Tenet HealthCare

Charity Care and Discount Payment Policies

Charity Care Policy

POLICY

Tenet is committed to providing high quality, comprehensive health care services, regardless of a patient's ability to pay. Tenet strives to ensure that the financial situation of people who need health care services does not prevent them from seeking or receiving care. Charity Care is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Tenet's procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay.

The determination of Charity Care generally should be made at the time of admission, or shortly thereafter. However, events after discharge could change the ability of the patient to pay. Designation as Charity Care will only be considered after all payment sources have been exhausted.

The discount amount is based on family income compared to the Federal Poverty Limit ("FPL") for the current year. Patients with family income under 200% FPL will be eligible for free care for the dates of service for which an application is completed.

Uninsured or Under-insured patients (as defined below) with family income between 201% and 350% FPL will be eligible for care at a sliding scale discount. *See ~~California Discount~~Charity Care Policy ~~MEC.00.0102.06.01B~~ for additional information.*

Uninsured patients whose family income exceeds 350% of the FPL will receive the Compact discounted rate. *See ~~California~~ COMP-RCC 4.56 Implementation of Tenet's Compact ~~for the~~with Uninsured ~~Discount~~ Patients Policy ~~(Uninsured Patients with Income > 350% FPL)~~ for additional information.*

SCOPE

All Tenet California hospitals.

PURPOSE

To provide free healthcare to patients treated at Tenet California facilities who have an inability to pay for their care.

DEFINITIONS

"Charity Care" represents the Tenet healthcare services that are provided to patients who are financially unable to satisfy their debts, resulting from a determination of a patient's inability to pay, not their willingness to pay. Hospital charges for patient accounts identified as Charity Care at the time of admission or service are not recognized by the facility as net revenue or net receivables. If patient accounts are identified as Charity Care subsequent to the facility recognizing the charges as revenue, an adjustment is required to classify appropriately the revenue and any bad debt expense previously recorded.

FACTORS TO BE CONSIDERED

Factors to be considered in determining eligibility for Charity Care must include comparing the patient's gross income to the annually published Federal Poverty Guideline, or an equivalent

thereof. This information may be obtained through verbal means from the patient/guarantor and documented by either a specifically designated Tenet employee at the Tenet facility (such as a Patient Advocate or Financial Counselor) or by a Financial Assistance Processor or other Tenet employee after discharge.

Other factors may include, but are not limited to, the following:

- Validate means of support if unemployed and no earned or unearned income has been provided on the application.

- Validate activity on current accounts reported to credit bureaus to determine how payments are being made if household expenses exceed income reported on Confidential Financial Assistance Application.

- Validate liquid assets (stocks, bonds, certificates of deposit, money market accounts, checking and savings accounts balances), provided that neither the first ten thousand dollars ($10,000) nor fifty percent of monetary assets over the first ten thousand dollars ($10,000) may be counted in determining eligibility.

- The previous exhaustion of all other available resources.

A Confidential Financial Assistance Application completed by the patient may not be required for patients who are deemed to be already eligible for other Federal, State, and County Assistance Programs. Such programs include, but are not limited to Medicaid, County Assistance Programs, MIA, MSI, TANF, Food Stamps, and WIC.

1. **Family Members**—Tenet will require patients to provide the number of family members in their household.

    a. Adults—To calculate the number of family members in an adult patient's household, include the patient, the patient's spouse and/or legal guardian, domestic partner, and all of their dependent children under 21 years of age, whether living at home or not.

    b. Minors—To calculate the number of family members in a minor patient's household, include the patient, the patient's mother/father, legal guardian and/or caretaker relative and all of their other dependents under 21 years of age.

2. **Income Calculation**—Tenet requires patients to provide their household's annual gross income.

    a. "Patient's household income" includes all funds received by all members of the patient's household that support the household.

    b. "Household" is defined as patient, patient's spouse or domestic partner, and all dependents who live in the same residence as the patient and/or guarantor.

    c. A "dependent" is defined as a person who can be claimed by the guarantor and/or patient as a dependent on their federal tax return.

3. **Expired Patients**—Expired patients may be deemed to have no income for purposes of the Tenet calculation of income if there is no surviving spouse or no other guarantor appears on the patient account. Although no documentation of income and no Confidential Financial Assistance Application are required for expired patients, the patient's financial status will be reviewed at the time of death by the Tenet Financial Assistance Center ("TFAC") to ensure that a Charity Care adjustment is appropriate. TFAC will also

determine whether the patient's estate or probate proceeding indicate liquid assets in excess of $10,000. If the value of the patient's estate or probate proceeding exceeds $10,001, the expired patient will not qualify for Charity Care. The estate will be pursued for reimbursement on debts owed.

4. International patients are considered on a case-by-case basis for ER treatment and/or ER admission only.

5. Catastrophic illness and documented hardship within the household may also be considered for Charity Care.

Under-insured Patients

An "Under-insured Patient" is an insured patient with “high medical costs.” These are insured patients whose family income does not exceed 350% of the FPL and has either (1) incurred or whose family has incurred annual out-of-pocket costs at the hospital that exceed 10% of the patient’s family income in the prior 12 months or (2) incurred or whose family has incurred annual out-of-pocket costs with other providers that exceed 10% of the patient's family income in the prior 12 months. Patients must provide documentation of out-of-pocket costs incurred at providers.

DOCUMENTATION

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

In order to qualify for Charity Care, Tenet requires each patient or family to complete the Confidential Financial Assistance Application. A blank Confidential Financial Assistance Application is attached to this Policy as Exhibit B. This application allows the collection of information about income and the documentation of other requirements as defined below. Information obtained under this policy will not be used for collections activities.

The Financial Assessment Processor will attempt to secure supporting documentation. Income and/or assets may be verified by attaching any one or more of the following:

- Recent IRS tax returns
- Recent ~~P~~payroll stubs
- Declarations
- Verbal attestation
- Other forms used to substantiate the need for Charity Care consideration, provided that statements on retirement or deferred compensation plans (either qualified under the Internal Revenue Code or nonqualified) may not be used
- Credit Bureau Report (including the lack thereof)

In cases where the patient is unable to complete the written application, verbal attestation is acceptable if it is not disallowed by State law/regulation.

APPEAL OF DENIED CHARITY CARE APPLICATIONS

A patient may appeal a charity care denial by submitting additional documentation to substantiate the application and qualification to:

Attention: TFAC Manager
Tenet Financial Assistance Center
P.O. Box 66049
Anaheim, CA 92816-9908
1-888-233-7868

RESERVATION OF RIGHTS

It is the policy of Tenet and the hospital to reserve the right to limit or deny financial assistance at their sole discretion, consistent with Tenet and hospital policy and all applicable laws.

- **Non-Covered Services**—It is the policy of Tenet and the hospital to reserve the right to designate certain services that are not subject to this Charity Care Policy.

- **No Effect on Other Tenet Regions/Hospital Policies**—This policy shall not alter or modify other Tenet policies regarding efforts to obtain payments from third-party payors, patient transfers, emergency care, State-specific regulations, State-specific requirements for Statutory Charity Care classification, or programs for uncompensated care.

Exhibit A – Federal Poverty Guidelines

2007 Federal Poverty Guidelines (FPG) is as follows:

Size of Family	48 States Gross Yearly						
	100% of FPG	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	10,210	15,315	20,420	25,525	29,400	35,735	40,840
2	13,690	20,535	27,380	34,225	39,600	47,915	54,760
3	17,170	25,755	34,340	42,925	49,800	60,095	68,680
4	20,650	30,975	41,300	51,625	60,000	72,275	82,600
5	24,130	36,195	48,260	60,325	70,200	84,455	96,520
6	27,610	41,415	55,220	69,025	80,400	96,635	110,440
7	31,090	46,635	62,180	77,725	90,600	108,815	124,360
8	34,570	51,855	69,140	86,425	100,800	120,995	138,280
Each Additional person add	3,480	5,220	6,690	8,700	10,200	12,180	13,920

Size of Family	Alaska Monthly Gross						
	100% of FPG	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	12,770	19,155	25,540	31,925	36,750	44,695	51,080
2	17,120	25,680	34,240	42,800	49,500	59,920	68,480
3	21,470	32,205	42,940	53,675	62,250	75,145	85,880
4	25,820	38,730	51,640	64,550	75,000	90,370	103,280
5	30,170	45,255	60,340	75,425	87,750	105,595	120,680
6	34,520	51,780	69,040	86,300	100,500	120,820	138,080
7	38,870	58,305	77,740	97,175	113,250	136,045	155,480
8	43,220	64,830	86,440	108,050	126,000	151,270	172,880
Each Additional person add	4,350	6,525	8,700	10,875	12,750	15,225	17,400

Size of Family	Hawaii Gross Yearly						
	100% of FPG	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	11,750	17,625	23,500	29,375	33,810	41,125	47,000
2	15,750	23,625	31,500	39,375	45,540	55,125	63,000
3	19,750	29,625	39,500	49,375	57,270	69,125	79,000
4	23,750	35,625	47,500	59,375	69,000	83,125	95,000
5	27,750	41,625	55,500	69,375	80,730	97,125	111,000
6	31,750	47,625	63,500	79,375	92,460	111,125	127,000
7	35,750	53,625	71,500	89,375	104,190	125,125	143,000
8	39,750	59,625	79,500	99,375	115,920	139,125	159,000
Each Additional person add	4,000	6,000	8,000	10,000	11,730	14,000	16,000

Exhibit B – Confidential Financial Assistance Application

Confidential Financial Assistance Application

Facility:	Acct. #:	Patient Name	SSN	DOB
Patient Address:				
Patient Home Phone:		Patient Work Phone:		

SECTION A
MEDICAL ASSISTANCE SCREENING– *Please circle answer "Y" for yes or "N" for no.*

1.	Is the patient under age 21 or over age 65?	Y / N	5.	Is the patient pregnant, or was the admission pregnancy-related?	Y / N
2.	Is the patient a single parent of a child under age 21?	Y / N	6.	Will the patient potentially be disabled for 12 months?	Y / N
3.	Is the patient a caretaker or guardian of a child under 21?	Y / N	7.	Is the patient a Victim of Crime?	Y / N
4.	Is the patient a married parent of a minor child? *If yes, does the patient have a 30-day incapacitation?*	Y / N	8.	Does the patient have a "COBRA" or insurance policy that the premium has lapsed?	Y / N

SECTION B
FINANCIAL ASSISTANCE SCREENING

Total Number of Dependent Family Members in Household including self _____

(Include patient, patient's spouse and/or legal guardian, domestic partner and any children the patient has under the age of 21 living in the home. If the patient is a minor, include mother/father, caretaker relative and/or legal guardian, and all other children under the age of 18 living in the home.)

Estimated Gross Annual Household Income $_____ (see page 2)

Calculate Income to FPG Ratio: Gross Annual Income ÷ FPG Based on Family Size
_____ ÷ _____= _____%

Type of Service Circle one ER OP IP

Service Date _____ to _____

In order to determine qualifications for any discounts or assistance programs the following information is necessary.

PONSIBLE PARTY/GUARANTOR

Responsibility Party:			Relationship to patient
SSN:	DOB		
Home Address:			Phone #
Work Address:			Phone #
Gross Income:	Check One - ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly		
	Hours Per Week:		
If income is $0/unemployed, what is your means of support?	Check One – ☐ Living on Savings/Annuity ☐ Live with parent/family/friends ☐ Homeless ☐ Shelter		

SPOUSE

Responsibility Party:			
SSN:	DOB		
Home Address:			Phone #
Work Address:			Phone #
Gross Income:	Check One - ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly		
	Hours Per Week:		

HOMELESS AFFIDAVIT

I, _____ , herby certify that I am homeless, have no permanent address, no job, savings, or assets, and no ncome other than potential d donations from others. _

Patient/Guarantor Initials

TTESTATION OF TRUTH

hereby acknowledge all of the information provided to be true. I understand that providing false information will result in the denial of this Application. dditionally, in accordance with at state statute, providing false information to defraud a hospital for obtaining goods or services is a misdemeanor, and n accordance with statute, may be punishable by imprisonment a fi and a fine. I also understand that a credit report may be obtained or other such neasure may be taken to verify information provided herein. I fully understand that Tenet Charity and s Discount Care are programs are Payors of Last Resort" and hereby assign all benefits due from any liability action, personal injury claims, forth settlements, and any and all insurance b enefits which may become payable or fitness or injury for which Tenet's or its subsidiaries provided care.

_____ _____

P PATIENT/GUARANTOR SIGNATURE DATE

OFFICE USE ONLY

Family Size:	Account Number(s)	Balance	Patient Type (Inpatient, Outpatient, ER)
Gross Annual Family Income:			
FPG based on Family Size:			
Current Hospital Charges:			
Income/FPG:			
Income X 2:			
Recommendation:			
_____ Prepared by		_____ Date	_____ Unit
_____ Approved or Denied by		Date	Title

Discount Care Policy

POLICY

Tenet is committed to providing high quality, comprehensive health care services, regardless of a patient's ability to pay. Tenet strives to ensure that the financial situation of people who need health care services does not prevent them from seeking or receiving care. Discount care is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Tenet's procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay. The patient will be informed of financial obligations and programs such as the California Health Benefit Exchange, Medicare, Medi-Cal, Healthy Families, California Children's Services, or other State or county funder health coverage that may be available to them, and how to apply to such programs.

The determination of discount care generally should be made at the time of admission, or shortly thereafter. However, events after discharge could change the ability of the patient to pay.

The discount amount is based on family income compared to the Federal Poverty Limit ("FPL") for the current year. Uninsured or Underinsured patients (as defined below) with family income between 201% and 350% FPL will be eligible for care at a sliding scale discount. In no event will the discounted payment expected from the patient exceed the amount of payment the hospital would expect to receive for services from Medicare, Medi-Cal, the Healthy Families Program, or another government-sponsored program of health benefits in which the hospital participates, whichever is greater.

Patients with family income under 200% FPL will be eligible for free care for the dates of service for which an application is completed. *See Charity Care Policy MEC.00.01 for additional information.*

~~*See California Charity Care Policy 02.06.01A for additional information.*~~

Uninsured patients whose family income exceeds 350% of the FPL will receive the Compact discounted rate. *See COMP-RCC 4.56 Implementation of Tenet's Compact with Uninsured Patients Policy for additional information.* ~~*See California Compact for the Uninsured Discount Policy (Uninsured Patients with Income > 350% FPL) for additional information.*~~

An emergency physician who provides emergency medical care in a Tenet California hospital is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of FPL. This statement will not be construed to impose any additional responsibilities on the hospital.

Extended payment plans will be available for patients who qualify for discounted care under this policy. The hospital and the patient will negotiate the terms of the payment plan, taking into consideration the patient's family income and essential living expenses. In the event that the hospital and the patient cannot agree on a payment plan, the hospital will create a reasonable payment plan for the patient, structured so that monthly payments may not exceed 10 percent of a patient's family income for a month, excluding deductions for essential living expenses. For purposes of this policy, "essential living expenses" means rent or house payments or maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto erxpenses, laundry and cleaning and other extraordinary expenses.

SCOPE

All Tenet California hospitals.

PURPOSE

To provide discounted healthcare to patients treated at Tenet California facilities who have a limited ability to pay for their care.

FACTORS TO BE CONSIDERED

Factors to be considered in determining eligibility for discounted care must include comparing the patient's gross income to the annually published Federal Poverty Guideline, or an equivalent thereof. This information may be obtained through verbal means from the patient/guarantor and documented by either a specifically designated Tenet employee at the Tenet facility (such as a Patient Advocate or Financial Counselor) or by a Financial Assistance Processor or other Tenet employee after discharge.

Other factors may include, but are not limited to, the following:

- Validate means of support if unemployed and no earned or unearned income has been provided on the application.

- Validate activity on current accounts reported to credit bureaus to determine how payments are being made if household expenses exceed income reported on Confidential Financial Assistance Application.

A Confidential Financial Assistance Application completed by the patient may not be required for patients who are deemed to be already eligible for other Federal, State, and County Assistance Programs. Such programs include, but are not limited to Medicaid, County Assistance Programs, MIA, MSI, TANF, Food Stamps, and WIC.

6. **Family Members**—Tenet will require patients to provide the number of family members in their household.

   a. Adults—To calculate the number of family members in an adult patient's household, include the patient, the patient's spouse and/or legal guardian, domestic partner, and all of their dependents children under 21 years of age, whether living at home or not.

   b. Minors—To calculate the number of family members in a minor patient's household, include the patient, the patient's mother/father, legal guardian and/or caretaker relative and all of their other dependents under 21 years of age.

7. **Income Calculation**—Tenet requires patients to provide their household's annual gross income.

   a. "Patient's household income" includes all funds received by all members of the patient's household that support the household.

   b. "Household" is defined as patient, patient's spouse or domestic partner, and all dependents who live in the same residence as the patient and/or guarantor.

   c. A "dependent" is defined as a person who can be claimed by the guarantor and/or patient as a dependent on their federal tax return.

8. **Expired Patients**—Expired patients may be deemed to have no income for purposes of the Tenet calculation of income if there is no surviving spouse or no other guarantor appears on the patient account. Although no documentation of income and no Confidential Financial Assistance Application are required for expired patients, the patient's financial status will be reviewed at the time of death by the Tenet Financial Assistance Center ("TFAC") to ensure that a discount care adjustment is appropriate. TFAC will also determine whether the patient's estate or probate proceeding indicate liquid assets in excess of $10,000. If the value of the

patient's estate or probate proceeding exceeds $10,001, the expired patient will not qualify for discount care. The estate will be pursued for reimbursement on debts owed.

9. International patients are considered on a case-by-case basis for ER treatment and/or ER admission only.

10. Catastrophic illness and documented hardship within the household may also be considered for discounted care.

Under-insured Patients

An "Under-insured Patient" is an insured patient with “high medical costs.” These are insured patients whose family income does not exceed 350% of the FPL and has either (1) incurred or whose family has incurred annual out-of-pocket costs at the hospital that exceed 10% of the patient’s family income in the prior 12 months or (2) incurred or whose family has incurred annual out-of-pocket costs with other providers that exceed 10% of the patient's family income in the prior 12 months. Patients must provide documentation of out-of-pocket costs incurred at providers.

DOCUMENTATION

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

In order to qualify for discounted care, Tenet requires each patient or family to complete the Confidential Financial Assistance Application. A blank Confidential Financial Assistance Application is attached to this Policy as Exhibit B. This application allows the collection of information about income and the documentation of other requirements as defined below. Information obtained under this policy will not be used for collection activities.

The Financial Assessment Processor will attempt to secure supporting documentation. Income and/or assets may be verified by attaching any one or more of the following:

- Recent IRS tax returns
- Recent ~~P~~payroll stubs
- Declarations
- Verbal attestation
- Other forms used to substantiate the need for Discount Care consideration, provided that statements on retirement or deferred compensation plans (either qualified under the Internal Revenue Code or nonqualified) may not be used
- Credit Bureau Report (including the lack thereof)

In cases where the patient is unable to complete the written application, verbal attestation is acceptable if it is not disallowed by State law/regulation.

APPEAL OF DENIED DISCOUNTED CARE APPLICATIONS

A patient may appeal a discount care denial by submitting additional documentation to substantiate the application and qualification to:

Attention: TFAC Manager
Tenet Financial Assistance Center
P.O. Box 66049
Anaheim, CA 92816-9908
1-888-233-7868

RESERVATION OF RIGHTS

It is the policy of Tenet and the hospital to reserve the right to limit or deny financial assistance at their sole discretion, consistent with Tenet and hospital policy and all applicable laws.

- **Non-Covered Services**—It is the policy of Tenet and the hospital to reserve the right to designate certain services that are not subject to this Discount Care Policy.

- **No Effect on Other Tenet Regions/Hospital Policies**—This policy shall not alter or modify other Tenet policies regarding efforts to obtain payments from third-party payors, patient transfers, emergency care, State-specific regulations, State-specific requirements for Statutory Charity Care classification, or programs for uncompensated care.

Exhibit A – Federal Poverty Guidelines

2007 Federal Poverty Guidelines (FPG) is as follows:

Size of Family	48 States Gross Yearly						
	100% of FPG	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	10,210	15,315	20,420	25,525	29,400	35,735	40,840
2	13,690	20,535	27,380	34,225	39,600	47,915	54,760
3	17,170	25,755	34,340	42,925	49,800	60,095	68,680
4	20,650	30,975	41,300	51,625	60,000	72,275	82,600
5	24,130	36,195	48,260	60,325	70,200	84,455	96,520
6	27,610	41,415	55,220	69,025	80,400	96,635	110,440
7	31,090	46,635	62,180	77,725	90,600	108,815	124,360
8	34,570	51,855	69,140	86,425	100,800	120,995	138,280
Each Additional person add	3,480	5,220	6,690	8,700	10,200	12,180	13,920

Size of Family	Alaska Monthly Gross

	100% of FPG	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	12,770	19,155	25,540	31,925	36,750	44,695	51,080
2	17,120	25,680	34,240	42,800	49,500	59,920	68,480
3	21,470	32,205	42,940	53,675	62,250	75,145	85,880
4	25,820	38,730	51,640	64,550	75,000	90,370	103,280
5	30,170	45,255	60,340	75,425	87,750	105,595	120,680
6	34,520	51,780	69,040	86,300	100,500	120,820	138,080
7	38,870	58,305	77,740	97,175	113,250	136,045	155,480
8	43,220	64,830	86,440	108,050	126,000	151,270	172,880
Each Additional person add	4,350	6,525	8,700	10,875	12,750	15,225	17,400

Size of Family	Hawaii Gross Yearly						
	100% of FPG	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	11,750	17,625	23,500	29,375	33,810	41,125	47,000
2	15,750	23,625	31,500	39,375	45,540	55,125	63,000
3	19,750	29,625	39,500	49,375	57,270	69,125	79,000
4	23,750	35,625	47,500	59,375	69,000	83,125	95,000
5	27,750	41,625	55,500	69,375	80,730	97,125	111,000
6	31,750	47,625	63,500	79,375	92,460	111,125	127,000
7	35,750	53,625	71,500	89,375	104,190	125,125	143,000
8	39,750	59,625	79,500	99,375	115,920	139,125	159,000
Each Additional person add	4,000	6,000	8,000	10,000	11,730	14,000	16,000

Exhibit B – Confidential Financial Assistance Application

Confidential Financial Assistance Application

Facility:	Acct. #:	Patient Name	SSN	DOB
Patient Address:				
Patient Home Phone:		Patient Work Phone:		

SECTION A
MEDICAL ASSISTANCE SCREENING– *Please circle answer "Y" for yes or "N" for no.*

3.	Is the patient under age 21 or over age 65?	Y / N	5.	Is the patient pregnant, or was the admission pregnancy-related?	Y / N
4.	Is the patient a single parent of a child under age 21?	Y / N	6.	Will the patient potentially be disabled for 12 months?	Y / N
3.	Is the patient a caretaker or guardian of a child under 21?	Y / N	8.	Is the patient a Victim of Crime?	Y / N
4.	Is the patient a married parent of a minor child? *If yes, does the patient have a 30-day incapacitation?*	Y / N	8.	Does the patient have a "COBRA" or insurance policy that the premium has lapsed?	Y / N

SECTION B
FINANCIAL ASSISTANCE SCREENING

Total Number of Dependent Family Members in Household including self _____

(Include patient, patient's spouse and/or legal guardian, domestic partner and any children the patient has under the age of 21 living in the home. If the patient is a minor, include mother/father, caretaker relative and/or legal guardian, and all other children under the age of 18 living in the home.)

Estimated Gross Annual Household Income $_____ (see page 2)

Calculate Income to FPG Ratio: Gross Annual Income ÷ FPG Based on Family Size
_____ ÷ _____= _____%

Type of Service Circle one ER OP IP

Service Date _____ to _____

In order to determine qualifications for any discounts or assistance programs the following information is necessary.

PONSIBLE PARTY/GUARANTOR

Responsibility Party:			Relationship to patient
SSN:	DOB		
Home Address:			Phone #
Work Address:			Phone #
Gross Income:	Check One - ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly		
	Hours Per Week:		
If income is $0/unemployed, what is your means of support?	Check One – ☐ Living on Savings/Annuity ☐ Live with parent/family/friends ☐ Homeless ☐ Shelter		

SPOUSE

Responsibility Party:			
SSN:	DOB		
Home Address:			Phone #
Work Address:			Phone #
Gross Income:	Check One - ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly		
	Hours Per Week:		

HOMELESS AFFIDAVIT

I, _____ , herby certify that I am homeless, have no permanent address, no job, savings, or assets, and no ncome other than potential d donations from others. _____
Patient/Guarantor Initials

TTESTATION OF TRUTH

hereby acknowledge all of the information provided to be true. I understand that providing false information will result in the denial of this Application. dditionally, in accordance with at state statute, providing false information to defraud a hospital for obtaining goods or services is a misdemeanor, and n accordance with statute, may be punishable by imprisonment a fi and a fine. I also understand that a credit report may be obtained or other such neasure may be taken to verify information provided herein. I fully understand that Tenet Charity and s Discount Care are programs are Payors of Last Resort" and hereby assign all benefits due from any liability action, personal injury claims, forth settlements, and any and all insurance b enefits which may become payable or fitness or injury for which Tenet's or its subsidiaries provided care.

_____ _____ _____

P PATIENT/GUARANTOR SIGNATURE DATE

OFFICE USE ONLY

Family Size:	Account Number(s)	Balance	Patient Type (Inpatient, Outpatient, ER)
Gross Annual Family Income:			
FPG based on Family Size:			
Current Hospital Charges:			
Income/FPG:			
Income X 2:			
Recommendation:			
_____ Prepared by		_____ Date	_____ Unit
_____ Approved or Denied by		Date	Title

Compact Discount Policy

POLICY Tenet is committed to providing high quality, comprehensive health care services, whether or not a patient has insurance coverage. Discounted care is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Tenet's procedures for obtaining discounts and to pay the amount of any copayment required. The qualification for discounted care generally should be made at the time of admission, or shortly thereafter.

Qualification for this policy discount is based on family income compared to the Federal Poverty Limit ("FPL") for the current year. Uninsured patients whose family income exceeds 350% of the FPL qualify.

Patients with family income under 200% FPL will be eligible for free care for the dates of service for which an application is completed. *See Charity Care Policy MEC.00.01 for additional information.*

~~*See California Charity Care Policy 02.06.01A for additional information.*~~

Uninsured or Under-insured patients (as defined) with family income between 201% and 350% FPL will be eligible for care at a sliding scale discount. *See COMP-RCC 4.56 Implementation of Tenet's Compact with Uninsured Patients Policy for additional information.* ~~*See California Discount Care Policy 02.06.01B for additional information.*~~

This policy (as described below) is not applicable to pre-scheduled elective non-emergent, surgical, or cosmetic surgical patients, nor is it applicable to international non-emergent surgical patients.

SCOPE All Tenet California hospitals.

PURPOSE To provide discounted healthcare to patients treated at Tenet California facilities to uninsured patients whose family income exceeds 350% of the FPL.

DEFINITIONS For the purposes of this policy, an "Uninsured" patient is defined as a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

PROCEDURE Tenet hospitals will provide patients with an estimated invoice of services rendered. The patient will be informed of the estimated cost of services at the discounted rate. The patient will be informed of financial obligations and programs~~,~~ such as the California Health Benefit Exchange, Medicare, Medi-Cal, Healthy Families, California Children's Services, or other State or county funder health coverage ~~if any, available~~ that may be available to them, and how to apply to such programs.

These policy discounts will be applied to the patient's account when the final bill is created and will be adjudicated in the same manner as accounts with a contracted payor. ~~The~~

APPEAL OF DENIAL OF COMPACT DISCOUNT

A patient may appeal a denial of a Compact Discount by submitting additional documentation to:

Attention: TFAC Manager
Tenet Financial Assistance Center
P.O. Box 66049
Anaheim, CA 92816-9908
1-888-233-7868

RESERVATION OF RIGHTS

It is the policy of Tenet and the hospital to reserve the right to limit or deny financial assistance at their sole discretion, consistent with Tenet and hospital policy and all applicable laws.

Non-Covered Services—It is the policy of Tenet and the hospital to reserve the right to designate certain services that are not subject to this Compact Discount Policy.

No Effect on Other Tenet Regions/Hospital Policies—This policy shall not alter or modify other Tenet policies regarding efforts to obtain payments from third-party payors, patient transfers, emergency care, State-specific regulations, State-specific requirements for Statutory Charity Care classification, or programs for uncompensated care.

Sliding Scale Discount Tables

Medi-Cal/MediCaid InPatient Rates and Outpatient rates 01/01/2011 to current

Facility	Facility has CMAC Contract (Yes/No) InPatient only	PatientType	Reimbursement Type	1/1/2011	4/13/2011	7/1/2011
DES	Yes	InPatient	CMAC-PerDiem	1,600.00		
FVR	Yes	InPatient	CMAC-PerDiem	1,460.00		
IND	Yes	InPatient	CMAC-PerDiem	1,415.00		
LAK	Yes	InPatient	CMAC-PerDiem	990.00		
LOM	Yes	InPatient	CMAC-PerDiem	1,110.00		
MAN	**No**	InPatient	Interim Rate-POC	13%*90%	13%	
MOD	Yes	InPatient	CMAC-PerDiem	1,680.00		
PLA	**No**	InPatient	Interim Rate-POC	17%*90%	17%	
SRM	**No**	InPatient	Interim Rate-POC	21%*90%	21%	
SVM	Yes	InPatient	CMAC-PerDiem	1,145.00		
TWI	Yes	InPatient	CMAC-PerDiem	1,050.00		
SJH	**No**	InPatient	AP DRG Base Rate	4,397.00		4,287.00
DES		OutPatient	MediCal Fee Schedule	99%		90%
FVR		OutPatient	MediCal Fee Schedule	99%		90%
IND		OutPatient	MediCal Fee Schedule	99%		90%
LAK		OutPatient	MediCal Fee Schedule	99%		90%
LOM		OutPatient	MediCal Fee Schedule	99%		90%
MAN		OutPatient	MediCal Fee Schedule	99%		90%
MOD		OutPatient	MediCal Fee Schedule	99%		90%
MOD		OutPatient	MediCal Fee Schedule	99%		90%
PLA		OutPatient	MediCal Fee Schedule	99%		90%
SRM		OutPatient	MediCal Fee Schedule	99%		90%
SVM		OutPatient	MediCal Fee Schedule	99%		90%
TWI		OutPatient	MediCal Fee Schedule	99%		90%
SJH		OutPatient	POC	11%		

All Medical Managed Care Health Plans rates 01/01/2011 to current for Out-of-Network Outpatient services and Acute Care Hospital ER-IP and Post-Stabilization IP Services

(aka Rogers Amendment-CMAC/SPCP Regional Average Rates)

Facility	Facility has CMAC Contract (Yes/No) InPatient only	PatientType	Out-of-Network Reimbursement Type/ IP ServiceType	1/1/2011	7/1/2011
DES	Yes	InPatient	PerDiem-ER	2,168.00	2,265.00
DES	Yes	InPatient	PerDiem-Post Stabilization	2,060.00	2,151.00
FVR	Yes	InPatient	PerDiem-ER	1,391.00	1,393.00
FVR	Yes	InPatient	PerDiem-Post Stabilization	1,321.00	1,323.00
IND	Yes	InPatient	PerDiem-ER	1,391.00	1,393.00
IND	Yes	InPatient	PerDiem-Post Stabilization	1,321.00	1,323.00
LAK	Yes	InPatient	PerDiem-ER	1,391.00	1,393.00
LAK	Yes	InPatient	PerDiem-Post Stabilization	1,321.00	1,323.00
LOM	Yes	InPatient	PerDiem-ER	1,391.00	1,393.00
LOM	Yes	InPatient	PerDiem-Post Stabilization	1,321.00	1,323.00
MAN	**No**	InPatient	PerDiem-ER	1,551.00	1,587.00
MAN	**No**	InPatient	PerDiem-Post Stabilization	1,474.00	1,507.00
MOD	Yes	InPatient	PerDiem-ER	2,062.00	2,095.00
MOD	Yes	InPatient	PerDiem-Post Stabilization	1,959.00	1,990.00
PLA	**No**	InPatient	PerDiem-ER	1,391.00	1,393.00
PLA	**No**	InPatient	PerDiem-Post Stabilization	1,321.00	1,323.00
SRM	**No**	InPatient	PerDiem-ER	1,908.00	1,938.00
SRM	**No**	InPatient	PerDiem-Post Stabilization	1,813.00	1,841.00
SVM	Yes	InPatient	PerDiem-ER	1,551.00	1,587.00
SVM	Yes	InPatient	PerDiem-Post Stabilization	1,474.00	1,507.00
TWI	Yes	InPatient	PerDiem-ER	1,551.00	1,587.00
TWI	Yes	InPatient	PerDiem-Post Stabilization	1,474.00	1,507.00
DES		OutPatient	MediCal Fee Schedule	99%	90%
FVR		OutPatient	MediCal Fee Schedule	99%	90%
IND		OutPatient	MediCal Fee Schedule	99%	90%
LAK		OutPatient	MediCal Fee Schedule	99%	90%
LOM		OutPatient	MediCal Fee Schedule	99%	90%
MAN		OutPatient	MediCal Fee Schedule	99%	90%
MOD		OutPatient	MediCal Fee Schedule	99%	90%
MOD		OutPatient	MediCal Fee Schedule	99%	90%
PLA		OutPatient	MediCal Fee Schedule	99%	90%
SRM		OutPatient	MediCal Fee Schedule	99%	90%
SVM		OutPatient	MediCal Fee Schedule	99%	90%
TWI		OutPatient	MediCal Fee Schedule	99%	90%