

**HUNTINGTON HOSPITAL  
ADMINISTRATIVE POLICY & PROCEDURE**

<b>SUBJECT: FINANCIAL ASSISTANCE, PREVIOUSLY REFERRED TO AS “CHARITY CARE”</b>	<b>POLICY NO: 329</b>	<b>PAGE 1 of 14</b>
<b>AUTHORIZED APPROVAL:</b>	<b>EFFECTIVE DATE: 01/01/2019</b>	<b>SUPERCEDES/REPLACE S 01/01/2016</b>

**PURPOSE**

The purpose of this policy is to establish the criteria by which patients can apply for financial assistance and the process and guidelines used in that process in compliance with applicable financial assistance regulations.

**POLICY**

Huntington Hospital provides a reasonable amount of its services without charge to financially eligible patients who cannot afford to pay for care. All emergency and medically necessary services as defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury, except for elective cosmetic procedures, can be considered for financial assistance. Financial assistance discounts will be written off based on a determination under this policy that the patient/other responsible party has demonstrated an inability to pay. However, in cases where it is determined that the account has not been paid and no demonstrated hardship under this policy has been provided, such accounts will be characterized as “bad debts” and collection of such accounts will be pursued, including referrals of such accounts to a collection agency.

**DEFINITIONS**

I. **FINANCIAL ASSISTANCE** previously referred to as CHARITY CARE, IS DEFINED AS FOLLOWS:

Financial Assistance is financial aid to a patient or responsible party and does not include discounts normally given to insurance policy holders, contract prices that are negotiated with insurance companies or other adjustments once the final bill has been created. When the patient is able to pay part of their bill, consideration will be given to writing off a portion of that account as partial financial assistance. Financial Assistance may also include assistance to patients who have incurred high medical costs as defined as yearly healthcare costs greater than 10% of household income.

Financial Assistance is not to be considered a substitute for personal responsibility and patients are expected to cooperate with Huntington Hospital’s procedure for applying for Financial Assistance, and to contribute to the cost of their care based on their individual ability to pay.

**REASONABLE PAYMENT PLAN:** means monthly payments that are not more than 10 percent of the patient’s family income for a month, excluding deductions for essential living expenses. “Essential living expenses” means expenses of any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

If after a payment plan is established and there is a period of 90 days of no payment, the payment plan will be deemed to be no longer operative.

## II. FINANCIAL ASSISTANCE PATIENTS ARE DEFINED AS FOLLOWS:

- A. Uninsured patients (those without third party insurance, Medicare, Medicaid, or with injuries or conditions qualifying for coverage worker's compensation or automobile insurance for injuries) who do not have the ability to pay based on criteria described in the Eligibility section below.
- B. Insured patients whose insurance coverage and ability to pay are inadequate to cover their out of pocket expenses.
- C. Insured patient unable to pay for portion of the bill due to uncollected co-payments, deductibles and non-covered services. .
- D. An insured or uninsured patient with high medical costs, whose household income does not exceed 350% of the federal poverty level, but whose out-of-pocket medical costs or expenses exceed 10% of their income for the prior year.
- E. Any patient who demonstrates an inability to pay, versus bad debt, which is the unwillingness of the patient to pay.

## III. AMOUNTS GENERALLY BILLED

The AGB, (Amounts Generally Billed) is defined as the maximum amount a patient who qualifies under the financial assistance policy for a discount which is equal to the average amounts historically allowed as a percentage of billed charges for all services provided under the Medicare program for a 12-month look back period calculated in accordance with IRC 501(r). Please see appendix A for the AGB calculation.

## IV. COVERED ENTITIES

Only Huntington Hospital, which includes all services and areas listed on our license from the state of California including but not limited to inpatient and outpatient services, medication management clinic, Huntington Ambulatory Care Clinic, and the Senior Care Network, is covered under this financial assistance policy. Any ancillary physician billing that may be generated during a patient's stay, i.e. pathology, radiology, anesthesia services are not covered under this policy.

Emergency Room physicians are not covered under this financial assistance policy but have their own financial assistance policy per Health and Safety Code Sections 127450-127462. Please see appendix B for a list of providers that provide emergency and medically necessary services at Huntington Hospital.

## PROCEDURES

### I. NOTICE TO PATIENTS

- A. Communication and notification of the availability of the financial assistance policy within the community of each hospital shall be in accordance with AB774, SB350, SB1276 and the federal PPACA.
- B. The hospital will post notices informing patients of the hospital's financial assistance program. The notice will be posted in inpatient and outpatient areas of the hospital, including the

emergency department, billing office, patient admissions and registration offices and outpatient settings. The notice will include contact information on how a patient may obtain more information on the financial assistance program.

- C. All patients will be informed of the hospital's financial assistance program at the time of admission or registration and will be offered a copy of the plain language version of the policy as well as an application for assistance.
- D. The hospital will provide the financial assistance policy and application translated into the language spoken by the patient consistent with section 12693.30 of the Insurance Code and Health and Safety Code Section 127410(a).
- E. All printed statements of accounts to the patient will include a summary of the financial assistance policy with contact information on how to obtain an application for assistance and the copy of the complete policy. A summary of the FAP, the application for assistance with instructions will be sent out with the first two statements of account to the guarantor.
- F. The financial assistance policy and the plain language summary are available on the hospital's web site and/or the on-line patient portal.

## II. ELIGIBILITY DETERMINATION:

- A. Gross income should fall within established standards for determination of the federal poverty level, considering family or household size, geographic area and other pertinent factors. (See grid in Section IV).
- B. The term "income" shall mean the annual family or household earnings and cash benefits from all sources before taxes, less payment made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family or household income. (see II E below for definition of Family or household)
- C. Financial assets will be considered to the extent allowed by financial assistance regulations.
- D. Employment status will be considered along with the projected availability of future earnings sufficient to meet the obligation within a reasonable period of time.
- E. Family or household size will be considered. For this purpose, "Family or Household" for an adult patient is defined as spouse, domestic partner, dependent children under the age of 21, whether living at home or not and anyone else claimed as a dependent on the patient's federal tax return. For patients under the age of 18, "Family or household" is defined as the patient's parent(s) and/or caretaker relatives, other children under 21 years of age of the parent or caretaker relative and anyone else claimed as a dependent on the patient's federal tax return.
- F. Other financial obligations, including living expenses and other items of a reasonable and necessary nature will be analyzed.
- G. Patients whose out-of-pocket medical expenses exceed 10% of their prior year income and whose household income is 350% or below of the federal poverty level are eligible for financial assistance.
- H. For financial assistance consideration, (charity care policy), monetary assets are included in determining eligibility. The first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility. Discounts under other financial discount policies do not count monetary assets in determining eligibility.
- I. A letter is requested to be submitted, along with the other documentation, detailing the patient's need for financial assistance and stating a request for aid.
- J. The amount(s) and frequency of the hospital bill(s) in relation to all of the factors outlined above will be considered.

- K. There will be a credit report run to verify financial and related information that will assist in making a determination about the patient's eligibility for financial assistance.
- L. Before making any determination of whether all or part of an account qualifies for financial assistance treatment and the amount of any write-off that should be applied, the patient shall be required to assist the Hospital in obtaining payment from and helping to assure that all other resources will be first applied, including Medi-Cal, welfare and other third-party sources.
- M. Patients that are eligible for Government sponsored low-income assistance programs (e.g. Medi-Cal /Medicaid, Healthy Families, California Children's Services and any other applicable state or local low-income programs) to be automatically eligible for full financial assistance when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP, Healthy Families, and some CCS) where the program does not make payment for all services or days during a hospital stay are eligible for Financial Assistance coverage. Under Huntington Hospital's financial assistance policy, these types of non-reimbursed patient account balances are eligible for full write-off as financial assistance. Specifically, included as financial assistance are charges related to denied stays or denied days of care. All Treatment Authorization Request (TAR) denials provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Financial Assistance.
- N. In cases where the patient is non-responsive and/or other sources of information are readily available to perform an individual assessment of financial need, i.e., existing eligibility for Medicaid or PARO score, these sources of information can be used to support and/or validate the decision for qualifying a patient for full financial assistance.  
Unless a patient is informed otherwise, Financial Assistance provided under this Policy shall be valid for one full year beginning on the first day of the month of the screening. However, Huntington Hospital reserves the right to reevaluate a patient's eligibility for Financial Assistance during that one year time period if there is any change in the patient's financial status. Additionally, financial assistance provided to non-responsive patients based on other sources of information will not be valid for the full year, and will only be applicable for the eligible retroactive dates of service.
- O. Patients will be notified in writing of the financial assistance approval amount. If a full discount was not approved the notification will indicate why and what additional steps if any that could be taken to obtain additional coverage.
- P. The business office has the final authority to determine if reasonable efforts have been made to determine FAP eligibility.
- Q. Patients completing Financial Assistance Applications are responsible for making reasonable effort to supply the information needed to make a determination. Failure to provide that information may result in a denial of the Financial Assistance Application.
- R. To the extent the patient is determined to not be FAP eligible or at least not determined to be eligible at the time of the charge, (i.e. billing was issued prior to submitting a completed application), the patient may be charged in excess of the AGB.
- S. Under no circumstances will a FAP application be considered in excess of 240 days from the date of first billing.

Financial Assistance status will be determined after the time of discharge by the Business Office after all required documentation is submitted by the patient or responsible party (see Section III.B.). There may be some instances where, because of complications unforeseen at the time of admission, the hospital charges turn out to be considerably greater than anticipated or estimated, and the patient is unable to pay the full amount. A patient may request a financial assistance

application form from a financial counselor at any time. If the patient is unable to complete the form, the patient's surrogate decision maker may assist in completing the form, or the patient may ask for assistance from the financial counselor.

Once the account is settled, the information used for determination will be kept on file in the Business Office.

Patients who are not eligible for financial assistance or are eligible to receive partial assistance which leaves them owing a balance due to the Hospital may request a payment plan from the Business Office.

In the event of non-payment of a discounted amount due under this financial assistance policy the hospital may engage in further collection activity. The details of the further collection actions can be found in the Billing and Collection policy. A copy of this policy can be obtained by contacting the business office.

### III. FINANCIAL ASSISTANCE AND OTHER DISCOUNTS:

#### A. General Relief

General Relief patients usually do not qualify for Medi-Cal, because they are normally single, have no children, are unemployed and homeless. General Relief patients are considered financial assistance eligible patients.

#### B. Financial Assistance (full and partial)

To be eligible for financial assistance, a patient's or responsible family member's income must be at or below 350% of the federal poverty level. The patient or responsible family member must complete the financial assistance form and include the documentation as stated in Section IV.

- Patients whose income and monetary assets are below 200% of the federal poverty level will receive financial assistance equal to 100% of the Amounts Generally Billed as defined in Section III above.
- Patients whose income is between 200% and 250% of the federal poverty level will receive a financial assistance discount equal to 75% of the Amounts Generally Billed as defined in Section III above.
- Patients whose income is between 250% and 300% of the federal poverty level will receive a financial assistance discount equal to 50% of the Amounts Generally Billed as defined in Section III above.
- Patients whose income is between 300% and 350% of the federal poverty level will receive a financial assistance discount equal to 25% of the Amounts Generally Billed as defined in Section III above.

The remaining balance, for patients qualifying for partial financial assistance, may be paid in interest-free installments as mutually agreed upon between the patient and Huntington Hospital. If a payment plan cannot be agreed upon mutually, the "Reasonable Payment Plan" as defined will be applied. Payment will not be considered delinquent, nor will further collection activity occur, as long as any payments made pursuant to a payment plan are not more than 90 days delinquent under the terms of that plan. If an outside collection agency is utilized to

collect the unpaid debt, the agency agrees to abide by the requirements of this policy and will not garnish wages or place a lien on a principal residence.

### C. Presumptive Eligibility for Financial Assistance

Huntington Hospital understands that certain patients may be non-responsive to the financial assistance application process. Under these circumstances, Huntington Hospital may utilize other sources of information to make an individual assessment of financial need. This information will enable Huntington Hospital to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

Huntington Hospital will utilize a third-party (PARO) to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The model is designed to assess each patient to the same standards and is calibrated against historical approvals for Huntington Hospital's financial assistance under the traditional application process.

The electronic technology will be deployed prior to bad debt assignment after in-house collection efforts and all other eligibility and payment sources have been exhausted. This allows Huntington Hospital to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy and will include:

- PARO Financial Assistance Score – Score rank from 0 to 999. A lower score indicates a lower socioeconomic status, suggesting that the guarantor is more likely to require financial assistance. A higher score indicates a higher socioeconomic status suggesting that the guarantor is less likely to require financial assistance. The score is calculated from a series of index values used to define factors relating to liquidity, asset level, socio-economic standing and poverty. Based on historical approvals this score will be less than or equal to 554, as calculated by PARO.
- Federal Poverty Level (FPL) – The estimated income to household ratio compared to income thresholds determined by the US Department of Health and Human Services. This is used as a measure to determine if a person or family is eligible for assistance through hospital financial assistance programs, as well as various federal programs. This estimate is used as the secondary rule for qualification as it adds another level of likely liquidity. Based on historical approvals, this score will be less than or equal to 200% FPL, as reported by PARO.
- Residence Status – An indication of the guarantor's property ownership status. This estimate is used as the secondary rule for qualification as it adds another level of likely liquidity.

When electronic enrollment is used as the basis for presumptive eligibility, the highest discount levels will be granted for eligible services for retrospective dates of service only. If a patient does not qualify under the electronic enrollment process, the patient may still be considered under the traditional financial assistance application process.

Patient accounts granted presumptive eligibility will be reclassified under the financial assistance policy. They will not be sent to collection, will not be subject to further collection actions, will not be notified of their qualification and will not be included in the hospital's bad debt expense.

D. Self-Pay/Uninsured Patient Discount

Huntington Hospital provides discount options for our self-pay/uninsured patient financial needs.

Uninsured patients will automatically be given a self-pay discount on charges for hospital based medical services. The amount of the discount is similar to Medicare rates. This discount is applied automatically at the time of billing.

- This discount is not available on elective pre-paid procedures which must be paid in full prior to the time of service (i.e. cosmetic procedures, bariatric procedures).
- This discount is not available if some form of insurance or third-party payer may be responsible for paying for the care provided (i.e. worker's compensation, third party liability company). The difference between amount received and total charges for patients with coverage from entities that have no contractual relationship with the hospital (out of network) and qualify for financial assistance under this policy shall be considered as uncompensated care. In addition, non-covered or denied services to insured patients who otherwise would qualify for financial assistance shall be considered as uncompensated care.

E. Prompt Pay Discount

Huntington Hospital also offers patients a 10% prompt pay discount, upon request, when the patient is willing to pay the entire outstanding balance of their bill. Prompt pay discounts are not applied to accounts which have a payment plan set-up. Prompt payment must be made within 30 days of the bill date.

IV. ELIGIBILITY STANDARDS:

- A. Eligibility is based on the current years' Federal Poverty Guidelines which are issued annually by the Federal Register by the Department of Health and Human Services (HHS)  
<https://aspe.hhs.gov/poverty-guidelines>

## V. OTHER FUNDING

### A. Patient Services Assistance (Huntington Hospital Ambulatory Care Clinic (HACC) only)

When a patient receiving services from HACC cannot pay the bill, they may qualify for patient services funding. To qualify, the patient must:

- Live in the immediate area (i.e., Alhambra, Altadena, Arcadia, Duarte, Eagle Rock, Glendale, Monrovia, Pasadena, South Pasadena, Temple City)
- Apply for financial assistance as stated in Part II of this policy.

Funds donated to the hospital and restricted for financial assistance care purposes will be used to cover all or part of the self-pay obligation of patients who meet the donated fund qualifications.

### B. Trauma Patients

To obtain trauma funds, Patient Financial Services must have the following:

- The Trauma Service County Eligibility (TSCE) form must be filled out and signed by the patient or responsible relative/party.
- If the patient is medically unable to sign and there is no family member available, the "Certificate when Patient Unable to Cooperate" form will be filled out by a financial counselor. The reason why the TSCE form could not be signed will be recorded. The preparer must sign their name on the line for Hospital Reviewer.

### C. Victims of Crime (VOC)

Patients who are a victim of a crime could be eligible for State of California funding from the VOC program. The patient can apply at the District Attorney's office at the courthouse in Pasadena. The patient will not qualify if:

- There is insurance involved
- He/she initiated the crime
- He/she expires

## VI. ITEMIZED BILLS

The final bill will be produced within ten days after discharge. The Business Office will automatically send the itemized bill. If a bill is not received, one can be obtained by calling the Business Office at (626) 397-5324.

If the patient wishes to request an itemized bill while still a patient in the hospital, they may do so by calling (626) 397-5324 or by asking a financial counselor. The patient should keep in mind that an itemized bill requested during their stay will be incomplete and only list charges that have been put in the system through midnight of the previous day.

## VII. FINANCIAL ASSISTANCE FORM

The financial assistance form is located at the end of this policy.

Instructions:

Please print and complete the form. Attach your most recent paycheck stub or your previous year's tax form. In addition, please write a letter stating your circumstances and request for financial assistance. Then, mail the form, letter, and supporting documents to:

Huntington Hospital  
Attn: Patient Financial Services, Customer Service  
100 W. California Boulevard  
P.O. Box 7013  
Pasadena, CA 91109-7013

For questions regarding this form, please call: (626) 397-5324 from 8:00am-4:00pm M-F. Assistance completing the application, obtaining copies of this policy, or answering any related financial assistance questions can be obtained at the Help Hub in the lobby of the main hospital 8:00am-4:00pm M-F.

The approved application and any discounts can be applied to any subsequent hospital visits in the same calendar year the application was first approved.

The application and accompanying documents must be returned to business office within 10 days. If an additional time is needed to complete the application please call the business office.

Copies of all the financial assistance policies and the application can be found on our website [www.huntingtonhospital.com](http://www.huntingtonhospital.com)

The polices are also available translated into the following languages: Spanish, Chinese, Armenian, Korean, Arabic, Vietnamese, Russian, Czech, and Farsi.

## VIII. FINANCIAL ASSISTANCE APPLICATION REVIEW/APPROVAL PROCESS

- a. A Financial Assistance Application will be reviewed by a business office financial counselor. If gross income is at or below 250% of FPG, the counselor may approve the financial assistance application, based on the information submitted with the application (proof of income required). If the gross income is more than 250% but less than 350% of FPG, an assessment for qualification of partial financial assistance based on income, assets, and medical debt load will be made by the financial counselor.
- b. Financial Assistance Applications will be reviewed and approved, denied or returned to the patient with a request for additional information within ten (10) business days of receipt.
- c. Collection agency requests for financial assistance or Financial Assistance Applications received from a collections agency shall be reviewed by a RBO Financial Counselor. The counselor shall follow the review process described in (b) above in determining ability to pay and approving partial, total or no financial assistance. Standard transaction approval levels will apply.
- d. An approved financial assistance determination is applicable to all services referenced in the application AND services provided up to the end of the calendar year within which the

services were rendered, provided there is no change in the applications financial status that would warrant a reevaluation.

- e. If financial assistance is approved at 100%, any patient deposits paid toward accounts approved for financial assistance must be refunded to the account guarantor. This does NOT apply to any third-party payments, including casualty insurance payments or settlements paid from attorney trust accounts. Those payments will be retained and financial assistance will be granted for the difference between gross charges and the sum of those excluded payments. Refunds under this provision will include interest at the rate prescribed in Section 685.010 of the Code of Civil Procedure. In the event the refund is \$5 or less, no monies will be refunded.

#### VIII. DISPUTE RESOLUTION

In the event of a dispute, a patient may seek review from the Business Office Manager by calling (626) 397-5324.

#### **SOURCES**

Patient Financial Services  
Compliance & Internal Audit Services

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## Financial Assistance Policy Summary

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**Huntington Hospital** is dedicated to making healthcare services accessible to our patients and acknowledges the financial needs of our community who are unable to afford the charges associated with the cost of their medical care. Huntington Hospital provides Financial Assistance for qualifying patients who receive emergency or medically necessary care. Patients must complete an application, submit verification documents and meet the eligibility requirements listed below. This policy does not cover any other providers of service except Huntington Hospital.

### ***Who is eligible for financial assistance?***

Our program helps low-income, uninsured or underinsured patients who need help paying for all or part of their medical care. Patients are eligible for Financial Assistance when their family income is at or below 350% of the Federal Poverty Guidelines (FPG). Additional information may be requested and ultimately may affect the hospital's decision.

Patients who are eligible for Financial Assistance will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care to patients with insurance. (AGB as defined by IRS Section 501(r)). See appendix A in Financial Assistance Policy.

### ***What does the program cover?***

The Financial Assistance program covers medically necessary care provided at Huntington Hospital. Elective cosmetic services are not covered under this policy.

### ***What will I need to provide to submit an application?***

- 1) Previous year's income tax return
- 2) Current paycheck stubs for the last 2 months (Self/Spouse if applicable)
- 3) Letter of hardship (Description supporting your financial needs)

You must provide information about your family's income. Income verification is required to determine financial assistance. All family members 18 years or older in the household must provide their income.

**There are detailed explanations on the financial assistance application.**

***Who can I contact if I have questions filling out the application?***

For Assistance on completing the application or to request a copy of the policy you may receive help at any of the following sources:

- At any inpatient, outpatient or emergency department patient intake areas.
- Call the business office at (626) 397-5324 between the hours 8:00am to 4:00PM M-F, (leave a message after hours). Live translation services are available
- The Help Hub in the main lobby of the hospital, M-F 8:00am – 4:00pm
- By mail at the address shown below
- Or you can download an application and copy of polices at [www.huntingtonhospital.com](http://www.huntingtonhospital.com)

***Is there language assistance available?***

The policy and application forms are available in most languages spoken in our community and are available at the above mentioned locations. Interpreter services are also available.

**Huntington Hospital  
100 W. California Blvd.  
PO Box 7013 Pasadena, Ca 91109-7013  
Attention: Business Office**

Reviewed and Updated Quarterly

APPENDIX A  
CALCULATION OF AMOUNT GENERALLY OWED BY INDIVIDUALS  
ELIGIBLE FOR FINANCIAL ASSISTANCE

The hospital limits the amount owed by individuals eligible under this Financial Assistance Policy who received services except for cosmetic and elective procedures to an Amount Generally Billed (AGB) to patients covered by Medicare. In addition, the hospital also limits the eligible patient's financial responsibility to less than total charges. The hospital shall periodically, at least once a year, update the AGB calculation and re-evaluate the method used. The AGB shall be based on all services provided to Medicare patients fully adjudicated as of the end of a recent 12-month look back period ending no more than 120 days prior to the effective date of the policy or every January 1st thereafter. The calculation of the current AGB is as follows:

$$\text{Total Medicare Expected Reimbursement} / \text{Total Medicare Gross Charges} = \text{AGB Percentage}$$

*(current AGB is 15% effective January 1, 2019)*

The eligible individual's financial responsibility is calculated as follows and applied to the patient liability only (excluding any portion assumed or paid by insurance or other entities on behalf of the patient):

$$\text{Total Gross Charges for the Services Rendered} \times \text{AGB Percentage} = \text{Patient Financial Responsibility}$$

**FAP Eligibility Percentage and the latest published Federal Poverty Level (FPL) Guideline**

Annual Income is	FAP Eligibility %
Below 200% of FPL	100% or FREE
200% to less than 250% of FPL	75%
250% to less than 300% of FPL	50%
300% to 350%	25%
Greater than 350%	0%

Persons in Family or Household	100% Poverty Level Annual Income	200% Poverty Level Annual Income	250% Poverty Level Annual Income	300% Poverty Level Annual Income	350% Poverty Level Annual Income
1	\$12,140	\$24,280	\$30,350	\$36,420	\$42,490
2	\$16,460	\$32,920	\$41,150	\$49,380	\$57,610
3	\$20,780	\$41,560	\$51,950	\$62,340	\$72,730
4	\$25,100	\$50,200	\$62,750	\$75,300	\$87,850
5	\$29,420	\$58,840	\$73,550	\$88,260	\$102,970
6	\$33,740	\$67,480	\$84,350	\$101,220	\$118,090
7	\$38,060	\$76,120	\$95,150	\$114,180	\$133,210
8	\$42,380	\$84,760	\$105,950	\$127,140	\$148,330
For families with more than 8 persons, add for each additional person	\$4,320	\$8,640	\$10,800	\$12,960	\$15,120

**SOURCE:** Federal Register, Vol. 83, No. 12, pp. 2642-2644

The AGB will apply to services received from the hospital inpatient and outpatient departments.

## Appendix B

Dear Patients:

Huntington Hospital is very pleased that you and your primary care physician have shown such confidence in us as evidenced by this admission to the hospital. We realized that there are many options open to you in a free society and we are especially gratified that you considered us your care provider of choice.

In that spirit and to avoid possible future confusion we would like to advise you that although Huntington and your primary care physician may be contracted with your insurance carrier, there may be other "hospital-based" physicians (Anesthesiologist, Emergency, Hospitalists, Intensivists, Lab/Pathologist, Pediatrics, Radiologist) who may not be contracted with your carrier and from whom you may receive balance due statements separate from the hospital's statements to you.

If you should receive billing from the Anesthesiology, Emergency, Hospitalists, Intensivists, Pathology, Pediatrics, and/or Radiology groups and if you have any questions regarding their billings, we encourage you to contact them directly at the telephone numbers listed below. They will be able to explain all of the aspects of their billing methods and contractual relations (if any) with your carrier.

**Anesthesiology**

ABC Billing  
8905 SW Nimbus Ave Ste 300  
Beaverton, OR 97008  
(800) 275 2152

**Emergency Physicians**

HMH Emergency Med Grp  
PO BOX 60259  
Los Angeles, CA 90060  
(877) 346 2455

**Hospitalists**

Academic Hospitalists Med Grp  
50 Bellefontaine St Ste 307  
Pasadena, CA 91105  
(626) 352 1444

**Intensivists**

Huntington Pulmonary MG  
39 Congress St  
Pasadena, CA 91105  
(626) 486 0181

**Lab/Pathology**

Huntington Pathology Med Grp  
5700 Southwyck Blvd  
Toledo, OH 43614-1509  
(800) 536 1197

**OB Hospitalists**

OBHG California PC  
PO Box 6127  
Greenville, SC 29606  
(800) 967 2289

**Pediatrics**

CA Med Business Serv  
PO Box 60049  
Arcadia, CA 91066  
(626) 821 1411

**Radiation Oncology**

Huntington Rad Onc Med Grp  
PO Box 67808  
Los Angeles, CA 90067  
(310) 273 7365

**Radiology**

CA Med Business Serv  
PO Box 60049  
Arcadia, CA 91066  
(626) 821 1411

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