



SUBJECT: Charity Care Policy

POLICY # GL8610-122

DEPARTMENT: Organizational

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EFFECTIVE: 1/1/2026

REVIEW/REVISED: 4/13, 12/16, Revised 2/26

**Purpose:**

- 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**.

**Policy:**

Sonoma Valley Hospital (SVH) is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, and ineligible for a government program and is otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with our mission to maintain, improve, and restore the health of everyone in our community,

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.**

**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).

**Procedure:**

**Eligibility Criteria**

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

1. **Income:** Household income at or below **400% of FPG**, based on income at the time of service or first billing.



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2. **Household Size:** Includes patient, spouse/domestic partner, parents, caretakers tax-dependent children, etc.
3. **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.*

### **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). OR
- **Most recent federal income tax return** (for the calendar year of first billing or within 12 months prior). OR
- **Signed statement** explaining household financial support if taxes are not filed.

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

### **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.

### **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.



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### **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.

### **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](http://sonomavalleyhospital.org) "Help Paying Your Bill")
- Patient Accounting Office by calling 707.935.5325
- Patient discharge packets

### **Appeal Process**

If a patient has a dispute regarding the decision for charity or discounted care, a written appeal may be filed with the SVH Patient Accounting Manager or the Director of Finance. The CFO will review the basis of the appeal and will provide a written response within two weeks following receipt of the appeal. This decision will be final.

### **Review and Revision**

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

### **REFERENCE:**

- 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



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**AUTHORS/REVIEWERS:**

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Patient Financial Services Manager

**APPROVALS:**

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The Board of Directors: