

Section:	Administration and Fiscal Policy and Procedure		
Title:	<b>Financial Assistance Policy</b>		
Effective Date:	Revision Date:	Annual Review Date:	Board Approval Date:
01/01/2010	7/2025		

## PURPOSE

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

## POLICY

It is the policy of AGPU to provide patients with understandable written information regarding financial assistance to provide income-based financial assistance (charity care) and discounted care to qualified patients.

## SCOPE

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

## DEFINITIONS

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

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

Primary Language of Hospital 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.

Charity Care: Free care provided when the patient is not expected to pay an obligation for services and items provided by AGPU based on qualification criteria.

Discounted Care: A reduction from patient payment obligations for services and items provided by AGPU based on qualification criteria.

Discounted Payment: Any charge for care that is reduced but not free.

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.

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.

High medical costs: For these purposes, “high medical costs” means any of the following:

- 1) Annual “out-of-pocket” costs incurred by the individual at the hospital that exceed the lesser of 10 percent of the patient’s current family income or family income in the prior 12 months.
- 2) Annual “out-of-pocket” expenses that 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.

For these purposes, “out-of-pocket” costs and expensed are defined as any expenses for medical care that are not reimbursed by insurance or a health coverage program such as Medicare co-pays or Medi-Cal cost sharing.

## **PROCEDURES**

### **A. ELIGIBILITY**

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

Federal Poverty Level	Patient Eligibility Criteria	Available Discount
<b>Less than or equal to 200%</b>	Patient is an Uninsured Patient or an insured patient with high medical costs with a Family Income at or below 200% of the most recent FPL	Full write off of all charges for Hospital Services
<b>Greater than 200% but less than or equal to 300%</b>	Patient is an Uninsured Patient or an insured patient with high medical costs with a Family Income greater than 200% and less than 300% of the most recent FPL	A 75% write-off of all charges for Hospital Services
<b>Greater than 300% but less than or equal to 400%</b>	Patient is an Uninsured Patient or an insured patient with high medical costs with a Family Income greater than 300% and less than 400% of the most recent FPL	A 50% write-off of all charges for Hospital Services

**Patient Income:** In order to provide consistency with AGPU's mission and proper stewardship of AGPU's funds, all income of the patient and patient's family are taken into account in reviewing a Financial Assistance application.

1. **Calculating Family Income:** To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:
  - a) **Patient Family:** The patient's family includes their spouse, domestic partner, and dependent children of any age.
  - b) **Proof of Family Income:** For charity care or discounted care, the patient shall be required to provide recent pay stubs or tax returns as proof of income. Family Income is annual earnings of all members of the Patient Family based on either of the following:
    - a. Pay stubs within a 6-month period before or after the patients was first billed.
    - b. Income tax returns for the year in which the patient was billed or up to twelve months prior to when the patient was first billed

- c. Annual income may be determined by annualizing year-to-date Family Income. AGPU may validate income by using external presumptive eligibility service providers, provided that such service determines eligibility using only information permitted by this policy.
  - d. 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. The surviving spouse of an expired patient may apply for Financial Assistance.
2. Calculating Family Income as a Percentage of FPL: After determining Family Income, Hospital shall calculate the Family Income level in comparison to the FPL, expressed as a percentage of the FPL. For example. If the Federal Poverty Level for a family of three is \$20,000, and a patient's Family Income is \$60,000, the Hospital shall calculate the patient's Family Income to be 300% of the FPL. The Hospital shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.

## **B. APPLICATION PROCESS**

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



information requested. Hospital does not impose time limits for financial assistance application nor deny eligibility based on timing of a patient's application.

### **C. FINANCIAL ASSISTANCE DETERMINATION**

1. AGPU will consider each applicant's Application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.1 and has received (or will receive) Hospital Service(s). Patients who apply/qualify only for discounted care may receive less financial assistance than what may be available to them under charity care. AGPU uses one uniform application for both and will evaluate each application for free care and/or discounted care based upon eligibility criteria in each program.
2. Patients also may apply for governmental program assistance, which may be prudent if the patient requires ongoing services.
  - a) The Hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e. Covered California).
  - b) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.
3. Once a determination has been made regarding eligibility for Financial Assistance, a "Notification Form" (Exhibit D) will be sent to each applicant advising them of the Hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one year after the Hospital issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.
5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

### **D. DISPUTES**

A patient may seek review of any decision by AGPU to deny Financial Assistance by notifying the AGPU Program Director of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute.

Patients may submit the dispute orally or in writing. The AGPU Program Director shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

## **E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION**

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

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

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

- a) Public Posting: Hospital shall post copies of the Financial Assistance Policy, the Application for Financial Assistance, and the Plain Language Summary of the Financial Assistance Policy in a prominent location in the hospital where there is a high volume of patient traffic. 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 AGPU website ([www.lajh.org](http://www.lajh.org)). Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
- c) Mail: Patients may request a copy of the Financial Assistance Policy, Application for Financial Assistance and Plain Language Summary be sent by mail, at no cost to the Patient.

**F. MISCELLANEOUS**

- 1. Recordkeeping:  
Record relating to Financial Assistance must be readily accessible. Hospitals 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 eligible for financial assistance may be granted extended payment plan. The hospital and patient will negotiate the terms of the plan, taking into consideration the patient's family income and essential living expenses. If an agreement cannot be reached on the extended payment plan, the hospital shall create a reasonable plan where monthly payments do not exceed 10% of the patient's monthly family income, excluding deductions for essential living expenses.
- 3. Billing and Collections: The Hospital may employ reasonable collection efforts to obtain payment from patients. Information obtained during the application process for





Financial Assistance (e.g., income tax returns, pay stubs, etc.) may not be used in the collection process, either by Hospital or by any collection agency engaged by Hospital. General collection activities may include issuing patient statements, phone calls, and referral of statements sent to the patient or guarantor. The Billing departments must develop procedures to ensure that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Hospital or collection agencies will not engage in any extraordinary collection actions. Copies of the Hospital Billing and Collection policy may be obtained free of charge on the AGPU website at [www.lajh.org](http://www.lajh.org) , or by calling the Program Director at 818-758-5045 or the Director of Social Services at 818-758-5038.

4. Submission to California Healthcare Access and Information (HCAI): AGPU will submit Financial Assistance policies to the California Healthcare Access and Information (HCAI). Policies can be located on the HCAI website located here: <https://syfphr.hcai.ca.gov/>
5. Amounts Generally Billed: In accordance with Internal Revenue Code Section 1. 501(r)-5, AGPU adopts the prospective Medicare method for amounts generally billed.





## **ATTACHMENTS**

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



## **Exhibit A**

### **Providers Covered and Not Covered**

#### **By Policy**

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

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



**Exhibit B**  
**APPLICATION FOR FINANCIAL ASSISTANCE**

Patient Account Number(s) \_\_\_\_\_

Application Name: \_\_\_\_\_ SSN \_\_\_\_\_ Birthday \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ SSN \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Family Status: List any spouse, domestic partner, or dependent children

Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Family Size: \_\_\_\_\_

(Use supplemental sheet if needed and check here ☐)

**OTHER INFORMATION**

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

Primary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

2<sup>nd</sup> Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Prescription Drug Plan \_\_\_\_\_ Policy # \_\_\_\_\_

Other Coverage \_\_\_\_\_



## EXHIBIT B (Continued)

### EMPLOYMENT AND OCCUPATION

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person & Telephone: \_\_\_\_\_

If Self-Employed Name of Business: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person & Telephone: \_\_\_\_\_

If Self-Employed Name of Business: \_\_\_\_\_

The following is a true statement of all monthly income:

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

(Use supplemental sheet if needed and check here ☐)



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

\_\_\_\_\_  
Signature of Applicant or Designee

\_\_\_\_\_  
Date



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

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

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

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	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 Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medi-Cal	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**Financial Assistance Calculation:**

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

Family Size (From Application for Financial Assistance) \_\_\_\_\_

Income at or below 400% of Federal Poverty  
Level (FPL) Guidelines

Qualification for Charity or Free Care Met  
Qualification for Discounted Care Met?

Percentage Discount Granted: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



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

AGPU has conducted an eligibility determination for financial assistance for:

\_\_\_\_\_  
PATIENT 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 AGPU. In the event AGPU discovers you were injured by another person, you have additional income, you have additional insurance or provides 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 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 of this determination, please contact: Program Director, AGPU  
818-758-5045





## **Exhibit E**

### **Important Billing Information for Patients**

### **Financial Assistance/Plain Language Summary**

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

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

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

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

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

**Summary of Financial Assistance (Charity Free Care and Discounted Care):** The AGPU is committed to providing financial assistance to Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level or insured patients with high medical costs and are below 400% of federal poverty level. The following is a summary of the application process for patient who wish to seek Financial Assistance.

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



**EXHIBIT E (Continued)**  
**Important Billing Information for Patients**  
**Financial Assistant/Plain Language Summary**

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

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

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

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

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

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

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

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



## Exhibit F Notice of Rights

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

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

Summary of Your Rights: State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (328-4357) or online at [www.ftc.gov](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 the AGPU Program Director 818-758-5045 for a referral.

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

Financial Assistance: AGPU is committed to providing Financial Assistance to qualified low income patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level or insured individuals with high medical costs who are at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from the AGPU Program Director or Director of Social Services located within the AGPU, or by calling the Program Director at 818-758-5045 or the Director of Social Services at 818-758-5038, or on the AGPU or Hospital website ([www.lajh.org](http://www.lajh.org)). You may also submit an application by speaking with the AGPU Program Director or Director of Social Services who can assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your



## **Exhibit F (Continued)**

family, your monthly income, and other information that will assist the Hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist the Hospital with verifying your income.

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

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

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

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

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

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

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

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



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

Contact Information: The AGPU Program Director or Director of Social Services are available to answer questions you may have about your hospital bill, or would like to apply for Financial Assistance or government program. The telephone numbers are 818-758-5045 or 818-758-5038 during the hours of 8:00 A.M. to 4:00 P.M., Monday through Friday.