



Financial Assistance Policy

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Approvals

- Committee Approval: Nonclinical Policy Review Team - Revenue Cycle approved on 7/18/2022
 - Signature: John A Beaman, Chief Finance Officer signed on 7/18/2022, 1:21:26 PM
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Revision Insight

| | |
|-------------------------|---------------------------------------|
| Document ID: | 11927 |
| Revision Number: | 10 |
| Owner: | Kevin Longo, Chief Compliance Officer |
| Revision Official Date: | 7/18/2022 |

Revision Note:

New Revision. Only one small correction and removal of the billing and collection portion of this policy. No other changes.

Separating the Billing and Collection Policy to be separate and distinct from the FAP.

Link appropriate documents and legislation.

STANDARD POLICY: FINANCIAL ASSISTANCE POLICY

POLICY SUMMARY/INTENT:

Adventist Health facilities are built on a team of dedicated health care professionals - physicians, nurses, technicians, management, trustees, volunteers, and many other devoted health care workers. Together, these individuals serve to protect the health of their communities. Their ability to serve requires a special relationship built on trust and compassion. Through mutual trust and goodwill, Adventist Health and patients will be able to meet their responsibilities. This policy is designed to strengthen that relationship and make sure patients receive services regardless of their ability to pay.

This policy describes Adventist Health's Financial Assistance (both Charity Care and Discounted Care) policy. Adventist Health does not discriminate, and is fair in reviewing and assessing eligibility for Financial Assistance for community members who may be in need of financial help. Adventist Health provides financial assistance to patients and families when they are unable to pay, all or part, of their medical bill. This policy describes how Adventist Health reviews a patient's financial resources to determine if financial assistance can be provided.

The intent of this policy is to comply with applicable federal, state and local laws and regulations.

DEFINITIONS

- 1. Allowable Medical Expenses** - All family members' medical expenses that are eligible for federal income tax deduction, even if the expenses are more than the medical expense deduction allowed by the IRS. Paid and unpaid bills may be included
- 2. Amount Generally Billed (AGB)** - The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This is usually described as a percent of Gross Charges. The AGB percentages for each hospital facility are updated annually.
- 3. Application Period** – The period during which Adventist Health must accept and process an application for financial assistance under its Financial Assistance Policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Adventist Health provides the individual with a written notice that sets a deadline after which ECAs may be initiated.
- 4. Billed Charges** - Charges for items and services provided by Adventist Health as published in the Charge Description Master (CDM) and available at www.adventisthealth.org website under Patient Resources, Healthcare Costs and Charges page.
- 5. Charge Description Master** - A list of items and services, along with their individual prices and codes, used to bill for services.
- 6. Charity Care** - Free or Discounted Care provided when the patient is not expected to pay a bill or is expected to pay only a small amount of the patient's payment obligation for items and services provided by Adventist Health. Charity Care is based on financial need.
- 7. Discounted Care** - A deduction from the payment obligations for items and services that is given for cash, prompt, or advanced payment, or to certain categories of patients, e.g., self-pay patient or uninsured patient. A discount is usually described as a percentage of Gross Charges.
- 8. Extraordinary Collection Action (ECA)** - ECAs are legal or judicial actions taken to receive payment from a patient for care covered under the hospital facility's Financial Assistance Policy. Selling a patient's debt to another company for collection purposes without adequate protections in place is also an ECA. Other examples include garnishing a patient's wages and adverse credit reporting.
- 9. Emergency Medical Care** - Refers to Emergency Services and Care, as defined in the Adventist Health Emergency Medical Treatment and Labor Act policy (EMTALA) #AD-06-019-S.
- 10. Essential Living Expenses (ELE)** - The following expenses are considered Essential Living Expenses: rent or house payment and maintenance, food, household supplies, laundry and cleaning, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, repairs and installment payments, and other extraordinary expenses.
- 11. Family Members** –
 - a. Family Members, of persons **18 years or older**, include a spouse, domestic partner, as defined by the state where the facility is licensed, and dependent children under 26 years, whether living at home or not.
 - b. Family Members of **persons under 18 years** include parents, caretaker relatives, and other children of the parent or caretaker relative who are less than 26 years of age of the parent or caretaker relative.
- 12. FAP** – The Adventist Health Financial Assistance Policy.
- 13. Federal Income Tax Return** - The Internal Revenue Service (IRS) form/s used to report taxable income. The IRS form must be a copy of the signed and dated forms sent to the IRS.
- 14. Federal Poverty Level (FPL)** - The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under its statutory authority.
- 15. Financial Assistance** - The reductions in payment obligation afforded to Adventist Health patients if such patients qualify for assistance under this policy.

16. **High Medical Costs** - Defined as any of the following
 - a. Annual Out-of-Pocket expenses, billed to an individual by Adventist Health, , that exceeds the lesser of ten percent (10%) of the patient's current family or family income in the prior 12 months.
 - b. Annual Out-of-Pocket expenses that are more than ten percent (10%) of the patient's family income, if the patient provides documentation of their medical expenses paid by the patient, or the patient's family, in the prior 12 months.
17. **Household Income** - Cumulative income of all Family Members who live in the same household as the patient, or at the home address the patient uses on income tax returns, or on other government documents. This includes the following:
 1. Gross wages, salaries, tips, etc.
 2. Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income
 3. Interest, dividends, royalties, income from rental properties, estates and trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources
18. **Limited English Proficiency (LEP) Group** - A group of people whose first language is not English. The size of the group is the lesser of either 1,000 individuals, or five percent (5%) of the community served by the facility, or the non-English speaking populations likely to be, affected or encountered, by the facility. The facility may use any reasonable method to determine the number, or percentage, of LEP patients that may be affected, or encountered, by the facility.
19. **Medically Necessary** - A service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to either (a) protect life, to prevent significant illness or significant disability, (b) to alleviate severe pain, or (c) to prevent, diagnose or treat an illness, injury, condition or disease, the symptoms of an illness, injury, condition or disease, and (d) meets accepted standards of medicine.
20. **Out-of-Pocket Costs** - Costs which the patient pays from personal funds.
21. **Patient Financial Services (PFS)** - The Adventist Health department responsible for billing, collecting, and processing payments.
22. **Payment Plan** - A series of payments, made over a period of time, to pay the patient's payment obligation for items and services provided by Adventist Health. Monthly payments cannot be more than ten percent (10%) of a patient's monthly family income, excluding deductions for Essential Living Expense.
23. **Plain Language** - Writing designed to ensure the reader understands quickly, easily, and completely as possible. Plain language strives to be easy to read, understand and use.
24. **Presumptive Financial Assistance** - When Adventist Health staff may assume a patient will qualify for 100% Financial Assistance based on information given to them, e.g., homelessness, etc.
25. **Qualifying Patient** - Patient who meets the financial qualifications for Financial Assistance as defined in Section C below.
26. **Reasonable Payment Plan** - A payment plan is a reasonable payment plan if the monthly payments are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses (as defined above).
27. **Self-Pay Liability** - Any balance due by the person who is responsible for payment. This could be a patient, or the patient's guarantor (not a third-party payer).
28. **Third-Party Coverage** - A policy of insurance or other prepaid coverage purchased for protection against certain events, such as health, automobile and general liability insurance, etc.
29. **Uninsured Patient** - Patients who do not have insurance to cover the services received.
30. **Underinsured Patient** - A patient who does not have enough insurance or prepaid coverage to cover the services received.

POLICY: COMPLIANCE – KEY ELEMENTS

Adventist Health is committed to providing Financial Assistance to patients who seek Emergency Medical Care, or Medically Necessary Care, but have limited, or no means, to pay for that care. Financial Assistance is comprised of both Charity Care (free care) and/or Discounted Care. Adventist Health will provide, without discrimination, Emergency Medical Care, or Medically Necessary Care as defined in this policy, to persons regardless of their ability to pay, their eligibility under this policy, or their eligibility for government assistance.

Accordingly, this written policy:

1. includes eligibility criteria for Financial Assistance – Charity Care (free) and Discounted Care (reduction in the patient's payment obligation);
2. describes the basis for how Adventist Health calculates the amount charged to patients who qualify for Financial Assistance under this policy;
3. describes how patients apply for Financial Assistance;
4. describes how the Adventist Health hospital or other Adventist Health facility will publicize this policy in the community it serves; and
5. describes how the Adventist Health hospital or other Adventist Health facility limits the amount billed to patients who qualify for Financial Assistance
6. includes a list of physician and other providers who provide emergency or other medically necessary care in the hospital facility that specifies which providers are covered by the FAP and which are not.

Charity Care and Discounted Care are not substitutes for personal responsibility. Patients are expected to work with the facility when seeking Financial Assistance. Persons must help pay for the cost of their care based on their ability to pay. Persons with financial means to purchase health insurance will be encouraged to do so since this helps improve their access to health care services.

A. COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE:

1. Adventist Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Adventist Health will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Adventist Health patients in a non-discriminatory manner, pursuant to each Adventist Health hospital's EMTALA policy (see AH Model Policy AD-06-109-S "EMTALA – Compliance with EMTALA").

a. Qualifying Care Under This Policy includes:

- i. Emergency Medical Care, or other Medically Necessary Care, provided at Adventist Health owned and operated facilities listed in Appendix B
- ii. Emergency department physician services that the Adventist Health facility bills for on the physicians' behalf.
- iii. Note: Emergency room physicians, who provide emergency medical services in an Adventist Health general acute care facility are excluded from this policy unless listed as a "Covered Provider" in the documentation from Appendix D. California requires these physicians to have their own financial assistance policies. Patients who receive a bill from an Emergency Room physician, and are uninsured, underinsured, or have High Medical Costs, should contact that physician's office and ask about their Financial Assistance policy.
- iv. An emergency physician who provides emergency medical services at an Adventist Health hospital in California is required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.
- v. A California rural hospital may establish eligibility levels for financial assistance and charity care at less than 400 percent of the federal poverty level as appropriate to maintain their financial and operational integrity.

b. Communication of Financial Assistance

- i. Adventist Health gives patient's information about Financial Assistance in different ways, including, but not limited to:
 - I. Placing notices in Emergency Rooms, Admitting and Registration Offices, Patient Financial Services Departments, other public places and other outpatient settings, including observation units;
 - II. Placing information in the Adventist Health Conditions of Registration Form;
 - III. Printing information in Adventist Health Post-Discharge Billing Statement. This includes information about how patients can obtain more information about financial assistance along with the internet link for the Financial Assistance Policy;
 - IV. Posting a "plain language summary" of the Financial Assistance Policy on all Adventist Health websites;
 - V. Prominently displaying information on Adventist Health facility websites, with a link to the Financial Assistance Policy itself;
 - VI. Placing, in a "plain language" brochure, mailings, and at other community locations.
 - VII. For patients of Adventist Health's California hospitals:
 - A. Providing the patient with written notice about the Financial Assistance Policy when the patient receives services. If, however, the patient is unconscious and not able to receive written notice at that time, then the notice will be provided when the patient is discharged.
 - B. If the patient is not admitted, the written notice is provided when the patient leaves the facility or is mailed to the patient within 72 hours of the facility providing services to the patient.
 - C. The notice includes the internet address of the Health Consumer alliance (<https://healthconsumer.org>) and shall explain that there are organizations that will help the patient understand the billing and payment process, as well as information regarding Covered California and Medi-Cal presumptive eligibility (if the California hospital participates in the presumptive eligibility program).
 - D. The notice shall also include the internet address for the Adventist Health Hospital's shoppable services (as per 45 CFR 180.60)
- ii. Notices and information are provided to patients in their primary language, when the patient is identified as being within a Limited English Proficiency (LEP) group. In addition to the above, Adventist Health personnel may use their discretion to give individual notice of financial assistance to patients who appear to be at risk of not being able to pay their bill. Referral of patients for financial assistance may be made by any member of the medical, or facility, staff. A request for financial assistance may also be made by the patient, his or her guardian, or family member. Requests are subject to applicable privacy laws.
 - I. The written notices will contain information about availability of the hospital's discount payment and charity care policies. This includes information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies
- iii. Individuals can get information about the Financial Assistance Policy, a copy of our Plain Language Summary, and an application in different languages, free of charge, by:
 - I. Going to the registration area
 - II. Speaking with an Adventist Health facility financial counselor
 - III. Going to the website for Adventist Health: <https://www.adventisthealth.org/patient-resources/financial-assistance/>
 - IV. Calling us at 1-844-827-5047 (or local hospital – See appendix B of this policy)
 - V. Writing to: Adventist Health, ATTN: Financial Assistance, P.O. Box 677000, Paradise, CA 95967

VI. Patients may get a paper copy of this Financial Assistance Policy upon request by contacting any of the five contacts listed above

c. Eligibility Criteria for Financial Assistance

- i. Patients who are uninsured, or underinsured with High Medical Costs, and are unable to pay for their care are eligible for financial assistance if they qualify under the Financial Assistance Policy. Decisions on whether a patient will be granted financial assistance are based on a patient's financial need. Race, color, national origin, citizenship, religion, creed, gender, sexual preference, gender identity and expression, age, or disability are not considered.
- ii. For patients on Medicaid (called "Medi-Cal" in California) the patient's Share of Cost (SOC) amounts are not eligible for financial assistance. The SOC amounts are set by the State. States require patients to pay the SOC as a condition of receiving Medicaid/Medi-Cal covered services.
- iii. A patient may qualify for Financial Assistance under this policy, if they meet one of the following criteria:
 - I. Income: Household Income is at, or below, 400% of the FPL.
 - II. Expenses: Patients who do not meet the income criteria, may be eligible for financial assistance based on essential living expenses and resources. The following two (2) qualifications must both apply:
 - A. Essential Living Expenses: Exceed fifty percent (50%) of the Household Income; and
 - B. Resources: The patient's excess medical expenses (the amount that Allowable Medical Expenses are greater than 50% of annual Household Income) must be greater than available Qualifying Assets.

d. Financial Assistance Levels: Basis for Calculating Amounts Charged to Patients

- i. There is a limit to the amount an individual who is eligible for Financial Assistance may be charged. That individual may not be charged more than the Amount Generally Billed (AGB) for emergency or other medically necessary care. Adventist Health does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy. Appendix C describes the specific AGB methodology used for each Adventist Health hospital facility.
- ii. Charity Care and Discounted Care: Discounts are based on Household Income. Documentation of Household income include recent pay stubs, income tax returns, and other documents.
- iii. The discount amount is based on the percentages in the following tables:
 - I. Emergency and Medically Necessary Care for Uninsured and Insured Patients

| Uninsured Patients | | |
|---|---|---|
| Household Income | Patient Responsibility | Oregon All Locations Amounts Charged |
| 200% or less of the Federal Poverty Level | Zero | Zero |
| > 200% to 300% of the Federal Poverty Level | 50% of the Amount Generally Billed | 25% of the Amount Generally Billed |
| > 300% to 350% of the Federal Poverty Level | 75% of the Amount Generally Billed | 50% of the Amount Generally Billed |
| > 350% to 400% of the Federal Poverty Level | 75% of the Amount Generally Billed | 75% of the Amount Generally Billed |
| > 400% of the Federal Poverty Level | Not covered under the Financial Assistance Policy, refer to the Uninsured Discount Policy | Not covered under the Financial Assistance Policy, refer to the Uninsured Discount Policy |

| Patients with Commercial Insurance or Non-Contracted Managed Care Plans and High Medical Costs | | |
|--|--|--|
| Household Income | Amounts Charged | Oregon All Locations Amounts Charged |
| 400% or less of the Federal Poverty Level | The Amount Generally Billed for the same service LESS the amount paid by the patient's insurer. If the insurer paid an amount, equal to or greater than the Amount Generally Billed, the patient obligation is zero. | Any patient liability after amounts paid by the patient's insurer failed to pay AGB shall follow the FPL groupings and minimum % discounts from AGB applied as outlined in the table above for uninsured patients. |
| >400% of the Federal Poverty Level | Not covered under the Financial Assistance Policy, the patient is responsible for their cost sharing obligation amount. | Not covered under the Financial Assistance Policy, the patient is responsible for their Self-Pay Liability amount. |

- II. Non-Emergency and non-Medically Necessary Care for Uninsured and Insured Patients:

| Uninsured Patients |
|--------------------|
| |

| Household Income | Amounts Charged |
|--|---|
| 200% or less of the Federal Poverty Level | Zero |
| >200% to 400% of the Federal Poverty Level | 50% of the Amount Generally Billed |
| >400% of the Federal Poverty Level | Not covered under the Financial Assistance Policy, refer to the Uninsured Discount Policy |

| Patients with Commercial Insurance or Non-Contracted Managed Care Plan and High Medical Costs | |
|---|--|
| Household Income | Patient Liability |
| 400% or less of the Federal Poverty Level | The Amount Generally Billed for the same service LESS the amount paid by the patient's insurer. If the insurer paid an amount, equal to or greater than the Amount Generally Billed, patient obligation is zero. |
| >400% of the Federal Poverty Level | Not covered under the Financial Assistance policy; the patient is responsible for their Self-Pay Liability amount. |

e. How Patients Apply for Financial Assistance:

- i. To be considered for Financial Assistance under this policy, a patient or guarantor must:
 - I. Work with Adventist Health to find other sources of payment, or coverage, from public and/or private payment programs;
 - II. Submit a true, accurate, and complete confidential → Financial Assistance Application within the Application Period;
 - III. Provide a copy of patient's or guarantor's most recent pay stub (or certify that he or she is currently unemployed);
 - IV. Provide a copy of patient's or guarantor's most recent Federal Income Tax Return (including all schedules)
- ii. The patient or guarantor is responsible for meeting the conditions of coverage of their insurance or health plan, if they have third-party insurance or health plan. Failure to do so, may result in a denial of financial assistance.
- iii. Human dignity, and stewardship, are considered in the application process for deciding financial need and granting financial assistance.
- iv. Adventist Health shall not use any information given by a patient regarding monetary assets, pay stubs or income tax returns, in connection with his or her application, for any collection activities of Adventist Health. Information provided by the patient about their household income will only be used to evaluate whether the patient qualifies for financial assistance under this policy.

f. Eligibility for Other Government Programs

- i. The facility will make reasonable efforts to help the patient find insurance options including:
 - I. Private health insurance, including coverage offered through the Health Benefit Exchange;
 - II. Medicare; or
 - III. The Medicaid program, the Children's Services program, or other state-funded programs designed to provide health coverage. If a patient applied or has a pending application for another health coverage program at the same time that the patient applies for a facility financial assistance program, neither application will stop eligibility for the other program.

g. Presumptive Financial Assistance Eligibility

- i. Presumptive Financial Assistance takes place when Adventist Health staff may assume a patient will qualify for financial assistance based on information received by the facility, i.e., homelessness, etc.
 - I. A staff or management member of the Patient Financial Services Department will complete an internal Financial Assistance Application for a patient, to include:
 - A. The reason the patient, or patient's guarantor, cannot apply on his/her own behalf; and
 - B. The patient's documented medical or socio-economic reasons that stop the patient, or patient's guarantor, from completing the application.
 - II. Adventist Health staff may also assign patient accounts to be evaluated for eligibility for Charity Care or Discounted Care, if they think the patient may be in need of financial help paying the bill. This may occur if:
 - A. The patient's medical record that documents they are homeless;
 - B. It is verified that the patient expired with no known estate or spouse;
 - C. The patient is currently in jail or prison;
 - D. The patient qualifies for a public benefit program including Social Security, Unemployment Insurance Benefits, Medicaid, County Indigent Health, AFDC, Food Stamps, WIC, etc.;
 - E. The patient meets another public benefit program's requirement that are similar to Adventist Health's Financial Assistance program;

- F. Adventist Health tried to get a payment from the patient, and is not able to do so;
 - G. The patient has not completed a Financial Assistance Application;
 - H. The patient does not respond to requests for documentation;
 - I. Any other information required by the Financial Assistance Application
- ii. If the patient does not or cannot respond to the application process, then the patient's account will be screened using the presumptive eligibility information outlined above to make an individual assessment of financial need. The above information helps Adventist Health make an informed decision on the financial need of a patient by using the best estimates available if the patient does not or cannot provide the requested information.
 - I. Adventist Health facilities use a third-party to conduct electronic reviews of patient information to assess financial need. These reviews use a healthcare industry-recognized model that is based on public record databases. This predictive model uses public record data to calculate a socio-economic and financial capacity score. It includes estimates of income,(and for California, assets and liquidity). The electronic technology compares each patient using standards that are analogous to the standards in the formal application process.
 - II. Electronic technology will be used after all other eligibility, and payment sources, have been tried before a patient account is considered bad debt and turned over to a collection agency. This ensures Adventist Health facilities screen all patients for Financial Assistance before taking any collection actions.
 - III. The electronic eligibility review data that supports the financial need to qualify at 200% FPL, or less, will only be applied to past patient balances.
 - iii. Patient accounts granted presumptive eligibility will be reclassified under the Financial Assistance policy, Adventist Health will not:
 - I. send them to collection agencies, debt buyers, or other assignees that is not a subsidiary or affiliate of Adventist Health;
 - II. subject them to further collection actions;
 - III. notify them of their qualification; or
 - IV. include them in the facility's bad debt expense

h. Eligibility Period

- i. The Financial Assistance adjustment will be applied to all eligible patient account balances, including those received before the application approval date.
- ii. The financial assistance approval is good for 180 days after the approval is granted.
- iii. For bills received after 180 days from when the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient is seeking financial assistance to pay those bills

i. Appeal Regarding Application of This Policy

- i. Patients may submit a written a request for reconsideration to the Finance Officer (FO) of the Adventist Health Facility at which they received services when:
 - I. they believe their Financial Assistance Application was not approved according to this policy; or
 - II. they disagree with the way the policy was applied to their case
- ii. The FO will be the final level of appeal.
- iii. Appeal must be submitted within 90 days of the date of the decision letter.

j. Agreements with other Parties - If Adventist Health sells or refers and individual's debt related ot care to another party, Adventist Health will enter into a legally binding written agreement with the party that is reasonably desinged to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care. At a minimum such an agreement must provide the following:

- i. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period, the party will suspend ECAs to obtain payment for the care as described in Paragraph A(j)(iii)(1) of the Financial Assitance Policy
- ii. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period and is determined to be FAP-eligible for the care, the party will do the following in a timely manner:
 - I. Adhere to procedures specified in the agreement that ensure that the individual does not pay, and has not obligation to pay, the party and the Adventist Health facility together more than the individual is required to pay for the care as a FAP-eligible individual
 - II. if applicable and if the party (rather than the hospital facility) has the authority to do so, take all reasonably available mesures to reverse any ECA (other than the sale of a debt or a lien that a hospital facility is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which the hospital facility provided care) taken against the individual as described in Paragraph A(j)(iii)(III)(C) of the Financial Assistance Policy
- iii. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period, the party will suspend ECAs to obtain payment for the care as described in Paragraph A(j)(iii)(1) of the Financial Assistance Policy.
- iv. The party shall be required to comply with Adventist Health's definition and application of a reasonable payment plan, as that

term is defined in the Financial Assistance Policy

- v. If the party refers or sells the debt to yet another party during the Application Period, the party will obtain a written agreement from that other party including all of the other elements described in this Paragraph k.

k. Documentation

- i. Confidential Financial Assistance Application

l. List of Covered Providers

- i. The list of Covered and Non-covered Providers who deliver Emergency Medical Care, and other Medically Necessary Care will be updated at least quarterly.
- ii. See Appendix D of the Policy for a link to the lists of Covered and Non-covered Providers
- iii. See Appendix B of the Policy for the physical address where to get a free copy of the Covered and Non-covered Providers list.
- iv. Section B of the Policy describes how this list will be made available.

m. Authorized Body

- i. Adventist Health Finance Cabinet will review any subsequent changes to this policy and recommend approval to the Adventist Health Board of Directors.

APPENDIX A

2022 FEDERAL POVERTY LEVELs (FPL)

| Persons in Family | 48 Contiguous States and the District of Columbia | Alaska | Hawaii |
|---------------------------------|---|----------|----------|
| 1 | \$13,590 | \$16,990 | \$15,630 |
| 2 | \$18,310 | \$22,890 | \$21,060 |
| 3 | \$23,030 | \$28,790 | \$26,490 |
| 4 | \$27,750 | \$34,690 | \$31,920 |
| 5 | \$32,470 | \$40,590 | \$37,350 |
| 6 | \$37,190 | \$46,490 | \$42,780 |
| 7 | \$41,910 | \$52,390 | \$48,210 |
| 8 | \$46,630 | \$58,290 | \$53,640 |
| For each additional person, add | \$4,720 | \$5,900 | \$5,640 |

Source: <http://www.aspe.hhs.gov/poverty/>

APPENDIX B

Covered Facility List

List of Adventist Health facilities covered under this policy:

| Doing Business As (DBA) | Address | Phone Number |
|--------------------------------|---|--------------|
| Adventist Health Bakersfield | 2615 Chester Avenue Bakersfield, CA 93301 | 661-395-3000 |
| Adventist Health Castle | 640 Ulukahiki Street Kailua, HI 96374 | 808-263-5500 |
| Adventist Health Clear Lake | 15630 18th Avenue Clearlake, CA 95422 | 707-994-6486 |
| Adventist Health Delano | 1401 Garces Highway Delano, CA 93215 | 661-725-4800 |
| Adventist Health Feather River | 5125 Skyway Road Paradise, CA 95969 | 530-872-2000 |

| | | |
|--|--|---|
| Adventist Health Glendale | 1509 Wilson Terrace Glendale, CA 91206e | 818-409-8000 |
| Adventist Health Hanford | 115 Mall Drive Hanford, CA 93230 | 559-582-9000 |
| Adventist Health Howard Memorial | 1 Marcela Drive Willits, CA 95490 | 707-459-6801 |
| Adventist Health Lodi Memorial | 975 S. Fairmont Avenue Lodi, CA 95240 | 209-334-3411 |
| Adventist Health Mendocino Coast | 700 River Drive Fort Bragg, CA 95437 | 707-961-1234 |
| Adventist Health Physicians Network or Adventist Health Medical Foundation Clinics | Please use contact address for the nearest AH facility | Please use phone listed for nearest AH Facility |
| Adventist Health Portland | 10123 S. E. Market Street Portland, OR 97216 | 503-257-2500 |
| Adventist Health Reedley | 372 W. Cypress Avenue Reedley, CA 93654 | 559-638-8155 |
| Adventist Health Rideout | 726 4th Street Marysville, CA 95901 | 530-749-4300 |
| Adventist Health Selma | 1141 Rose Avenue Selma, CA 93662 | 559-891-1000 |
| Adventist Health Simi Valley | 2975 North Sycamore Drive Simi Valley, CA 93065 | 805-955-6000 |
| Adventist Health Sonora | 1000 Greenley Road Sonora, CA 95370 | 209-536-5000 |
| Adventist Health St. Helena | 10 Woodland Road St. Helena, CA 94574 | 707-963-3611 |
| Adventist Health Tehachapi Valley | 1100 Magellan Drive Tehachapi, CA 93561 | 661-823-3000 |
| Adventist Health Tillamook | 1000 Third Street Tillamook, OR 97141 | 503-842-4444 |
| Adventist Health Tulare | 869 N. Cherry Street Tulare, CA 93274 | 559-688-0821 |
| Adventist Health Ukiah Valley | 275 Hospital Drive Ukiah, CA 95482 | 707-462-3111 |
| Adventist Health Vallejo | 525 Oregon Street Vallejo, CA 94590 | 707-648-2200 |

| | | |
|---------------------------------|---|--------------|
| Adventist Health White Memorial | 1720 East Cesar E. Chavez Ave. Los Angeles, CA 90033 | 323-268-5000 |
| Adventist Health Home Care | Please Call for the Information | 844-827-5047 |

APPENDIX C

Amount Generally Billed (AGB) for facilities in California:

AGB Table #1:

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

| Facility Abbreviation | Facility | Service | Effective | AGB |
|-----------------------|------------------------------------|---|-----------|-----|
| AHBD | Adventist Health Bakersfield | All services | 5/1/2022 | 19% |
| AHCL | Adventist Health Clear Lake | All services | 5/1/2022 | 42% |
| AHDL | Adventist Health Delano | All services | 5/1/2022 | 34% |
| AHGL | Adventist Health Glendale | All services | 5/1/2022 | 16% |
| AHHF | Adventist Health Hanford | All services | 5/1/2022 | 18% |
| AHHM | Adventist Health Howard Memorial | All services | 5/1/2022 | 32% |
| AHLM | Adventist Health Lodi Memorial | All services | 5/1/2022 | 16% |
| AHMC | Adventist Health Mendocino Coast | All services | 5/1/2022 | 51% |
| AHRD | Adventist Health Reedley | All services except Rural Health Clinics – See Appendix D | 5/1/2022 | 18% |
| AHRO | Adventist Health and Rideout | All services | 5/1/2022 | 28% |
| AHSV | Adventist Health Simi Valley | All services | 5/1/2022 | 21% |
| AHSR | Adventist Health Sonora | All services | 5/1/2022 | 17% |
| AHSH | Adventist Health St. Helena | All services | 5/1/2022 | 17% |
| AHTV | Adventist Health Tehachapi Valley | All services | 5/1/2022 | 38% |
| AHTR | Adventist Health Tulare | All Services | 5/1/2022 | 18% |
| AHUV | Adventist Health Ukiah Valley | All services | 5/1/2022 | 27% |
| AHWM | Adventist Health White Memorial | All services | 5/1/2022 | 12% |
| AHPN | Adventist Health Physician Network | All Services | 5/1/2022 | 45% |

Amount Generally Billed (AGB) for facilities in Oregon, Washington and Hawaii:

AGB Table #2

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

| Facility Abbreviation | Facility | Service | Effective | AGB |
|-----------------------|----------------------------|---|-----------|-----|
| AHCS | Adventist Health Castle | All services except Physician Clinics - See Below Table 3 | 5/1/2022 | 42% |
| AHPL | Adventist Health Portland | All Services | 5/1/2022 | 32% |
| AHTM | Adventist Health Tillamook | All Services | 5/1/2022 | 56% |

AGB Table #3

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

| Facility Abbreviation | Facility | Service | Effective | AGB |
|-----------------------|----------------------------|--------------|-----------|-----|
| AHHC | Adventist Health Home Care | All Services | 5/1/2022 | 75% |

APPENDIX D

Sliding Scale – Adventist Health Reedley – Rural Health Clinics

A completed Sliding Scale attestation must be submitted, and any qualification is valid for 90 days from the date of qualification.

| Adventist Health Reedley – RHC Visit | | | |
|--------------------------------------|-----------------------|-----------------------|------------------------|
| Nominal Amounts | \$30.00 | \$45.00 | \$60.00 |
| Family Size | 50% of nominal amount | 75% of nominal amount | 100% of nominal amount |
| | 100% of the 2022 FPL | 150% of the 2022 FPL | 200% of the 2022 FPL |
| 1 | \$13,590 | \$20,385 | \$27,180 |
| 2 | \$18,310 | \$27,465 | \$36,620 |
| 3 | \$21,960 | \$34,545 | \$46,060 |
| 4 | \$27,750 | \$41,625 | \$55,500 |
| 5 | \$32,470 | \$48,705 | \$64,940 |
| 6 | \$37,190 | \$55,785 | \$74,380 |
| 7 | \$40,120 | \$62,865 | \$83,820 |
| 8 | \$46,630 | \$69,945 | \$93,260 |
| Additional Person | \$4,720 | \$7,080 | \$9,440 |

APPENDIX E

Covered and Noncovered Provider's List

The list of Covered and Noncovered Providers who provide Emergency Medical Care or other Medically Necessary Care, in each Adventist Health hospital facility, is maintained in the supplemental document called, "PFS-112 Financial Assistance Covered and Noncovered Physicians List". This list is updated quarterly and is published on the Adventist Health website at the links in the following table.

Patients may get a free hard copy of the "PFS-112 Financial Assistance Covered and Noncovered Physicians List" at the facility addresses listed in Appendix B, above.

Below are the links to the lists of Covered and Non-Covered Providers included in this supplemental document:

| Facility Abbreviation | Facility |
|-----------------------|----------|
|-----------------------|----------|

| | |
|-------------------------------------|---|
| Adventist Health Bakersfield | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHBD-501R-FAP-Providers.pdf |
| Adventist Health Castle | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCS-501R-FAP-Providers.pdf |
| Adventist Health Clear Lake | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCL-501R-FAP-Providers.pdf |
| Adventist Health Delano | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHDL-501R-FAP-Providers.pdf |
| Adventist Health Glendale | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHGL-501R-FAP-Providers.pdf |
| Adventist Health Hanford | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHF-501R-FAP-Providers.pdf |
| Adventist Health Howard Memorial | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHM-501R-FAP-Providers.pdf |
| Adventist Health Lodi Memorial | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHLM-501R-FAP-Providers.pdf |
| Adventist Health Mendocino Coast | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf |
| Adventist Health Physician Network | To be determined |
| Adventist Health Portland | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHPD-501R-FAP-Providers.pdf |
| Adventist Health and Rideout | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHRO-501R-FAP-Providers.pdf |
| Adventist Health Simi Valley | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSV-501R-FAP-Providers.pdf |
| Adventist Health Sonora | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSR-501R-FAP-Providers.pdf |
| Adventist Health Tehachapi Valley | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTV-501R-FAP-Providers.pdf |
| Adventist Health Tillamook | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTM-501R-FAP-Providers.pdf |
| Adventist Health Ukiah Valley | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf |
| Adventist Health Home Care Services | To be determined |
| Adventist Health White Memorial | https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHWM-501R-FAP-Providers.pdf |

MANUAL(S):

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

www.ftc.gov
<http://www.aspe.hhs.gov/poverty/>
www.ftc.gov
www.adventisthealth.org
 Financial Assistance Policy - Facility Application Letter (English)
 EMTALA - Compliance With EMTALA
 Charity Care/Financial Assistance Application Form - Confidential (English)
 Charity Discount Application - ENG
 Charity Discount Application - SPN
 CA Health and Safety Code Sec. 127405 (a)(1)(B), as amended by AB 1020 (2021)
 ORS 442.612(7)
 IRS Section 501(r)
 CA Health & Safety Code Sec. 127410 (b) by AB 532

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

FEDERAL REGULATIONS:

Other <https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

ACCREDITATION:

CALIFORNIA: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1020;
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB532

HAWAII: No specific state requirements noted. Corporate policy applies as written.

OREGON: <https://olis.leg.state.or.us/liz/2018R1/Downloads/MeasureDocument/HB4020>,
<https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB3076>

WASHINGTON: No specific state requirements noted. Corporate policy applies as written.

REFERENCES:

AUTHOR: Patient Financial Services
APPROVED: Revenue Cycle Governance 9/18/2015; Exec Cabinet 12/1/2014; Board Approved 12/15/2015
EFFECTIVE DATE: 12/29/2015
REVIEWED: 11/12/14; **REVISION:** 12/21/09, 1/25/11, 6/3/2011, 1/27/11, 5/13/13, 2/3/14, Nov 2014 (SB1276), 1/22/15 (revised FPL); 12/17/2015 (501(r)) 3/1/2017
DISTRIBUTION: PFS Directors, CFOs

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Kevin K Longo - Chief Compliance Officer

ENTITY POLICY OWNER:

Not applicable

COLLABORATION:

Adam M Cain - Manager, E-Learning
Alyssa M Joyner - Director, Privacy
Amy K Miller - Director, Revenue Cycle Compliance
Cheryl A Brooksher - Director, Business Intelligence
Claudia G Kanne - Regional Director, Compliance
Colleen A Fiore - Sr. Application Analyst
Jacalyn Liebowitz - System Chief Nursing Officer
Jessica M Hoops - Legal Support Assistant
Joan S Dillon - Program Manager, Nonclinical Policies & Procedures
Jodi L Oldes - Regulatory Specialist
Kathy J Leppanen - Program Manager, Regulatory
Lori Esquivel - Director, Patient Access
Mona A Snyder - Director, Revenue Cycle-Home Care CBO
Sarah M Janosz - Program Manager, Policies and Procedures
Serena L Avila - Administrative Coordinator
Shelly J Williams - Financial Analyst

APPROVED BY:

ADVENTIST HEALTH SYSTEM/WEST: (06/22/2022) Nonclinical Policy Review Team - Revenue Cycle

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL: (07/18/2022 01:21PM PST) John A Beaman, Chief Finance Officer

ENTITY:

Not applicable

ENTITY INDIVIDUAL:

Not applicable

REVIEW DATE:

REVISION DATE: 05/02/2019, 05/10/2019, 04/20/2020, 04/22/2020, 04/24/2020, 10/14/2020, 05/03/2021, 06/06/2021, 01/05/2022, 05/02/2022, 07/18/2022

NEXT REVIEW DATE:

07/17/2024

APPROVAL PATHWAY:

Nonclinical

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:11927\\$10](https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:11927$10).



Reference Material No. 13045
Department: Revenue Cycle

Reference Material: Financial Assistance Policy - Facility Application Letter (English)

Date
Facility Name
Facility Address
Phone

Guarantor Name

Guarantor Address

RE: Account Number:
Patient Name:
Dates of Service:
Account Balance:

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you do meet eligibility guidelines for full charity assistance on this account.

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you do not meet eligibility guidelines for full charity assistance on this account.

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you meet eligibility guidelines for partial charity assistance on this account. (account balance) is the remaining portion, which is your responsibility to pay.

You are eligible for _____ % Financial Assistance based on your income being _____ % of the Federal Poverty Level.

If you believe this decision is in error, you have the right to submit an appeal. Your appeal must be made in writing, addressed to the Patient Financial Services Director and mailed to the address on this letter.

If you have any questions, please feel free to contact us at (facility phone) during normal business hours. Or you can access a copy of our Financial Assistance Policy on our website: <https://www.adventisthealth.org/patient-resources/financial-assistance/>

Patient Financial Services Department
Facility Name
Facility Phone Number

MANUAL(S):

ATTACHMENTS:

(REFERENCED BY THIS DOCUMENT)

<https://www.adventisthealth.org/patient-resources/financial-assistance/>

OTHER DOCUMENTS:

(WHICH REFERENCE THIS DOCUMENT)

[Financial Assistance Policy](#)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

Not applicable

HAWAII:

Not applicable

OREGON: Not applicable
WASHINGTON: Not applicable

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Amy K Miller - Director, Revenue Cycle Compliance

ENTITY POLICY OWNER: Not applicable

COLLABORATION: Amy K Miller - ICD-10 CDI Project Manager
Jessica M Hoops - Executive Assistant
Joan S Dillon - Policy & Procedures Coordinator
Kevin K Longo - Corporate Compliance Executive
Mona A Snyder - Director, Revenue Cycle-Home Care CBO
Shelly J Williams - Financial Analyst
Teresa M Laws - Program Manager, Nursing Labor

APPROVED BY:

ADVENTIST HEALTH SYSTEM/WEST: ([06/10/2020](#)) [Nonclinical Policy Review Task Force - Rev Cycle](#), ([07/02/2020](#)) [Senior Finance Council](#), ([10/08/2020](#)) [AH System Board](#)

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL:

ENTITY: Not applicable

ENTITY INDIVIDUAL: Not applicable

REVIEW DATE:

REVISION DATE: 04/20/2020, 10/13/2020

NEXT REVIEW DATE:

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:13045\\$1](https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:13045$1).

May We Help You ???

Financial Assistance Based on Ability to Pay

We understand the high cost of medical care, which may create a burden for your family. We would like to help by **offering a discount program**. The Federal Government has regulations that require us to obtain the following information in order to consider your accounts for a discount allowance. **If you would like to have your accounts considered**, please provide the following information requested below. One of our staff members will be happy to assist you and answer your questions.

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Social Security Number (Optional): _____

RESPONSIBLE PARTY: Information regarding family members that you support and claim on your state and federal tax filing.

| | Name | Date of Birth | SSN | Relationship to Patient | Employer | Gross Annual |
|---|------|---------------|-----|-------------------------|----------|--------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

Has the patient ever been eligible for Medi-Cal? (optional) Yes No If yes, when? _____

Is the patient eligibility for Medi-Cal now? (optional) Yes No

Comments: _____

| |
|---|
| <p><u>This application applies to your clinic physician visit only. Laboratory and radiology services are not included.</u></p> <p>This completed application will be effective for 90 days. Expires on: _____</p> <p>Payment is due and payable at time of service.</p> <p>Sliding fee due today: \$ _____ Paid By: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit</p> <p>Patient/Responsible Party Signature: _____ Today's Date: _____</p> |
|---|

Information verified on reverse side:

Clinic Associate Signature _____ Today's Date: _____



INTERNAL USE ONLY:

| | | | |
|--|-----------------|---------|--------------------------|
| Clinic Location: _____ | | | |
| Family Size: _____ | Less than 100% | \$30.00 | <input type="checkbox"/> |
| Annual Gross Income \$ _____ | 100% to 150% | \$45.00 | <input type="checkbox"/> |
| | 150% to 200% | \$60.00 | <input type="checkbox"/> |
| | 200% + self-pay | | <input type="checkbox"/> |
| 1 Income Eligibility Based On: | | | |
| <input type="checkbox"/> Patient | | | |
| <input type="checkbox"/> Guarantor <input type="checkbox"/> Guarantor Social Security No.: _____ - _____ - _____ | | | |
| 2 Guarantor Relationship to Patient: | | | |
| <input type="checkbox"/> Patient <input type="checkbox"/> Spouse | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian | | | |
| <input type="checkbox"/> Other _____ | | | |
| 3 ID Confirmed (check method): | | | |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport | | | |
| <input type="checkbox"/> State ID Card <input type="checkbox"/> Green Card / Visa | | | |
| <input type="checkbox"/> Social Security Card | | | |
| 4 Home Address Confirmed: | | | |
| <input type="checkbox"/> Yes | | | |
| <input type="checkbox"/> No | | | |

Application expiration date confirmed with patient / responsible party? Yes No

NOTE: Immigration status is not to be considered.

Worksheet Completed By: _____ Today's Date: _____

Title: _____

Scan this document to the patient account; send a copy of the completed worksheet to the Financial Counselor in the Patient Business Office.

¿Podemos ayudarlo?

Asistencia financiera con base en la capacidad para pagar

Entendemos el alto costo que implica la atención médica y que puede suponer una carga para su familia. Nos gustaría ayudarlo ofreciéndole un **programa de descuentos**. El Gobierno Federal tiene reglamentos que nos obligan a obtener la siguiente información a fin de considerar sus cuentas para un descuento. **Si desea que tengamos en consideración sus cuentas**, proporcione la información requerida a continuación. Uno de los miembros de nuestro personal lo ayudará con gusto y responderá sus preguntas.

Nombre del paciente: _____ Fecha de nacimiento: _____

Dirección: _____

Número de teléfono: _____ Número de Seguro Social (opcional): _____

PARTE RESPONSABLE: Información relacionada con familiares que usted mantiene y declara en su declaración de impuestos estatales y federales.

| | Nombre | Fecha de nacimiento | Número de Seguro Social | Relación con el paciente | Empleador | Ingreso bruto anual |
|---|--------|---------------------|-------------------------|--------------------------|-----------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

¿Fue el paciente alguna vez elegible para Medi-Cal? (opcional) Sí No Si la respuesta es "Sí", ¿cuándo? _____

¿Es el paciente elegible para Medi-Cal en la actualidad? (opcional) Sí No

Comentarios: _____

Esta solicitud solo es válida para la consulta al médico clínico. No se incluyen servicios de laboratorio y radiología.

La validez de esta solicitud completada es de 90 días. Vence el día: _____

El pago debe efectuarse en el momento del servicio.

La tarifa variable pagadera hoy: \$ _____ Pagado con: Efectivo Cheque Crédito/débito

Firma del paciente o parte responsable: _____ Fecha de hoy: _____

Información verificada en el dorso:

Firma de asociado de la clínica _____ Fecha de hoy: _____



SOLO PARA USO INTERNO:

| | | | |
|---|--------------------------------|---------|--------------------------|
| Ubicación de la clínica: _____ | | | |
| Tamaño de la familia: _____ | Inferior al 100 % | \$30.00 | <input type="checkbox"/> |
| Ingreso bruto anual \$ _____ | 100 % al 150 % | \$45.00 | <input type="checkbox"/> |
| | 150 % al 200 % | \$60.00 | <input type="checkbox"/> |
| | 200 % + pago por cuenta propia | | <input type="checkbox"/> |
| 1 Elegibilidad de ingresos con base en: <input type="checkbox"/> Paciente <input type="checkbox"/> Garante <input type="checkbox"/> N.º de Seguro Social del garante: _____ - _____ - _____ | | | |
| 2 Relación del garante con el paciente: <input type="checkbox"/> Paciente <input type="checkbox"/> Cónyuge <input type="checkbox"/> Padre o madre <input type="checkbox"/> Tutor legal <input type="checkbox"/> Otra _____ | | | |
| 3 Identificación confirmada (método de comprobación): <input type="checkbox"/> Licencia de conducir <input type="checkbox"/> Pasaporte <input type="checkbox"/> Tarjeta de identificación estatal <input type="checkbox"/> Tarjeta verde/Visa <input type="checkbox"/> Tarjeta de seguro social | | | |
| 4 Dirección de vivienda confirmada: <input type="checkbox"/> Sí <input type="checkbox"/> No | | | |

¿Fecha de vencimiento de la solicitud confirmada con paciente o parte responsable? Sí No

NOTA: No se tendrá en cuenta la condición migratoria.

Ficha completada por: _____ Fecha de hoy: _____

Cargo: _____

Escanee este documento para la cuenta del paciente; envíe una copia de la ficha completada al asesor financiero de la Oficina Comercial de Pacientes.



Charity Care/Financial Assistance Application Form – confidential

Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

SCREENING INFORMATION

| |
|---|
| Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, list preferred language:</i> |
| Has the patient applied for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the patient receive state public services such as TANF, Basic Food, or WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the patient currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the patient's medical care need related to a car accident or work injury? <input type="checkbox"/> Yes <input type="checkbox"/> No |

PLEASE NOTE

- We cannot guarantee that you will qualify for financial assistance, even if you apply.
- Once you send in your application, we may check all the information and may ask for additional information or proof of income.
- Within 21 calendar days after we receive your completed application and documentation, we will notify you if you qualify for assistance.

PATIENT AND APPLICANT INFORMATION

| | | |
|---|-------------------------|---|
| Patient first name | Patient middle name | Patient last name |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (may specify _____) | Birth Date | Patient Social Security Number (optional) |
| Person Responsible for Paying Bill | Relationship to Patient | Birth Date |
| | | Social Security Number (optional) |
| Mailing Address _____ _____ City State Zip Code | | Main contact number(s) () _____ () _____ Email Address: _____ |
| Employment status of person responsible for paying bill <input type="checkbox"/> Employed (date of hire: _____) <input type="checkbox"/> Unemployed (how long unemployed: _____) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other (_____) | | |

FAMILY INFORMATION

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.

FAMILY SIZE _____

Attach additional page if needed

| Name | Date of Birth | Relationship to Patient | If 18 years old or older: Employer(s) name or source of income | If 18 years old or older: Total gross monthly income (before taxes): | Also applying for financial assistance? |
|------|---------------|-------------------------|---|---|---|
| | | | | | Yes / No |
| | | | | | Yes / No |
| | | | | | Yes / No |
| | | | | | Yes / No |

All adult family members' income must be disclosed. Sources of income include, for example:

- Wages - Unemployment - Self-employment - Worker's compensation - Disability - SSI - Child/spousal support

- Work study programs (students) - Pension - Retirement account distributions - Other (please explain _____)



Charity Care/Financial Assistance Application Form – confidential

INCOME INFORMATION

REMEMBER: You must include proof of income with your application.

You must provide information on your family's income. Income verification is required to determine financial assistance.

All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income.

Examples of proof of income include:

- A "W-2" withholding statement; or
- Current pay stubs (3 months); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or
- Approval/denial of eligibility for unemployment compensation.

If you have no proof of income or no income, please attach an additional page with an explanation.

EXPENSE INFORMATION

We use this information to get a more complete picture of your financial situation.

Monthly Household Expenses:

| | | | |
|---------------------|----------|---|----------|
| Rent/mortgage | \$ _____ | Medical expenses | \$ _____ |
| Insurance Premiums | \$ _____ | Utilities | \$ _____ |
| Other Debt/Expenses | \$ _____ | <i>(child support, loans, medications, other)</i> | |

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, excessive medical expenses, seasonal or temporary income, or personal loss.

PATIENT AGREEMENT

I understand that Adventist Health may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the financial information I give is determined to be false, the result may be denial of financial assistance, and I may be responsible for and expected to pay for services provided.

Signature of Person Applying

Date

RETURN COMPLETED FORM TO:

[Adventist Health, Attn: Financial Assistance](#)
[P.O. Box 677000](#)
[Paradise, CA 95967](#)
[Phone: 1-844-827-5047](#)