

**Grancell Village of the LA Jewish Home for the Aging
Joyce Eisenberg Keefer Medical Center - Auerbach Geriatric Psychiatric Unit
(AGPU)**

FINANCIAL ASSISTANCE POLICY

PURPOSE

The purpose of the policy is to provide patients with information on the Financial Assistance (Charity Care) available at Joyce Eisenberg Keefer Medical Center/Auerbach Geriatric Psychiatry Unit (“AGPU” or “Hospital”) and to outline the process for determining eligibility for Financial Assistance.

POLICY

It is the policy of AGPU to provide patients with understandable written information regarding Financial Assistance to provide income-based Financial Assistance (Charity Care) to qualified patients.

SCOPE

This policy applies only to AGPU, which is a 10-bed acute geriatric psychiatric hospital. AGPU does not provide emergency room services, surgery, or other acute medical care. This policy does not apply to physicians or any other medical providers whose services are not included in Hospital’s bill. Additionally, this policy does not create an obligation for the Hospital to pay for such physicians’ or other medical providers’ services.

DEFINITIONS

Federal Poverty Level (FPL): The “Federal Poverty Level” or “FPL” is the measure of income level that is published annually by the United States Department of Health and Human Services (HHS) and is used by Hospitals for determining eligibility for Financial Assistance.

Hospital Services: “Hospital Services” are all services that the AGPU is licensed to provide.

Primary Language of Hospital’s Service Area : A “Primary Language of Hospital’s Service Area” is a language used by the lesser of 1,000 people or 5% of the community served by the Hospital based upon the most recent Community Health Needs Assessment performed by Hospital.

Uninsured Patient: An “Uninsured Patient” is a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

Insured Patient: An “Insured Patient” is a patient who has a third-party source of payment for a portion of their medical expenses, but excludes patients who are covered by Medi-Cal.

Patient Responsibility: “Patient Responsibility” is the amount that an Insured Patient is responsible to pay out-of-pocket after the patient’s third-party coverage has determined the amount of the patient’s benefits.

PROCEDURES

A. ELIGIBILITY

1. Eligibility Criteria: During the application process set forth in sections B and C below, the Hospital shall apply the following eligibility criteria for Financial Assistance:

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Federal Poverty Level	Patient Eligibility Criteria	Available Discount
Less than or equal to 100%	Patient is an Uninsured Patient with a Family Income (as defined above) at or below 100% of the most recent FPL	Full write off of all charges for Hospital Services
Greater than 100% but less than or equal to 185%	Patient is an Uninsured Patient with a Family Income (as defined above) between 101% and 185% of the most recent FPL	A 75% write-off of all charges for Hospital Services
Greater than 185% but less than or equal to 250%	Patient is an Uninsured Patient with a Family Income (as defined above) between 186% and 250% of the most recent FPL	A 60% write-off of all charges for Hospital Services
Greater than 250% but less than or equal to 350%	Patient is an Uninsured Patient with a Family Income (as defined above) between 251% and 350% of the most recent FPL	A 45% write-off of all charges for Hospital Services

Patient Assets: In order to provide consistency with AGPU's mission and proper stewardship of AGPU's funds, all monetary assets of the patient and patient's Family are taken into account in reviewing a Financial Assistance application, with the exception of the following assets: (a) amounts in patient retirement or deferred compensation plans qualified under the Internal Revenue code; (b) the primary residence where the patient and patient's Family resides; (c) automobile needed to transport working family members to and from work; and (d) savings accounts with less than two months' of annual income.

2. Calculating Family Income: To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:
 - a) Patient Family: The patient's family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
 - b) Proof of Family Income: Patient shall be required to provide recent pay stubs or tax returns as proof of income. Family Income is annual earnings of all members of the Patient Family from the prior 12 months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date Family Income. AGPU may validate income by using external presumptive eligibility service providers, provided that such service only determines eligibility using only information permitted by this policy.
 - c) Calculating Family Income for Expired Patients: Expired patients, with no

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surviving spouse, may be deemed to have no income for purposes of calculation of Family Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance.

3. Calculating Family Income as a Percentage of FPL: After determining Family Income, Hospital shall calculate the Family Income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the Federal Poverty Level for a family of three is \$20,000, and a patient's Family Income is \$60,000, the Hospital shall calculate the patient's Family Income to be 300% of the FPL. The Hospital shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.

4. Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this policy:
 - a) Medi-Cal Patients with Share of Cost: Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. The Hospital shall seek to collect these amounts from the patients.

 - b) Patient declines covered services: An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from AGPU, or a patient refuses to transfer from AGPU to an in-network facility) is not eligible for Financial Assistance.

 - c) Insured Patient does not cooperate with third-party payer: An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.

 - d) Payer pays patient directly: If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.

 - e) Information falsification: AGPU may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.

 - f) Third-party recoveries: If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.

 - g) Professional (physician) Services: Services of physicians are not covered under this policy. Any exceptions are set forth in Exhibit A. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

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B. APPLICATION PROCESS

1. AGPU shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the Hospital to a patient. A patient who indicates at any time the financial inability to pay a bill for Hospital Services shall be evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.
2. Patients who wish to apply for Financial Assistance shall use the AGPU standardized application form, the "Application for Financial Assistance", Exhibit B
3. Patients may request assistance with completing the Application for Financial Assistance by contacting the Program Director or Social Worker in person at the AGPU, or via phone at 818-758-5045 or 818-758-5038.
4. Patients should mail Applications for Financial Assistance to JEKMC at 7150 Tampa Ave. Reseda, CA 91335 Attn: Fiscal Department.
5. Patients should complete the Application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within 120 days of the date the Hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

C. FINANCIAL ASSISTANCE DETERMINATION

1. AGPU will consider each applicant's Application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.1 and has received (or will receive) Hospital Service(s).
2. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
 - a) The Hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e. Covered California).
 - b) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.
3. Once a determination has been made regarding eligibility for Financial Assistance, a "Notification Form" (Exhibit D) will be sent to each applicant advising them of the Hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one year after the Hospital issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.

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5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

D. DISPUTES

A patient may seek review of any decision by AGPU to deny Financial Assistance by notifying the AGPU Fiscal Department of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The AGPU Fiscal Department shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

1. Languages: This Policy shall be available in the Primary Language of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.
2. Information Provided to Patients During the Provision of Hospital Services:
 - a) Preadmission or Registration: During pre-admission or registration (or as soon thereafter as practicable) AGPU shall provide patients with a copy of Important Billing Information for Patients / Financial Assistance (Exhibit E), which includes a Plain Language Summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services.
 - b) Social Worker / Program Director: Patients who may be Uninsured Patients may speak with the Social Worker or Program Director, who can assist or advise patients in the Financial Assistance process.
 - d) Applications Provided at Discharge: At the time of discharge, AGPU shall provide Patients with a copy of Exhibit E, which includes a Plain Language Summary of the Financial Assistance policy and all Uninsured Patients with applications for Medi-Cal or any other potentially applicable government program.
3. Information Provide to Patients at Other Times:
 - a) Contact Information: Patients may call the Program Director at 818-758-5045, or the Director of Social Services at 818-758-5038, to obtain additional information about Financial Assistance and assistance with the application process.
 - b) Billing Statements: The Hospital shall bill patients in accordance with the Hospital's billing procedures. Billing statements to patients shall include Exhibit E, which contains a Plain Language Summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain additional information about Financial Assistance including the Financial Assistance Policy, a Plain Language Summary of the policy, and the Application for Financial Assistance. A summary of your legal rights is included in Exhibit F – Notice of Rights, and also included on the patient's final billing statement.

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- c) Upon Request: Hospital shall provide patients with paper copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. **Publicity of Financial Assistance Information**:

- a) Public Posting: Hospital shall post copies of the Financial Assistance Policy, the Application for Financial Assistance, and the Plain Language Summary of the Financial Assistance Policy in a prominent location in the hospital where there is a high volume of patient traffic. This public notices shall include information about the right to request an estimate of financial responsibility for services.
- b) Website: The Financial Assistance Policy, Application for Financial Assistance and Plain Language Summary shall be available in a prominent place on the AGPU website (www.lajh.org). Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
- c) Mail: Patients may request a copy of the Financial Assistance Policy, Application for Financial Assistance and Plain Language Summary be sent by mail, at no cost to the Patient.

F. MISCELLANEOUS

- 1. Recordkeeping:
Records relating to Financial Assistance must be readily accessible. Hospital must maintain information regarding the number of Uninsured Patients who have received services from Hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.
- 2. Payment Plans: Patients may be eligible for a payment plan. Payment plan shall be offered and negotiated per the AGPU billing and collection policy.
- 3. Billing and Collections:
The Hospital may employ reasonable collection efforts to obtain payment from patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by Hospital or by any collection agency engaged by Hospital. General collection activities may include issuing patient statements, phone calls, and referral of statements sent to the patient or guarantor. The Billing departments must develop procedures to ensure that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Hospital or collection agencies will not engage in any extraordinary collection actions. Copies of the Hospital Billing and Collection policy may be obtained free of charge on the AGPU website at www.lajh.org, or by calling the Program Director at 818-758-5045 or the Director of Social Services at 818-758-5038.
- 4. Submission to OSHPD:
AGPU will submit Financial Assistance policies to the Office of Statewide Planning and Healthcare Development (OSHPD). Policies can be located on the OSHPD website located here: <https://syfphr.oshpd.ca.gov/>.

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5. Amounts Generally Billed:

In accordance with Internal Revenue Code Section 1.501(r)-5, AGPU adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

ATTACHMENTS

- Exhibit A – Providers Covered and Not Covered by Policy
- Exhibit B – Application for Financial Assistance
- Exhibit C – Financial Assistance Calculation Worksheet
- Exhibit D – Notification Form - Eligibility Determination for Charity Care
- Exhibit E – Important Billing Information for Patients
- Exhibit F – Notice of Rights

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Exhibit A

Providers Covered and Not Covered by Policy

This Financial Assistance policy does not apply to physicians or any other medical provider whose services are not included in the Hospital's bills including, but not limited to:

- Primary or specialty physicians
- Therapy providers
- Providers of x-rays
- Providers of laboratory services

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Exhibit B

APPLICATION FOR FINANCIAL ASSISTANCE

Patient Account Number (s) _____

Applicant Name _____ *SSN* _____ *Birthdate* _____

Spouse/Partner Name _____ *SSN* _____ *Birthdate* _____

Address _____ *City* _____ *State* _____ *Zip* _____

Telephone _____ *E-mail* _____

Family Status: List any spouse, domestic partner, or children under the age of 21

Name _____ *Age* _____ *Relationship* _____

Name _____ *Age* _____ *Relationship* _____

Name _____ *Age* _____ *Relationship* _____

Name _____ *Age* _____ *Relationship* _____

Family Size: _____

(Use supplemental sheet if space is not sufficient and check here)

OTHER INFORMATION

MEDICAL INSURANCE- Please provide a photocopy of the patient's medical insurance cards.

Primary Insurance _____ Policy# _____

2nd Insurance _____ Policy# _____

Prescription Drug Plan _____ Policy# _____

Other Coverage _____

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed Name of Business: _____

Spouse Employer: _____ Position _____

Contact Person & Telephone: _____

If Self-Employed Name of Business: _____

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**Exhibit B (Continued)
APPLICATION FOR FINANCIAL ASSISTANCE**

The following is a true statement of all property, securities and investments, cash, bank accounts, insurance policies and assets or sources of income of any and every kind of nature, either in my possession or held by others for my use or benefit, or in which I may have a present or future interests:

1. MONTHLY INCOME	AMOUNT PER MONTH
From Social Security Benefits...Direct Deposits to bank? _____ \$ _____	_____
From Supplemental Social Security (S.S.I.)...Direct Deposit to bank? _____	_____
From Other Government Agencies (Federal, State or City)..... _____ Civil Service # _____ R.R. Retirement # _____	_____
From Veteran's Pensions..... _____	_____
From Company Pensions...Name of Company _____	_____
From Union Pensions...Name of Union _____	_____
From Other Pensions...Name _____	_____
From Foreign Governments, including Pensions, Restitutions and Indemnification Payments Give Details _____	_____
From Interest on Bank Accounts..... _____	_____
From Dividends on Securities..... _____	_____
From Interest on Securities (Treasury Notes, Corporate Bonds, etc.)	_____
From Insurance Payments or Annuities...Name of Company _____	_____
From Real Estate (Rents, Interests, etc.)..... _____	_____
From Bequests, Legacies, or Trusts...Name of Estate or Trust _____	_____
From Alimony..... _____	_____
From IRA, Keoghs, Tax Sheltered Annuities _____	_____
From Children, Names _____	_____
From Others, (Relatives and/or Friends, etc.) _____	_____
Total Monthly Income..... _____	_____

2. MONTHLY LIVING EXPENSES

My monthly rent or mortgage payment is..... _____

Cost of nursing care per month (if applicable)..... _____

3. ASSETS

Present Bank Accounts (saving and checking)

1. Name of Bank _____ Address _____ Zip _____
Account No. _____ Type of Account _____
Balance _____ Date _____

2. Name of Bank _____ Address _____ Zip _____
Account No. _____ Type of Account _____
Balance _____ Date _____

(Use supplemental sheet if space is not sufficient and check here)

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**Exhibit B (Continued)
APPLICATION FOR FINANCIAL ASSISTANCE**

4. Conservatorship of estate Yes No
5. Other _____

For each item marked "yes", please complete the following:

1. _____
Legal arrangement _____ Name of agent _____

Relationship to applicant _____ Address _____ Phone (____) _____

(Use supplemental sheet if space is not sufficient and check here)

Have you made any prepaid funeral and/or burial arrangements? Yes No
Do you own a burial plot, vault or crypt? Yes No If yes, give details _____

-

Name of Mortuary
(mandatory) _____
Address _____ Zip _____ Telephone (____) _____

Have you closed bank accounts, sold, transferred, assigned, made any gifts, or otherwise disposed of any money, securities, insurance policies, real or personal property or other assets within the past five years? Yes No
If yes, specify date closed or transferred, market value of assets, and to whom transferred.

I hereby declare that each and all of the foregoing statements are true, correct and complete. I also understand that this Part B is an integral part of my application to the Home and that my application may be rejected for any incorrect and incomplete information given herein.

Signature of Applicant or Designee Date

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**Exhibit C
 FINANCIAL ASSISTANCE CALCULATION WORKSHEET**

Patient Name: _____ Patient Account #: _____

Special Considerations/Circumstances: _____

	Yes	No
Does Patient have Health Insurance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medi-Cal?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Other Government Programs (i.e. Crime Victims etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

If the patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program.

Does Patient have other insurance (i.e. auto medpay)?	<input type="checkbox"/>	<input type="checkbox"/>
Was Patient insured by a third party?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Self-Pay?	<input type="checkbox"/>	<input type="checkbox"/>

Financial Assistance Calculation:

Total Combined Current Monthly Family Income (From Application for Financial Assistance) \$ _____

Family Size (From Application for Financial Assistance) _____

Qualification for Financial Assistance Met Yes No

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Exhibit E

**Important Billing Information for Patients
Financial Assistance / Plain Language
Summary**

This handout is designed to help our patients understand the Financial Assistance that is available to eligible patients, the application process for Financial Assistance, and your payment options. Your hospital bill will not include any bill for services you may receive during your hospital stay from physicians or any other providers that may bill you separately for their services. If you wish to seek assistance with paying your bills from these other providers, you will need to contact the providers directly.

Payment Options: AGPU has many options to assist you with payment of your hospital bill.

Medi-Cal & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. Please contact the AGPU Program Director (818) 758-5045 if you would like additional information about government programs, or need assistance with applying for such programs.

Covered California: You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Contact the AGPU Program Director (818) 758-5045 for more detail and assistance to see if you qualify for health care coverage through Covered California.

Payment Plans: Patient account balances are due upon receipt. Patients may be eligible to make payment arrangements for their hospital bill. The payment plan is negotiated between the Hospital and the patient., and a Financial Agreement must be signed before AGPU can accept payment arrangements that allow patients to pay their hospital bills over time.

Summary of Financial Assistance (Charity Care): The AGPU is committed to providing financial assistance to Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 350% of the federal poverty level. The following is a summary of the application process for patient who wish to seek Financial Assistance.

You may apply for Financial Assistance using the application form that is available from the AGPU Program Director by calling 818-758-5045 or the Director of Social Services at 818-758-5038, or on the AGPU or Hospital website (www.lajh.org). During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist AGPU with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the AGPU Program Director at (818) 758-5045.

If you disagree with the hospital's decision, you may submit a dispute to the AGPU Program Director

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Exhibit E (continued)

**Important Billing Information for Patients
Financial Assistance / Plain Language Summary**

Copies of this Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in English and Spanish in person at the AGPU Program Director's office as well as at www.lajh.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our AGPU Program Director at 818-758-5045 or the Director of Social Services at 818-758-5038

In accordance with Internal Revenue Code Section 1.501(r)-5, AGPU adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for Financial Assistance, neither application shall preclude eligibility for the other program.

Notice of Availability of Financial Estimates: You may request a written estimate of your financial responsibility for Hospital Services. Requests for estimates must be made during business hours. The estimate will provide you with an estimate of the amount the hospital will require the patient to pay for health care services, procedures, and supplies that are reasonably expected to be provided by the hospital. Estimates are based on the average length of stay and services provided for the patient's diagnosis. They are not promises to provide services at fixed costs. A patient's financial responsibility may be more or less than the estimate based on the services the patient actually receives.

The hospital can provide estimates of the amount of Hospital Services only. There may be additional charges for services that will be provided by physicians during a patient's stay in the hospital, such as bills from personal physicians, and any other medical professionals who are not employees of the hospital. Patients will receive a separate bill for these services.

If you have any questions about written estimates, please contact the AGPU Program Director 818-758-5045 or the Director of Social Services at 818-758-5038.

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**Exhibit F
Notice of Rights**

Thank you for selecting AGPU for your recent services. Enclosed please find a statement of the charges for your hospital visit. **Payment is due immediately.** You may be entitled to discounts if you meet certain financial qualifications, discussed below.

Please be aware that this is the bill for Hospital Services only. There may be additional charges for services that will be provided by other medical professionals during your stay in the Hospital, such as bills from physicians, and any anesthesiologists, pathologists, radiologists, ambulance services, or other medical professionals who are not employees of the hospital. You may receive a separate bill for their services.

Summary of Your Rights: State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (328-4357) or online at www.ftc.gov.

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area. Please contact the AGPU Program Director 818-758-5045 for a referral

The AGPU may use external collection agencies to collect payments from patients. Collection Agencies are required to comply with the Hospital's policies. Collection Agencies are also required to recognize and adhere to any payments plans agreed upon by the Hospital and the patient.

Financial Assistance: AGPU is committed to providing Financial Assistance to qualified low income patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 350% of the federal poverty level..

You may apply for Financial Assistance using the application form that is available from the AGPU Program Director or Director of Social Services located within the AGPU, or by calling the Program Director at 818-758-5045 or the Director of Social Services at 818-758-5038, or on the AGPU or Hospital website (www.lajh.org). You may also submit an application by speaking with the

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AGPU Program Director or Director of Social Services who can assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the Hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist the Hospital with verifying your income.

After you submit the application, the Hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the AGPU Program Director at 818-758-5045.

If you disagree with the hospital's decision, you may submit a dispute to the AGPU Program Director's office.

Copies of the Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at the AGPU Program Director or Director of Social Services office, as well as at lajh.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our AGPU Program Director at 818-758-5045.

In accordance with Internal Revenue Code Section 1.501(r)-5, AGPU adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for Financial Assistance, neither application shall preclude eligibility for the other program.

Health Insurance / Government Program Coverage/Financial Assistance: If you have health insurance coverage, Medicare, Medi-Cal, California Children's Services, or any other source of payment for this bill, please contact the AGPU Program Director 818-758-5045. If appropriate, we will bill those entities for your care.

If you do not have health insurance or coverage through a government program like Medi-Cal or Medicare, you may be eligible for government program assistance. The AGPU Program Director or Director of Social Services can provide you with application forms, and assist you with the application process.

If you have received an award of Financial Assistance from the Hospital that you believe covers the services that are the subject of this bill, please contact the AGPU Program Director at 818-758-5045.

California Health Benefit Exchange: You may be eligible for health care coverage under Covered California. Contact the AGPU Program Director for more detail and assistance to see if you qualify for health care coverage through Covered California.

Contact Information: The AGPU Program Director or Director of Social Services are available to answer questions you may have about your hospital bill, or would like to apply for Financial Assistance or government program. The telephone numbers are 818-758-5045 or 818-758-5038 during the hours of 8:00 A.M. to 5:00 P.M., Monday through Friday.