<http://www.kahimohala.org>

**Memorial Medical Center*****Patient Access/Registration***

1700 Coffee Road  
Modesto, CA 95355  
209-526-4500

<http://www.memorialmedicalcenter.org>

**Memorial Hospital, Los Banos**  
***Patient Access/Registration***

520 I Street  
Los Banos, CA 93635  
209-826-0591

<http://www.memoriallosbanos.org>

**Menlo Park Surgical Hospital**  
***Patient Access/Registration***

570 Willow Road  
Menlo Park, CA 94025  
650-324-8500

<http://www.pamf.org/mpsh>

**Mills-Peninsula Health Services**  
***Patient Access/Registration***

1501 Trousdale Drive  
Burlingame, CA 94010  
(650) 696-5400

<http://www.mills-peninsula.org>

**Novato Community Hospital**  
***Patient Access/Registration***

180 Rowland Way  
Novato, CA 94945  
415-897-3111

<http://www.novatocommunity.org>

**Sutter Amador Hospital**  
***Patient Access/Registration***

200 Mission Blvd.  
Jackson, CA 95642  
209-223-7500

<http://www.sutteramador.org>

**Sutter Auburn Faith Hospital**  
***Patient Access/Registration***

11815 Education Street  
Auburn, CA 95602  
530-888-4500

<http://www.sutterauburnfaith.org>

**Sutter Coast Hospital**  
***Patient Access/Registration***

800 East Washington Blvd  
Crescent City, CA 95531  
707-464-8511

<http://www.suttercoast.org>

**Sutter Davis Hospital**  
***Patient Access/Registration***

2000 Sutter Place  
(P.O. Box 1617)  
Davis, CA 95617  
530-756-6440

<http://www.sutterdavis.org>

**Sutter Delta Medical Center**  
***Patient Access/Registration***

3901 Lone Tree Way  
Antioch, CA 94509  
925-779-7200

<http://www.sutterdelta.org>

**Sutter Lakeside Hospital and Center for Health**  
***Patient Access/Registration***

5176 Hill Road East  
Lakeport, CA 95453  
707-262-5000

<http://www.sutterlakeside.org>

**Sutter Maternity & Surgery Center of Santa Cruz**  
***Patient Access/Registration***

2900 Chanticleer Avenue  
Santa Cruz, CA 95065-1816  
831-477-2200

<http://www.suttersantacruz.org>

**Sutter Medical Center, Sacramento**  
***Patient Access/Registration***

2825 Capitol Avenue  
Sacramento, CA 95816  
916-887-0000

**Sutter Center for Psychiatry**  
***Patient Access/Registration***

7700 Folsom Blvd.  
Sacramento, CA 95826  
916-386-3000

<http://www.suttermedicalcenter.org>

**Sutter Roseville Medical Center**  
***Patient Access/Registration***

One Medical Plaza  
Roseville, CA 95661  
916-781-1000

<http://www.sutterroseville.org>

**Sutter Santa Rosa Regional Hospital**  
***Patient Access/Registration***

30 Mark West Springs Road  
Santa Rosa, CA 95403  
707-576-4000

<http://www.suttersantarosa.org>

**Sutter Solano Medical Center**

***Patient Access/Registration***

300 Hospital Drive  
Vallejo, CA 94589  
707-554-4444

<http://www.suttersolano.org>

**Sutter Surgical Hospital - North Valley**

***Patient Access/Registration***

455 Plumas Boulevard  
Yuba City, CA 95991  
530-749-5700

<http://www.suttersurgicalhospitalnorthvalley.org/>

**Sutter Tracy Community Hospital**

***Patient Access/Registration***

1420 N. Tracy Boulevard  
Tracy, CA 95376-3497  
209-835-1500

<http://www.suttertracy.org>

## **Attachment L**

### **Help Paying Your Bill**

Sutter Health is committed to providing financial assistance to qualified patients.

#### **How to Apply**

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located the Patient Access/Registration Departments at the Hospital, or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website ([www.sutterhealth.org](http://www.sutterhealth.org)). You may also submit an application for financial assistance by speaking with a representative from Patient Financial Services, who will assist you with completing the application.

#### **Hospital Bill Complaint Program**

If you believe you were wrongly denied financial assistance, you may file a complaint with the State of California's Hospital Bill Complaint Program. Go to [HospitalBillComplaintProgram.hcai.ca.gov](http://HospitalBillComplaintProgram.hcai.ca.gov) for more information and to file a complaint.

#### **More Help**

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to <https://healthconsumer.org> for more information. Please contact Patient Financial Services for further information.

#### **Help for Patient with Disabilities**

Please contact Patient Financial Services at 855-398-1633 if you would like to obtain a copy of this notice in an accessible format, including but not limited to large print, braille, audio, or other accessible electronic format.