



Origination N/A  
Approved N/A  
Last Revised N/A

Policy Area Patient Financial  
Services

## Charity Care and Financial Assistance Policy

### Policy:

San Gorgonio Memorial Hospital (SGMH) is committed to ensuring that all patients have access to necessary healthcare, regardless of their financial circumstances.

In accordance with California Health & Safety Code §127405:

- (a) Each hospital shall maintain written discount payment and charity care policies.
- (b) Each hospital shall limit expected payment for services provided to a financially qualified patient to no more than the amounts generally billed to insured patients.
- (c) Each hospital shall provide patients with a plain language summary of its charity care and discount payment policies and include it with billing statements.
- (d) Each hospital shall provide, without discrimination, charity care or discounted payments to financially qualified patients who meet the hospital's eligibility criteria.
- (e) Each hospital shall make applications, policies, and plain language summaries available on its website, by mail, and in conspicuous public locations in the hospital, including admissions and emergency departments.
- (f) Hospitals shall ensure these materials are available in English, Spanish, and other languages that meet the threshold for translation under state law.

### Definitions:

- **Financially Qualified Patient:** An uninsured or underinsured patient with documented household income at or below 400% of the Federal Poverty Level (FPL).
- **Charity Care (Free Care):** Hospital services provided at no cost to patients with household income at or below 200% FPL.

- **Discounted Care:** Reduced charges for patients with household income between 201%–400% FPL.
- **High Medical Costs:** Annual out-of-pocket medical expenses that exceed 10% of the patient's household income
- **Emergency Medical Condition:** As defined by EMTALA, a condition manifesting by acute symptoms of sufficient severity that absence of immediate medical attention could reasonably be expected to result in serious jeopardy to health.

## Procedure:

### Eligibility Criteria

#### A. Income Level:

- less than 200% FPL → Eligible for Charity Care (100% write-off).
- 201%–400% FPL → Eligible for Discounted Care (sliding scale discount).

#### B. High Medical Costs: Patients whose out-of-pocket medical expenses exceed 10% of their household income are eligible for financial assistance, regardless of insurance status.

#### C. Insurance Status: Both uninsured and underinsured patients may qualify.

### Scope of Services Covered

This policy applies to:

- Emergency medical care.
- Medically necessary inpatient and outpatient hospital services.

Elective procedures not deemed medically necessary may be excluded.

### Application Process

#### A. Access to Applications:

- Applications are available at Registration, Patient Financial Services, and on the Hospital's website.
- Applications are provided in English, Spanish, and other prevalent languages in the community.

#### B. Required Documentation:

- Proof of income (tax returns, pay stubs, benefit statements).
- Family size and residency information.

- Insurance coverage details, if applicable.

**C. Review and Determination:**

- Financial counselors will review applications promptly
- Determination letters will be sent in writing within 30 days of receiving all required documentation.
- Appeals may be submitted within 30 days of denial.

## Communication and Notice

Consistent with HSC §127405(c), (e), and (f):

- A plain language summary of this policy will be included in billing statements.
- Copies of the policy, summary, and application will be posted in Admissions, Emergency, and Patient Financial Services areas.
- All materials will be available on the Hospital's website and by mail upon request.
- Materials will be translated into English, Spanish, and all other languages required under state law.

## Payment Plans

Patients not qualifying for full charity care will be offered interest-free extended payment plans, consistent with state law.

## Responsibilities

- **Patient Financial Services Department:** Administers the program, reviews applications, and makes eligibility determinations.
- **Chief Financial Officer (CFO):** Oversees compliance and reports charity care activity to the Board.
- **Board of Directors:** Approves this policy and all subsequent revisions.

## Regulatory Reference(s):

- California Health & Safety Code §§127400–127446
  - **§127405(a):** Written policy requirement
  - **§127405(b):** Limitation on expected payments
  - **§127405(c):** Requirement for plain language summary with billing statements
  - **§127405(d):** Obligation to provide free or discounted care to financially qualified

patients

- §127405(e): Public availability of policy, application, and plain language summary
- §127405(f): Language access requirements
- Title 22, California Code of Regulations, §§96050–96051.6

## Approval Signatures

Step Description

Approver

Date