

**DIGNITY HEALTH
ADMINISTRATIVE POLICY AND PROCEDURE**

FROM: Dignity Health Revenue Services

SUBJECT: Payment Assistance Policy & Procedure

EFFECTIVE DATE: January 1, 2015

REVISED: April 8, 2013, January 17, 2012; February 8, 2011; February 17, 2010; June 1, 2009; February 17, 2009; December 19, 2007; May 31, 2007

ORIGINAL EFFECTIVE DATE: May 31, 2007

REPLACES: (60.4.007) Eligibility & Application Policy and Procedures for Payment Assistance: May 31, 2007; December 19, 2007; February 17, 2009; June 1, 2009; February 17, 2010; February 8, 2011; January 17, 2012; April 8, 2013

APPLIES TO:	System Offices	_____
	Acute Care Entities:	_____X_____
	Non-acute Care Entities:	_____

I. POLICY

Dignity Health offers a variety of discounts to lower the out-of-pocket costs and increase access for its patients. A discount based on demonstrated financial need is one such discount. Dignity Health is committed to providing payment assistance to patients, including their families and guarantors, who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay, for hospital care as described in this policy. Consistent with its mission to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

However, payment assistance is not considered to be a substitute for personal responsibility and patients are expected to cooperate with Dignity Health's policies and procedures for obtaining payment assistance, and to pay for to the cost of their care based on their ability to pay as determined under state and federal law as well as the provisions of this policy. Individuals who have the financial capacity to purchase health insurance

or eligibility to apply for coverage under a government health program shall be encouraged to do so as a means of paying their hospital bills and assuring their access to health care services.

In order to manage its resources responsibly and to comply with applicable federal and state laws, Dignity Health establishes this policy for the provision of payment assistance, including charity care and discounts for financially qualified patients.

Dignity Health will seek to determine eligibility for payment assistance prior to services being rendered and will do so promptly after services are rendered when it is not possible to make the determination at an earlier stage. For all persons presenting to the hospital for emergency services, payment assistance will be considered after providing the patient with a medical screening examination and the provision of any necessary stabilizing treatment as required by the Emergency Medical Treatment and Labor Act (EMTALA). Dignity Health also will consider eligibility for payment assistance throughout the billing and collection process based upon each patient's eligibility for the programs and discounts offered by Dignity Health. The process for determining eligibility for payment assistance shall reflect Dignity Health's values of human dignity and stewardship.

Dignity Health expects that each person who seeks payment assistance will make every reasonable effort to provide Dignity Health with the documentation that is reasonable and necessary for Dignity Health to make a determination regarding the request for payment assistance. If an applicant for payment assistance fails to provide information and documentation which is reasonably necessary for Dignity Health to make a determination regarding eligibility, Dignity Health will consider that failure in making its determination.

II. PURPOSE

The purpose of this policy is to establish the policies of Dignity Health regarding need-based financial assistance to Applicants (defined below), which is referred to in this policy as "Payment Assistance", and to state the process to be used by Dignity Health to determine patient eligibility for such assistance.

III. DEFINITIONS

Applicant

The Applicant is the individual patient or the patient's individual guarantor, as applicable. A household member, close friend or associate of the patient may request that the patient be considered for Payment Assistance. A referral may also be initiated by any member of the medical or facility staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, religious sponsors, vendors, or others who may be aware of the potential need for financial assistance.

Charity Care

Charity Care is full financial assistance to qualifying patients thereby relieving the patient and his or her family/guarantor of their entire financial obligation to pay for Eligible Hospital Services (as defined below).

Discounted Care

Discounted Care is partial financial assistance to qualifying patients to relieve the patient and his or her family/guarantor of a portion of their financial obligation to pay for Eligible Hospital Services (as defined below).

Eligible Hospital Services

Hospital services which do not include the following:

- (a) Elective goods or services not necessary to treat an illness or injury (including, but not limited to, those provided for cosmetic purposes unrelated to an illness or injury);
- (b) Experimental goods or services (including, but not limited to, those provided to a patient as part of a clinical trial or research program);
- (c) Physician services, treatments or procedures

Essential Living Expenses

Essential Living Expenses are 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 or FPL

The Federal Poverty Level or FPL is defined by the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.

Financially Qualified Patient

A Financially Qualified Patient is a Self-Pay Patient (as defined below) who has a family income that does not exceed 350 % of the FPL, or a Patient with High Medical Costs (as defined below).

Additional Eligible Patient

An Additional Eligible Patient is one with a family income in excess of 350% of the FPL and who meets the requirements for an Additional Discount described in Section V.C of this policy, below.

Income

Income is any of the following:

- (a) Wages, salaries, payments from Social Security, public assistance, unemployment and worker's 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; withdrawals from retirement accounts (e.g., IRA, 401K) that are recognized as income under the Internal Revenue Code;
- (b) The ability to borrow against assets, e.g., a life insurance policy, should also be considered as another source of income. The ability to borrow against a primary home shall not be considered; and
- (c) Food or rent in lieu of wages will also be considered as a source of gross income if appropriate documentation is provided.

Payment Assistance Rank Ordering (PARO) Score

PARO is a patient account scoring mechanism which uses patient demographic data to estimate the financial status of patients by accessing numerous publicly available databases. PARO provides an estimate of the patient's household income and size that allows Dignity Health to estimate the patient's relation to the FPL. Additionally, PARO may be used to validate financial and demographic information provided by the patient during the Payment Assistance eligibility process.

Patient with High Medical Costs

A patient whose family income does not exceed 350% of the FPL and who also meets one of the following two criteria:

- (a) Annual out-of-pocket costs incurred by the individual at the hospital exceed 10% of the Patient's Family (defined below) income in the prior 12 months; or
- (b) Annual out-of-pocket medical expenses exceed 10% 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

A Patient's Family includes:

- (a) For persons 18 years of age and older, a spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not.
- (b) For persons under 18 years of age, a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

Reasonable Payment Plan

A Reasonable Payment Plan is an extended payment plan in which the monthly payments are not more than 10% of a Patient's Family income for a month, excluding deductions for Essential Living Expenses (as defined above).

Self-Pay Patient

A Self-Pay Patient is a patient who does not have third-party coverage from a health insurer, health care service plan, government health care program (e.g., Medicare or Medicaid), 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.

IV. PRINCIPALLY AFFECTED DEPARTMENTS

Dignity Health Facilities including all acute care entities that provide Eligible Hospital Services.

V. PAYMENT ASSISTANCE PROGRAM

A. Charity Care

Patients whose family income is at or below 200% of the FPL are eligible to receive a 100% discount off of their account balance after payment by any third party(ies). In determining eligibility for Charity Care, Dignity Health will consider the income and monetary assets of the Patient's Family. However, for purposes of this determination, monetary assets will not include retirement or deferred compensations plan qualified under the Internal Revenue Code or nonqualified deferred compensation plans. In addition, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50% of a patient's monetary assets over the first \$10,000 be counted in determining eligibility.

B. Discounted Care and Extended Payment Plans

Financially Qualified Patients including Self-Pay Patients whose family income is below 350% of FPL or Patients with High Medical Costs are eligible to receive a discount on the cost of Eligible Hospital Services and an extended payment plan. The discount will limit the amount the patient is expected to pay to no more than the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare, Medicaid (Medi-Cal, as applicable), the Healthy Families Program, or another government-sponsored healthcare program in which the hospital participates, whichever is greatest.

The extended payment plan will allow payment of the discounted price over time. Dignity Health and patient shall negotiate the terms of the payment plan, and take into consideration the Patient's Family income and Essential Living Expenses. If the hospital

and the patient cannot agree on the payment plan, the hospital shall implement a Reasonable Payment Plan.

In the case of a patient who is a Financially Qualified Patient because the patient is a Patient with High Medical Costs, the following will apply:

- (a) If a third-party payer has paid more than the patient's account balance after application of a discount under this Policy, then the entire amount of the patient responsibility will be classified as a charity care adjustment and no additional collections would occur.
- (b) If there remains a patient account balance after the application of a discount under this Policy, and a third-party payer pays a portion of that account balance, then the patient will be responsible only for the remaining account balance. The amount discounted under this Policy will be classified as a charity care adjustment.

C. Additional Discounts and Payment Terms

1. Patients with Family Income Between 350% and 500% of FPL

Patients whose family income is above 350% but no more than 500% of the FPL are eligible to receive services at 135% of the amount the hospital would expect, in good faith, to receive for providing services from Medicare, Medicaid (Medi-Cal, as applicable), the Healthy Families Program, or another government-sponsored healthcare program in which the hospital participates, whichever is greatest.

2. Patients Whose Family Income Exceeds 500% of FPL

Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the sole discretion of Dignity Health.

3. Hardship Discount

In addition to the Payment Assistance discounts described above, those patients whose liability after the initial discount still exceeds 30% of the sum of (i) their gross annual family income, and (ii) their monetary assets, shall be given an additional discount. Such additional discount shall reduce their remaining liability to 30% of the sum of (i) their gross annual income, and (ii) their monetary assets. However, for purposes of this Hardship Discount determination, Dignity Health will not consider assets in retirement or deferred compensations plan qualified under the Internal Revenue Code or nonqualified deferred compensation plans. In addition, the first ten thousand dollars (\$10,000) of a patient's monetary assets will not be considered in determining eligibility, nor shall 50% of a patient's monetary assets over the first \$10,000 be counted in determining eligibility.

4. Payment Terms for Patients Eligible for Additional Discounts

Patients who have applied for and are granted the Additional Discounts described in this section will also be allowed to settle their accounts through an extended payment plan for up to 30 months.

D. Discretionary Payment Plans

Payment plans may also be offered to patients not qualified for payment assistance on a case-by-case basis at Dignity Health's sole discretion. Circumstances that could give rise to offering an interest free payment plan include individuals with significant cost sharing obligations (high co-payments and deductibles).

E. Extended Payment Plans for Low-Income Patients with No Insurance or High Medical Costs

Extended payment plans offered by Dignity Health to assist patients eligible under the hospital's charity care policy, discount payment policy, or any other policy adopted by the hospital for assisting low-income patients with no insurance or high medical costs in settling outstanding past due hospital bills, shall be interest free. The extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during a 90-day period. Before declaring the extended payment plan no longer operative, Dignity Health or any authorized representative of Dignity Health, including any collection agency or assignee, shall make a reasonable attempt to contact the patient by telephone and to give notice in writing that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. Prior to the extended payment plan being declared inoperative, Dignity Health or any authorized representative of Dignity Health including any collection agency, or assignee shall attempt to renegotiate the terms of the defaulted extended payment plan, if requested by the patient. Dignity Health or any representative of Dignity Health, including a collection agency or assignee, shall not report adverse information to a consumer credit reporting agency or commence a civil action against the patient or responsible party for nonpayment prior to the time the extended payment plan is declared to be no longer operative. The notice and telephone call to the patient described above may be made to the last known telephone number and address of the patient.

If the patient fails to make all consecutive payments for 90 days and fails to renegotiate a payment plan, the patient/guarantor is obligated to make payments on his or her obligation to the hospital from the date the extended payment plan is declared no longer operative.

VI. GUIDELINES AND PROCEDURES

A. Notice to Patients Regarding Payment Assistance

1. Dignity Health shall provide each patient with a written notice that shall contain information about the availability of Dignity Health's Payment Assistance program including Dignity Health's discount and charity care policies, eligibility for discounts and charity care, and contact information for a Dignity Health representative from whom a patient may obtain further information about these policies. The written notice shall also be provided to patients who receive emergency or outpatient care and

may be billed for that care, but who were not admitted as inpatients. The notices shall be provided in English and in languages other than English in a manner similar to that required under California Insurance Code Section 12693.30 and other state and federal laws.

2. Notice of Dignity Health's Payment Assistance program also shall be clearly and conspicuously posted in locations visible to the public, including, but not limited to, all of the following:

- (a) Emergency department;
- (b) Billing office;
- (c) Admissions office; and
- (d) Other outpatient settings.

3. The posted notice shall be on the form set forth in Attachment A (Facility Signature Instruction)

4. Dignity Health also shall provide brochures explaining its Payment Assistance program in registration, admitting, emergency and urgent care areas and in patient financial services offices located on Dignity Health hospital campuses.

5. Dignity Health shall ensure that all written notices, posted signs and brochures are printed in appropriate languages as may be required under applicable law.

6. Emergency physicians who provide emergency medical care in Dignity Health hospitals located in California are required by California law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350% of the federal poverty level.

- (a) Emergency physician is defined as a physician or surgeon licensed and credentialed by a hospital and either employed or contracted by the hospital to provide emergency medical services in the emergency department of the hospital, except that "emergency physician" shall not include a physician specialist who is called into the emergency department or who is on staff or has privileges at the hospital outside of the emergency department.

The processing, determination and application of discounts for emergency physician services is the sole responsibility of the providing emergency physician and not the hospital.

C. Insurance and Government Program Eligibility Screening Process.

1. Dignity Health shall make all reasonable efforts to obtain from the patient or his or 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 a patient, including, but not limited to, any of the following:

- (a) Private health insurance, including coverage offered through a State or Federal Health Benefit Exchange;
- (b) Medicare; and
- (c) Medicaid (Medi-Cal, as applicable), the Healthy Families Program, the California Children's Services Program, or other state-funded programs designed to provide health coverage.

D. Patient Payment Assistance Application Process

1. If a patient does not indicate coverage by private insurance or a government program, a patient requests financial assistance or a Dignity Health representative determines that the patient may qualify for Payment Assistance, then Dignity Health shall do the following:

- (a) Make all reasonable efforts to explain the benefits of Medicaid (Medi-Cal, as applicable), and other public and private health insurance or sponsorship programs, including coverage offered through the State or Federal Health Benefit Exchange, to all uninsured patients at the time of registration. Dignity Health will ask potentially eligible patients to apply for such programs, provide the applications and assist with their completion. The applications and assistance will be provided within a reasonable amount of time to patients receiving emergency or outpatient care.
- (b) Make reasonable efforts to explain the Payment Assistance program, including the eligibility requirements, to patients who may qualify for Payment Assistance, ask those potentially eligible to apply, provide a Payment Assistance Application in the form of Attachment B to any interested person who may meet the criteria for Payment Assistance at the point of service or during the billing and collection process, and provide assistance with completion of the application.

2. Dignity Health will ask each Applicant to provide documentation necessary and reasonable to determine each Applicant's eligibility for Payment Assistance. In the event the Applicant is unable to provide any or all of these documents, Dignity Health will consider this failure in making an eligibility determination. Dignity Health also, under appropriate circumstances, may waive some or all of the documentation requirements. The rationale for this waiver must be documented in writing by Dignity Health.

3. For purposes of determining whether a patient is eligible to receive Charity Care, documentation requested from the patient shall be limited to recent pay stubs or income tax returns and reasonable documentation of assets not including retirement or deferred compensations plan qualified under the Internal Revenue Code or nonqualified deferred compensation plans. Dignity Health may require waivers or releases from the Applicant and the Patient's Family authorizing Dignity Health to obtain account information from financial or commercial institutions or other entities that hold or maintain the monetary assets to verify their value.

4. For purposes of determining whether a patient is eligible to receive a discount because the patient is a Financially Qualified Patient, documentation of income shall be limited to recent pay stubs or income tax returns. In addition, the Applicant will be required to provide documentation of Essential Living Expenses.

5. Eligibility for discounted payments or charity care for Financially Qualified Patients may be determined at any time Dignity Health is in receipt of the information described in Section VI.D.2-4, above.

6. Information obtained in connection with determining whether a patient meets the requirements to be a Financially Qualified Patient as described in section VI.D.2-4, above, shall not be used for collection activities.

7. If a patient applies, or has a pending application for another health coverage program at the same time he or she applies for Payment Assistance from Dignity Health, neither application shall preclude eligibility for the other program.

8. The FPL guidelines published in the Federal Register at the time a Payment Assistance application is submitted to Dignity Health will be utilized when measuring a patient's family income against the FPL. The existing guidelines can be found at <http://aspe.hhs.gov/POVERTY/>.

9. If a patient applies for, and is eligible to receive more than one discount, the patient will be entitled to receive the largest discount for which the patient qualifies.

E. Patient Payment Assistance Application Review Process

1. Information supplied on the completed Payment Assistance Application along with any other information which Dignity Health has obtained during the application process will be used by authorized representatives of Dignity Health to evaluate whether a patient is eligible for Payment Assistance under Dignity Health's policy.

2. A decision shall be made regarding eligibility for Payment Assistance based upon the information reasonably available to Dignity Health, including the Payment Assistance Application and supporting documentation as well as the eligibility criteria described in this Policy. This decision may result in a full or partial waiver of payment.

3. The Applicant will be notified in writing of Dignity Health's approval or denial of the Payment Assistance request in the form of Attachment C or Attachment D, as appropriate.

4. If an Applicant believes a denial of Payment Assistance was made in error, the Applicant may ask Dignity Health to reconsider its decision and may provide additional information to Dignity Health to support such reconsideration.

5. In the event of a dispute, the Applicant also may seek review of Dignity Health's decision from the Customer Service Manager servicing the Center of Excellence that made the initial determination.

F. Patient Billing and Collection

1. At the time of billing, Dignity Health shall provide each patient with a written summary that contains information about the availability of Dignity Health's Payment Assistance program, including Dignity Health's discount payment and charity care policies, eligibility for discounts and charity care, and contact information for a Dignity Health representative from whom a patient may obtain further information about these policies. The written notice shall also be provided to patients who receive emergency or outpatient care and may be billed for that care, but who were not admitted. The notices shall be provided in English and in languages other than English in a manner similar to that required under California Insurance Code Section 12693.30 and other state and federal laws.

2. If Dignity Health bills a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge, as a part of the billing process Dignity Health shall provide the patient with a clear and conspicuous notice that includes all of the following:

- (a) A statement of charges for the services provided;
- (b) A request that the patient inform the hospital if the patient has government funded or other health insurance coverage, e.g., Medicare, Healthy Families Program, Medicaid (Medi-Cal) or other coverage;
- (c) A statement that, if the patient does not have health insurance, the patient may be eligible for charity care or government funded coverage, such as Medicare, Healthy Families Program, Medicaid (Medi-Cal), other coverage offered through a State or Federal Health Benefit Exchange, California Children's Services program, or other state- or county-funded health coverage;
- (d) A statement indicating how patients may obtain applications for the programs listed in (c) above and that the hospital will assist with such applications; and
- (e) Information regarding the Payment Assistance application.

3. Dignity Health shall insert terms in its agreements with every collection agency to which Dignity Health refers accounts that require the agency to comply with all applicable state and federal laws as well as Dignity Health's policies regarding financial assistance, including charity care and discounts for financially qualified patients, eligibility, billing and collections.

4. Each collection agency also will be required to provide a telephone number that patients can call to request Payment Assistance, and to offer customer service telephone numbers with a voicemail option for callbacks and bilingual customer service representatives available to communicate in languages other than English as may be required under applicable law.

5. All collection agencies working accounts will be notified of partial and full payment assistance adjustments given to patients. All statements and applicable notifications to any consumer credit bureau will reflect the applicable discount.

6. For a patient who lacks insurance coverage or a patient who provides information that he or she may be a Patient with High Medical Costs, neither Dignity Health, nor any assignee of the hospital or other owner of the patient debt, including a collection agency, shall report adverse information to a credit reporting bureau at any time prior to 150 days after the first billing.

7. If a patient is attempting to qualify for eligibility for Charity Care or Discounted Care under Section V.A or B, above and is attempting in good faith to settle an outstanding debt with Dignity Health by negotiating a Reasonable Payment Plan or by making regular partial payments of a reasonable amount, Dignity Health shall not send the unpaid bill to any collection agency or other assignee unless that entity has agreed to comply with California Health & Safety Code Section 127400 *et seq.*

G. Premium Assistance

1. The ability for Dignity Health to pay for insurance premiums for individuals otherwise unable to maintain coverage depends on the source of health care coverage, federal and state laws, and insurance contract terms. Dignity Health may not pay insurance premiums for any patient who is a beneficiary of a federal health care program, including Medicare and Medicaid. Likewise, Dignity Health facilities may not pay insurance premiums for any patient eligible to enroll in a Federal or State Health Benefit Exchange. Hospitals may pay premiums for private insurance under employer-sponsored group health insurance available to qualified individuals under COBRA if all of the following conditions are met:

- (a) There is a documented determination of financial need.
- (b) The patient is in an ongoing course of treatment in which interruption of treatment may cause harm to the patient.
- (c) The request for premium assistance is reviewed by legal counsel to ensure the payment does not affect Dignity Health's tax-exempt status, does not violate any state or federal laws prohibiting kickbacks or patient inducements,

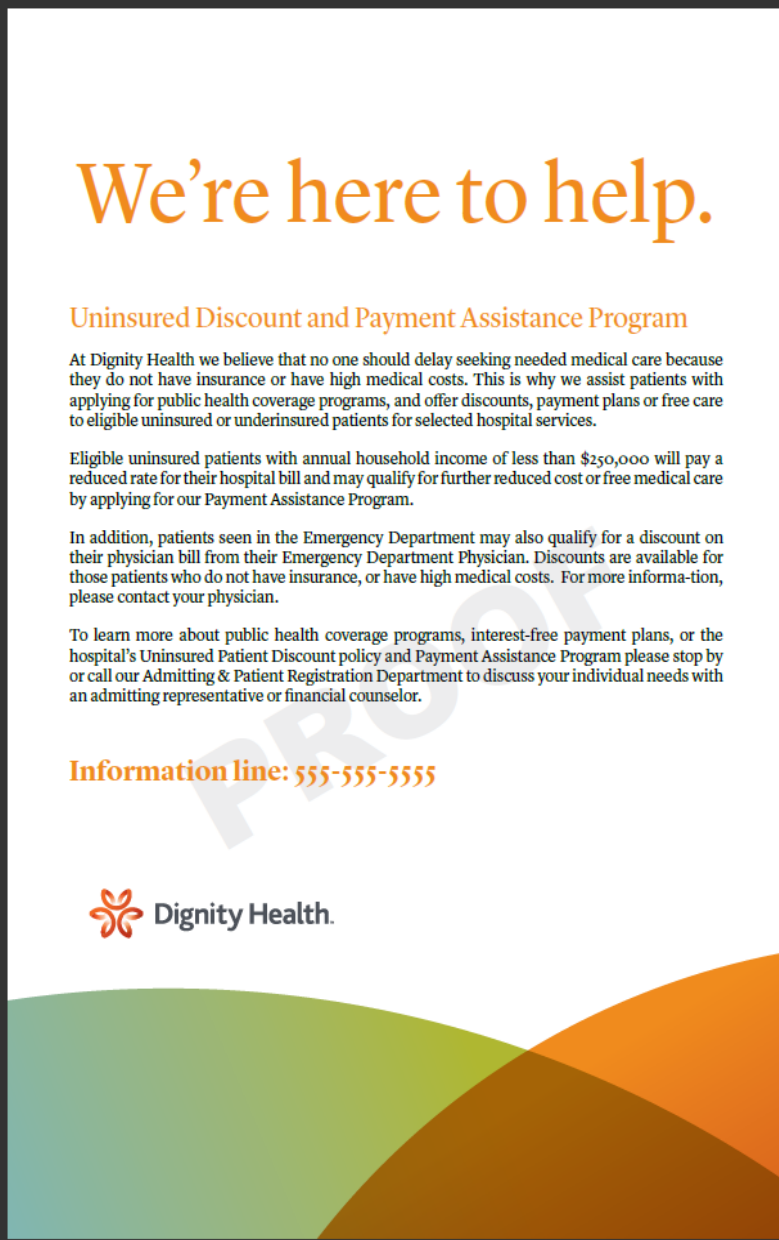
and is allowable under the terms of any applicable insurance contract.

VII. REFERENCES

- a. Dignity Health Governance Policy 4.50, *Patient Payment Assistance Policy*
- b. Dignity Health Administrative Policy 60.4.005, *Uninsured Patient Discount Policy*
- c. Dignity Health Administrative Policy 60.4.006, *Self-Pay Patient Billing and Collections Guidelines Policy*

Attachment A Facility Signage Instruction

Notices regarding the Payment Assistance Program, written in the primary languages spoken by the residents of the community served by the facility, will be posted in the Emergency Department, main Patient Registration / Admitting Departments, Billing Office, other outpatient settings where Registration occurs and may also be posted in other strategic locations in Dignity Health facilities.



The signage is a vertical rectangular poster with a white background and a black border. At the top, the text 'We're here to help.' is written in a large, orange, sans-serif font. Below this, the title 'Uninsured Discount and Payment Assistance Program' is in a smaller, orange, sans-serif font. The main body of text is in a small, black, sans-serif font, explaining the program's purpose and eligibility. A large, faint, diagonal watermark reading 'PROHIBITED' is visible across the center. At the bottom, the 'Information line: 555-555-5555' is in orange, followed by the Dignity Health logo (a stylized orange flower) and the text 'Dignity Health.' in black. The bottom of the poster features a decorative graphic of three overlapping hills in shades of green, orange, and brown.

We're here to help.

Uninsured Discount and Payment Assistance Program


At Dignity Health we believe that no one should delay seeking needed medical care because they do not have insurance or have high medical costs. This is why we assist patients with applying for public health coverage programs, and offer discounts, payment plans or free care to eligible uninsured or underinsured patients for selected hospital services.

Eligible uninsured patients with annual household income of less than \$250,000 will pay a reduced rate for their hospital bill and may qualify for further reduced cost or free medical care by applying for our Payment Assistance Program.

In addition, patients seen in the Emergency Department may also qualify for a discount on their physician bill from their Emergency Department Physician. Discounts are available for those patients who do not have insurance, or have high medical costs. For more information, please contact your physician.

To learn more about public health coverage programs, interest-free payment plans, or the hospital's Uninsured Patient Discount policy and Payment Assistance Program please stop by or call our Admitting & Patient Registration Department to discuss your individual needs with an admitting representative or financial counselor.

Information line: 555-555-5555

 **Dignity Health.**

Attachment B - Payment Assistance Application (front)



Payment Assistance Application

Patient Account Number

Patient Last Name

Patient First Name

Patient Social Security #

Patient Date of Birth

Guarantor Last Name (If Different)

First Name

Guarantor Social Security #

Date of Birth

Guarantor Home Address

()

Home Telephone Number

City

State

Zip Code

Guarantor's Employer Name
Function/Department

\$

Guarantor's Annual Income

Guarantor Job

Guarantor's Employer Address

()

Guarantor's Employer Telephone

City

State

Zip Code

Spouse's Employer Name

\$

Spouses Annual Income

Spouse's Job Function/Department

Spouse's Employer Address

()

Spouse's Employer Telephone

City

State

Zip Code

People in household

Name	Relationship to Patient	Date of Birth	Employer	Employer Telephone
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Revised January 1, 2015

Attachment B - Payment Assistance Application (back)

Dignity Health Payment Assistance Application (Continued)

In order to determine who truly qualifies for financial assistance, we must first require submission of the information listed below to demonstrate financial hardship. Please complete the application and return it with all the following items listed below. If you are unable to supply one of the documents or there are additional factors that may influence the evaluation, please submit a written statement explaining your situation.

Documentation Required:

1. Proof of Identity - One of the following:
 - Copy of Social Security Card
 - Copy of state issued driver's license
 - Copy of other photo ID
2. Verification of Current Address - One of the following:
 - Rent receipt
 - Utility Bill
3. Three (3) months current pay stubs or the most current Income Tax Return for all family* members. If self-employed, include Schedule C with your Tax Return. If these are unavailable, please write an explanation on a separate piece of paper, stating your financial situation over the last three months, and submit it with this application.

***A Patient's Family includes:**

- a) For persons 18 years of age and older, a spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not.
- b) For persons under 18 years of age, a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

Once we have completed our initial review of the documents provided, the following may be required to determine qualification:

Proof of Monetary Assets - All of the following:

- Checking account statements-last 3 months
- Savings account statements-last 3 months
- Stocks, Bonds, & CD's

By signing below you agree to be considered for Payment Assistance. Additionally, you certify that all the statements made on this application are true and complete to the best of your knowledge. Should it be determined that the information you provided is incomplete or false, any discount on your bill may be reversed and payment in full may be expected from you. By signing below, you authorize Dignity Health to check references and credit history in order to evaluate this application for financial assistance consideration.

If you receive payment from an insurance company, workers compensation plan, or any other third party, you agree to inform the hospital of any such payment. The hospital retains its right to collect the original, full billed charges should a third party provide you with payment for the hospital's services.

Signature of person responsible for bill (Guarantor)

Date

Mail completed application to:

Revised January 1, 2015

Attachment C
Sample Payment Assistance Approval Letter



Date:

Account Number:

Date(s) of Service:

Patient Name:

Balance Due:

Dear _____:

Upon careful review of your Payment Assistance application we have approved the request to provide payment assistance to cover facility charges. Please note that this decision in no way obligates Dignity Health to provide payment assistance in the future or to cover the charges of other healthcare providers.

You will be responsible for the amount indicated below:

Total Account Balance	\$ _____
Less Payment Assistance	\$ _____
Amount Owed by Patient/Guarantor	\$ _____

Important Note: Only facility services are included in this account and the total account balance does not reflect any physician charges.

If you have any questions regarding your account, please direct them to _____
at _____.

Sincerely,

Facility Designee, Title

Attachment D
Sample Payment Assistance Denial Letter



Date:

Account Number:

Patient Name:

Date(s) of Service:

Balance Due:

Dear _____:

Your Payment Assistance application and the information you have provided have been carefully evaluated. Regretfully, we have determined that you are not eligible for payment assistance based on the Facility's Payment Assistance Policy and criteria.

Should you feel that this decision was made in error, and you have additional information that may assist us in reconsidering your request, or if you have any questions regarding your account, please contact _____ at _____.

If your financial information changes in the future you may reapply for financial assistance.

The current balance on your account is \$_____.

Sincerely,

Facility Designee, Title