

 <p style="text-align: center;"><b>Sutter West Bay Hospitals dba California Pacific Medical Center – St. Luke’s Campus</b></p> <p>Finance Policy: Supersedes Policy</p>	DRAFT POLICY DATE 11/18/2015 Effective Date: 1/1/2016 Final Approved Date: 11/18/2015 Revised Date: 12/31/2015 Next Review Date: 1/1/2019
	Owner: Jeff Sprague, CFO
	Policy Area: Finance
	References:
<b>POLICY ON FINANCIAL ASSISTANCE (CHARITY CARE)</b>	

**PURPOSE**

The purpose of the policy is to provide patients with information on the Financial Assistance (Charity Care) available at Sutter Health hospital facilities and to outline the process for determining eligibility for Financial Assistance.

**POLICY**

It is the policy of Sutter Health 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 to all licensed hospital facilities operated by Sutter Health or an Affiliated Entity (as that term is defined in the bylaws of Sutter Health), and all other hospitals in which Sutter Health and/or an Affiliated Entity has a direct or indirect voting control or equity interest of greater than 50% (hereafter referred to as “Hospital” or “Sutter Health Hospitals” (as listed in Appendix G). Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a Hospital’s bill. This policy does not create an obligation for the Hospital to pay for such physicians’ or other medical providers’ services. In California, an emergency physician who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

**DEFINITIONS**

**Complex/Specialized Services:** “Complex/Specialized Services” are services that Sutter Health or a Hospital determines are complex and specialized (e.g., transplants, experimental and investigational services) as well as certain elective services that are typically excluded from coverage under health plan coverage agreements (e.g., cosmetic procedures).

**Federal Poverty Level (FPL):** The “Federal Poverty Level” of “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.

**Financial Assistance:** “Financial Assistance” refers to Full Charity Care and High Medical Cost Charity Care (as outlined in section A.1 Eligibility).

**Hospital Services:** “Hospital Services” are all services that a Hospital is licensed to provide, including emergency and other medically necessary care (excluding Complex/Specialized Services).

**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, Hospitals shall apply the following eligibility criteria for Financial Assistance:

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
<b>FULL CHARITY CARE</b>	Patient is an Uninsured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL	Full write off of all charges for Hospital Services
<b>HIGH MEDICAL COST CHARITY CARE (for Insured Patients)</b>	<ol style="list-style-type: none"> <li>1. Patient is an Insured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL;</li> </ol> <p style="text-align: center;"><b>and</b></p> <ol style="list-style-type: none"> <li>2. Medical expenses for themselves or their family (incurred at the Hospital or paid to other providers in the past 12 months) exceed 10% of the patient’s Family Income.</li> </ol>	A write off of the Patient Responsibility amount for Hospital Services

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 Family shall be determined as follows:
    - (i) Adult Patients: For patients over 18 years of age, the Patient Family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
    - (ii) Minor Patients: For patients under 18 years of age, the Patient Family includes their parents, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.
  - b) Proof of Family Income: Patient shall only 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. Sutter 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 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. Hospitals shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.
4. Special Circumstance – Benefits Exhausted During Inpatient Stay: When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the patient's stay because the patient exhausted their benefits during the stay, the Hospital should collect from the patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A Hospital shall not pursue from the patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the patient's share of cost or co-insurance. A patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the patient is eligible for Financial Assistance, the Hospital shall write off all charges for services that the Hospital provided after the patient exceeded the benefit cap.

5. Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this policy:
- a) Uninsured Patient seeks Complex/Specialized Services: Generally, Uninsured Patients who seek Complex/Specialized services (e.g. transplants, experimental or investigational procedures), and seek to receive Financial Assistance for such services, must receive administrative approval from the individual responsible for finance at the Hospital (or designee) prior to the provision of such services in order to be eligible for Financial Assistance. Hospitals shall develop a process for patients to seek prior administrative approval for services that require such approval. Elective services that are normally exclusions from coverage under health plan coverage agreements (e.g., cosmetic procedures) are not eligible for Financial Assistance.
  - b) 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. Hospitals shall seek to collect these amounts from the patients.
  - c) 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 Sutter, or a patient refuses to transfer from a Sutter hospital to an in-network facility) is not eligible for Financial Assistance
  - d) 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.
  - e) 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.
  - f) Information falsification: Hospitals may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.
  - g) 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.
  - h) Professional (physician) Services: Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. 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.

## **B. APPLICATION PROCESS**

1. Each Hospital 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 Sutter Health standardized application form, the "Application for Financial Assistance", Exhibit B.
3. Patients may request assistance with completing the Application for Financial Assistance in person at the Sutter Health Hospitals listed on Exhibit A, over the phone at 855-398-1633, through the mail, or via the Sutter Health website ([www.sutterhealth.org](http://www.sutterhealth.org)).
4. Patients should mail Applications for Financial Assistance to Sutter Health, P. O. Box 619010, Roseville, CA 95661-9998 Attn: Charity Care Application.
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 240 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. The Hospital 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 Full Charity Care or High Medical Cost Charity Care determination has been made, 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.
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 the Hospital to deny Financial Assistance by notifying the individual responsible for finance at the Hospital or designee, 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 individual responsible for finance at the Hospital or designee 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(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language(s) 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 preadmission or registration (or as soon thereafter as practicable) Hospitals shall provide all patients with a copy of 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. Hospitals shall identify the department that Patients can visit to receive information about, and assistance with applying for, Financial Assistance.
  - b) **Financial Assistance Counselors:** Patients who may be Uninsured Patients shall be assigned Financial Counselors, who shall visit with the patients in person at the hospital. Financial Counselors shall give such patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy, and assist with the application process.
  - c) **Emergency Services:** In the case of emergency services, Hospitals shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.
  - d) **Applications Provided at Discharge:** At the time of discharge, Hospitals shall provide all 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 and California Children's Services or any other potentially applicable government program.
3. **Information Provide to Patients at Other Times:**
  - a) **Contact Information:** Patients may call 1-855-398-1633 or contact the Hospital department listed on Exhibit G to obtain additional information about Financial Assistance and assistance with the application process.
  - b) **Billing Statements:** Hospitals shall bill patients in accordance with the Sutter Health Hospital Billing and Collections Policy. 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, and also included on the patient's final billing statement.

- c) Upon Request: Hospitals 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: Hospitals 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 emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including but not limited to the waiting rooms, billing offices, and hospital outpatient service settings. These 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 Sutter Health website ([www.sutterhealth.org](http://www.sutterhealth.org)) and on each individual Hospital's website. 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.
- d) Advertisements/Press Releases: As necessary and on at least an annual basis, Sutter Health will place an advertisement regarding the availability of Financial Assistance at Hospitals in the principal newspaper(s) in the communities served by Sutter Health, or when doing so is not practical, Sutter will issue a Press Release containing this information, or use other means that Sutter Health concludes will widely publicize the availability of the policy to affected patients in our communities.
- e) Community Awareness: Sutter Health will work with affiliated organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

## 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 Sutter Health Hospital Billing and Collections Policy.
3. **Billing and Collections:**  
Hospitals 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 have been sent to the patient or guarantor. Affiliates and Revenue Cycle 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 (as defined by the Sutter Health Hospitals' Billing and Collection Policy). Copies of the Hospital Billing and Collection policy may be obtained free of charge on the Sutter Health website at [www.sutterhealth.org](http://www.sutterhealth.org) , by calling 855-398-1633 or within the Hospital Patient Registration, Patient Financial Services offices and the emergency department.
4. **Submission to OSHPD:**  
Sutter Health Hospitals 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/>
5. **Amounts Generally Billed:**  
In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter 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.

## REFERENCE

Internal Revenue Code section 501(r)

26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7

California Health and Safety Code section 124700 through 127446

This policy is intended to be read with the Sutter Health Billing and Collection Policy (Finance Policy 14-227).

## 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 Sutter Health Eligibility Determination for Charity Care

Exhibit E – Important Billing Information for Patients

Exhibit F – Notice of Rights

Exhibit G – Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistan



## Exhibit A

### Providers Covered and Not Covered by Policy

The providers listed at <http://www.sutterhealth.org/communitybenefit/financial-assistance.html> are **covered** under this Policy.

The providers listed at <http://www.sutterhealth.org/communitybenefit/financial-assistance.html> that are **NOT covered** under this Policy

**Exhibit B  
APPLICATION FOR FINANCIAL ASSISTANCE**

PATIENT NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 ACCOUNT# \_\_\_\_\_ SNN \_\_\_\_\_  
 (PATIENT) (SPOUSE)

FAMILY STATUS: List any spouse, domestic partner, or children under the age of 21. If patient is a minor, list all parents, caretaker relatives, and siblings under 21

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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: \_\_\_\_\_

**CURRENT MONTHLY INCOME**

	Patient	Other Family
Gross Pay (before deductions)		
<i>Add:</i> Income from Operating Business (if Self-Employed)	_____	_____
<i>Add:</i> Other Income:		
Interest and Dividends	_____	_____
From Real Estate or Personal Property	_____	_____
Social Security	_____	_____
Other (specify):	_____	_____
Alimony or Support Payments Received	_____	_____
<i>Subtract:</i> Alimony, Support Payments Paid	_____	_____
<i>Equals:</i> Current Monthly Income	_____	_____
Total Current Monthly Income (add Patient + Spouse)	_____	_____
Income from above	_____	_____

**FAMILY SIZE**

Total Family Members \_\_\_\_\_  
 (Add patient, parents (for minor patients), spouse and children from above)

	Yes	No
Do you have health insurance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have other Insurance that may apply (such as an auto policy)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Were your injuries caused by a third party (such as during a car accident or slip and fall)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financing discount, I understand that I may be required to provide proof of the information I am providing.

\_\_\_\_\_  
 (Signature of Patient or Guarantor) (Date)

\_\_\_\_\_  
 (Signature of Spouse) (Date)

**Exhibit C**  
**FINANCIAL ASSISTANCE CALCULATION WORKSHEET**

Patient Name: \_\_\_\_\_ Patient Account #: \_\_\_\_\_  
 Hospital: \_\_\_\_\_

Special Considerations/Circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	Yes	No
Does Patient have Health Insurance?	<input 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 injured 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

**Exhibit D**  
**NOTIFICATION FORM**  
**SUTTER HEALTH**  
**ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE**

Sutter Health has conducted an eligibility determination for financial assistance for:

\_\_\_\_\_ PATIENTS NAME                      \_\_\_\_\_ ACCOUNT NUMBER                      \_\_\_\_\_ DATE(S) OF SERVICE

The request for financial assistance was made by the patient or on behalf of the patient on \_\_\_\_\_.  
This determination was completed on \_\_\_\_\_.

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made:

Your request for financial assistance has been approved for services rendered on \_\_\_\_\_.  
*After applying the financial assistance reduction, the amount owed is \$\_\_\_\_\_.*

Your request for financial assistance is pending approval. However, the following information is required before any adjustment can be applied to your account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request for financial assistance has been denied because:

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Granting of financial assistance is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance or provided incomplete or inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant Financial Assistance and hold the you and/or third parties responsible for the hospital's charges.

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.

If you have any questions on this determination, please contact:

\_\_\_\_\_  
Patient Financial Services  
855-398-1633

## Exhibit E

### Important Billing Information for Patients Financial Assistance Plain Language Summary

Thank you for choosing Sutter Health. 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, anesthesiologists, clinical professionals, ambulance companies, and 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.

**Emergency Services:** If you received emergency services at the hospital, you will receive a separate bill for the emergency room physician. Any questions pertaining to the emergency room physician's services should be directed to the physician. An emergency room physician, as defined in Section 127450 of the Health and Safety Code, who provides emergency medical services in a hospital that provides emergency care is required by law to provide discounts to uninsured patients or insured patients with high medical costs who are at or below 350% of the federal poverty level.

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

**Payment Plans:** Patient account balances are due upon receipt. Patients may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient.

**Medi-Cal & Government Program Eligibility:** You may be eligible for a government-sponsored health benefit program. Sutter Health has staff available to assist you with applying for government programs like Medi-Cal. Please contact Patient Financial Assistance at (855) 398-1633 if you would like additional information about government programs, or need assistance with applying for such programs. This facility also contracts with organizations that may assist you further with applying for government assistance, if needed.

**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 hospital financial assistance department at (855) 398-1633 for more detail and assistance to see if you qualify for health care coverage through Covered California.

**Summary of Financial Assistance (Charity Care):** Sutter Health is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following are categories of patients who are eligible for Financial Assistance:

- 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 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at

the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.

- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located within the Patient Access / Registration Departments at the Hospital or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website ([www.sutterhealth.org](http://www.sutterhealth.org)). You may also submit an application by speaking with a representative from Patient Financial Services, who will 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 Sutter 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 Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this 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 our Patient Registration and Patient Financial Services offices as well as at [www.sutterhealth.org](http://www.sutterhealth.org) and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health 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.

**Pending applications:** If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, 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 anesthesiologists, pathologists, radiologists, ambulance companies or 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 Patient Access at 855-398-1637. If you have any questions, or if you would like to pay by telephone, please contact the Patient Financial Services at 855-398-1633.

## Exhibit F

### Notice of Rights

Thank you for selecting Sutter Health 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, or if you submit payment promptly.

Please be aware that this is the bill for hospital services only. There may be additional charges for services that will be provided by physicians 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 (382-4357) or online at [www.ftc.gov](http://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 Patient Financial Services office at 855-398-1633 for a referral

Sutter Health has agreements with 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 (Charity Care):** Sutter Health is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following categories of patients who are eligible for Financial Assistance:

- 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 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located at located within the Patient Access / Registration Departments at the Hospital, or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website ([www.sutterhealth.org](http://www.sutterhealth.org)). You may also submit an application by speaking with a



representative from Patient Financial Services, who will 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 Sutter 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 Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this 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 our Patient Registration or Patient Financial Services offices, as well as at [sutterhealth.org](http://sutterhealth.org) and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health 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.

**Pending applications:** If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, 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 Patient Financial Services at 855-398-1633. If appropriate, Patient Financial Services 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. Patient Financial 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 Patient Financial Services at 855-398-1633.

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

**Contact Information:** Patient Financial Services is available to answer questions you may have about your hospital bill, or would like to apply for Financial Assistance or government program. The telephone number is 855-398-1633. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

## Exhibit G

### Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

#### Alta Bates Summit Medical Center

##### *Patient Access/Registration*

###### **Ashby Campus**

2450 Ashby Avenue  
Berkeley, CA 94705  
510-204-4444

###### **Herrick Campus**

2001 Dwight Way  
Berkeley, CA 94704  
510-204-4444

###### **Summit Campus**

350 Hawthorne Avenue  
Oakland, CA 94609  
510-655-4000

<http://www.altabatessummit.org>

#### California Pacific Medical Center

##### *Patient Access/Registration*

###### **California Campus**

3700 California Street  
San Francisco, CA 94118  
415-600-6000

###### **Pacific Campus**

2333 Buchanan Street  
San Francisco, CA 94115  
415-600-6000

###### **Davies Campus**

Castro and Duboce  
San Francisco, CA 94114  
415-600-6000

###### **St. Luke's Campus**

3555 Cesar Chavez St.  
San Francisco, CA 94110  
415-647-8600

<http://www.cpmc.org>

**Eden Medical Center**

***Patient Access/Registration***

**Eden Campus**  
20103 Lake Chabot Road  
Castro Valley, CA 94546  
510-537-1234

<http://www.edenmedicalcenter.org>

**Kahi Mohala, A Behavioral Healthcare System**

***Patient Access/Registration***

91-2301 Fort Weaver Road  
Ewa Beach, HI 96706  
808-671-8511

<http://www.kahimohala.org>

**Memorial Medical Center**

***Patient Access/Registration***

1700 Coffee Road  
Modesto, CA 95355  
209-526-4500

<http://www.memorialmedicalcenter.org>

**Memorial Hospital, Los Banos**

***Patient Access/Registration***

520 I Street  
Los Banos, CA 93635  
209-826-0591

<http://www.memoriallosbanos.org>

**Menlo Park Surgical Hospital**

***Patient Access/Registration***

570 Willow Road  
Menlo Park, CA 94025  
650-324-8500

<http://www.pamf.org/mpsh>

## **Mills-Peninsula Health Services**

### ***Patient Access/Registration***

1501 Trousdale Drive  
Burlingame, CA 94010  
(650) 696-5400

<http://www.mills-peninsula.org>

## **Novato Community Hospital**

### ***Patient Access/Registration***

180 Rowland Way  
Novato, CA 94945  
415-897-3111

<http://www.novatocommunity.org>

## **Sutter Amador Hospital**

### ***Patient Access/Registration***

200 Mission Blvd.  
Jackson, CA 95642  
209-223-7500

<http://www.sutteramador.org>

## **Sutter Auburn Faith Hospital**

### ***Patient Access/Registration***

11815 Education Street  
Auburn, CA 95602  
530-888-4500

<http://www.sutterauburnfaith.org>

## **Sutter Coast Hospital**

### ***Patient Access/Registration***

800 East Washington Blvd.  
Crescent City, CA 95531  
707-464-8511

<http://www.suttercoast.org>

## **Sutter Davis Hospital**

### ***Patient Access/Registration***

2000 Sutter Place  
(P.O. Box 1617)  
Davis, CA 95617  
530-756-6440

<http://www.sutterdavis.org>

## **Sutter Delta Medical Center**

### ***Patient Access/Registration***

3901 Lone Tree Way  
Antioch, CA 94509  
925-779-7200

<http://www.sutterdelta.org>

## **Sutter Lakeside Hospital and Center for Health**

### ***Patient Access/Registration***

5176 Hill Road East  
Lakeport, CA 95453  
707-262-5000

<http://www.sutterlakeside.org>

## **Sutter Maternity & Surgery Center of Santa Cruz**

### ***Patient Access/Registration***

2900 Chanticleer Avenue  
Santa Cruz, CA 95065-1816  
831-477-2200

<http://www.suttersantacruz.org>

## **Sutter Medical Center, Sacramento**

### ***Patient Access/Registration***

**Sutter General Hospital**  
2801 L Street  
Sacramento, CA 95816  
916-454-2222

**Sutter Memorial Hospital**

5151 F Street  
Sacramento, CA 95819  
916-454-3333

**Sutter Center for Psychiatry**

7700 Folsom Blvd.  
Sacramento, CA 95826  
916-386-3000

<http://www.suttermedicalcenter.org>

**Sutter Roseville Medical Center**

***Patient Access/Registration***

One Medical Plaza  
Roseville, CA 95661  
916-781-1000

<http://www.sutterroseville.org>

**Sutter Santa Rosa Regional Hospital**

***Patient Access/Registration***

30 Mark West Springs Road  
Santa Rosa, CA 95403  
707-576-4000

<http://www.suttersantarosa.org>

**Sutter Solano Medical Center**

***Patient Access/Registration***

300 Hospital Drive  
Vallejo, CA 94589  
707-554-4444

<http://www.suttersolano.org>

**Sutter Tracy Community Hospital**

***Patient Access/Registration***

1420 N. Tracy Boulevard  
Tracy, CA 95376-3497  
209-835-1500

<http://www.suttertracy.org>