



Financial Assistance Policy for California-Based Hospitals

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Approvals

- Committee Approval: Nonclinical Policy Review Team - Revenue Cycle approved on 6/30/2025
 - Committee Approval: Finance Council approved on 9/25/2025
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Revision Insight

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Revision Note:
Changing Socical Security Disability Income to Social Security Income. Ok per outside counsel.



- ☒ Systemwide Standard Policy
- ☐ Systemwide Model Policy

Standard Policy No. 14736
Approval Pathway: Nonclinical
Department: Revenue Cycle

STANDARD POLICY: FINANCIAL ASSISTANCE POLICY FOR CALIFORNIA-BASED HOSPITALS

POLICY SUMMARY/INTENT:

This policy describes Adventist Health's Financial Assistance (Charity Care and Discounted Care) policy for its California hospitals. Adventist Health provides Financial Assistance to patients and families when they are unable to pay all or part of their medical bill, based on the standards below. This policy describes how Adventist Health reviews a patient's financial resources to determine if Financial Assistance can be provided. The intent of this policy is to comply with applicable federal, state and local laws and regulations. Adventist Health does not discriminate and is fair in reviewing and assessing eligibility for Financial Assistance for community members who may be in need of financial help. Adventist Health also offers a sliding scale Rural Health Clinic Discount to patients of its rural health clinics, as set forth in [Appendix D](#), in addition to the Financial Assistance described in this Policy.

Overview:

Adventist Health is committed to providing Financial Assistance to patients who seek needed healthcare services but have limited, or no means, to pay for that care. Financial Assistance is comprised of Charity Care (free care) and Discounted Care. Adventist Health also offers rural Health Clinic Discounts as set forth in [Appendix D](#) in addition to the Financial Assistance in this Policy.

Adventist Health determines eligibility for Financial Assistance based on: (1) income, (2) type of service requested, and (3) the availability of other health coverage/insurance. This policy describes the eligibility criteria and the level of Financial Assistance that will be offered to patients meeting specified criteria.

Charity Care and Discounted Care are not substitutes for personal responsibility. Patients are expected to work with the facility when seeking Financial Assistance. Persons must help pay for the cost of their care based on their ability to pay. Persons with financial means to purchase health insurance will be encouraged to do so since this helps improve their access to health care services.

All patients will be notified of the Financial Assistance Policy and how to access the Financial Assistance Application. Some patients will be presumptively eligible for Financial Assistance without need for further application. Patients may request Financial Assistance by submitting an application with supporting documentation, as applicable.

Adventist Health will apply the standards in this Policy to make a determination on each Financial Assistance Application and shall notify each applicant of its determination. Applicants dissatisfied with the determination can appeal the determination to Adventist Health. The collection of any remaining patient financial responsibility shall be subject to the Adventist Health Self Pay Billing and Collection Policy.

Adventist Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy, as detailed in each Adventist Health hospital's Emergency Medical Treatment and Labor Act (EMTALA) policy and Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations (or any successor regulations).

DEFINITIONS:

1. **Amount Generally Billed (AGB):** The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This is usually described as a percent of Gross Charges. The AGB percentages for each hospital facility are updated annually.
2. **Application:** Adventist Health's application form for Financial Assistance.
3. **Charity Care:** Free care provided when the patient is not expected to pay the patient's payment obligation for items and services provided by Adventist Health.
4. **Discounted Care:** A reduction from the payment obligations for items and services that are provided for cash, prompt, or advanced payment, or to certain categories of patients, e.g., self-pay patients.
5. **Emergency Medical Care:** Refers to Emergency Services and Care, as defined in the Adventist Health Emergency Medical Treatment and Labor Act policy (EMTALA) #AD-06-019-S.
6. **Essential Living Expenses:** Expenses like rent or house payment and maintenance, food, household supplies, laundry and cleaning, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas, repairs and installment payments, and other extraordinary expenses.
7. **Family:** Family is defined as:
 - a. For persons 18 years of age and older, spouse, domestic partner, dependent children under 21 years of age, or any age if disabled, whether living at home or not, and
 - b. For persons under 18 years of age, or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, parents or care taker relatives' other dependent children under 21 years or any age if disabled.
8. **Household Income:** The combined income of the patient seeking Financial Assistance and his/her/their Family as determined under this Policy. Income as used here shall include any sources used to calculate the adjusted gross income, as set forth on line 11 of Form 1040, U.S. Individual Income Tax Return.
9. **Financial Assistance:** Charity Care and Discounted Care.
10. **Federal Income Tax Return:** The Internal Revenue Service (IRS) form/s used to report taxable income. The IRS form must be a copy of the signed and dated forms sent to the IRS.
11. **Federal Poverty Level (FPL):** The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under its statutory authority. These levels are set forth in [Appendix A](#).
12. **High Medical Costs:** Defined as any of the following:

- a. Annual Out-of-Pocket Costs, incurred by an individual at an Adventist Health hospital, that exceeds the lesser of ten percent (10%) of the patient's current Household Income or Household Income in the prior 12 months.
 - b. Annual Out-of-Pocket Costs that are more than ten percent (10%) of the patient's Household Income, if the patient provides documentation of their medical expenses paid by the patient, or the patient's Family Members, in the prior 12 months
13. **Medically Unnecessary Care:** services performed within the hospital for which either the provider who referred the patient for the hospital services or the supervising health care provider for the hospital services attests that the hospital services were not medically necessary.
14. **Out of Pocket Costs** - any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing
15. **Patient Financial Services (PFS):** The Adventist Health department responsible for billing, collecting, and processing payments
16. **Policy:** Adventist Health Financial Assistance Policy
17. **Rural Health Clinic Discounts:** A sliding scale of discounts available to patients of the rural health clinics as set forth in [Appendix D](#). This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).
18. **Self-Pay Patient:** A patient who does not have third-party coverage from a health insurer, health care service plan, 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. Self-Pay patients may include Charity Care patients. Self-Pay Patients are considered "Uninsured Patients" herein.

AFFECTED DEPARTMENTS/SERVICES:

- A. Patient Financial Services (PFS)
- B. Patient Access
- C. Compliance
- D. Finance

POLICY: COMPLIANCE – KEY ELEMENTS

- 1. **What is covered under this Financial Assistance Policy**
 - a. **Covered Providers**

Financial Assistance pursuant to this Policy includes health care services provided at Adventist Health owned and operated facilities in California listed in [Appendix B](#). Discounted Care and Charity Care pursuant to this Policy also covers services rendered by practitioners listed as a “Covered Provider” in the documentation from [Appendix E](#).

Emergency room physicians, who provide emergency medical services in an Adventist Health general acute care facility are excluded from this policy unless listed as a “Covered Provider” in the documentation from [Appendix E](#). These emergency physicians are also required by California law to provide discounts to Uninsured Patients or patients with High Medical Costs whose Household Incomes are at or below 400 percent of the Federal Poverty Level. Patients who receive a bill from an Emergency Room physician, and are uninsured, underinsured, or have High Medical Costs, should contact that physician’s office and ask about their financial assistance policy.

b. Eligible Services

The following services are not eligible for the application of Financial Assistance under this policy, except as required by law:

- Medically Unnecessary Care with a provider’s attestation that the hospital services are not medically necessary.
- Purchases from a hospital’s retail operations, such as gift shops and cafeteria.
- Non-hospital services, such as physician services, that are not billed by the hospital with the exception of services rendered by Covered Providers in the documentation from [Appendix E](#); and
- Services that are not licensed hospital services.

Adventist Health may waive or reduce Medicare cost-sharing amounts as part of Charity Care or Discounted Care. Medi-Cal share of cost is not eligible for Charity Care or Discounted Care.

2. Applying for Financial Assistance

a. Access to Financial Assistance Policy and Application

Adventist Health makes information about its Financial Assistance Policy and Application, and its Rural Health Clinic Discount policy and application, available through numerous means in compliance with applicable state and federal laws and regulations. Information about this Policy is available on each hospital’s website home page and on any website where the patient pays a bill or accesses information about the patient’s account, posted in hospital areas that are accessible to the public, such as the emergency department and any rural health clinics waiting areas, included in writing on each billing statement, and by plain language summaries provided in writing to all patients. Hospital personnel shall direct patients, guardians, or family members who request Financial Assistance or information about Financial Assistance, or who the hospital personnel believe may be eligible for Financial Assistance to any hospital registration area or by phone to **(844) 827-5047** to receive a paper copy of this Policy and an application form. An explanation of Adventist Health’s Financial Assistance program, and Adventist Health’s Rural Health Clinic Discounts program, and the related application forms are available at [Adventist Health Help Paying Your Bill](#). Adventist Health shall ensure that this Policy is translated into each language spoken by the lesser of 1,000 people or five percent of the population that resides in each hospital’s service area and is made accessible by interpretation or alternative formats to ensure access for limited English proficient and disabled individuals.

b. Other Forms of Health Coverage

Each Adventist Health owned and operated facility shall make all reasonable efforts to obtain from the patient or the patient's 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. These efforts will include helping the patient find insurance options, including, but not limited to, any of the following:

- Private health insurance, including coverage offered through the California Health Benefit Exchange.
- Medicare
- The Medicaid program, the California Children's Services program, or other state-funded programs designed to provide health coverage.

If a patient applied or has a pending application for another health coverage program at the same time that the patient applies for Financial Assistance, neither application will stop eligibility for the other program.

Financial Assistance does not relieve the patient or guarantor's responsibility to ensure payment for health care services. Adventist Health encourages patients to cooperate with Adventist Health to find other sources of payment, or coverage, from public and/or private payment programs. The patient or guarantor is responsible for meeting the conditions of coverage of their insurance or health plan if they have third-party insurance or health plan.

The patient is required to pay Adventist Health the entire amount of any reimbursement sent directly to the patient or guarantor by a third-party payer for the hospital services received. If the patient receives a legal settlement, judgment or award under a liable third-party action that includes payment for health care services or medical care related to the injury, the patient or guarantor must reimburse Adventist Health for the related health care services provided up to the amount reasonably awarded for that purpose.

c. Application Process

To be considered for Financial Assistance under this policy, a patient or guarantor must submit a true, accurate, and complete confidential Financial Assistance Application by email, mail or online submission. The Financial Assistance Application must be completed in writing and may be completed by or with the assistance of a staff or management member of the Patient Financial Services Department. The Financial Assistance Application must be signed by the patient or the patient's legal representative and accompanied with the following documentation:

- Recent pay stubs from within the 6 months before or after the patient is first billed (or in preservice when Application is submitted) or
- Copy of Federal Income Tax Return (Form 1040) for patient and spouse or domestic partner from the year the patient was first billed or 12 months prior to when the patient was first billed

If the patient is seeking a reduction of the Medicare cost sharing, Adventist Health may require documentation of the patient's monetary assets to the extent required for Adventist Health to be reimbursed under the Medicare program for Medicare bad debt. Adventist Health will not consider the patient's monetary assets in determining eligibility for Charity Care or Discounted Care.

A patient, or patient's legal representative, who requests Discounted Care, Charity Care, or other assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. Adventist Health may consider the failure to provide this information in making its determination. These documents

provided for the Application will only be used in reaching a determination of Financial Assistance and will not be used for collection activities.

An individual is considered to have submitted a complete Financial Assistance Application if he or she provides information and documentation sufficient for the hospital facility to determine whether the individual is eligible for Financial Assistance. A Financial Assistance Application is incomplete if he or she provides some, but not sufficient, information and documentation to determine eligibility for Financial Assistance.

d. Notification of Financial Assistance Determination

Once an Adventist Health facility has reviewed the Financial Assistance Application and has made a determination based on the Eligibility requirements stated below, the facility shall notify the individual in writing by mail of this eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.

e. Effect of Financial Assistance Determination

If found eligible for Financial Assistance, whether Charity Care or Discounted Care, the facility shall provide the individual with a billing statement that states the amount the individual now owes for the care, how that amount was determined and how the individual can get information regarding the Amounts Generally Billed ("AGB") for the care.

If found eligible for Discounted Care, the patient may enter into an extended payment plan to allow payment over time. The hospital and the patient shall negotiate the terms of the payment plan and take into consideration the patient's Household Income, Essential Living Expenses, and the availability of a health savings account of the patient or the patient's family. If the hospital and the patient cannot agree on the payment plan, the hospital shall create a payment plan where monthly payments will not be more than 10 percent of a patient's Household Income for a month, excluding deductions for Essential Living Expenses.

If found eligible under this Policy, Adventist Health shall adjust the patient's outstanding balance for the services subject to Financial Assistance to zero. Financial Assistance is applicable as follows: (1) if tax returns are submitted with the Application, the services first billed in the year covered by the tax return or the following year; or (2) if paystubs are submitted with the Application, the services first billed in the six months before or after the paystubs. If appropriate, Adventist Health shall refund the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying after Financial Assistance has been applied. Adventist Health shall make any refunds under this section within 30 days of the determination of eligibility for Financial Assistance. Any interest owed by the hospital to the patient shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by the hospital. However, Adventist Health may choose not to reimburse the patient if Adventist Health determines the patient would have qualified for Financial Assistance at the time the patient was first billed and it has either (i) been five years or more since the last payment to the hospital, assignee or debt buyer or (ii) the patient's debt was sold before January 1, 2022, in accordance with the law at the time.

Any interest owed by the hospital to the patient shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by the hospital. However, Adventist Health may choose not to reimburse the patient if Adventist Health determines the patient would have qualified for Financial Assistance at the time the patient was first billed and it has either (i) been five years or more since the last payment to the hospital, assignee or debt buyer or (ii) the patient's debt was sold before January 1, 2022, in accordance with the law at the time.

The Financial Assistance approval is good for 180 days after the approval is granted. The adjustment will be applied to all eligible patient account balances, including those received before the application approval date. For bills received after 180 days from when the Financial Assistance is approved, a new Financial Assistance Application will need to be filled out if the patient is seeking Financial Assistance for those bills.

f. Appeal of Financial Assistance Determination

Patients may submit a written request for reconsideration to the Finance Officer of the Adventist Health facility at which they received services. Such an appeal should demonstrate that the individual either:

- i. Believes their Financial Assistance Application was not approved according to this policy; or
- ii. Disagrees with the way the policy was applied to their case

Appeal must be submitted within 30 days of the date of the decision letter. The Financial Officer will be the final level of appeal.

g. Change in Circumstances

If at any time information relevant to the eligibility of the patient changes, the patient may update the documentation related to income and provide the relevant Adventist Health owned and operated facility with the updated information. Each Adventist Health owned and operated facility will consider the patient's changed circumstances in determining eligibility for Financial Assistance.

Each Adventist Health owned and operated facility may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate.

h. How to Ask for Help

More information about Financial Assistance and paper copies of this Policy and Application are available from any hospital registration area or by phone at **(844) 827-5047**.

5. Eligibility

a. Presumptive Eligibility

Each Adventist Health facility reserves the discretion to grant presumptive Financial Assistance for individuals if it determines that the individual is eligible for Financial Assistance for the care based on information other than that provided by the individual or based on a prior Financial Assistance determination.

If the patient does not or cannot respond to the application process, Adventist Health will screen the patient for certain socio-economic or financial factors described below as well as use an independent credit-based financial assessment tool to estimate a patient's income and financial capacity. The third-party vendor electronic eligibility review uses a healthcare industry-recognized model based on public record databases. The electronic eligibility review data that supports Financial Assistance for an estimated Household Income of 300% FPL, or less, will only be applied to past patient balance. The above information helps Adventist Health make an informed, good faith decision on the financial need of a patient by using the best estimates available if the patient does not or cannot provide the requested information.

Examples of the socio-economic or financial factors Adventist Health considers for presumptive eligibility for Financial Assistance include but are not limited to:

- i. The patient was granted Financial Assistance within the last 180 days.

- ii. The patient's medical record that documents he/she is homeless;
- iii. The patient expired with no known estate or spouse;
- iv. The patient is currently incarcerated;
- v. The patient qualifies for a public benefit program including Social Security Insurance, Unemployment Insurance Benefits, Medicaid, County Indigent Health, TANF, Food Stamps, WIC, etc.; or
- vi. The patient meets another public benefit program's requirements that are similar to the eligibility standards in this Policy.

Adventist Health will apply a presumptive Charity Care determination of 100% assistance in the following situations:

- i. Patient has an active Medicaid plan.
- ii. Patient is eligible for Medicaid; or
- iii. Patients with current active Medicaid coverage, even if they did not have Medicaid coverage on the date of service

If Adventist Health determines the patient is presumptively eligible for Charity Care, the patient will not be required to take further action and assistance will be applied to patient's past bills.

If Adventist Health determines that the patient is eligible for Discounted Care, Adventist Health will notify the individual regarding the basis for the presumptive Financial Assistance determination and the way to apply for more generous assistance available under this Financial Assistance Policy. Adventist Health will provide the patient with a reasonable period of time to apply for more generous Financial Assistance before initiating extraordinary collection actions to obtain the discounted amount owed for the care.

b. Standard Eligibility

The level of Financial Assistance, such as Charity Care (no charge to the patient) or Discounted Care (a discount to the patient), is based on several factors: Household Income, and the patient's insurance coverage. Different discount policies apply based on the Household Income level and whether the services are rendered by a rural health clinic.

Adventist Health authorizes Financial Assistance as set forth in this Policy. Hospital discounts are based on the AGB thresholds set forth in Appendix C. Adventist Health will limit charges to a patient eligible for Financial Assistance to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater, if this amount is lower than the discounted amounts set forth in the tables below.

Non-covered and denied services and related services provided to Medicaid-eligible beneficiaries are considered a form of Charity Care. Medicaid beneficiaries are not responsible for any form of patient financial liability besides Share of Cost.. Examples of this include but are not limited to services provided to Medicaid beneficiaries with restricted Medicaid, Medicaid pending accounts, Medicaid of other indigent care program denials, charges related to days exceeding length- of-stay limits, Medicaid claims (including out-of-state Medicaid claims) with "no payments," and any service provided to a Medicaid-eligible patient with no coverage and no payment.

Financial Assistance may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts and other liabilities for hospital services.

Adventist Health may waive or reduce Medicare cost sharing amounts as part of Charity Care or Discounted Care.

For patients with insurance, any discount shall be applied directly to the patient's out-of-pocket responsibility. Financial Assistance is intended for the benefit of the patient and shall not be used to reduce the payment obligations of any insurance payor.

Table One: Patient Financial Assistance Eligibility

<i>Household Income</i>	<i>Patient Responsibility</i>
300% or less of the Federal Poverty Level	Zero (Full Charity)
301% - 400% of the Federal Poverty Level	75% of the AGB, less insurance/third party payment (if any) (Discount)
> 400% of the Federal Poverty Level	No Financial Assistance

6. Access to Documents

1. Patients may get a free hard copy of the "Financial Assistance Covered and Noncovered Physicians List" at the facility addresses listed in [Appendix E](#).

7. Miscellaneous

1. Requests and all information collected related to an application for Financial Assistance are subject to applicable privacy law.

MANUAL(S):**ATTACHMENTS:**
(REFERENCED BY THIS DOCUMENT)

[Adventist Health Help Paying Your Bill](#)
(844) 827-5047
[Financial Assistance Reference Table Appendix A-E](#)
[RURAL HEALTH CLINIC DISCOUNTS \(CA\)](#)
[Self Pay Billing and Collection Policy \(CA\)](#)
[Self Pay Billing and Collection Policy \(CA\)](#)

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)**FEDERAL REGULATIONS:****ACCREDITATION:****CALIFORNIA:**

No specific state requirements noted. Corporate policy applies as written.

HAWAII:

No specific state requirements noted. Corporate policy applies as written.

OREGON:

No specific state requirements noted. Corporate policy applies as written.

WASHINGTON:

No specific state requirements noted. Corporate policy applies as written.

REFERENCES:**ADVENTIST HEALTH
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ENTITY POLICY OWNER:

Not applicable

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SYSTEM/WEST:**

(06/30/2025) [Nonclinical Policy Review Team - Revenue Cycle](#), (09/25/2025) [Finance Council](#), (Not yet
approved) AH System Board

**ADVENTIST HEALTH
SYSTEM/WEST INDIVIDUAL:****ENTITY:**

Not applicable

ENTITY INDIVIDUAL:

Not applicable

REVIEW DATE:**REVISION DATE:**

11/14/2024, 04/24/2025

NEXT REVIEW DATE:**APPROVAL PATHWAY:**

Nonclinical

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