Current Status	Policy #	06.03.04
 **Reference to System Policy:** **06.03.01 Billing and Collection Policy** **11.00.00 Compliance with Federal and State 1 Privacy and Confidentiality Laws; Definitions**	Effective Date:	**December 5, 2017**
	Last Reviewed:	Date policy was reviewed. Date may differ from Last Revised Date if policy was reviewed and not revised.
	Last Revised:	**February 19, 2020** **September 18, 2019** **June 20, 2018** **January 15, 2015** **June 6, 2017** **December 5, 2017**
	Owner:	Rich Adcock Chief Executive Officer
	Policy Area:	□ Department _____ X Hospital-Wide □ System-Wide

FINANCIAL ASSISTANCE POLICY

I. Purpose

The purpose of this Financial Assistance Policy ("Policy") is to ensure that Verity's hospitals provide health care services and equal access to emergency and other medically necessary diagnostic and therapeutic treatments, regardless of the financial status of the patient, and in a manner that respects the dignity of patients and their families.

II. Policy

Verity Health System of California, Inc. ("Verity" or "Verity Health"), through its affiliate hospitals referenced in Attachment A ("Hospital" or if plural "Hospitals") will provide Charity Care or Discounted Payment to eligible low income, uninsured and underinsured patients who meet certain eligibility requirements, as set forth herein. This Policy is adopted in accordance with the mission of Verity's hospitals, the requirements set forth in California Health & Safety Code, the pertinent conditions issued by the state of California Attorney General on December 3, 2015 as reflected in the "Restructuring and Support Agreement," and Section 501(r) of the Internal Revenue Code, together with applicable regulations implementing such requirements. 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. See Attachment E for list of Hospital departments covered by this policy.

III. Definitions

Amount Generally Billed ("AGB") means the maximum charge that may be billed to a patient who is eligible for Financial Assistance under this Financial Assistance Policy. No patient eligible for Financial Assistance will be charged more than the AGB for the eligible service(s) (as defined below) provided to the patient. Verity Health calculates the AGB on a facility-by-facility basis using the "look-back" method by multiplying the Gross Charges (as defined below) for any Eligible Services that it provides by AGB percentages, which are based upon past claims allowed under Medicare fee for services (FFS). Verity Health's AGB percentage and how the AGB percentages were calculated are reflected in the AGB Calculation methodology, Attachment B1.

Charity Care means Medically Necessary Services provided at no cost to a Financially Qualified Patient whose income is at or below 200 percent of the Federal Poverty Level.

Discounted Payment means that a Hospital shall limit the expected payment for Medically Necessary Services to a discounted rate for Financially Qualified Patients whose income is between 201 and 350 percent, inclusive, of the Federal Poverty Level.

Essential Living Expenses means expenses for any of the following: rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spousal support; transportation and auto expenses, including insurance, gas and repairs; installment payments; laundry and cleaning; and other extraordinary expenses.

Federal Poverty Level ("FPL") is defined by the poverty guidelines updated annually in the *Federal Register* by the U.S. Department of Health and Human Services. Current Verity FPL guidelines are reflected in Attachment B2. The Verity Revenue Cycle Management ("RCM") Department will update the FPL guidelines annually upon publication of updated poverty guidelines in the Federal Register.

Financially Qualified Patient means a patient who is both of the following:

1. A patient who is a Self-Pay Patient or a Patient with High Medical Costs and
2. A patient whose family income does not exceed 350 percent of the Federal Poverty Level.

Gross Charges are total charges on a patient account for all services provided.

Hospital when capitalized means one of the Verity Affiliated Hospitals listed on Attachment A.

Income includes, but is not limited to, wages, salaries, Social Security payments, public assistance, unemployment and workers' compensation, veterans' benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets and one-time insurance or compensation payments.

Medically Necessary Service means a service or treatment provided or billed by a hospital that is either an emergency service or is otherwise necessary to treat or diagnose a patient and could adversely affect the patient's condition, illness or injury if it were omitted, and the service or treatment is not considered an elective or cosmetic surgery service or treatment.

Patient with High Medical Costs means a person whose family income does not exceed 350 percent of the federal poverty level. "High medical costs" means any of the following:

1. Annual out-of-pocket costs incurred by the individual at the Hospital that exceed 10 percent of the patient's family income in the prior 12 months.

Annual out-of-pocket medical expenses exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.

Patient's Family means the following:

1. For persons 18 years of age and older:
    a. Spouse;
    b. Domestic partner, as defined in Section 297 of the California Family Code; and
    c. Dependent children under 21 years of age, whether living at home or not.
2. For persons under 18 years of age:
    a. Parent;
    b. Caretaker relative; and
    c. Other children under 21 years of age of the parent or caretaker relative.

Self-Pay Patient means a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare or Medi-Cal, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance or other insurance, as determined and documented by the Hospital.

Reasonable Payment Plan means monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for Essential Living Expenses.

IV. Eligibility

A. Eligibility Service

1. Charity Care and Discounted Payment Programs apply to all types of hospital services provided at or billed by the Hospital, including but not limited to Medically Necessary Services, subject to the terms of this Section. Services not provided at or billed by the Hospitals are not covered by this Policy.
2. Non-Medically Necessary Services are not covered by this Policy unless the service or procedure has been ordered by a physician who is a member of the medical staff of a Verity Affiliated Hospital.
3. Emergency physicians who provide emergency medical services in a Hospital that provides emergency care are required by law to provide discounts to Self-Pay Patients and Patients with High Medical Costs who are at or below 350 percent of the Federal Poverty Level. Patients must contact the emergency physician's billing office for further information regarding financial assistance programs for emergency services.

B. General Eligibility

1. Eligibility for the Charity Care or Discounted Payment under the Policy will be determined on an individual basis and based on an assessment of the patient's and/or family's need, financial resources, and all financial obligations including medical expenses.
2. Charity Care and Discounted Payment will be provided to Financially Qualified Patients without regard to race, religion, color, creed, age, gender, sexual orientation, national origin or immigration status.
3. Monetary assets reviewed for purposes of determining eligibility for Charity Care or Discounted Payment include assets that are readily convertible to cash, such as bank accounts and publicly traded stock, but do not include illiquid assets such as real property. Monetary assets also shall not include retirement or deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans. In addition, the first $10,000 of the patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first $10,000 be counted in determining eligibility. The Hospital may, nonetheless, require waivers or releases from the patient or the patient's family authorizing the Hospital to obtain verifying information from financial or commercial institutions, or other entities that hold or maintain the monetary assets.
4. Before a patient may be eligible for the Charity Care Program or the Discounted Payment Program, all available resources must first be applied, including, but not limited to, private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, Medi-Cal, the Healthy Families Program, the California Children's Services Program, or other state- or county-funded programs designed to provide health coverage.

5. Patients who are currently eligible for Medicaid in a state other than California will qualify for a 100 percent financial discount under this Policy, in the event that Hospital has not enrolled the patient's state's Medicaid plan.
6. Determining eligibility for the Charity Care Program and Discounted Payment Program requires the full cooperation of patients and their families, who must provide and complete required documents and information on a timely basis. If a person requesting a determination of eligibility under this Policy fails to provide information that is reasonable and necessary for the Hospital to determine eligibility, the Hospital may consider that failure in making its determination.

C. **Specific Eligibility.** Patients may apply for financial assistance under Section C.1 or Section C.2, as described below.

1. Discounted Payment Program. Both Self-Pay Patients and Patients with High Medical Costs are eligible to apply for the Discounted Payment Program.

a) **Self-Pay Patients:** For Self-Pay Patients whose family income is between 201 percent and 350 percent, inclusive, of the Federal Poverty Level, each Hospital shall limit the expected payment for services provided by the Hospital to the lesser of (A) the AGB, as calculated by the Hospital using the "Look-back Method" as defined in applicable regulations implementing Section 501(r) of the Internal Revenue Code, or (B) the highest amount of payment the Hospital would expect, in good faith, to receive for providing services from Medicare, Medi-Cal, the Healthy Families Program, or another government-sponsored health program of health benefits in which the Hospital participates. See Attachment B1 for the Amount Generally Billed and Attachment B2 for the Financial Assistance Sliding Scale.

b) **Patients with High Medical Costs:** For Patients with High Medical Costs whose documented income is between 201 percent and 350 percent, inclusive, of the Federal Poverty Level, each Hospital shall limit the expected payment for services provided by the Hospital to the amount of payment to the lesser of (i) the balance after any insurance payments are applied or (ii) the rate calculated in accordance with Section C.1.a above.

(1) After determining the applicable rate, the Hospital will apply the sliding scale set forth in Attachment B2.

(2) Patients seeking Discounted Payment must make reasonable efforts to provide the Hospital with documentation of income (limited to recent pay stubs or income tax returns) and health benefits coverage. Patients with High Medical Costs also must provide documentation of medical expenses paid by such patients or their families in the prior 12 months.

(3) Following a determination that an individual is eligible for the Discounted Payment Program, an individual may not be charged more than the amounts generally billed to individuals who have insurance covering emergency or other medically necessary care.

2. Charity Care Program. Hospitals will provide Charity Care (*i.e.*, care at no cost) to Financially Qualified Patients who are unable to pay, provided that the patient's income is at or below 200 percent of the Federal Poverty Level. Patients seeking Charity Care must make reasonable efforts to provide the Hospital with documentation of monetary assets as described in B.2, above.

V. Application Procedures

A. Notice Requirements

1. Posted Notice. Each Hospital will post information about the availability of Charity Care and Discounted Payment under this Policy, as set forth on Attachment C, at all locations with high patient volume, including admission and registration areas, emergency departments, outpatient settings and Patient Financial Services offices.

2. Written Notice. Each Hospital will provide patients with written notice containing information about availability of the Charity Care and Discounted Payment Programs, including information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain additional information about this Policy. This written notice also will be provided to patients who receive emergency and/or outpatient care and who may be billed for that care, but were not admitted as an inpatient. The notice shall be available in English and other languages, as determined by each Hospital's primary service area and in accordance with applicable federal and state law. Each Hospital shall retain written acknowledgement of a patient's receipt of such notice.

   a) This Policy, the Application Form and a Plain Language Summary of this Policy shall be made widely available on websites and by informing members of the community served by each Hospital as required by the regulations under Section 501(r) of the Code.

3. Billing Statements. Hospital billing statements will communicate the availability of government sponsored programs and Charity Care and Discounted Payment Programs for eligible patients and for any patient who has not provided proof of coverage at the time of billing. Each Hospital shall provide the following information with a patient's bill:

   a) A statement of charges for services provided by the Hospital;

   b) A request that the patient inform the Hospital if the patient has health insurance coverage, including Medicare, Healthy Families, Medi-Cal or other coverage;

c) A statement indicating how patients may obtain applications for government sponsored coverage and that the Hospital will provide these applications; and

d) The name and telephone number of the Hospital representative from whom, or office from which, a patient may obtain information about the Hospital's financial assistance policies, and how to apply for assistance under those policies, along with the direct website address for the facility webpage which contains links to copies of this policy, a plain language summary of this policy and the application form for financial assistance under this policy.

B. Identification of Financially Qualified Patients.

1. Financial counselors or Health Benefits Resource Center ("HBRC") staff at each Hospital will make reasonable efforts to obtain from the patient or his/her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the Hospital to the patient.
2. Financial counselors and HBRC staff at each Hospital will assist patients in understanding and applying for government sponsored programs and for Charity Care or Discounted Payment.
3. Each Hospital will provide information about and applications for Medi-Cal, the Healthy Families Program, the California Health Benefit Exchange, and other state- or county-funded health coverage to uninsured patients in registration areas as well as in the PFS Department office. If the patient does not indicate coverage by a third-party payer or requests a discounted price, then each Hospital will provide the patient with an application for applicable government programs. Such applications will be made available prior to discharge (if the patient has been admitted) or to patients receiving emergency or outpatient care.
4. If a patient applies, or has a pending application, for another health coverage program at the same time s/he applies for Charity Care or Discount Payment under this Policy, neither application shall preclude eligibility for the other program.

C. Application Process.

1. A Financial Assistance Application, set forth on Attachment D, is provided to patients to begin assessment of a patient's qualifications for the Charity Care or Discounted Payment under this Policy. Patients may be referred to the Charity Care or Discounted Payment Programs by the patient's physician, family members, community or religious groups, social services or hospital personnel.

2. Eligibility for the Charity Care and Discounted Payment Programs requires the patient, the patient's guarantor or the patient's legal representative to provide accurate information and use reasonable efforts to provide all documentation necessary. If a person requesting a determination of eligibility under this Policy fails to provide the information that is reasonable and necessary for the Hospital to determine eligibility, the Hospital may consider that failure in making its determination.
3. Incomplete Financial Applications will not be denied due to insufficient information until the patient has been sent a letter identifying the additional and/or missing information that is needed to complete the application, and stating a deadline after which the application will be denied if the requested information has not been received. Such deadline must constitute a reasonable period of time after that notice within which to provide the referenced information.
4. If the patient fails to complete an application or the application contains insufficient information and the patient does not comply with requests as noted above, the Hospital will utilize a risk assessment scoring software algorithm to determine presumptive eligibility prior to sending patient account to pre-collection status. The software will be an industry-wide accepted product that has been validated by external audit.
5. Hospital HBRC staff will provide presumptive Medi-Cal eligibility for financial assistance applicants during hospital visit.
6. Eligibility for Charity Care or Discounted Payment is valid on an individual admission basis. Eligible patients will be requested to attest to absence of changes in financial status for subsequent admissions or to furnish updated information reflecting changes in financial status, as applicable.
7. Documents used for verification of a patient's financial resources and household income in the Financial Assistance Application may include, but are not limited to:
    a) Copies of recent paystubs, income tax returns, Social Security, disability or unemployment checks or award letters;
    b) A copy of any Medi-Cal Decision/Denial Notice;
    c) Household income of the patient and, if the patient is 18 years or older, the patient's spouse or domestic partner, and any dependent children under age 21, whether living at home or not; if the patient is under age l8, consider income of the patient, the patient's parents, guardians or caretaker relatives, and other children under age 21, whether living at home or not.
8. Collection activities will be suspended upon receipt of an application (including an incomplete application) and remain suspended during the eligibility determination process.

9. Hospitals will keep all applications and supporting documentation confidential in accordance with the VHS Policy/Procedure 11.0, Compliance with the Health Insurance Portability and Accountability Act of 1996.
10. Eligibility for Charity Care or Discounted Payment may be determined at any time by the Hospital as information on the patient's eligibility becomes available. Applications received after 240 days from the first patient bill must be approved by the Vice President for Revenue Cycle.

D. Notification of Charity Care or Discounted Payment Determination.
   1. The Hospital's HBRC Department will provide an eligibility determination to the patient or his/her representative within thirty (30) days after receipt of a completed Financial Assistance Application, including all required documentation.
   2. A notification regarding the Charity Care or Discounted Payment determination will be mailed to the patient or his/her representative. This notification will identify the amount due from the patient and the amount of payment discount, if any, applied to the patient's account.
   3. A patient or his/her representative(s) may appeal a determination by providing additional information, such as income verification or an explanation of extenuating circumstances, to the HBRC Director within thirty (30) days of notification of the Hospital's determination. The Hospital HBRC Director will review and decide all appeals. The patient or his/her representative will be notified of the outcome.

E. Extended Payment Plan.
   1. A patient who qualifies for Discounted Payment shall cooperate with the Hospital in establishing an Extended Payment plan, except that monthly payments may not be more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses. If the Hospital and the patient cannot agree on an Extended Payment plan, then the Hospital shall create a Reasonable Payment plan. Such payment plan shall be interest-free and negotiable and will be based upon the chart, below.

Account Balance	Number of Months
Less than $250	**4 months**
$250.01-$500	**6 months**
$500.01-$1,000	**10 months**
$1,000.01-$2,500	**12 months**

$2,500.01-$5000	**24 months**
Greater than $5,000.01	**36 months**

2. A patient who qualifies for a Discounted Payment must make good-faith efforts to honor the payment plan. Patients are responsible for communicating to the PFS Department any time an agreed upon payment plan may be broken.
3. A Hospital may declare an Extended Payment plan (including a Reasonable Payment plan) inoperative if the patient fails to make all consecutive payments during a 90-day period. Before declaring an Extended Payment plan inoperative, the Hospital, collection agency or assignee shall make a reasonable attempt to contact the patient by telephone, give written notice that the Extended Payment plan may become inoperative, and inform the patient that s/he may renegotiate the terms of the payment plan.
4. Any variation in or deviation from an agreed upon payment plan must be approved by the VHS Vice President for Revenue Cycle.

VI. Collection Practices for Financially Qualified Patients

A. Each Hospital will maintain a written billing and collections policy stating when and under whose authority patient debt is advanced for collection, and whether the collection activity is conducted by the Hospital, an affiliate or a subsidiary of the Hospital, or by an external collection agency. Each Hospital will make copies of such billing and collections policy available to the public without charge by calling the Hospital's Customer Service Department, or by viewing your Verity Hospital's website information by visiting www.Verity.org. Each Hospital's policy must be consistent with the Verity Health System Billing and Collection Policy (Policy/Procedure # 06.03.01). All collection practices for Financially Qualified Patients shall be consistent with Policy/Procedure # 06.03.01.

VII. Reference

A. California Health & Safety Code §§ 127400–127446 (Hospital Fair Pricing Policies) and §§ 127450–127462 (Emergency Physician Fair Pricing Policies)
B. California Family Code § 297 (Definition: Domestic Partner)
C. U.S. Department of Health and Human Services, Poverty Guidelines, *available at* http://aspe.hhs.gov/poverty/
D. Internal Revenue Code § 501(c)(3) (Tax-Exempt Organizations)

VIII. Implementation and Review

A. This Policy is to be implemented by VHS President and CEO, Hospital Presidents and CEOs and VHS Vice President for Revenue Cycle.
B. This Policy is to be reviewed annually for compliance and relevance by VHS President and CEO, Hospital Presidents and CEOs, and VHS Vice President for Revenue Cycle.

IX. Attachments

A. Verity Affiliate Hospitals
B1. Amount Generally Billed
B2. Financial Assistance Sliding Scale
C. Patient Notification
D. Financial Assistance Application
E. Verity Affiliate Hospitals Department List

ATTACHMENT A

VERITY AFFILIATE HOSPITALS

ST. FRANCIS MEDICAL CENTER
3630 EAST IMPERIAL HIGHWAY
LYNWOOD, CA 90262

SETON MEDICAL CENTER
1900 SULLIVAN AVENUE
DALY CITY, CA 94015

CHARITY CARE AND DISCOUNTED PAYMENT PROGRAMS

ALL FINANCIAL ASSISTANCE APPLICATIONS SHOULD BE MAILED TO:

- VERITY HEALTH SYSTEM
  ATTN: HEALTH BENEFIT RESOURCE CENTER (HBRC)
  1900 SULLIVAN AVENUE
  DALY CITY, CA 94015

ALL QUESTIONS REGARDING FINANCIAL ASSISTANCE SHOULD BE DIRECTED TO:

- (888) 874-2585

ATTACHMENT B1

AMOUNT GENERALLY BILLED CALCULATION

Verity Health System provides financial assistance and charity care to patients meeting the eligibility criteria outlined in the Financial Assistance Policy (FAP). After the patient's account(s) is reduced by the financial assistance adjustment based on the policy, the patient/guarantor is responsible for the remainder of their outstanding liability which shall be no more than the amounts generally billed (AGB) to individuals who have insurance for emergency or medically necessary care. Verity Health System determines AGB by utilizing the "look-back" method. The AGB percentage is calculated by using claims allowed by Medicare fee for services (FFS) with a discharge date from the previous fiscal year (July – June). For these claims, the sum of all allowable reimbursement amounts is divided by the associated gross charges. The AGB percentage is applicable as of July 1st of each year.

Amounts Generally Billed Medicare FFS only		
Effective June 30, 2019		
Amounts Generally Billed		
Hospital	Inpatient	Outpatient
Seton	14.00%	10.00%
Coastside	n/a	10.00%
St. Francis	21.00%	8.00%
Source: Reimbursement Department		

ATTACHMENT B2

FINANCIAL ASSISTANCE SLIDING SCALE

DISCOUNT AS PERCENTAGE OF GROSS CHARGES

FEDERAL POVERTY LEVEL AND ASSOCIATED DISCOUNT												
NO. IN FAMILY OR HOUSEHOLD	FEDERAL POVERTY LEVEL (FPL) *	200% of FPL 1 Discount	215% of FPL 0.9 Discount	230% of FLP 0.8 Discount	245% of FPL 0.7 Discount	260% of FPL 0.6 Discount	275% of FPL 0.5 Discount	290% of FPL 0.4 Discount	305% of FPL 0.3 Discount	320% of FPL 0.2 Discount	335% of FPL 0.1 Discount	351% of FPL 0 Discount
1	$12,760	$25,520	$27,434	$29,348	$31,262	$33,176	$35,090	$37,004	$38,918	$40,832	$42,746	$44,788
2	$17,240	$34,480	$37,066	$39,652	$42,238	$44,824	$47,410	$49,996	$52,582	$55,168	$57,754	$60,512
3	$21,720	$43,440	$46,698	$49,956	$53,214	$56,472	$59,730	$62,988	$66,246	$69,504	$72,762	$76,237
4	$26,200	$52,400	$56,330	$60,260	$64,190	$68,120	$72,050	$75,980	$79,910	$83,840	$87,770	$91,962
5	$30,680	$61,360	$65,962	$70,564	$75,166	$79,768	$84,370	$88,972	$93,574	$98,176	$102,778	$107,687
6	$35,160	$70,320	$75,594	$80,868	$86,142	$91,416	$96,690	$101,964	$107,238	$112,512	$117,786	$123,412
7	$39,640	$79,280	$85,226	$91,172	$97,118	$103,064	$109,010	$114,956	$120,902	$126,848	$132,794	$139,136
8	$44,120	$88,240	$94,858	$101,476	$108,094	$114,712	$121,330	$127,948	$134,566	$141,184	$147,802	$154,861
For each additional person add:	$4,480	$8,960	$9,632	$10,304	$10,976	$11,648	$12,320	$12,992	$13,664	$14,336	$15,008	$15,725

**Based on the Department of Health and Human Services (HHS) Poverty Guidelines for the 48 Contiguous States and the District of Columbia~~),~~ *available at* https://aspe.hhs.gov/poverty-guideline

Verity Health

ATTACHMENT C

PATIENT NOTIFICATION

Charity Care and Discounted Payment Programs

Consistent with its mission, Verity Health System hospitals provide free or reduced cost medical services to persons who are unable to pay for their care and who meet qualification of these programs.

Please discuss your individual needs with a Financial Counselor within the Patient Access department. Upon completion of a Financial Assistance Application, along with the submission of all required documents, you may be eligible for financial discounts as defined by the Verity Health System Financial Assistance Policy.

You may contact our Financial Assistance Team at 888- 874-2585

Verity Health

ATTACHMENT D

FINANCIAL ASSISTANCE APPLICATION

Documents used for verification of a patient's financial resources and household income in the Financial Assistance Application may include, but are not limited to:

- Copies of current paystubs, Social Security, disability or unemployment checks and award letters;
- A copy of any Medi-Cal Decision/Denial Notice;
- Household income of the patient and, if the patient is 18 years or older, the patient's spouse or domestic partner, and any dependent children under age 21, whether living at home or not; if the patient is under age 18, consider income of the patient, the patient's parents, guardians or caretaker relatives, and other children under age 21, whether living at home or not.

Please return your completed application, with all requested forms, to the following address or drop off at your local Verity Health HBRC Office.

Verity Health System
Attention: HBRC
1900 Sullivan Avenue
Daly City, CA 94015

Please be advised this is not a guarantee that financial assistance will be awarded, and your payments should continue a regular basis until a determination has been made. Your application and the information provided will be reviewed. A decision will be provided to you in writing.

Thank you for your cooperation. We look forward to assisting you through this process. Should you have any questions about your application, please contact our Financial Assistance Team in the Health Benefits Resource Center (HBRC) at 888-874-2585.

Verity Health

CHARITY CARE AND FINANCIAL ASSISTANCE APPLICATION

LAST NAME (PATIENT)	FIRST	MIDDLE	SOCIAL SECURITY #	BIRTHDATE

RESIDENCE ADDRESS (FACILITY ADDRESS IF HOMELESS)	HOW LONG	PHONE

CITY	STATE	ZIP	MARITAL STATUS

LAST NAME (GUARANTOR IF DIFFERENT FROM ABOVE)	SOCIAL SECURITY #	BIRTHDATE
EMPLOYER OF GUARANTOR (NAME AND FULL ADDRESS)		
PHONE		MONTHLY GROSS PAY
OTHER EMPLOYER (NAME AND FULL ADDRESS)		
PHONE		MONTHLY GROSS PAY
IF UNEMPLOYED, NAME OF LAST EMPLOYER AND FULL ADDRESS		
		LAST EMPLOYMENT DATE

DEPENDENT FAMILY MEMBERS (IF MORE SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER)	BIRTHDATE	RELATIONSHIP	EMPLOYER	ANNUAL INCOME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Verity Health

□ RENT HOME □ OWN HOME			*OTHER MONTHLY INCOME* $ *SPECIFY SOURCE*	
OWED TO OTHERS TO WHOM OWED	PRESENT BALANCE	MONTHLY PAYMENT	BANK NAME & ACCOUNT NUMBER	ACCOUNT BALANCE
RENT/MORTGAGE			CHECKING	
UTILITIES			SAVINGS OR CERTIFICATE	
FOOD			403(B) OR 401(K)	
AUTO LOAN			STOCKS & BONDS	
CREDIT CARDS (PLEASE LIST BELOW)			IRA	
OTHER OBLIGATIONS (CHILD SUPPORT, ALIMONY, INSURANCE PAYMENTS)			AUTO (YEAR & MAKE)	
ADDITIONAL INFORMATION			AUTO (YEAR & MAKE)	
BILLS OWED TO OTHER MEDICAL PROVIDERS			OTHER ASSETS (ADDITIONAL ASSETS NOT INCLUDED)	
COST OF PRESCRIPTION MEDICATION(S)			RESIDENCE MARKET VALUE	
			INSURANCE CASH VALUE	
			OTHER ASSETS (DESCRIBE; I.E. SECOND HOME)	
			TRUSTEE NAME & ACCT. NUMBER	
TOTAL DEBTS			**TOTAL ASSETS**	

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. YOU ARE HEREBY AUTHORIZED TO CHECK MY CREDIT HISTORY IN ORDER TO EVALUATE THIS APPLICATION FOR FINANCIAL ASSISTANCE CONSIDERATION.

SIGNATURE	DATE

ATTACHMENT E

ALL DEPARTMENTS IN THE FOLLOWING VERITY AFFLIATED HOSPITALS ARE COVERED BY THE VERITY FINANCIAL ASSISTANCE POLICY:

Seton Coastside

Seton Medical Center

St. Francis Medical Center

NOTE: Only services provided by Hospitals listed above are covered by the Policy.

This Policy does not apply to any physician or other medical provider, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, surgeons, and other physicians and members of the medical staff of a Hospital, except in limited circumstances where the physician's services are included in the Hospital's bill. Each Hospital will maintain on its website a listing of its departments/service lines in which physician services are included in the Hospital's bill and therefore covered by this Policy.

Patients should contact the billing office of a physician to request information about any financial assistance such physician may offer.