

**PURPOSE:**

To provide eligibility criteria and procedures for providing free or discounted healthcare to patients treated at Valley Presbyterian Hospital (Hospital) that have an inability to pay for their care. California acute care hospitals must comply with Health & Safety Code Section 127400 et seq., herein referred to as the California Fair Pricing Law, including requirements for written policies providing discounts and charity care to financially-qualified patients. Tax exempt hospitals are required to comply with the requirements of Section 501(r) of the Internal Revenue Code of 1986, as amended, which have requirements relating to the provision of charity care. This policy is intended to exceed the legal requirements detailed in the California Fair Pricing Law and the Internal Revenue Code.

**POLICY:**

Through its Financial Assistance Program, the Hospital is committed to providing charity and discounted care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver and improve the quality of health in the San Fernando Valley, the Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. The Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Financial assistance eligibility determinations should occur when a patient is admitted, or as quickly as possible after emergency care is provided. Patients may be considered for charity care or discounted care at any time, even if they previously had an application denied. A patient's eligibility for financial assistance will only be considered after all payment sources have been determined.<sup>1</sup> If a charity care patient is not awarded a grant of financial assistance up to full charges, the patient will be offered the ability to participate in the Discounted Care Program through a Reasonable Payment Plan,<sup>2</sup> based on criteria that would qualify a patient for reduced responsibility, i.e., no available resources for payment such as a third party resources or private health insurance. A notice explaining our Financial Assistance Policy is included in our Plain Language Summary (*Exhibit D*). If there is a third party, the patient must cooperate in helping the Hospital to get paid. Upon the request of any individual without coverage, the hospital shall provide a written estimate of the amount the hospital will require the person to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the person by the Hospital, based upon an average length of stay and services provided for the person's diagnosis.<sup>3</sup> A list of providers who participate in our Financial Assistance Program is included as *Exhibit C*.

We will not collect from the patient any third party responsibility, but the patient is expected to cooperate with us. When providing charity care services, we are permitted to charge the greater of the amounts that we would expect to be paid by Medicare, Medi-Cal, the Healthy Families Program, or another government-sponsored health program of health benefits in which we participate, for providing the relevant services.<sup>4</sup> However, the amount that we charge will never exceed the amount that we would generally bill, or the "AGB," for providing the relevant services. Related policies supporting the Charity Care and Discounted Care Policy (Financial Assistance Policy) are referenced in the Attachments/Exhibits portion of this policy.<sup>5</sup>

**Note:**EMPLOYEES OF VALLEY PRESBYTERIAN HOSPITAL SHOULD NOT, AT ANY TIME, INDICATE OR SUGGEST TO THE PATIENT THAT HE/SHE WILL BE RELIEVED OF THE DEBT BY WAY OF A CHARITY CARE OR DISCOUNTED CARE WRITE-OFF UNTIL A FINAL DETERMINATION HAS BEEN MADE CONSISTENT WITH THIS POLICY.

## **I. Financial Assistance Program**

### **A. Charity Care**

Charity care represents all the fees for Hospital healthcare goods and services that are provided to patients who are determined to be financially unable to satisfy their debts, resulting from a determination of a patient's inability to pay, not their willingness to pay. This includes deductibles, co-insurance and co-payments of insured patients. Charity care shall be available to individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. An individual shall be determined to be unable to pay for their care where such individual's annual income falls at or below 350% of the Federal Poverty Guidelines (FPG), and provided the individual does not have other cash, assets or resources sufficient to pay for such care under this policy, or where such individual is otherwise qualified under this policy.

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 appropriately classify the revenue and any bad debt previously recorded. Patient account transactions for charity care must be posted in the month the determination is made. Charity care does not include contractual write offs.

### **B. Discounted Care**

Discounted care is another way that the Hospital provides care to individuals who are determined to be financially unable to satisfy their debts. The Hospital determines a patient's ability to pay upon admission or registration. Individuals deemed eligible for Discounted Care are asked to pay a lower price than the Hospital would normally charge for the services that they need. The Hospital's collections vendor and the patient then work together to negotiate the terms of a payment plan, which will take into account the patient's family income level and essential living expenses. All payments made under a Discounted Care payment plan are interest-free.<sup>6</sup> As set forth below, Discounted Care may be available to individuals with family income up to 650% of the FPG, with a sliding scale of patient responsibility.

## **II. Eligible Services**

The following healthcare services are eligible for charity care and discounted care, whether they are provided by medical personnel employed by the Hospital or under contract to provide emergency medical services. A list of providers who are covered by the Hospital's Financial Assistance Policy is included as *Exhibit C*.

- A. Emergency medical services provided in an emergency room setting;
- B. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- C. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- D. Medically necessary services.

## **III. Charity Care and Discounted Care Eligibility<sup>7</sup>**

### **A. Charity Care Eligibility.<sup>8</sup>** To qualify for charity care, a patient must:

- 1. be uninsured and have a family income at or below 350% of the FPG,<sup>9</sup> or
- 2. have insurance coverage, but be a "patient with high medical costs," which means that the amount the patient must pay the hospital for health care services at the Hospital in a given year is more than ten percent (10%) of the patient's family's income for that year.<sup>10</sup>

### **B. Discounted Care Eligibility.** An individual who does not qualify for Charity Care but does not have insurance and has an income that is at or above 350% FPG, and at or below 650% FPG, may still qualify for the Hospital's Discounted Care Program.<sup>11</sup>

## **IV. Factors to be considered in making Financial Assistance eligibility determination.**

Factors to be considered in determining eligibility for charity care or discounted care must include comparing the patient's gross income to the annually published FPG, or equivalent thereof. This

information may be obtained through completion of documentation by the patient, verbal means from the patient/guarantor and documented by a Medi-Cal Eligibility Provider (MEP) Patient Advocate, Financial Counselor, or other specifically designated Hospital employee.<sup>12</sup>

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

- A. Validate means of support if unemployed and no earned or unearned income have been provided on the application.
- B. Validate activity on accounts reported on credit bureau to determine how payments are being made if household expenses exceed income reported on Confidential Financial Statement.
- C. Review of validated Liquid Assets (Stocks, Bonds, Certificates of Deposit, Money Market Accounts, Checking and Savings Balances)
- D. The previous exhaustion of all other available resources.
- E. Family members - the Hospital will require patients to provide the number of family members in their household.
- F. Adults - to calculate the number of family members in an adult patient's household, the Hospital includes the patient, the patient's spouse and/or legal guardian, and all of their dependents.
- G. Minors - to calculate the number of family members in a minor patient's household, the Hospital includes the patient, the patient's mother/father and/or legal guardian, and all of their other dependents.
- H. Homeless affidavit or criteria for validation.

V. **Income calculation** - the Hospital requires patients to provide their household's yearly gross income. For patients being screened for Discounted Care eligibility, only tax stubs and income statements may be considered.<sup>14</sup> Monetary assets to be considered in determining eligibility **will not include** retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans. The first ten thousand dollars (\$10,000.00) of a patient's monetary assets will not be counted in determining eligibility, nor will fifty percent (50%) of a patient's monetary assets over the first ten thousand dollars (\$10,000.00) be counted in determining eligibility. Net worth will be considered including eligible liquid and non-liquid assets owed less liabilities and claims against assets.<sup>15</sup> Catastrophic illness and documented hardship with the household may also be considered for charity care or discounted care.

VI. **Yearly Income**

- A. Adults - the term "yearly income" on the application means the sum of the total yearly gross income of the patient and the patient's spouse.
- B. Minors - If the patient is a minor, the term "yearly income" means the income from the patient, the patient's mother/father, legal guardian and/or caretaker relative, and all of their dependents.
- C. Deceased patients - Deceased patients may be deemed to have no income for purposes of the Hospital 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 Application are required for deceased patients, the patient's financial status will be reviewed at the time of death by a Hospital employee to ensure that a charity care adjustment is appropriate and an estate or probate do not show liquid assets in excess of \$10,000.

VII. **FPG Guidelines.** The Patient Financial Services (PFS) Manager or designee will apply FPG guidelines by using the FPG Table (refer to **Exhibit A**), which is updated annually. The patient's family size is used to determine whether monthly or annual income falls at, below, or exceeds **350%** of the FPG.

VIII. **Refunds** – the Hospital must refund any payments made by patients that are greater than the amount owed pursuant to the Hospital's financial assistance program.<sup>16</sup> Before any refund can be issued, refund amounts must be applied to other accounts, including inpatient, outpatient, and emergency accounts, that reflect patient liability for the same patient before a refund can be considered. All amounts owed to the patient, even less than \$5.00, will be refunded promptly to the patient, including interest.<sup>17</sup> The Hospital shall give the patient a credit for the amount due for at least 60 days from the date the amount is due. Our Refund Policy is attached as a related policy.

IX. **Write-offs.** The Hospital's policy on Medicare "Bad Debts" is attached as a related policy.

## **PROCEDURE:**

### **I. Charity Care.** For patient accounts meeting the guidelines for Charity Care:

- A. The PFS Manager or designee will complete the Confidential Financial Application that indicates there are no other payment sources and the patient meets the income of the FPG to apply the appropriate discount.
- B. The Financial Assistance Packet should include a Confidential Financial Assistance Application (refer to **Exhibit B**), and the following: federal tax returns, recent pay stubs, current bank statements, and any other documents that substantiate the patient's financial requirement for consideration of reduction on account balance.
- C. The PFS Manager or designee will review the application for charity care for appropriateness and completeness ensuring that it has been reviewed and meets the requirements for submission to the facility for charity care consideration and administrative adjustment.
- D. Pending the completion of the application, the patient should be treated as a "Financial Assistance Review" patient.
- E. Charity applications over \$25,000 need to be reviewed and approved by the Hospital's Chief Financial Officer ("CFO").

### **II. Discounted Care.**

- A. Non-Emergency Care. The Hospital's Patient Access Services Department determines a patient's ability to pay upon admission or registration. If the patient is receiving elective services and is not eligible for charity care, the Patient Access Services representative will provide an estimate of the discounted price that the Hospital can offer to the patient. If the patient is unable to pay the estimate in full or make payment arrangements at that time, the patient will be referred to the Hospital's Financial Counseling Department for a Medi-Cal eligibility screening. For elective procedures, payment must be collected prior to services, or an accepted deposit and payment arrangements must be approved by management prior to the delivery of services.
- B. Partial Coverage of Outpatient Surgical Procedures. If a patient is scheduled to have more than one outpatient surgical procedure in the Hospital Operating Room, and one or more of the procedures is not covered by the patient's insurance, the patient's insurance will be billed for the covered procedure(s). The patient will pay a flat fee of eight hundred and fifty dollars (\$850.00) for each additional hour, or portion of an hour, required to complete the non-covered outpatient elective procedure. If implants are involved and are not provided by the physician, there will be an additional payment due from the patient of the cost of the implant plus ten percent (10%). The patient is expected to pay the estimated amount prior to the date of service. The Patient Access Services Department employee working with the patient will explain to the patient that the estimate is only for hospital services, and does not include professional fees such as anesthesiology, radiology, pathology, or physicians professional fees. This shall also be in writing in the estimate provided to the patient.
- C. Emergency Care. If the patient has received emergency care, and is still at the Hospital as an inpatient, they will be referred to the Patient Access Services Department to discuss payment of their financial responsibility after receiving the relevant services. Patients receiving emergency services receive an estimate for services after triage and medical screening by a physician are completed. If the patient has been discharged, the account will be referred to an outside collections agency that handles "early-out" accounts. For more information on that process, please see our Billing and Collection Policy, attached as a related policy.

### **III. Documentation, Application**

#### **A. Confidential Financial Application**

- 1. In order to qualify for charity care, the Hospital requires each patient or family to complete the Confidential Financial Application (refer to **Exhibit B**). This application allows the collection of information about income and the documentation of other requirements as defined below.<sup>18</sup>

2. A Confidential Financial 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, Medi-Cal, County Assistance Programs, Medically Indigent Adult (MIA), Minority Serving Institution (MSI), Aid to Families with Dependent Children (AFDC), Food Stamps, and Women, Infants and Children (WIC).<sup>19</sup>
3. The PFS Manager or designee will attempt to secure supporting documentation. Income and/or assets may be verified by attaching one or more of the following:
  - a. IRS Tax Forms
  - b. Payroll stubs
  - c. Declarations
  - d. Verbal attestations
  - e. Other forms used to substantiate the needs for charity consideration
  - f. Credit Bureau Report (including the lack thereof)
  - g. **Note:** Only recent pay stubs or income tax returns are reviewed for Discounted Care patients.<sup>20</sup>
4. In cases where the patient is unable to complete the written application independently, Hospital staff shall work with the patient to complete as much of the application as possible, and include documentation in the file explaining why any sections of the application were not completed. The Hospital may not deny financial assistance based upon an applicant's failure to provide information or documentation unless that information or documentation is described in the FAP or the FAP application form.<sup>21</sup>

#### **B. Income verification**

1. The Hospital requests patients to attest to the income set forth in the application. In determining a patient's total income, the Hospital may consider other financial assets and liabilities of the patient, as well as, the patient's family income, when assessing the ability to pay. If a determination is made that the patient has the ability to pay their bill, such determination does not preclude a reassessment of the patient's ability to pay upon presentation of additional documentation. All of the following documents are appropriate for substantiating the need for Financial Assistance:
  - a. **Charity care income verification.** Income documentation may include IRS form W-2, Wage and Earnings Statement, paycheck stub, tax returns, and/or bank statements. **If any of the above is not provided, a signed statement as to why the document is not available is required.**
  - b. Participation in a Public Benefit Program - Public Benefit Program documentation showing current participation in programs, such as Social Security, Workers' Compensation, Unemployment Insurance, Medi-Cal, County Assistance Programs, AFDC, Food Stamps, WIC, or other similar indigence-related programs.
  - c. Patients must provide income tax returns, current bank account statements, and/or recent pay stubs to Valley Presbyterian Hospital **within 15 days of receipt (when possible) of Financial Assistance Application from the Hospital to determine if the patient is eligible.**

#### **C. Financial Assistance Applications with supporting documentation must be submitted to the following address:**

**Valley Presbyterian Hospital  
15107 Vanowen Street  
Van Nuys, CA 91405  
Attention: Business Office**

- D. **Discounted care income verification.** For purposes of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs or income tax returns. All Financial Assistance Applications, including those for discounted care, must be returned with

supporting documentation to the address listed above in section III(C).

**E. Information falsification**

1. Falsification of information will result in denial of the application for Financial Assistance. If, after a patient is granted financial assistance, the hospital finds material provision(s) of the application to be untrue, financial assistance status may be revoked and the patient's account will be forwarded for normal collection processes.
2. Denied financial assistance recommendations  
In the event that a patient's application for Financial Assistance is denied, documentation is to be placed in the facility patient accounting system as to the reason for the rejection. The determining Manager is also to indicate on the Confidential Financial Application the reason for denial and the date of the denial.
3. Denied charity care recommendations  
In the event the CFO/designee denies a patient's application for charity care, documentation is to be placed in the facility collection system as to the reason for the rejection of the recommendation. The CFO/designee is also to indicate on the Confidential Financial Application the reason for the denial and the date of the denial.

**IV. Publicizing the Financial Assistance Policy**

- A. Hospital will distribute a Plain Language Summary of its financial assistance policies and offer a Confidential Financial Application for charity care or discounted care prior to discharge.<sup>22</sup> Hospital will also distribute a written notice about the availability of the hospital's discount payment and charity care policies, eligibility, and contact information for a hospital employee who can provide further information about these policies. See *Exhibit D*.
- B. Information about financial assistance, available from Hospital, shall also be disseminated and made widely available through various means, including: (1) making paper copies available in person or by mail upon request and without charge; (2) informing and notifying visitors through conspicuous public display, including posting notices in areas such as the emergency department, billing office, admissions office, other outpatient settings, and other places that Hospital may elect; (3) informing and notifying the community, such as by distributing an information sheet or summary of the charity care policy to local public agencies and nonprofit organizations; and (4) making available on Hospital's Web site the charity care policy and a Plain Language Summary of the charity care policy, and the Confidential Financial Application form.
- C. Such information shall be provided in English and Spanish, or any other language as required by law (including any language spoken by at least 5 percent of the local population), and will be translated for patients/guarantors who speak other languages. The public may readily obtain a free written description of the full measures taken by the hospital to widely publicize the charity care policy by contacting Hospital's Chief Financial Officer.<sup>23</sup>

**V. Custodian of Records**

- A. The Business Office will serve as the custodian of records for all charity care documentation for all accounts identified as approved charity care.
- B. **All applicants will receive a referral for legal services to the following:**  
**For legal assistance involving consumer issues, contact**  
**Neighborhood Legal Services of Los Angeles County (NLSLA).**  
**Address: 13327 Van Nuys Blvd.**  
**Pacoima, CA 91331**  
**(800) 433-6251**  
**[www.nlsla.org](http://www.nlsla.org)**

# Exhibits:

Exhibit A – Federal Poverty Guidelines 2019

Exhibit B - Valley Presbyterian Hospital Confidential Medical and Financial Assistance Application

Exhibit C – List of Participating Providers

Exhibit D – Plain Language Summary

## Exhibit A

### Federal Poverty Guidelines 2019<sup>24</sup>

Family Unit	Monthly Income \$100%	Annual Income \$100%	Monthly Income \$350%	Annual Income \$350%	Annual Income \$650%
1	\$1,041	\$12,490	\$3,644	\$43,728	\$81,185
2	\$1,409	\$16,910	\$4,932	\$59,184	\$109,915
3	\$1,778	\$21,330	\$6,223	\$74,676	\$138,645
4	\$2,146	\$25,750	\$7,511	\$90,132	\$167,375
5	\$2,514	\$30,170	\$8,799	\$105,588	\$196,105
6	\$2,883	\$34,590	\$10,091	\$121,092	\$224,835
7	\$3,251	\$39,010	\$11,379	\$136,548	\$253,565
8	\$3,619	\$43,430	\$12,667	\$152,004	\$282,295

## Exhibit B

### Valley Presbyterian Hospital

### Confidential Medical and Financial Assistance Application

Patient Name            SSN            DOB

Patient Address:

Patient Home Phone: Patient Work Phone:

### FINANCIAL ASSISTANCE SCREENING

Total Number of Dependent Family Members in Household \_\_\_\_\_

*(Include patient, patient's spouse and/legal guardian, and any children the patient has under the age of 18 living in the home. If the patient is a minor, include mother/father 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

\_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ %

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

### RESPONSIBLE PARTY/GUARANTOR

Responsible Party:

Relationship to patient

SSN:

DOB

Home Address:

Phone #

Work Address:

Phone #

Gross Income:

Circle One -  
Hourly Daily Weekly Monthly Yearly

Hours Per Week:

Circle One -

If income is \$0/unemployed, what is your means of support?

Living on Savings/Annuity

Live with parent/family/friends

Homeless

Shelter



**SPOUSE**

Responsible Party:

SSN:

DOB

Home  
Address:

Phone #

Work  
Address:

Phone #

Gross      Circle One -  
Income:    Hourly   Daily   Weekly   Monthly   Yearly

Hours Per Week:

**HOMELESS AFFIDAVIT**

I, \_\_\_\_\_, hereby certify that I am homeless, have no permanent address, no job, savings, or assets, and no income other than potential donations from others. Patient/Guarantor Initials.

**UNINSURED DISCOUNT PROGRAM**

I, \_\_\_\_\_, hereby request that if I may not be found eligible for any Medical Assistance Program or granted Financial Assistance that I will be automatically deemed eligible for the Valley Presbyterian Hospital Uninsured Discount Program, if no third party coverage.

\_\_\_\_\_  
Patient/Guarantor Initials**ATTESTATION OF TRUTH**

I hereby acknowledge all of the information provided to be true. I understand that providing false information will result in the denial of this Application. Additionally, in accordance with state statute, providing false information to defraud a hospital for obtaining goods or services is a misdemeanor, and in accordance with statute, may be punishable by imprisonment and a fine. I also understand and expressly consent to the Hospital obtaining a credit report, or taking such other such measure, to verify the information provided herein. I fully understand that Valley Presbyterian Hospital Financial Assistance programs is a "Payer of Last Resort" and hereby assign all benefits due from any liability action, personal injury claims, forth settlements, and any and all insurance benefits which may become payable for any illness or injury for which Valley Presbyterian Hospital or its subsidiaries provided care.

**PATIENT/GUARANTOR SIGNATURE****DATE**\_\_\_\_\_  
**ATTESTED SIGNATURE OF****VALLEY PRESBYTERIAN HOSPITAL EMPLOYEE****DATE**

## **Exhibit C**

### **List of Providers participating in Valley Presbyterian Hospital's Financial Assistance Program:**

- All Emergency Room providers are contracted through Emergency Medical Associates (EMA). EMA participates in VPH's Financial Assistance Program. They can be contacted at (626)821-5711.
- Renaissance Imaging Medical Associates, Inc. (RIMA) (Radiology professional services) may participate in VPH's Financial Assistance Program, but the patient will need to contact them directly to ensure participation. They can be contacted at (888)965-0083.
- All Laboratory professional services are provided by Orion Healthcorp. Orion Healthcorp. participates in VPH's Financial Assistance Program. They can be contacted at (800)578-8300.
- San Fernando Valley Medical Group, Inc. (Hospitalist group) may participate in VPH's Financial Assistance Program, but the patient will need to contact them directly to ensure participation. Dr. Sanjay Vadgama is the Medical Director, and can be contacted at (818) 325-0200. <sup>25</sup>

In the course of treatment, each additional physician utilized in the care would have to be consulted regarding his/her participation in VPH's FAP.

## **Exhibit D**

### **Plain Language Summary of Financial Assistance Policy**

#### **Notice to Our Patients and Families:**

Thank you for choosing Valley Presbyterian Hospital for your hospital services. Our hospital requests payments for services upon discharge from the hospital. A representative from our Patient Access Services (PAS) department will notify you of your estimated financial obligation, such as insurance co-payments or self-pay responsibility. This will be addressed and collected during pre-registration, if scheduled, or during your hospital stay at Valley Presbyterian Hospital.

For patients who do not have insurance coverage, there are alternative funding and payment plan options offered by our hospital. Our PAS department will work with you to identify the best payment option based on government or hospital rules and regulations.

This packet is designed to provide you information regarding alternate funding and payment plans offered by our hospital. The following is an overview of the financial assistance programs provided by our hospital. Our Financial Assistance Policy, application form, and Plain Language Summary are all available in English and Spanish.

#### **Medi-Cal and Government Programs**

The Medi-Cal Eligibility Program is a hospital service provided to you at no cost. You may qualify for California Health Benefits Exchange (Covered California) or other government programs which pay for all or part of your hospital expenses. You will be given information upon registration regarding the available plans.

#### **Charity Care Financial Assistance Program**

The Hospital will continue to pursue financial recovery options from third party payers even after all charity write offs are applied. Patients will **not** be billed after any 100% charity write off, though may be notified of collection activities involving third party payers. A Financial Assistance Program is available to patients that do not have the means to pay for hospital expenses and do not qualify for any Medical Eligibility Programs. You may qualify if your gross household income falls at or below 350% of the federal poverty level or medical expenses exceed 10%

of your annual household income. To be considered for the Financial Assistance Program, you will be required to provide information on your household finances through a confidential Financial Application. You must submit the required documentation within 15 days of receipt of the application. Documentation will be requested to verify your circumstances. An FAP-eligible individual can't be charged more than the amounts generally billed (AGB) for emergency or other medically-necessary care. Please reference the attached policy and application for additional information and requirements. While the FAP does not apply to physician services, patients should be aware that the Emergency Room physicians of this and every other California hospital must provide discounted care consistent with California's Emergency Physician Fair Pricing Policies Law for eligible patients with family incomes at or below 350 percent of the FPL. Copies of the free Financial Assistance Application can be obtained at the Cashiers' office or Financial Counselors' office at the hospital, 15107 Vanowen St., Van Nuys, California 91405, or on-line at our website. For more information regarding the Financial Assistance Program, or to have the information mailed to you, please contact the Financial Counselors' office at (818)902-5125

### **Uninsured Discount Rate**

All Uninsured patients are eligible for discounts. The discount is similar to rates paid by Medicare and is offered to you under our Uninsured Discount Program.

In addition three maternity plans are available. Normal Delivery: Up to a 2 day stay - \$3000; C- Section: Up to a 3 day stay - \$5000; C-Section: 4 day stay - \$ 6500 – Each additional day for a Normal Delivery or C-Section is \$2000/day; Additional OB Nursery days are \$600/day.

If during the admission, you choose to have a circumcision completed on your child, it is included in the maternity plan. If a decision is made to perform the procedure on an outpatient surgery basis, the cost will be calculated based upon the above referenced calculation for outpatient uninsured discounted rates.

### **Bills and Payment Plans**

If you do not qualify for state assistance or any of our financial assistance programs, you may establish payment arrangements with our financial counselor. Payment arrangements may be made with no interest penalties. Defaulting on your payment plan disqualifies you from taking advantage of this option. You may receive bills from other billing companies for physician charges, radiology, ambulance, etc. For assistance regarding policy, questions or disputes of your hospital bill, please contact the Business Office at **818-902-2913**.

Nonprofit credit counseling service may be available in your area.

### **Estimate of Charges**

In accordance with California law, a written or electronic copy of the charge master available at the cashier's office for medical procedures and services, or you may call 1-818-902-2913, Monday through Friday, 8 a.m.to 4 p.m.

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Signature

Date