

# *Notice of Availability of Charity Care and Discount Program*

Effective 1/1/2007, based on a new California law, if you are insured with high medical costs and your insurance is not a contracted payer with this hospital, you may be eligible to apply for a discount based on the hospital's **Discount Payment Policy**. If you are uninsured, you may be eligible to apply for free care or reduced charges based on the hospital's **Charity Care Policy**.

Patients who are at or below 350 percent of the federal poverty income level are eligible to apply. An application and/or additional information may be obtained by calling the hospital's phone number listed below and asking for the Business Office, or Financial Counselor.

## **Our Charity Care Policy:**

*To be eligible for Charity Care, you must:*

- Have no other source of hospital payment such as insurance;
- Have hospital bills beyond your personal financial resources;
- Have the ability to provide proof of income and income resources;
- Complete an application and provide information required by the hospital.

## **Other Factors we Consider:**

- Gross Income;
- Family Size;
- Employment status and future earning capacity;
- Other monetary resources, excluding retirement and deferred compensation plans, and includes 50% of monetary assets over \$10,000;
- Other financial obligations

## **Our Discount Payment Policy**

*To be eligible for our Discount Payment Plan, you must:*

- Have insurance
- The insurance you have must not be a contracted payer with this hospital;
- Have a family income at or below 350% of the Federal Poverty Level;

If you meet the above 3 requirements, your Out-of-Pocket medical expenses in the prior 12 months (whether incurred in this hospital or from any other medical provider) will be capped at 10% of your family income.

*To assist the hospital in determining eligibility, patients must:*

Complete the appropriate screening forms and provide the following documents to process the application.

- A copy of current monthly expenses/bills;
- A copy of the previous year's income tax return
- A current copy of all pay check stubs;
- Proof of any other income;
- A copy of all bank statements for prior 3 months.
- A copy of all other medical bills.

For your convenience, we accept Visa, Mastercard, Discover and American Express as well as checks, cash and debit cards. To request an itemized copy of your bill, please call our Financial Counselor at 760-957-3238, our Self-Pay screening vendor at 760-957-3096.



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