



Sonoma Valley Hospital

Charity Care Policy (Financial Assistance – Free Care Program)

1. Policy Statement

Sonoma Valley Hospital (SVH) is committed to providing **financial assistance** to patients who are **unable to pay** for medically necessary hospital services. The **Charity Care Program** ensures that eligible patients receive **100% free care**, regardless of **citizenship or immigration status**.

This policy complies with **California Health and Safety Code Section 127400 et seq.**, **Hospital Fair Pricing Act**, and regulations under **22 CCR § 96051 et seq.**

2. Purpose

The purpose of this policy is to:

- Ensure that **patients with financial need** have access to medically necessary care.
- Clearly define **eligibility criteria**, documentation requirements, and the application process.
- Comply with HCAI requirements for **plain language, accessibility, and statutory compliance**.

3. Scope

This policy applies to:

- All **patients receiving medically necessary care** at SVH.
- **California residents** applying for Charity Care.
- Patients whose **household income is at or below 400% of the Federal Poverty Guidelines (FPG)**.

4. Eligibility Criteria

Patients may qualify for **Charity Care** if they meet all the following:

1. **Residency:** Patient is a California resident.
2. **Income:** Household income at or below **400% of FPG**, based on income at the time of service or first billing.
3. **Household Size:** Includes patient, spouse/domestic partner, and tax-dependent children.
4. **Financial Need:** Patient is unable to pay for medically necessary hospital services.

Note: Patients are **not required** to apply for Medi-Cal, Medicare, or other coverage before being screened for Charity Care.

5. Documentation Requirements

Patients must provide **one of the following** for all adult household members:

- **Recent paystubs** (within six months before or after the first bill date, or preservice application date).
- **Most recent federal income tax return** (for the calendar year of first billing or within 12 months prior).
- **Signed statement** explaining household financial support if taxes are not filed.

Only one type of documentation is required unless clarification is needed.

6. Application Process

1. Complete the **SVH Financial Assistance Application**.
2. Indicate **Charity Care** as the program applied for.
3. Submit required documentation.
4. SVH will review the application **within 30 days** of receipt and notify the patient of approval or denial.

7. Approval and Effective Period

- Charity Care approval is valid for **6 months** from the approval date.
- If household income or insurance status changes, the patient may need to **reapply**.

8. Billing and Collections

- Patients approved for Charity Care will **not be billed** for eligible medically necessary hospital services.
- Information from the Charity Care application **cannot be used for collection activities**.
- Emergency physician services are billed separately; however, patients may still apply for Charity Care.

9. Communication and Accessibility

- The Charity Care policy is provided in **plain language**.

- The policy is available in **English and the top 15 languages spoken by patients with limited English proficiency.**
- Alternative formats are available for patients with **disabilities.**
- The policy, application, and instructions are accessible via:
 - Hospital website (sonomavalleyhospital.org **“Help Paying Your Bill”**)
 - Patient Accounting Office by calling 707.935.5325
 - Patient discharge packets

10. References

- **Health & Safety Code §127400 et seq.** – Hospital Fair Pricing Act
- **22 CCR §96051 et seq.** – Financial Assistance Program Regulations
- **AB 2297 & SB 1061 (2025)** – California Hospital Financial Assistance Law

11. Review and Revision

This policy will be **reviewed annually** and updated as required to remain compliant with **state law, HCAI requirements, and federal guidelines.**