

## **Charity Care Community Medical Centers**

Patients covered by this policy include self-pay (uninsured) patients and under insured patients with high medical costs.

California Health and Safety Code requires hospitals to provide charity and discount plans to self-pay patients and patients with high medical costs.

Services that are eligible for Charity discount include:

- goods and services provided at Community Medical Centers (CMC) facilities
- medically necessary services provided to any patient that are not covered by insurance

Services that are NOT eligible for Charity discount include

- goods and services provided primarily for elective cosmetic purposes
- services that are not medically necessary to treat an illness or injury
- experimental goods or services, including those provided to a patient as part of a clinical trial, research program or others

All patients will be treated in a fair, dignified, compassionate and respectful manner.

Patients (both admitted as well as those that receive emergency or outpatient care) will be given written information regarding financial assistance, including eligibility and contact information in the patient's primary spoken language for populations over 5% served by the hospital (California Insurance Code Section 12963.30) and consistent with all applicable Federal and State laws and regulations.

### **Determination of Eligibility**

If a patient applies or has a pending application for another health coverage program at the time that they apply for charity or discounted care at the hospital, then neither application will preclude eligibility for the other program.

- A. CMC will make all reasonable efforts to obtain information from the patient (or his/her legal representative) about whether private or public insurance or sponsorship may fully or partially cover the charges for the care provided to the patient, including (but not limited to) private health insurance, Medicare, Medi-Cal, Healthy Families, California Children's Services Program, and other state-funded programs.
- B. CMC will provide an application for the Medi-Cal program, the Healthy Families Program, or other state- or county- funded health coverage programs if the patient does not indicate coverage by a third-party payer or requests a discounted price or charity care. CMC will provide this application to the patient prior to discharge if the patient has been admitted, or to patients receiving emergency or outpatient care.

- C. Applications for discounted and charity care will be referred to a Patient Financial Counselor (PFC). Confidentiality of information and dignity of the individual will be maintained for all that apply for charitable services.
- D. Patients covered by the policy who are at or below 400% of the FPL are eligible to apply for financial assistance. All self-pay patients should will be provided a financial evaluation to determine eligibility.
- E. Patients must fill out and return the application and all supporting documents within 6 months of the discharge date.

## Charity Care

- A. Charity guidelines are reviewed and adjusted annually according to the Department of Health and Human Services' [Federal Poverty Guidelines](#). Uninsured patients and under-insured patients who are at or below 400% of the FPL are eligible under this policy and qualify for 100% write-off of the balance of the bill.
  - 1. In determining patient eligibility for charity care, CMC may only consider monetary assets and will not consider retirement benefits or deferred compensation plans, or the first \$10,000 of a patient's monetary assets. Income generated from real property (rent) is not excluded.
  - 2. In determining patient eligibility for charity care, CMC will only consider 50% of monetary assets over the first \$10,000 of a patient's monetary assets.
  - 3. Certain patients will be automatically deemed eligible if they have a personal status of homeless, expired, recently bankrupt, etc.
- B. Patient Information
  - 1. Review of patient financial records for determination of eligibility for discounted care will be limited to family income from recent pay stubs or income tax returns.
- C. Billing Practices
  - 1. At the time of billing, CMC will provide all low-income, uninsured, and under-insured patients the same information concerning services and charges provided to all other patients who receive care at the hospital.
  - 2. For patients who lack health insurance coverage, have a pending application for government-sponsored coverage or for CMCs charity/discounted care, or have otherwise indicated they may qualify for such programs, CMC will not knowingly send that patient's bill to a collection agency prior to 150 days from the initial time of billing. Exceptions to this rule might include not address or bad address.
  - 3. For patients lacking health insurance coverage, that have an application pending for government-sponsored coverage or for CMC's charity/discounted care, or have otherwise indicated they may qualify for such programs, CMC will not file a civil action against the patient due to nonpayment until 150 days from initial billing.
  - 4. If a patient qualifies for assistance under this policy, and is cooperating with the hospital to settle an outstanding bill, CMC will not send the unpaid bill to an outside collection agency.

5. The 150-day grace period discussed above will be extended if the patient has a pending appeal for coverage of services until a final determination of that appeal is made, if the patient makes reasonable effort to communicate with the hospital about the progress of any pending appeals. Pending appeals include:
  - a. grievance against a contracting health service plan;
  - b. an independent medical review under the California Insurance Code;
  - c. fair hearing for a review of a Medi-Cal claim pursuant to the Welfare and Institutions Code; and
  - d. Appeal regarding Medicare coverage consistent with federal law and regulations.
6. CMC or outside collections agencies operating on behalf of the hospital shall not use wage garnishment for foreclosure of liens on primary residences as a means of collecting unpaid hospital bills from low-income uninsured and under-insured patients who are at or below 400% of the FPL. This requirement does not preclude CMC from pursuing reimbursement from third party liability settlement or tortfeasors or other legally responsible parties.

If you think you may qualify for Discounted Care or Charity Care:

- 1- Contact Patient Financial Services at **(559) 459-3939**
- 2- Patient Financial Services will mail an application to Patient's mailing address
- 3- Fill out the application and return it to Patient Financial Services
- 4- You will be contacted with a response on your eligibility
- 5- For additional questions or concerns, please contact Patient Financial Services

A paper copy of the application can be requested at the main admitting department, Emergency Department registration, or at the outpatient registration areas in the following locations:

**Community Regional Medical Center,**  
2823 Fresno St. Fresno, CA 93721

**Clovis Community Medical Center,**  
2755 Herndon Ave. Clovis, CA 93611

## FINANCIAL EVALUATION

### General Information

Patient: Account #: CRMC CCMC FSH  
Last First Middle (Please circle one facility)

Guarantor: Spouse: Last First Middle

Home Address: Renting ( ) Buying ( ) Mo Pmt:

### Guarantor

Date Of Birth:

Driver's Lic. #:

Soc. Security #:

### Spouse

Date Of Birth:

Driver's Lic. #:

Soc. Security #:

### Employment & Monthly Income

Guarantor's Employer:

Dept./Position:

Gross Pay Amount:

Child Support:

Soc. Security:

Pension:

Unemployment:

Disability:

Welfare:

Alimony:

Interest/Dividends

Rents Received:

Other:

### Employment & Monthly Income

Spouse's Employer:

Dept./Position:

Gross Pay Amount:

Child Support:

Soc. Security:

Pension:

Unemployment:

Disability:

Welfare:

Alimony:

Interest/Dividends

Rents Received:

Other:

Where Do You Bank? (Name, Branch, City)

Checking  Savings

Gross Income As Reported To The IRS Last Year:

Number Of Dependents Under 18 Years Old Living With You: Do

you provide support for anyone over the age of 18 - Explain:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT AND I UNDERSTAND THAT COMMUNITY MEDICAL CENTERS RESERVES THE RIGHT TO VERIFY THE ABOVE.

Guarantor Signature

Date:

**COMMUNITY**  
MEDICAL CENTERS

**Evaluacion Financiera**

Numero de Cuenta: \_\_\_\_\_  
CRMC      CMCC      FHS

Paciente: \_\_\_\_\_  
Apellido      Nombre      Segundo

Responsable: \_\_\_\_\_  
Apellido      Nombre      Segundo  
 \_\_\_\_\_  
Domicilio      Ciudad & Estado      Codtgo Postal  
 \_\_\_\_\_  
Numero de Telefono      Numero de Telefono Alternative

Conyuge: \_\_\_\_\_  
Apellido      Nombre      Segundo  
 \_\_\_\_\_  
Domicilio      Ciudad & Estado      Codigo Postal  
 \_\_\_\_\_  
Numero de Telefono      Numero de Telefono Alternative

Empleo del Responsable:  
Fecha de Nacimiento: \_\_\_\_\_  
Numero de Licencia de Manejo: \_\_\_\_\_ Numero Seguro Social: \_\_\_\_\_  
Empleo del Responsable: \_\_\_\_\_  
Dept./Position: \_\_\_\_\_  
Sueldo Bruto Mensual: \$ \_\_\_\_\_  
Asistencia de Divorcio: \$ \_\_\_\_\_ Seguro Social: \$ \_\_\_\_\_  
Pension: \$ \_\_\_\_\_ Desempleo: \$ \_\_\_\_\_  
Incapacidad/Disability: \$ \_\_\_\_\_ Beneficencia/Welfare: \$ \_\_\_\_\_  
Otros: \$ \_\_\_\_\_ Sosten de Hijos: \$ \_\_\_\_\_  
Interes/Dividendos: \$ \_\_\_\_\_ Rentas Recibidas: \$ \_\_\_\_\_

Empleo del Conyuge:  
Fecha de Nacimiento: \_\_\_\_\_  
Numero de Licencia de Manejo: \_\_\_\_\_ Numero Seguro Social: \_\_\_\_\_  
 \_\_\_\_\_  
Empleo del Conyuge:  
Dept./Posicion: \_\_\_\_\_  
Sueldo Brute Mensual: \$ \_\_\_\_\_  
Asistencia de Divorcio: \$ \_\_\_\_\_ Seguro Social: \$ \_\_\_\_\_  
Pension: \$ \_\_\_\_\_ Desempleo: \$ \_\_\_\_\_  
Incapacidad/Disability: \$ \_\_\_\_\_ Beneficencia/Welfare: \$ \_\_\_\_\_  
Otros: \$ \_\_\_\_\_ Sosten de Hijos: \$ \_\_\_\_\_  
Interes/Dividendos: \$ \_\_\_\_\_ Rentas Recibidas: \$ \_\_\_\_\_

Pago Mensual de Alquiler: \$ \_\_\_\_\_ Pag 2 Mensual de Comore: \$ \_\_\_\_\_  
 Cual es su banco? (Nombre, Sucursal, Ciudad): \_\_\_\_\_  
Ingresos brutos tat como los reporto at IRS el ano pasado: \$ \_\_\_\_\_  
Numero cledependientes menores de 18 anos viviendo con usted?: \_\_\_\_\_  
 Sostiene usted a alguien mayor de 18 anos?      ( ) Si      ( ) No on caso de si, de explication.

El suscrito, pot la presente, certifica quo fades las declaraciones hechas en este formulatio son la verdad y correctas. Ademas, entiendo quo Community Medical Centers reserve el derecho de verificar lo antedicho.

Firma del responsable \_\_\_\_\_ Fecha \_\_\_\_\_

**Physical Locations for Receiving a Copy of the Application for Financial Assistance and/or Receiving Assistance Completing the Application for Financial Assistance**

Admitting Department: Community Regional Medical Center – 2823 Fresno Street, Fresno, CA 93721

Admitting Department: Clovis Community Hospital – 2755 Herndon Avenue, Fresno, CA 93611

Admitting Department: Fresno Heart and Surgical Hospital – 15 E. Audubon Drive, Fresno, CA 93720

To receive additional information about applying for Financial Assistance, please contact Admitting at (559) 459-2998.

## Notice of Rights

Thank you for selecting Community Medical Centers (“CMC”) for your recent services. Enclosed please find a statement of the charges for your hospital visit. Payment is due immediately. You may be entitled to discounts if you meet certain financial qualifications, discussed below, or if you submit payment promptly.

Please be aware that this is the bill for hospital services only. There may be additional charges for services that were provided by physicians during your stay in the hospital, such as bills from physicians, 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.

Please notify CMC immediately if you have health insurance coverage for all or part of your hospital bill that is not reflected on the enclosed statement of charges, including private insurance, Medicare, Medi-Cal, or other coverage.

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 phone at 1-877-FTC-HELP (1-877-328-4357) or online at [www.ftc.gov](http://www.ftc.gov). Nonprofit credit counseling services may be available in the area.

CMC has agreements with external collection agencies to collect payments from patients. Collection Agencies are required to comply with the hospital’s policies. Collection Agencies are also required to recognize and adhere to any payment plans agreed upon by the hospital and the patient.

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

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 350% of the federal poverty level; and (ii) medical expense for themselves or their family (incurred at CMC or paid to other providers in the past 12 months) that exceed 10% of the patient’s family income.
- Patients who are covered by insurance by exhaust their benefits before or during their stay at the hospital, and have a family income level at or below 350% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from the CMC Admitting Departments, which are located at Community Regional Medical Center – 2823 Fresno Street, Fresno, CA 93721; Clovis Community Hospital – 2755 Herndon Avenue, Fresno, CA 93611; and Fresno Heart and Surgical Hospital – 15 E. Audubon Drive, Fresno, CA 93720. The Admitting Department may be contacted

by phone by calling (559) 459-2998. To receive a free copy of the Financial Assistance Policies and Application form by mail, please request one by calling Admitting at (559) 459-2998. Translations of the Financial Assistance Policies and Application Forms are available in Spanish, Hmong, Punjabi, Laotian, Tagalog, Mon-Khmer/Cambodian, Armenian, Arabic, Chinese, Vietnamese, German, Korean, Japanese, Russian, Hindi, Portuguese, Persian, and Mandarin. The application is also available at CMC's website ([www.communitymedical.org](http://www.communitymedical.org)).

Patients should mail Applications for Financial Assistance to: Community Medical Centers, Patient Financial Services Department, P.O. Box 1232, Fresno, CA 93715, Attn: Financial Assistance Application. After submitting your application and documentation, you will be contacted regarding your eligibility. If you think you may qualify for discounted or free medical care, please contact Admitting at (559) 459-2998 for more information.

You may be eligible for a government-sponsored health benefit program. CMC has staff available to assist you with applying for government assistance to pay your hospital bill. You can get assistance applying for government-sponsored health benefits by contacting Patient Financial Services at (559) 459-3939.

If a patient applies or has a pending application for another health coverage program at the time that they apply for charity or discounted care at CMC, then neither application will preclude eligibility for the other program.

### **Covered Provider List**

Providers whose services are covered under Community Medical Centers' Financial Assistance Policy include:

- Nurses who do not have advance practice licenses;
- Certified nursing assistants, medical assistants, and other non-licensed assistants;
- Physical therapists, occupational therapists, speech language therapists, and therapy assistants;
- Pharmacists;
- Technologists or technicians;
- Laboratory scientists;
- Registered dietitians;
- Diabetes educators;
- Audiologists and hearing aid dispensers; and
- Any other non-licensed staff.

Providers whose services are covered under Community Medical Centers' Financial Assistance Policy only when employed by Community Medical Centers include:

- Nurse practitioners;
- Physician assistants;
- Certified nurse midwives;
- Licensed clinical social workers and licensed marriage family therapists;
- Clinical nurse specialists; and
- Perfusionists.

### **Non-Covered Provider List**

The list of Non-Covered Providers within the facility who provide Emergency Medical Care or other Medically Necessary Care at Community Medical Center facilities is maintained in a supplemental document called "Medical Staff Roster" and was last updated in April 2016. This list is updated quarterly and is published on the website and can be provided, free of charge, upon request.