

**FINANCIAL ASSISTANCE PROGRAM/FULL CHARITY CARE &  
DISCOUNT PARTIAL CHARITY CARE POLICIES**

<b>Reference Number</b>	5483
<b>Effective Date</b>	02/04/2020
<b>Applies To</b>	PATIENT FINANCIAL SERV
<b>Attachments/Forms</b>	<a href="#">Exhibit A</a> : Financial Assistance Application <a href="#">Exhibit B</a> : Financial Assistance Program Plain Language Summary

**I. POLICY STATEMENT:**

- A. This Financial Assistance Policy pertains to financial assistance provided by Salinas Valley Memorial Hospital. Under California law, hospitals are not permitted to employ physicians and, accordingly, physician services are provided by independent physician groups not controlled by SVMH and who are not bound by this policy. Accordingly, this Financial Assistance Policy is applicable only to hospital services provided by SVMH and specifically excludes medical care provided by physicians who may be members of the SVMH Medical Staff. Specifically, this Policy applies only to charges for hospital services and is not binding upon other providers of medical services who are not employed or contracted by Hospital to provide medical services, including physicians who treat hospital patients on an emergency, inpatient or outpatient basis. For Financial Assistance regarding your emergency room physician billing please contact Salinas Valley Emergency Medical Group at (831) 649-1000. Physicians providing services to patients who are uninsured or cannot pay their medical bills due to high medical costs may have their own financial assistance policy to provide assistance.
- B. All requests for financial assistance under this Policy from patients, patient families, physicians or hospital staff shall be addressed in accordance with this Policy. Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care.

**II. PURPOSE:**

- A. Salinas Valley Memorial Hospital (SVMH) serves all persons in Salinas and the larger surrounding community area. As a California Healthcare District, Salinas Valley Memorial Hospital is committed to providing high quality, cost effective services to our patients. SVMH strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services and is committed to providing access to financial assistance programs when patients are uninsured or underinsured and may need help in paying their hospital bill. Providing patients with opportunities

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for financial assistance coverage for healthcare services is an important element in fulfilling the Salinas Valley Memorial Hospital mission. This Financial Assistance Program/Full Charity Care & Discount Partial Charity Care Policy (the “Policy”) defines the SVMH Financial Assistance Program; its criteria, systems, and methods. The intent of this Policy is to satisfy the requirements of Section 501(r) of the Internal Revenue Code and all provisions should be interpreted accordingly.

- B. California acute care hospitals must comply with Health & Safety Code requirements for written policies providing discounts and charity care to financially qualified patients. This Policy is intended to meet such legal obligations and provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Salinas Valley Memorial Hospital Financial Assistance Program.
- C. The finance department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at SVMH. This includes the handling of patient accounting transactions in a manner that supports the mission and operational goals of Salinas Valley Memorial Hospital.

### III. DEFINITIONS:

- A. Amounts Generally Billed: The amounts generally billed (“AGB”) for emergency or other medically necessary services to individuals eligible for Discount Partial Charity Care. SVMH calculates the AGB for a patient using the Prospective Method as defined in the Federal Income Tax Regulations. Under the Prospective Method, AGB is calculated using the billing and coding process SVMH would use if the individual were a Medicare fee-for-service beneficiary using the currently applicable Medicare rates provided by the Centers for Medicare & Medicaid Services.
- B. Discount Partial Charity Care: Discount Partial Charity Care is defined as any emergency or medically necessary inpatient or outpatient hospital service provided to a patient who is uninsured or underinsured and 1) desires assistance with paying their hospital bill; 2) has an income between 201% and 350% of the current federal poverty level; and 3) who has established qualification in accordance with requirements contained in the Policy. The discount will be applied against the gross charges for hospital services provided.
- C. Emergency and Medically Necessary: Emergency and medically necessary services are defined as any hospital emergency, inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience. This includes

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those procedures that are scheduled and the patient has minimal benefit coverage, i.e., heart procedures, infusion therapy services and chemotherapy. This generally excludes those patients with a benefit design that requires them to utilize a designated facility.

- D. Eligibility for Financial Assistance: Eligibility is available for any patient receiving emergency or medically necessary services whose family income is less than 350% of the current federal poverty level, if not covered by third party insurance or if covered by third party insurance and unable to pay the patient liability amount owed after insurance has paid its portion of the account. Depending upon individual patient eligibility, financial assistance may be granted for Full Charity Care or Discount Partial Charity Care. Financial assistance may be denied when the patient or other responsible family representative does not meet the SVMH Financial Assistance Policy requirements.
- E. Extraordinary Collection Actions: Extraordinary Collection Actions means a collection action requiring a legal or judicial process, involving selling debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under SVMH's Financial Assistance Policy. The actions that require legal or judicial process for this purpose include 1) placing a lien; 2) foreclosing on real property; 3) attaching or seizing of bank accounts or other personal property; 4) commencing a civil action against an individual; 5) taking actions that cause an individual's arrest; 6) taking actions that cause an individual to be subject to body attachment; and 7) garnishing wages.
- F. Family: A patient's family is defined as: 1) For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and 2) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent of caretaker relative.
- G. Full Charity Care: Full Charity Care is defined as any emergency or medically necessary inpatient or outpatient hospital service provided to a patient who has an income below 200% of the current federal poverty level and is unable to pay for care and who has established qualification in accordance with requirements contained in the SVMH Financial Assistance Policy.
- H. Medi-Cal Share of Cost. As required by state law, patient obligations for Medi-Cal share of cost payments will not be waived under any circumstance.

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### IV. GENERAL INFORMATION:

#### A. FULL CHARITY CARE AND DISCOUNT PARTIAL CHARITY CARE REPORTING

1. SVMH will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with regulation, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.
2. SVMH will provide OSHPD with a copy of this Financial Assistance Policy which includes the Full Charity Care and Discount Partial Charity Care policies within a single document. The Financial Assistance Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for Full Charity Care and Discount Partial Charity Care; and 3) the review process for both Full Charity Care and Discount Partial Charity Care. These documents shall be supplied to OSHPD every two years or whenever a significant change is made. Emergency room physicians are independent of SVMH, therefore they have their own financial assistance program.

#### B. APPLYING FOR FINANCIAL ASSISTANCE

1. The SVMH Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. The financial assistance application provides patient information necessary for determining patient qualification by the hospital and such information will be used to qualify the patient or family representative for maximum coverage under the SVMH Financial Assistance Program. The financial assistance application is attached as Exhibit A to this Policy. The application includes the office and phone number to call if the patient has any question concerning the Financial Assistance Program or applying for the same. A patient has up to two hundred forty (240) days following the date of first post-discharge statement in which to submit an application for financial assistance.

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2. Eligible patients may qualify for the SVMH Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with the requested documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. In determining eligibility for financial assistance, SVMH will not request any additional information other than the information requested in the financial assistance application. A patient seeking financial assistance, however, may voluntarily provide additional information if they so choose. Eligibility alone is not an entitlement to coverage under the SVMH Financial Assistance Program. SVMH must complete a process of applicant evaluation and determine coverage before Full Charity Care or Discount Partial Charity Care may be granted. The following information will be considered in determining the eligibility of the patient for Financial Assistance: patient or family income, patient's family size, family income.
3. The SVMH Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full or partial assistance. All patients unable to demonstrate financial coverage by third party insurers will be offered an opportunity to complete the financial assistance application. In addition, uninsured patients will be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who are unable to pay patient liabilities after their insurance has paid, or those who experience high medical costs, may also be eligible for financial assistance. Any patient who requests financial assistance will be asked to complete a financial assistance application.
4. The financial assistance application should be completed within fourteen days by the patient or as soon as practical thereafter. The application form may be completed, during a patient stay, or after services are completed and the patient has been discharged.
5. Completion of a financial assistance application provides:
  - Information necessary for the hospital to determine if the patient has income sufficient to pay for services;
  - Documentation useful in determining qualification for financial assistance; and

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- An audit trail documenting the hospital's commitment to providing financial assistance.
6. However, a completed financial assistance application is not required if SVMH determines it has sufficient patient financial information from public sources which to make a financial assistance qualification decision.

### V. PROCEDURES:

#### A. Qualification: Full Charity Care and Discount Partial Charity Care

- Qualification for full or discount partial financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.
- The patient and/or patient family representative who requests assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide information necessary for the hospital to make a financial assistance qualification determination. The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Completion of the financial assistance application and submission of any or all required supplemental information may be required for establishing qualification for the Financial Assistance Program.
- Financial Assistance Program qualification is determined after the patient and/or patient family representative establishes eligibility according to criteria contained in this Policy. While financial assistance shall not be provided on a discriminatory or arbitrary basis, the hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.
- Patients or their family representative may complete an application for the Financial Assistance Program. The application and required supplemental documents are submitted to the Patient Financial Services department at SVMH. This office shall be clearly identified on the application instructions and a telephone number for patients seeking assistance in completing the application shall be provided.

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- SVMH will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.
- A financial assistance determination will be made only by approved hospital personnel according to the following levels of authority:
  1. Director of Patient Financial Services: Accounts less than \$75,000
  2. CFO: Accounts between \$75,000.01 and \$250,000
  3. CEO: Accounts greater than \$250,000.00.
- Accounts with a value greater than \$75,000 require two signatures for approval.
- Qualification criteria are used in making each individual case determination for coverage under the SVMH Financial Assistance Program. Financial assistance will be granted based upon each individual determination of financial need in accordance with the Financial Assistance Program eligibility criteria contained in this Policy.
- Financial Assistance Program qualification may be granted for Full Charity Care (100% free services) or Discount Partial Charity Care (charity care of less than 100%), depending upon the patient or family representative's level of eligibility as defined in the criteria of this Financial Assistance Program Policy.
- Once determined, Financial Assistance Program qualification will apply to the specific services and service dates for which application has been made by the patient and/or patient family representative. In cases of continuing care relating to a patient diagnosis which requires on-going, related services, the hospital, at its sole discretion, may treat continuing care as a single case for which qualification applies to all related on-going services provided by the hospital. Other pre-existing patient account balances outstanding at the time of qualification determination by the hospital may be included as eligible for write-off at the sole discretion of management.

### B. Full and Discount Partial Charity Care Income Qualification Levels

- If the patient's gross family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other



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Financial Assistance Program qualification requirements, the entire (100%) patient liability portion of the bill for services will be written off.

- If the patient's gross family income is between 201% and 350% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the following will apply:
- Patient's care is not covered by a payer. If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full-billed charges, the patient's payment obligation will be the gross amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary.
- Patient's care is covered by a payer. If the services are covered by a third party payer so that the patient is responsible for only a portion of the billed charges (i.e., a deductible or co-payment), the patient's payment obligation will be an amount equal to the difference between what insurance has paid and the gross amount that Medicare would have paid for the service if the patient were a Medicare beneficiary. If the amount paid by insurance exceeds what Medicare would have paid, the patient will have no further payment obligation.

### C. Payment Plans

- When a determination of Discount Partial Charity Care has been made by the hospital, the patient shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan.
- The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be arranged based upon the patient's ability to pay. As a general guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however where an agreement cannot be reached regarding a payment plan the payment plan bill will require that monthly payments do not exceed 10% of a patient's family income for one month excluding deductions for "essential living expenses" "Essential living expenses are defined as expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child and spousal support, transportation and automobile expenses (including insurance, fuel, and repairs), installment payments, laundry and cleaning expenses, and other



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extraordinary expenses. No interest will be charged to the patient for the duration of any payment plan arranged under the provisions of the Financial Assistance Policy.

### D. Special Circumstances

- Any evaluation for financial assistance relating to patients covered by the Medicare Program must include a reasonable analysis of all patient assets, liabilities, income and expenses, prior to eligibility qualification for the Financial Assistance Program. Such financial assistance evaluations must be made prior to service completion by SVMH.
- If the patient is determined to be homeless he/she will be deemed presumptively eligible for the Financial Assistance Program and Full Charity Care.
- Patients seen in the emergency department, for whom the hospital is unable to issue a billing statement, may have the account charges written off as Charity Care. All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.

### E. Other Presumptively Eligible Circumstances

- SVMH deems those patients that are eligible for government sponsored low-income assistance program (e.g. Medi-Cal, Healthy Families, California Children's Services and any other applicable state or local low-income program) to be indigent and presumptively eligible for Full Charity Care under this Policy. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program.
- The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer including Medi-Cal, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as charity care if:
  1. The patient is a beneficiary under Medi-Cal or another program serving the health care needs of low-income patients; or
  2. The patient otherwise qualifies for financial assistance under this Policy and then only to the extent of the write-off provided for under this Policy.

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- Any patient who has an income which exceeds 350% of the FPL and experiences a catastrophic medical event may be deemed eligible for financial assistance. Such patients, who have high incomes do not qualify for routine Full Charity Care or Discount Partial Charity Care. However, consideration as a catastrophic medical event may be made on a case-by-case basis. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the individual's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds \$75,000 may be considered for eligibility as a catastrophic medical event.
- Any account returned to the hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.
- All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by hospital personnel prior to any re-classification within the hospital accounting system and records.

### F. Dispute Resolution

- In the event that a dispute arises regarding qualification, the patient may file a written appeal for reconsideration with the hospital. The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.
- Any or all appeals will be reviewed by the hospital director of patient financial services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination.
- In the event that the patient believes a dispute remains after consideration of the appeal by the director of patient financial services, the patient may request in writing, a review by the hospital's CFO. The CFO shall review the patient's written appeal and documentation, as well as the findings of the director of patient

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financial services. The Chief Financial Officer shall make a determination and provide a written explanation of findings to the patient. All determinations by the Chief Financial Officer shall be final. There are no further appeals.

### G. Extraordinary Collection Actions

- If a patient does not apply for financial assistance or is denied financial assistance and fails to pay their bill, the patient may be subject to various collection actions, including Extraordinary Collection Actions.
- Notwithstanding the foregoing, neither SVMH nor any collection agency with which it contracts shall engage in any Extraordinary Collection Actions: (1) within the first one hundred fifty (150) days of the first post-discharge statement sent to a patient, and (2) without first making reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy. In addition, and even if the above two conditions are satisfied, no Extraordinary Collection Actions may be taken at any time unless written notice is first provided to the patient at least 30 days in advance of initiating the intended ECAs and such notice clearly sets forth the Extraordinary Collection Action that will be taken in the event of nonpayment and also includes a copy of the Plain Language Summary of the Policy (Exhibit B). If the patient applies for financial assistance, any Extraordinary Collection Actions that may be in process will be suspended immediately pending the decision on the patient's application.

### H. Public Notice

- SVMH shall widely disseminate the existence and terms of its Financial Assistance Policy throughout its service area. To that end, SVMH shall post notices informing the public of the Financial Assistance Program in high traffic areas including high volume inpatient, and outpatient service areas of the hospital, including but not limited to the emergency department, billing office, inpatient admission and outpatient registration areas or other common outpatient areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance. In addition, SVMH shall post a copy of this Policy, the Plain Language Summary and the financial assistance application on its website and make all such documents available for free download.
- SVMH shall include the Plain Language Summary of this policy as part of the Condition of Admission during the registration process. SVMH will also include a

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Plain Language Summary (Exhibit B) in at least one post-discharge mailing. In addition, every invoice to a patient post discharge shall include a conspicuous written notice as an insert of the Plain Language Summary that: (1) informs the patient as to the availability of financial assistance; (2) includes a phone number of the office or department that can advise patients as to the availability of financial assistance; and (3) includes a direct website address (URL) where copies of this Policy, the Plain Language Summary and the financial assistance application may be downloaded.

- Finally, SVMH shall make translations of this Policy, the Plain Language Summary, and the financial assistance application available in Spanish and any other language that is the primary language of the lesser of 1,000 individuals or 5% of the population of the communities served by SVMH.

### I. Confidentiality

- It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this Policy should be guided by these values.

### J. Good Faith Requirements

- SVMH makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.
- Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, SVMH reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify for the SVMH Financial Assistance Program.

### K. Documentation

- SVMH Financial Assistance Application, Financial Assistance Worksheet and Federal Poverty Guidelines
- Plain Language Summary

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**VI. EDUCATION/TRAINING:**

- A. SVMH shall ensure that all employees likely to encounter patients that may need financial assistance to be fully informed of and have access to this Policy, the Plain Language Summary, and the financial assistance application.

**VII. REFERENCES:**

- A. AB 774 (Chan, Chapter 755, Statutes of 2006)
- B. Federal Poverty Guidelines

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EXHIBIT A

**Salinas Valley Memorial Hospital  
Financial Assistance Application**

**INSTRUCTIONS**

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1. Please complete *all* areas on the attached application form. If any area does not apply to you, write *N/A* in the space provided.
2. Attach an additional page if you need more space to answer any question.
3. You *must* provide proof of family income when you submit this application. The following documents are accepted as proof of income:

**If you filed a federal income tax return you must submit a copy of:**

- a. Federal income tax return (Form 1040) from the most recent year. You must include all schedules and attachments as submitted to the Internal Revenue Service;

**If you did not file a federal income tax return, please provide the following:**

- a. Two (2) most recent paycheck stubs; and
- b. A letter explaining why you do not file a federal income tax return.

**If you have no income, please provide a letter explaining how you support yourself / family.**

4. Your application cannot be processed until *all* required information is provided.
5. It is important that you complete and submit the financial assistance application along with all required attachments within fourteen (14) days.
6. You *must* sign and date the application. If the patient / guarantor and spouse provide information, both *must* sign the application.
7. If you have questions, please call your account representative.
8. Send or return you completed application to:

Salinas Valley Memorial Hospital  
Patient Financial Services Department  
558 B Abbott Street  
Salinas, CA 93901  
831-755-0732

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**Salinas Valley Memorial Hospital  
Financial Assistance Application**

<b>PATIENT/ GUARANTOR NAME</b>		<b>SPOUSE NAME</b>	
<b>ADDRESS</b>		<b>PHONE</b>	
		Home	
		Work	
<b>SOCIAL SECURITY NUMBER</b>			
Patient/ Guarantor		Spouse	

<b>FAMILY STATUS</b>		
List all dependents that you support		
Name	Age	Relationship



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<b>EMPLOYMENT STATUS</b>	
Patient / Guarantor Employer	Position
Contact Person	Telephone
Spouse Employer	Position
Contact Person	Telephone

<b>FAMILY INCOME</b>		
	<b>Patient / Guarantor</b>	<b>Spouse</b>
<b>1. Gross Wages &amp; Salary / Year (before deductions)</b>		
<b>2. Self-Employment Income / Year</b>		
<b>3. Other Income:</b>		
3. Interest & Dividends		
4. Real Estate Rentals & Leases		
5. Social Security		
6. Alimony		
7. child Support		
8. Unemployment / disability		
9. Public Assistance		
10. All Other Sources (attach list)		
<b>TOTAL INCOME</b> (add lines 1 - 10 above)		

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<b>UNUSUAL EXPENSES</b>	
Please provide information on any unusual expenses such as medical bills, bankruptcy, court judgments or settlement payments (attach list as needed).	
Description	Amount

By signing below, I/we declare that all information provided is true and correct to the best of my/our knowledge. I/we authorize Salinas Valley Memorial Hospital to verify any information listed in this application. We expressly grant permission to contact my/our employer.

\_\_\_\_\_  
Signature of Patient / Guarantor

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date




Salinas Valley  
Memorial  
Healthcare System


450 East Romie Lane, Salinas, CA 93901  
(831) 757-4333 • Toll free (888) 755-7864

*A Public District Hospital*

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		<h2 style="margin: 0;">CHARITY CARE</h2> <h3 style="margin: 0;">ELIGIBILITY WORKSHEET</h3>
<b>ACCOUNT #:</b>		<b>PATIENT NAME:</b>
<b>TOTAL MONTHLY INCOME</b>		
<b>ROOM / BOARD SUPPORT</b>	+	
<b>MAINTENANCE NEEDS</b>	-	
<b>PERSONAL PROPERTY</b>		
<b>PERSONAL PROPERTY FACTOR</b>	-	
<b>ANNUAL FAMILY INCOME</b>		
<b>_____ FAMILY SIZE .... POVERTY GUIDELINE AMOUNT</b>	+	
<b>% OF POVERTY GUIDELINE % OF COVERAGE (IF % OF COV UNDER 100% ALL COV)</b>		
<b>POVERTY ALLOWED</b>	-	_____ 300% _____
<b>% OF POVERTY GUIDELINE (IF OVER 200% ALL COVERED)</b>	=	
<b>% PATIENT OWES</b>	X	
<b>TOTAL CHARGES</b>		
<b>\$ PATIENT OWES</b>		
<b>CHARITY WRITE-OFF</b>		
<b>APPROVED BY:</b>		<b>DATE:</b>
_____		_____
<b>CFO</b> (\$50,001.00 - \$250,000.00)		<b>DATE:</b>
_____		_____
<b>CEO</b> (> \$250,001.00)		<b>DATE:</b>
_____		_____

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**2020 Federal Poverty Guidelines**

Number in Family	*Poverty Guidelines	*Poverty	
		200%	350%
1	\$12,760	\$25,520	\$44,660
2	\$17,240	\$34,480	\$60,340
3	\$21,720	\$43,440	\$76,020
4	\$26,200	\$52,400	\$91,700
5	\$30,680	\$61,360	\$107,380
6	\$35,160	\$70,320	\$123,060
7	\$39,640	\$79,280	\$138,740
8	\$44,120	\$88,240	\$154,420
Over 8 Add For Each Person	\$4,480		

\* SOURCE: <https://aspe.hhs.gov/poverty-guidelines> - Effective Date 01/15/20

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### FINANCIAL ASSISTANCE PROGRAM PLAIN LANGUAGE SUMMARY

As a vital part of its charitable mission, Salinas Valley Memorial Hospital (SVMH) serves all persons in Salinas and the larger surrounding community area and provides financial assistance for eligible hospital emergency and medically necessary services to patients who may be unable to pay their hospital bills and who apply for and meet the eligibility requirements in our Financial Assistance Policy (the "Policy"). Under the Policy, if the patient's gross family income is 200% or less of the established Federal Poverty Level ("FPL") and the patient meets all other Financial Assistance Program qualification requirements, the entire patient bill for hospital services will be written off. In addition, if the patient's gross family income is between 201% and 350% of the FPL, and the patient applies for and meets all other Financial Assistance Program qualification requirements, the patient may be eligible for discounts off their financial obligations. Please note that physician services are provided by independent Medical Groups that are not employed by SVMH and accordingly are not covered under this Policy and are billed for separately by the physician group.

To apply for financial assistance, a patient must simply fill out an application form requesting financial assistance and provide the information requested in the application. The application may be obtained and filed at 558 Abbott Street, Suite B, Salinas, CA 93901. If you prefer, you may request an application for financial assistance (as well as a copy of the Financial Assistance Policy) by mail at 558 Abbott Street, Suite B, Salinas, CA 93901 or you may download copies for free off the internet at <http://www.svmh.com/patients/billing.aspx>. The application and the Policy are also available in Spanish if needed and requested. If you need help obtaining or completing an application, please contact Patient Financial Services at 831-755-0732.

If you have any questions about SVMH's Financial Assistance Policy including whether you are eligible for financial assistance and how to apply for financial assistance, please contact Patient Financial Services at 831-755-0732.

As described in greater detail in the Policy, patients eligible for financial assistance will not be charged more than the amounts generally billed for patients covered by Medicare fee for service insurance. The Financial Assistance Policy, Financial Assistance Application and this Plain Language Summary are translated into Spanish.