FINANCIAL ASSISTANCE – FREE AND DISCOUNT CARE POLICY

EFFECTIVE DATE

The effective date of this Policy on Free (also known as charity) and Discount Care services is in effect January 1, 2025. It may be modified as needed by the Medical Executive and Governing Board Committees of the Hospital as needed.

POLICY

It is our policy to provide hospital patients, regardless of ability to pay, with understandable written information regarding Financial Assistance and to provide income-based Financial Assistance (Free and/or Discounted Care) to qualified patients. Unless otherwise specified, this policy does not apply to physicians, whose services are not included in a hospital's bill.

DEFINITIONS

Free Care means full financial assistance that is in the form of free care (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. Free Care does not reduce the amount, if any, that a third-party may be required to pay for eligible services provided to the patient.

Disabled means that an individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months.

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 Free Care adjustments and/or High Medical Cost-Discount Care adjustments (as outlined in Section A (Eligibility)).

Guarantor means a person who has legal financial responsibility for the Patient's health care services.

Hospital Services means all services that a hospital is licensed to provide.

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

Patient means the individual who received a medical service from a hospital. All references to a Patient in this Policy shall be deemed to include the Guarantor.

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. Subject to the exclusions set forth in Section B.1.g, all Hospital Services are eligible for Financial Assistance at Aliso Ridge Behavioral Health (ARBH).

2. Eligibility Criteria:
During the application process outlined in Sections B and C below, ARBH shall assess eligibility for Financial Assistance based on household income, evaluating for both full Charity Care and Discounted Payments in accordance with the Federal Poverty Level (FPL) thresholds specified in HSC §127405(a)(1)(A) and HSC §127405(b).

In compliance with HSC §127405(b)(1), documentation of income shall be limited to recent paystubs or income tax returns, though other forms may be accepted if voluntarily provided. Eligibility for free and discounted care will be applied to all patients at or below 400% of the FPL, as defined in HSC §127405(b).

In alignment with 22 CCR 96051.7(a) and HSC §127405(c), all medically necessary services—including those deemed "presumed" medically necessary—are eligible for the discount payment program, and no applicant will be denied eligibility based on the timing of their application submission. A service or treatment is one that is necessary to treat or diagnose a patient and the omission of which could adversely affect the patient's condition, illness or injury.

Financial Assistance Category	Patient Eligibility Category	Available Discount

FULL FREE CARE	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.
HIGH MEDICAL COST-FREE CARE (for Insured Patients)	▪ Patient is an Insured Patient with a family income (as defined below) at or below 400% of the most recent FPL; **and** ▪ Out-of-Pocket 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. Out-of-Pocket medical expenses means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.	A write-off of the Patient Responsibility amount for Hospital Services.

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 eighteen (18) years of age and older (except for dependent children aged 18-20, addressed below), the patient family includes their spouse, domestic partner, dependent children under twenty-one (21) years of age, and a dependent child of any age if the dependent child is Disabled. Children meeting the criteria in this subsection B.1.a.i are considered part of the patient family whether living at home or not.

   ii. Dependent Child Aged 18-20: For patients who are dependent children aged eighteen (18) to twenty (20), inclusive, the patient family includes their parent(s), caretaker relative(s), other dependent children under twenty-one (21) years of age of the parent(s) or caretaker relative(s), and a child of the parent(s) or caretaker relative(s) of any age if the child is Disabled.

   iii. Minor Patients: For patients under eighteen (18) years of age, the patient family includes their parent(s), caretaker relative(s), the parent(s)' or caretaker relative(s)' other children under twenty-one (21) years of age, and a child of the parent(s) or caretaker relative(s) of any age if the child is Disabled.

b. **Proof of Family Income:** A patient shall only be required to provide recent pay stubs or tax returns as proof of income when submitting an application for Financial Assistance. Family income is earnings of all members of the patient family as shown by the recent pay stubs or recent income tax returns; less payments made for alimony and child support. “Recent income 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. Hospital may validate income by using external presumptive eligibility service providers, provided that such service must determine eligibility using only information permitted by this policy. If a patient is unable to provide recent pay stubs or tax returns as proof of income, hospital may accept other forms of documentation of income from the patient, but hospital may not require that a patient submit those other forms of documentation.

c. **Calculating Family Income for Expired Patients:** Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculating family income. Documentation of income is not required for expired patients. The surviving spouse of an expired patient may apply for Financial Assistance.

d. **Calculating Family Income as a Percentage of FPL:** Pursuant to HSC § 127405 and 22 CCR § 96051.7(b), after determining the patient's family income using acceptable documentation (limited strictly to recent tax returns or recent paystubs), the hospital shall calculate the family income level in comparison to the Federal Poverty Level (FPL). This calculation must be expressed as an exact percentage of the FPL**.**

$$\text{FPL Percentage} = \left(\frac{\text{Patient's Verified Annual Family Income}}{\text{Current Annual FPL Baseline for Household Size}} \right) \times 100$$

Calculation Example: If the baseline FPL for a family of three (3) is $25,820, and a patient’s verified family income is $60,000, the hospital shall calculate the income level as follows:

$$\left(\frac{\$60,000}{\$25,820} \right) \times 100 = 2.3237 \times 100 = \mathbf{232}\% \text{ of the FPL}$$

The hospital shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance. For the most current U.S. Federal Poverty Guidelines as the guide for eligibility, see Attachment B.

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 free 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 Free Care.

g. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Free Care is not available under this policy:

i. **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.

ii. **Payer pays patient directly**: If a patient receives payment for services directly from an insurance company, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services, unless the Patient qualifies for High Medical Cost-Free Care.

iii. **Information falsification:** Hospital may refuse to award Financial Assistance to patients who falsify information regarding family income, household size or other information in their eligibility application.

iv. **Third party recoveries:** If the patient receives a financial settlement, judgment, or award from a third-party tortfeasor that caused the patient's hospitalization, the patient must use the settlement, judgment, or award amount to satisfy any patient account balances for the related health care services rendered up to the amount reasonably awarded for that purpose. The amount of the settlement, judgment, or award that is related to the health care services will be considered when determining the amount of financial assistance to which the patient is eligible.

v. **Professional (physician) Services:** Services of physicians are not covered under this policy.

C. Hospital shall not consider patients' monetary assets when determining eligibility for Financial Assistance.

D. APPLICATION PROCESS

1. ARBH 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 you 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 Aliso Ridge Behavioral Health (see Attachment A and Attachment D), over the phone at 949-900-8600, or through the mail. Documents are available via the ARBH website (https://www.alisoridgebh.com/).

3. Patients who wish to apply for Financial Assistance shall use the ARBH standardized application form, the application for Financial Assistance (see Attachment A).

4. Patients should mail applications for Financial Assistance to Aliso Ridge Behavioral Health, 200 Freedom Lane, Aliso Viejo, CA 92656 Attn: Business Office Manager.

5. Patients should complete the application for Financial Assistance as soon as possible after receiving Hospital Services. Hospital will not impose time limits for applying for financial assistance under this policy, nor deny eligibility based on the timing of a patient's application.

E. 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 Attachment A. The hospital may accept other forms of documentation of income but shall not require those other forms. If a patient does not submit an application or documentation of income, a hospital may presumptively determine that a patient is eligible for free care or discounted payment based on information other than that provided by the patient or based on a prior eligibility determination.

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).

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 Free Care or High Medical Cost-Free Care determination has been made, a notification form (see Attachment D) 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.

F. DISPUTES

A patient may seek review of any decision by the hospital to deny Financial Assistance by notifying the hospital CFO 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 hospital CFO or designee shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

G. 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. Registration, and Discharge: During registration (or as soon thereafter as practicable) hospital shall provide all patients with a copy of Attachment E, 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 to the patient during preadmission or registration, it shall be provided upon the patient's discharge. If Attachment G 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 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, including providing language assistance.

c. 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 Aliso Ridge Behavioral Health. Billing statements to patients shall include Attachment G, which include a plain language summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, the website address where patients can obtain additional information about Financial Assistance, information about language assistance and the California hospital bill complaint program, and the application for Financial Assistance.

b. Contact Information: Patients may call 949-900-8600 or contact the hospital department listed on Attachment F to obtain additional information about Financial Assistance and assistance with the application process.

c. Upon Request: Hospital 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: Hospital 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 Your Bill notice (see Attachment G) 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 ARBH website (https://www.alisoridgebh.com/). 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 ARBH 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. Community Awareness: ARBH 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.

H. 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. Hospital and patients will negotiate the terms of the payment plan and take into consideration the patient's family income and essential living expenses. If a hospital and patient cannot agree on the payment plan, the hospital will create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly income, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this section, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments,

insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

3. **Billing and Collections:** Hospital 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 and phone calls. 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). Copies of the Policy on Billing and Collections for Aliso Ridge Behavioral Health may be obtained free of charge on their website at (https://www.alisoridgebh.com/), by calling 949-900-8600, or within the hospital patient registration, patient financial services offices.

4. **Submission to HCAI:** Aliso Ridge Behavioral Health will submit Financial Assistance policies to the California Department of Health Care Access and Information (HCAI).

5. **Amounts Generally Billed:** In accordance with Internal Revenue Code Section 1.501(r)-5, SRBHH 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 under the Financial Assistance policy, 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 Debt Collections for Aliso Ridge Behavioral Health

ATTACHMENTS

Attachment A – Application for Financial Assistance
Attachment B – U.S. Federal Poverty Guidelines
Attachment C – Providers Covered and Not Covered by Policy
Attachment D – Notification Form Aliso Ridge Behavioral Health Eligibility Determination for Free or Discounted Care
Attachment E – Important Billing Information for Patients
Attachment F – Notice of Rights
Attachment G – Help Paying Your Bill

APPLICATION FOR FINANCIAL ASSISTANCE (FREE and DISCOUNT CARE)

BEHAVIORAL HEALTH

PATIENT NAME _____ SPOUSE'S NAME: _____
ADDRESS _____
PHONE NUMBER (_____) _____

CONTACT PERSON & PHONE NUMBER: _____
If Self-Employed, Name of Business _____

SPOUSE EMPLOYER _____ POSITION _____
CONTACT PERSON & PHONE NUMBER _____
If Self-Employed, Name of Business _____

CURRENT MONTHLY INCOME

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

FAMILY SIZE (Add Patient, Parents (for minor patients), Spouse, and Children from Above)
Total Family Members _____

	YES	NO
Do you have health insurance?	☐	☐
Do you have other insurance that might apply (such as auto policy)?	☐	☐
Were your injuries caused by a third party (a car accident, a slip, or fall)?	☐	☐

When applying only for discount payment program eligibility, Aliso Ridge Behavioral Health may only request recent paystubs or income tax returns for documentation of income. Other forms of documentation of income may be requested, but may not require them. Patients applying only for discount payment program eligibility may receive less financial assistance than what may be available under our Free Care program.

By signing this form, I agree to allow Aliso Ridge Behavioral Health (ARBH) 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. ARBH will consider other forms of proof of income if submitted.

_____ _____ _____ _____
SIGNATURE DATE Signature of Spouse DATE

Attachment A - APPLICATION FOR FINANCIAL ASSISTANCE

ANAHEIM COMMUNITY HOSPITAL

Attachment B: U.S. Federal Poverty Guidelines (Excludes Hawaii and Alaska)

Annualized: Based on Family Size

Poverty Level	100%	125%	150%	175%	200%	< or = 400%
Family of 1	$15,650	$19,563	$23,475	$27,388	$31,300	$62,600
Family of 2	$21,150	$26,438	$31,725	$37,013	$42,300	$84,600
Family of 3	$26,650	$33,313	$39,975	$46,638	$53,300	$106,600
Family of 4	$32,150	$40,188	$48,225	$56,263	$64,300	$128,600
Family of 5	$37,650	$47,063	$56,475	$65,888	$75,300	$150,600
Family of 6	$43,150	$53,938	$64,725	$75,513	$86,300	$172,600
Family of 7	$48,650	$60,813	$72,975	$85,138	$97,300	$194,600
Family of 8	$54,150	$67,688	$81,225	$94,763	$108,300	$216,600
Each additional person	$5,500	$5,500	$5,500	$5,500	$5,500	$5,500

From U.S. Federal Poverty Guidelines, 2025

Attachment C - Providers Covered and Not Covered by Policy

Unless otherwise specified, the Policy on Financial Assistance for Aliso Ridge Behavioral Health Free or Discount Care does not apply to physicians who care for you while you are in the hospital. These physicians may 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 Policy on Financial Assistance for Aliso Ridge Behavioral Health Free or Discount) Care. 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.
- Therapists and therapy assistants
- Pharmacists
- Technologists or technicians - all types
- Registered dietitians

Attachment D - NOTIFICATION FORM ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE

Aliso Ridge Behavioral 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 949-900-8600 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:

_____
___

_____
___

_____
___

_____
___

_____
___

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 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 HospitalBillComplaintRrogram.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.

ATTENTION: If you need help in your language, please call 949-900-8600 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.

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

Patient Financial Services
949-900-8433

Attachment E

Important Billing Information for Patients Financial Assistance Plain Language Summary

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 bills 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 referring hospital you will receive a separate bill for the emergency room and physician. Any questions pertaining to the emergency room and physician's services should be directed to the referring hospital or 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: Aliso Ridge Behavioral 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. If a hospital and patient cannot agree on the payment plan, the hospital will create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly income, excluding deductions for essential living expenses.

Medi-Cal/Medicaid & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. ARBH has staff available to assist you with applying for government programs like Medi-Cal/Medicaid. Medi-Cal's presumptive eligibility program provides qualified individuals immediate access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage. Please contact Patient Financial Services at 949-900-8433 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 Patient Financial Services department at 949-900-8433 for more detail and assistance to see if your quality for health care coverage through Covered California.

Summary of Financial Assistance Free and/or Discount Care: Aliso Ridge Behavioral Health is committed to providing financial assistance to qualified low-income patients, and to patients who have insurance that requires the patients to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for a patient who wishes to seek Financial Assistance:

If you received hospital care, the following category of patients 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 Business Office at the Hospital or by calling Patient Financial Services at 949-900-8600, or on the Aliso Ridge Behavioral Health website (https://www.alisoridgebh.com/). 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 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 949-900-8600. If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office. The dispute will be resolved by the hospital's chief financial officer.

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 (https://www.alisoridgebh.com/) and 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 949-900-8600.

In accordance with Internal Revenue Code Section 1.501(r)-5, Aliso Ridge Behavioral 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.

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. If you have any questions about written estimates, please contact Patient Financial Services at 949-900-8600. If you have any questions, or if you would like to pay by telephone, please contact Patient Financial Services at 949-900-8600.

No Reporting to Consumer Credit Reporting Agency: A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates this section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

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 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 services provided at Aliso Ridge Behavioral Health. Please visit the following website for more information: (https://www.alisoridgebh.com/)

Contact Information: Patient Financial Services is available to answer questions you may have about your hospital bill or to assist with applying for Financial Assistance or a government program. The telephone number is 949-900-8600. 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 949-900-8600 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 F Notice of Rights

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.

Please be aware that this is the bill for hospital services only.

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. Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area.

Aliso Ridge Behavioral 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. No Reporting to Consumer Credit Reporting Agency. A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates this section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

Financial Assistance / Free or Discount Care: Aliso Ridge Behavioral Health is committed to providing financial assistance to qualified low-income patients, and to patients who have insurance that requires the patient to pay for a significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for a patient who wishes to seek Financial Assistance:

If you received hospital services at Aliso Ridge Behavioral Health, the following categories of patients 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 at located within the Patient Financial Services Department at the Hospital, or by calling Patient Financial Services at 949-900-8600, or on

the ARBH website (https://www.alisoridgebh.com/). 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 ARBH 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 949-900-8600.

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 or Patient Financial Services offices, as well as at (https://www.alisoridgebh.com/) 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 949-900-8600.

In accordance with Internal Revenue Code Section 1.501(r)-5, Aliso Ridge Behavioral 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. 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 949-900-8600. 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. Medi-Cal's presumptive eligibility program provides qualified individuals immediate access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage. 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 949-900-8600.

California Health Benefit Exchange: You may be eligible for health care coverage under Covered California. Contact Patient Financial Services for more detail and assistance to see if you quality for health care coverage through Covered California.

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 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 services provided at Aliso Ridge Behavioral Health. Please visit the following website for more information: https://www.alisoridgebh.com/

Contact Information: Patient Financial Services is available to answer questions you may have about your hospital bill or to assist with applying for Financial Assistance or a government program. The telephone number is 949-900-8600. 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 949-900-8600 or visit the Patient Financial Services office at the hospital. Our telephone hours are 8:00A.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 G - Help Paying Your Bill

Aliso Ridge Behavioral Health provides financial assistance for patients who qualify. If you need assistance paying your bill, a discount and free care program are available. This written notice is provided in accordance with Health and Safety Code section 127410(a) and (b).

How to Apply - To apply for either our discount program or our free care program, ask to speak to our Patient Financial Services department or call 949-900-8433 between 8:00 a.m. and 5:00 p.m., Monday through Friday.

Access to Hospital Discount Payment and Charity Care Policies - To obtain a copy of our Free Care/Discount Policy and applicable documents, ask one of our Patient Financial Services representatives or visit: https://www.ocspecialtyhealth.com/aliso-ridge-behavioral-health/help-paying-your-bill/

Eligibility Information - You may be eligible for financial assistance, including discount payment and free care programs, based on factors such as income, family size, and other criteria described in our Free Care/Discount Policy. You may also be eligible for government-sponsored health benefit programs, such as Medi-Cal/Medicaid or coverage through Covered California. Aliso Ridge Behavioral Health has staff available to assist you in determining eligibility and applying for these programs.

For information or assistance regarding eligibility for government programs, including Medi-Cal's presumptive eligibility program, or for Covered California, please contact Patient Financial Services at 949-900-8433 between 8:00 a.m. and 5:00 p.m., Monday through Friday.

Contact Information - For more information about financial assistance, government programs, or this notice, please contact:

Patient Financial Services
Aliso Ridge Behavioral Health
Phone: 949-900-8433
Hours: 8:00 a.m. to 5:00 p.m., Monday through Friday

Internet Website for Hospital's List of Shoppable Services - For information about the hospital's list of shoppable services, please visit our website https://www.ocspecialtyhealth.com/aliso-ridge-behavioral-health/help-paying-your-bill/. If you need assistance accessing this information, contact Patient Financial Services at 949-900-8433.

Hospital Bill Complaint Program (Health and Safety Code section 127410(a)) - 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 for more information and to file a complaint.

Health Consumer Alliance Information and Required Statement - There are organizations that will help you understand the billing and payment process. You can visit the internet webpage for Health Consumer Alliance at healthconsumer.org for more information.

Accessibility and Language Assistance - If you have a disability and require an alternative format of our information, including but not limited to large print, braille, audio, or other accessible electronic formats, please contact Patient Financial Services for assistance.

For language assistance, interpreters are available to you at no cost. The application, policy, and policy summary may be available in your language. For more information, call 949-900-8433 between 8:00 a.m. and 5:00 p.m., Monday through Friday.

Record Retention - Hospitals shall maintain a contemporaneous record that the written notice required under Health and Safety Code section 127410(a) and (b) was provided to the patient and shall retain that record in accordance with the hospital's record retention requirements outlined in state and federal law.

Language Assistance and Accessibility

English
ATTENTION: If you need help in your language, please call 949-900-8433 or visit the Patient Registration/Admissions Office at Aliso Ridge Behavioral Health , 200 Freedom Ln, Aliso Viejo, CA 92656. The office is open 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.

Spanish
ATENCIÓN: Si necesita ayuda en su idioma, llame al 949-900-8433 o visite la Oficina de Registro/Admisiones de Pacientes de Aliso Ridge Behavioral Health , 200 Freedom Ln, Aliso Viejo, CA 92656. La oficina está abierta de 8:00 a. m. a 5:00 p. m., de lunes a viernes. También hay ayudas y servicios gratuitos para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles.

Chinese (Simplified)
注意:如果您需要使用您的语言获得帮助,请致电949-900-8433,或前往 Aliso Ridge Behavioral Health 患者登记/入院办公室,地址:200 Freedom Ln, Aliso Viejo, CA 92656。办公时间为周一至周五上午8:00至下午5:00。我们还为残障人士免费提供辅助工具和服务,例如盲文、大字版、音频和其他无障碍电子格式的文件。

Vietnamese
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 949-900-8433 hoặc đến Văn phòng Đăng ký/Nhập viện Bệnh nhân tại Aliso Ridge Behavioral Health , 200 Freedom Ln, Aliso Viejo, CA 92656. Văn phòng mở cửa từ 8:00 sáng đến 5:00 chiều, Thứ Hai đến Thứ Sáu. Các phương tiện và dịch vụ hỗ trợ dành cho người khuyết tật, như tài liệu chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác, cũng được cung cấp miễn phí.

Tagalog
PAUNAWA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 949-900-8433 o pumunta sa Patient Registration/Admissions Office ng Aliso Ridge Behavioral Health, 200 Freedom Ln, Aliso Viejo, CA 92656. Bukas ang opisina mula 8:00 a.m. hanggang 5:00 p.m., Lunes hanggang Biyernes. Available rin nang libre ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumentong braille, malalaking letra, audio, at iba pang naa-access na elektronikong format.

Korean
주의: 귀하의 언어로 도움이 필요하시면 949-900-8433으로 전화하시거나 Aliso Ridge Behavioral Health 환자 등록/입원 사무실(200 Freedom Ln, Aliso Viejo, CA 92656)을 방문해 주십시오. 사무실 운영 시간은 월요일부터 금요일까지 오전 8시부터 오후 5시까지입니다. 점자, 큰 글자, 오디오 및 기타 접근 가능한 전자 형식의 문서 등 장애인을 위한 보조 수단과 서비스도 무료로 제공됩니다.

Armenian
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 949-900-8433 կամ այցելեք Aliso Ridge Behavioral Health -ի հիվանդների գրանցման/ընդունման գրասենյակ՝ 200 Freedom Ln, Aliso Viejo, CA 92656 հասցեով: Գրասենյակը բաց է երկուշաբթիից ուրբաթ՝

ժամը 8:00-ից 17:00-ը: Հաշմանդամություն ունեցող անձանց համար անվճար հասանելի են նաև օժանդակ միջոցներ և ծառայություններ, այդ թվում՝ բրայլյան, խոշոր տառատեսակով, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով փաստաթղթեր:

Persian (Farsi)
توجه اگر به زبان خود به کمک نیاز دارید، لطفاً با شماره 8433-900-949 تماس بگیرید یا به دفتر ثبت نام پذیرش بیماران در Aliso Ridge Behavioral Health به نشانی 200 Freedom Ln, Aliso Viejo, CA 92656 مراجعه کنید. ساعات کار دفتر دوشنبه تا جمعه از 8:00 صبح تا 5:00 بعد از ظهر است. کمکها و خدمات برای افراد دارای معلولیت، مانند اسناد بریل، چاپ درشت فایل صوتی و سایر قالبهای الکترونیکی دسترس پذیر نیز به صورت رایگان ارائه میشود.

Russian
ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по номеру 949-900-8433 или обратитесь в отдел регистрации/приема пациентов Aliso Ridge Behavioral Health по адресу:200 Freedom Ln, Aliso Viejo, CA 92656. Отдел работает с 8:00 до 17:00 с понедельника по пятницу. Вспомогательные средства и услуги для людей с инвалидностью, включая документы шрифтом Брайля, крупным шрифтом, аудиоформат и другие доступные электронные форматы, также предоставляются бесплатно.

Japanese
注意: ご希望の言語で支援が必要な場合は、949-900-8433 にお電話いただくか、Aliso Ridge Behavioral Health の患者登録/入院受付(200 Freedom Ln, Aliso Viejo, CA 92656)までお越しください。受付時間は月曜日から金曜日の午前8時から午後5時までです。点字、大活字、音声、その他のアクセシブルな電子形式の文書など、障害のある方のための補助およびサービスも無料で利用できます。

Arabic
تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك، يُرجى الاتصال على 8433-900-949 أو زيارة مكتب تسجيل قبول المرضى في Aliso Ridge Behavioral Health 200 Freedom Ln, Aliso Viejo, CA 92656 المكتب مفتوح من الساعة 8:00 صباحًا حتى 5:00 مساءً، من الاثنين إلى الجمعة. تتوفر أيضًا مجانا وسائل مساعدة وخدمات للأشخاص ذوي الإعاقة، مثل المستندات بطريقة برايل، والطباعة الكبيرة، والصوت، وغيرها من التنسيقات الإلكترونية الميسرة

Punjabi
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 949-900-8433 ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ Aliso Ridge Behavioral Health Patient Registration/Admissions Office, 200 Freedom Ln, Aliso Viejo, CA 92656 ਤੇ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:00 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ। ਅਪਾਹਜ ਵਿਅਕਤੀਆਂ ਲਈ ਬ੍ਰੇਲ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਆਡੀਓ ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵਰਗੀਆਂ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ।

Khmer (Cambodian)
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅ 949-900-8433 ឬទៅកាន់ការិយាល័យចុះឈ្មោះ/ទទួលអ្នកជំងឺនៅ Aliso Ridge Behavioral Health , 200 Freedom Ln, Aliso Viejo, CA 92656។ ការិយាល័យបើកពីម៉ោង 8:00 ព្រឹក ដល់ 5:00 ល្ងាច ពីថ្ងៃចន្ទដល់ថ្ងៃសុក្រ។ ជំនួយ និងសេវាសម្រាប់ជនពិការ ដូចជា ឯកសារអក្សរ Braille អក្សរធំ សំឡេង និងទម្រង់អេឡិចត្រូនិកដែលអាចចូលប្រើបានផ្សេងទៀត ក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។

Hmong
CEEB TOOM: Yog koj xav tau kev pab ua koj hom lus, thov hu 949-900-8433 lossis mus rau Patient

Registration/Admissions Office ntawm Aliso Ridge Behavioral Health, 200 Freedom Ln, Aliso Viejo, CA 92656. Lub chaw ua haujlwm qhib 8:00 sawv ntxov txog 5:00 tsaus ntuj, hnub Monday txog Friday. Kev pab thiab kev pabcuam rau cov neeg xiam oob qhab, xws li ntaub ntawv braille, ntawv loj, suab, thiab lwm hom ntawv hluav taws xob uas siv tau yooj yim, kuj muaj pub dawb.

Hindi

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो 949-900-8433 पर कॉल करें या Aliso Ridge Behavioral Health के Patient Registration/Admissions Office, 200 Freedom Ln, Aliso Viejo, CA 92656 पर जाएँ। कार्यालय सोमवार से शुक्रवार सुबह 8:00 बजे से शाम 5:00 बजे तक खुला रहता है। विकलांग व्यक्तियों के लिए ब्रेल, बड़े अक्षरों वाले दस्तावेज़, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप जैसी सहायक सेवाएँ भी निःशुल्क उपलब्ध हैं।

Thai

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 949-900-8433
หรือไปที่สำนักงานลงทะเบียน/รับผู้ป่วยของ Aliso Ridge Behavioral Health, 200 Freedom Ln, Aliso Viejo, CA 92656
สำนักงานเปิดวันจันทร์ถึงวันศุกร์ เวลา 8:00 น. ถึง 17:00 น. มีอุปกรณ์ช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่เข้าถึงได้อื่น ๆ โดยไม่มีค่าใช้จ่าย