



SOUTHERN INYO HEALTHCARE DISTRICT FINANCIAL ASSISTANCE AND CHARITY CARE PLAIN LANGUAGE SUMMARY



This policy explains who can get financial help, how to apply and who at Southern Inyo Hospital decides who qualifies. It also tells patients about discounts and how to find out the cost of their care. This policy follows national rules, state rules, and does not change agreements with any insurance companies.

Southern Inyo Hospital helps patients who need medical care but have trouble paying. Some patients may qualify for free care or discounted care, depending on their income or their families financial situation.

- ❖ **FULL CHARITY CARE:** Free care for those who earn 100% or less of the Federal Poverty Guidelines.
- ❖ **PARTIAL CHARITY CARE:** Discount of 55% - 90% are available for those earning between 101% - 400% of the poverty guidelines.
- ❖ **SPECIAL CIRCUMSTANCES CHARITY CARE:** Case by case basis for those facing financial hardship. This program provides financial assistance for those facing, bankruptcy, homelessness, or deceased patients with no estates.
- ❖ **HIGH MEDICAL COST CHARITY CARE:** Full discounts are available for patients with excessive medical bills. (Both insured and noninsured patients)
- ❖ **EXTENDED PAYMENT PLAN:** Patients can set up monthly payment plans.
- ❖ **CAPS ON PATIENT BILLS:** Eligible patients will not be charged more than what Medicare or Medi-cal pays.

At SIHD we are here to help people who do not have enough money or insurance, get the medical care they need.



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HOW TO APPLY FOR FINANCIAL ASSISTANCE OR CHARITY CARE

If you need assistance with medical bills or cannot afford to pay for a visit, at Southern Inyo Hospital we can help you by checking if you qualify for financial assistance.

HOW TO APPLY:

- 1.) Fill out a Financial Assistance Application and provide documents such as tax returns or pay stubs.
- 2.) If your application is missing documents, Southern Inyo Hospital will request you submit them in order to process your application.

HOW Southern Inyo Hospital DECIDES WHO QUALIFIES:

- ❖ Southern Inyo Hospital reviews the applications and takes in consideration income, medical expenses, and other financial factors.
- ❖ If approved, financial assistance applies to any unpaid bills, within the first six months after the first bill sent.
- ❖ Some patients may be asked to apply for Medi-cal before receiving full free care.
- ❖ If you refuse to provide financial information, you will not be considered for assistance.



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FINANCIAL ASSISTANCE AND CHARITY CARE
PLAIN LANGUAGE SUMMARY
NOTIFICATION OF DECISION



- ❖ Southern Inyo Hospital will notify you as soon as possible after reviewing application.
- ❖ If approved, you will receive a letter via mail explaining your discount or coverage.
- ❖ If you do not agree with the decision determined, you may request a review within 30 days.

INFORMING PATIENTS OF FINANCIAL HELP

- ❖ Southern Inyo Hospital must offer information about Charity Care, Discounts, and potential coverage options such as Medi-cal or Covered California at the time of admission or discharge.
- ❖ If you are uninsured, Southern Inyo Hospital must provide applications for programs such as Medi-cal and Covered California and offer a good faith estimate of expected costs for service. At Southern Inyo Hospital, when registration occurs admitting staff may start application via Medi-cal website. This is called Presumptive Eligibility Program which if approved will cover start of date of admission.

INFORMATION ON HELP PAYING YOUR BILL

There are organizations that will help you understand the billing and payment process as well as information regarding Covered California and Medi-cal Presumptive Eligibility Program. There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the **HEALTH CONSUMER ALLIANCE AT (888) 804-3536** or go to <https://healthconsumer.org> for more information.



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PLAIN LANGUAGE SUMMARY
SHOPPABLE SERVICES



You can find prices (before discount) on common services online at:

<http://sihd.org>

HOSPITAL BILL COMPLAINT PROGRAM

The Hospital Bill Complaint Program is a California program that reviews hospital decision making about whether you qualify for help paying your hospital bill. If you believe you were wrongfully denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to **HospitalBillComplaintProgram.hcai.ca.gov** for more information and to file a complaint.

HELP IN YOUR LANGUAGE

If you need help in your language, please call (760) 876-5501 or visit the billing department at 501 East Locust St Lone Pine, California 93545. The office is open Monday through Friday 08:00 am – 04:30 pm. Services for people with disabilities like documents in braille, large print, audio , and other accessible electronic formats, are also available. These services are completely free.