



## Financial Assistance and Billing & Collection Policy

---

### Disclaimer

PDF DISCLAIMER LEGAL NOTICE: This PDF was requested on 6/9/2021 and will be made available in the Lucidoc application until midnight on the requested day. PDFs should not be used as official documentation. Contents of official documents are subject to change without notice. Lucidoc makes no representation or warranty whatsoever regarding the completeness, accuracy, "up-to-dateness", or adequacy of the information or materials contained herein. Please refer to Lucidoc for the most up to date information.

CONFIDENTIALITY LEGAL NOTICE: This PDF may contain confidential information and is intended solely for the addressee. The information may also be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction, or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender and permanently delete this file.

---

### Approvals

- Signature: Meredith S Jobe, General Counsel signed on 6/6/2021, 10:08:02 PM
- 

### Revision Insight

Document ID:	11927
Revision Number:	7
Owner:	Kevin Longo, Chief Compliance Officer
Revision Official Date:	6/6/2021

#### Revision Note:

Making modification to effective date for AHPN AGB rates. Cheryl Stalis indicated via email that this change is minor and does not need to go through cabinet/board approval again. Joan Dillon will send to Meredith Jobe for single signature approval.

---

Standard Policy: Financial Assistance and Billing & Collection Policy

## POLICY SUMMARY/INTENT:

Adventist Health facilities are built on a team of dedicated health care professionals - physicians, nurses, technicians, management, trustees, volunteers, and many other devoted health care workers. Together, these individuals serve to protect the health of their communities. Their ability to serve requires a special relationship built on trust and compassion. Through mutual trust and goodwill, Adventist Health and patients will be able to meet their responsibilities. This policy is designed to strengthen that relationship and make sure patients receive services regardless of their ability to pay.

This policy describes Adventist Health's Financial Assistance (Charity Care) policy. Adventist Health does not discriminate, and is fair in reviewing and assessing Charity Care, Emergency Medical Care and other Medically Necessary Care, for community members who may be in need of financial help. Adventist Health provides financial assistance to patients and families when they are unable to pay, all or part, of their medical bill. This policy describes how Adventist Health reviews the 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.

## DEFINITIONS

1. **Allowable Medical Expenses** - All family members' medical expenses that are deductible for federal income tax purposes, even if the expenses are more than the medical expense deduction allowed by the IRS. Paid and unpaid bills may be included
2. **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.
3. **Application Period** – The period during which Adventist Health must accept and process an application for financial assistance under its Financial Assistance Policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Adventist Health provides the individual with a written notice that sets a deadline after which ECAs may be initiated.
4. **Billed Charges** - Charges for services by Adventist Health as published in the Charge Description Master (CDM) and available at [www.adventisthealth.org](http://www.adventisthealth.org) website under Patient Resources, Healthcare Costs and Charges page.
5. **Charge Description Master** - A list of services and tests, along with their individual prices and codes, used to bill for services.
6. **Charity Care** - Free or Discounted Care provided when the patient is not expected to pay a bill or is expected to pay only a small amount of the Billed Charges. Charity Care is based on financial need
7. **Discounted Care** - A deduction from the price of services, tests, or procedures, that is given for cash, prompt, or advanced payment, or to certain categories of patients, e.g., self-pay patient or uninsured patient. A discount is usually described as a percentage of Gross Charges.
8. **Extraordinary Collection Action (ECA)** - ECAs are legal or judicial actions taken to receive payment from a patient for care covered under the hospital facility's Financial Assistance Policy. Selling a patient's debt to another company for collection purposes without adequate protections in place is also an ECA. Other examples include garnishing a patient's wages and adverse credit reporting.
9. **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.
10. **Essential Living Expenses (ELE)** - The following expenses are considered Essential Living Expenses: rent, house payments and maintenance, food, household supplies, laundry and cleaning, utilities, telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses - including insurance, gas, repairs and installment payments.
11. **Family Members** –
  - a. Family Members, of persons **18 years and older**, include a spouse, domestic partner, as defined by the state where the facility is licensed, and dependent children under 26 years, whether living at home or not.
  - b. Family Members of **persons under 18 years** include parents, caretaker relatives, and other children less than 26 years of age of the parent or caretaker relative, whether living at home or not.
12. **FAP** – The Adventist Health Financial Assistance Policy.
13. **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.

14. **Federal Poverty Level (FPL)** - Level of income the federal government uses to define poverty.
15. **Financial Assistance** - Adventist Health discounts Billed Charges, for Uninsured, or Underinsured Patients, if they qualify for help.
16. **High Medical Costs** - Defined as any of the following
  - a. Annual Out-of-Pocket expenses, billed to an individual by a healthcare facility, that is more than ten percent (10%) of the patient's family income in the prior 12 months; OR,
  - b. Annual Out-of-Pocket expenses that are more than ten percent (10%) of the patient's family income, if the patient provides documentation of their medical expenses paid by the patient, or the patient's family, in the prior 12 months.
17. **Household Income** - Income of all Family Members who live in the same household as the patient, or at the home address the patient uses on tax returns, or on other government documents.
18. **Limited English Proficiency (LEP) group** - A group of people whose first language is not English. The size of the group is the lesser of either 1,000 individuals, or five percent (5%) of the community served by the facility, or the non-English speaking populations likely to be, affected or encountered, by the facility. The facility may use any reasonable method to determine the number, or percentage, of LEP patients may be affected, or encountered, by the facility.
19. **Medically Necessary** - A service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. See California Welfare & Institutions Code §14059.5.
20. **Out-of-Pocket Costs** - Costs which the patient pays from personal funds.
21. **Patient Financial Services (PFS)** - Adventist Health department responsible for billing, collecting, and processing payments.
22. **Payment Plan** - A series of payments, made over a period of time, to pay the patient's part of Adventist Health Billed Charges. Monthly payments cannot be more than ten percent (10%) of a patient's monthly family income, excluding deductions for Essential Living Expense.
23. **Plain Language** - Writing designed to ensure the reader understands quickly, easily, and completely as possible. Plain language strives to be easy to read, understand and use.
24. **Presumptive Financial Assistance** - When Adventist Health staff assume a patient will qualify for 100% Financial Assistance based on information given to them, i.e., homelessness, etc.
25. **Qualifying Assets** - Monetary assets that are counted toward the patient's income when deciding if the patient meets income eligibility for the financial assistance. "Qualifying Assets" include:
  - a. 50% of the patient's monetary assets above \$10,000, including cash, stocks, bonds, savings accounts, or other bank accounts;
  - b. Certain real property or tangible assets, i.e., additional residences in excess of a single primary residence, recreational vehicles, etc.; and
  - c. Assets not included when deciding a patient's income include: IRS qualified retirement plans, such as IRAs, 401(k) or 403(b) retirement accounts, or deferred- compensation plans, primary residents, and some automobiles.
26. **Qualifying Patient** - Patient who meets the financial qualifications for Financial Assistance as defined in Section C.
27. **Self-Pay Liability** - Any balance due by the person who is responsible for payment. This could be a patient, or the patient's guarantor (not a third-party payer).
28. **Third-party Coverage** - An insurance policy purchased for protection against certain events, such as health, automobile and general liability insurance, etc.
29. **Uninsured Patient** - Patients who do not have insurance to cover the services received.
30. **Underinsured Patient** - A patient who does not have enough insurance to cover the services received.

---

## POLICY: COMPLIANCE – KEY ELEMENTS

Adventist Health is committed to providing Financial Assistance to patients who seek Emergency Medical Care, or Medically Necessary Care, but have limited, or no means, to pay for that care. Financial Assistance is commonly known as Charity Care and/or Discounted Care. Adventist Health will provide, without discrimination, Emergency Medical Care, or Medically Necessary Care as defined in this policy, to persons regardless of their ability to pay, their eligibility under this policy, or their eligibility for government assistance.

Accordingly, this written policy:

1. Includes eligibility reasons for Financial Assistance – Charity Care (free) and Discounted Care (partial Charity Care);
2. Describes how Adventist Health decides how much patients who qualify for Financial Assistance will pay under this policy;
3. Describes how patients apply for Financial Assistance;
4. Describes how the facility will publicize this policy in the community served; and
5. Describes how the facility limits the amount billed to patients who qualify for Financial Assistance

Charity Care is not a substitute 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 finances to purchase health insurance will be encouraged to do so. This helps them get access to health care service.

### A. COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE:

1. Adventist Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Adventist Health will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Adventist Health patients in a non-discriminatory manner, pursuant to each Adventist Health hospital's EMTALA policy (see AH Model Policy AD-06-109-S "EMTALA – Compliance with EMTALA").

- 1. Qualifying Care Under This Policy**

1. Emergency Medical Care, or other Medically Necessary Care, provided at Adventist Health owned and operated facilities listed in Appendix B
    2. Emergency department physician services that the Adventist Health facility bills for on the physicians' behalf.
    3. Note: 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 D. California requires these physicians to have their own financial assistance policies. Patients who receive a bill from an Emergency Room physician, and are uninsured, underinsured, or have High Medical Costs and an income at or below 350% of the Federal Poverty Level, should contact that physician's office and ask about their Financial Assistance policy.

- 2. Communication of Financial Assistance**

1. Adventist Health gives patient's information about Financial Assistance in different ways, including, but not limited to:
      1. Placing notices in Emergency Rooms, Admitting and Registration Offices, Patient Financial Services Departments, and other public places;
      2. Placing information in the Adventist Health Conditions of Registration Form;
      3. Printing information in our Post-Discharge Billing Statement, including information in standard language about how patients can obtain more information about financial assistance;
      4. Posting a "plain language summary" of the Financial Assistance policy on all Adventist Health websites; and
      5. Placing information on Adventist Health facility websites, in a "plain language" brochure, mailings, and at other community places served by the facility.
    2. Notices and information are provided to patients in their primary language, when the patient is identified as being within a Limited English Proficiency (LEP) group. In addition to the above, Adventist Health gives individual notice of financial assistance to patients who may be at risk for not being able to pay their bill. Referral of patients for financial assistance may be made by any member of the medical, or facility, staff. A request for financial assistance may also be made by the patient, his or her guardian, or family member. Requests are subject to applicable privacy laws.
    3. Individuals can get information about the Financial Assistance Policy, a copy of our Plain Language Summary, and an application in different languages, free of charge, by:
      1. Going to the registration area
      2. Speaking with an Adventist Health facility financial counselor
      3. Going to our website: <https://www.adventisthealth.org/patient-resources/financial-assistance/>
      4. Calling us at 1-844-827-5047 (or local hospital – See appendix B of this policy)
      5. Writing to our address: Adventist Health, ATTN: Financial Assistance, P.O. Box 677000, Paradise, CA 95967

- 3. Eligibility for Financial Assistance**

1. Eligibility for financial assistance will be looked at for patients who are uninsured, or underinsured with High Medical Costs and are unable to pay for their care. The facility applies financial assistance according to this policy. Decisions made under this policy, including granting or denying financial assistance, is based on a patient's financial need. The following will not be considered; race, color, national origin, citizenship, religion, creed, gender, sexual preference, gender identity and expression, age, or disability.
    2. Medicaid Share of Cost (SOC) amounts are not eligible for financial assistance. The SOC amounts are set by the State. States require patients to pay the SOC as a condition of receiving Medicaid/Medi-Cal coverage.
    3. A patient may qualify for Financial Assistance under this policy, if they meet one of the following criteria:
      1. Income: Household Income is at, or below, 400% of the FPL.
      2. Expenses: Patients that do not meet the income criteria, may be eligible for financial assistance based on essential living expenses and resources. The following two (2) qualifications must both apply:
        1. Essential Living Expenses: Fifty percent (50%) of the Household Income; and
        2. Resources: The patient's excess medical expenses (the amount that Allowable Medical Expenses are greater than 50% of annual Household Income) must be greater than available Qualifying Assets.

- 4. Financial Assistance Level: Basis for Calculating Amounts Charged to Patients**

1. FAP-eligible individuals may not be charged more than the AGB for emergency or other medically necessary care. Adventist Health does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy. The specific AGB methodology used to calculate the AGB percentage, as well as the current AGB percentage, for each Adventist Health hospital facility is set forth in Appendix C.

2. Charity Care and Discounted Care: Discounts are based on combined Household Income and Qualifying Assets. Documentation of Household income and Qualifying Assets include recent pay stubs, income tax returns, and other documents.
3. The discount amount is based on the percentages in the following tables:
  1. Emergency and Medically Necessary Care for Uninsured and Insured Patients

Uninsured Patients		
Family Income	Patient Responsibility	Oregon All Locations Amounts Charged
200% or less of the Federal Poverty Level	Zero	Zero
> 200% to 300% of the Federal Poverty Level	50% of the Amount Generally Billed	25% of the Amount Generally Billed
> 300% to 350% of the Federal Poverty Level	75% of the Amount Generally Billed	50% of the Amount Generally Billed
> 350% to 400% of the Federal Poverty Level	75% of the Amount Generally Billed	74% of the Amount Generally Billed
> 400% of the Federal Poverty Level	Not covered under the Financial Assistance Policy, refer to the Uninsured Discount Policy	Not covered under the Financial Assistance Policy, refer to the Uninsured Discount Policy

Patients with Commercial Insurance or Non-Contracted Managed Care Plans and High Medical Co		
Family Income	Amounts Charged	Oregon All Locations Amounts Charged
400% or less of the Federal Poverty Level	The amount that would be allowed by the Amount Generally Billed for the same service LESS the amount paid by the patient's insurer. If the insurer paid an amount, equal to or greater than the Amount Generally Billed, the patient liability is zero.	Any patient liability after amount paid by the patient's insurer fail to pay AGB shall follow the FPL groupings and minimum % discounts from AGB applied as outlined in the table above for uninsured patients.
>400% of the Federal Poverty Level	Not covered under the Financial Assistance policy, the patient is responsible for their Self-Pay Liability amount.	Not covered under the Financial Assistance Policy, the patient is responsible for their Self-Pay Liability amount.

2. Non-Emergency and non-Medically Necessary Care for Uninsured and Insured Patients:

Uninsured Patients	
Family Income	Amounts Charged
200% or less of the Federal Poverty Level	100% of the Amount Generally Billed
>200% to 400% of the Federal Poverty Level	50% of the Amount Generally Billed
>400% of the Federal Poverty Level	Not covered under the Financial Assistance Policy, refer to the Uninsured Discount Policy

Patients with Commercial Insurance or Non-Contracted Managed Care Plan and High Medical Costs	
Family Income	Patient Liability

350% or less of the Federal Poverty Level	The amount that would be allowed by the Amount Generally Billed for the same service LESS the amount paid by the patient's insurer. If the insurer paid an amount, equal to or greater than the Amount Generally Billed, patient liability is zero.
>350% of the Federal Poverty Level	Not covered under the Financial Assistance policy; the patient is responsible for their Self-Pay Liability amount.

**5. How Patients Apply for Financial Assistance:**

1. To be considered for Financial Assistance under this policy, a patient or guarantor must:
  1. Work with Adventist Health to find other sources of payment, or coverage, from public and/or private payment programs;
  2. Submit a true, accurate, and complete confidential → Financial Assistance Application within the Application Period;
  3. Give a copy of patient's or guarantor's most recent pay stub (or certify that he or she is currently unemployed);
  4. Give a copy of patient's or guarantor's most recent Federal Income Tax Return (including all schedules); and
  5. Give documents and information regarding the patient's or guarantors' monetary assets requested by Adventist Health.
2. The patient or guarantor is responsible for meeting the conditions of coverage of their health plan, if they have 3rd-party insurance. Failure to do so, may result in a denial of financial assistance.
3. The patient or guarantor is responsible for meeting the conditions of coverage of their health plan, if they have 3rd-party insurance. Failure to do so, may result in a denial of financial assistance.
4. Human dignity, and stewardship, are used in the application process for deciding financial need and granting financial assistance.
5. Adventist Health shall not use any information given by a patient regarding monetary assets, in connection with his or her application, for any collection activities of Adventist Health. Information provided by the patient about their monetary assets will only be used to see if the patient qualifies for financial assistance under this policy.

**6. Eligibility for Other Government Programs**

1. The facility will make reasonable efforts to help the patient find insurance options including:
  1. Private health insurance, including coverage offered through the Health Benefit Exchange;
  2. Medicare; or
  3. The Medicaid program, the Healthy Families Program, the 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 he or she applies for a facility financial assistance program, neither application will stop eligibility for the other program.

**7. Presumptive Financial Assistance Eligibility**

1. Presumptive Financial Assistance takes place when Adventist Health staff assume a patient will qualify for financial assistance based on information received by the facility, i.e., homelessness, etc.
  1. A staff or management member of the Patient Financial Services Department will complete an internal Financial Assistance Application for a patient, to include:
    1. The reason the patient, or patient's guarantor, cannot apply on his/her own behalf; and
    2. The patient's documented medical or socio-economic reasons that stop the patient, or patient's guarantor, from completing the application.
  2. Adventist Health staff may also assign patient accounts to Charity Care for eligibility, if they think the patient may be in need of financial help paying the bill. Adventist Health staff can start Financial Assistance help for patients even if a Financial Assistance Application has not been submitted by the patient. The Adventist Health staff bases their decision, to assign the patient to Charity Care, based on predetermined criteria collected from approved sources. These criteria include:
    1. The patient's medical record that documents they are homeless;
    2. Verification received through Adventist Health, or a patient family member, that the patient expired with no known estate;
    3. The patient is currently in jail or prison;
    4. The patient qualifies for a public benefit program including Social Security, Unemployment Insurance Benefits, Medicaid, County Indigent Health, AFDC, Food Stamps, WIC, etc.;
    5. The patient meets another public benefit program's requirement that are like Adventist Health's Financial Assistance program;
    6. Adventist Health tried to get a payment from the patient, and is not able to do so;
    7. The patient has not completed a Financial Assistance Application; or

8. The patient does not respond to requests for documentation.
2. A patient's account will be screened for presumptive eligibility using demographic software, if the patient does not respond to the application process. This screening may be done without completing the Financial Assistance Application. Adventist Health facilities use other sources of information, to make an individual assessment of financial need, based on demographic software. This information helps Adventist Health make an informed decision on the financial need of a patient by using the best estimates available when he or she does not provide the requested information.
  1. Adventist Health facilities use a third-party to conduct electronic reviews of patient information to assess financial need. These reviews use a healthcare industry-recognized model that is based on public record databases. This predictive model uses public record data to calculate a socio-economic and financial capacity score. It includes estimates of income, assets and liquidity. The electronic technology compares each patient using the same standards as the formal application process.
  2. Electronic technology will be used after all other eligibility, and payment sources, have been tried before a patient account is considered bad debt and turned over to a collection agency. This ensures Adventist Health facilities screen all patients for Financial Assistance before taking any collection actions.
  3. The electronic eligibility review data that supports the financial need to qualify at 200% FPL, or less, will only be applied to past patient balances.
3. Patient accounts granted presumptive eligibility will be reclassified under the Financial Assistance policy, Adventist Health will:
  1. not send them to collection agencies;
  2. not subject them to further collection actions;
  3. not notify them of their qualification; and
  4. not include them in the facility's bad debt expense

#### **8. Eligibility Period**

1. The Financial Assistance Department will apply the Financial Assistance discount to all eligible patient service balances received before the application approval date.
2. The financial assistance approval will apply to any eligible services received up to 180 days after the approval is granted.
3. A separate Financial Assistance Application will need to be filled out for eligible services received more than 180 days after a Financial Assistance Application is approved.

#### **9. Appeal Regarding Application of this Policy**

1. Patients may write a request for reconsideration to the Finance Officer (FO) of the Adventist Health Facility they received services at when:
  1. they believe their Financial Assistance Application was not approved according to this policy; or
  2. they disagree with the way the policy was applied to their case
2. The FO will be the final level of appeal.
3. Appeal must be submitted within 90 days of the date of the decision letter.

#### **10. Billing and Collection**

1. Adventist Health facilities will follow standard procedures, including levels of authorization, when sending patient accounts to collection agencies. Collection agency contracts define the agencies' scope of practice and includes the collection practices described in this policy. Collection agencies are required to report to the Adventist Health facility when a patient tells the agency they are not able to pay the bill.
2. Before receiving any payment for bills from a patient, the facility must provide a plain language summary of the patient's rights. The summary language will appear in the following form:
  1. "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, and 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 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 telephone at 1-877-FTC-HELP (382-4357) or online at [www.ftc.gov](http://www.ftc.gov)."
  2. The facility must also include a statement that nonprofit credit counseling services may be available in the area. The above wording will be added into a data mailer attachment and be included in the first data mailer for all patient bills.
3. If an individual submits a complete FAP application during the Application Period, Adventist Health will:
  1. Suspend any ECAs against the individual (with respect to charges to which the FAP application under review relates).
  2. Make a determination as to whether the individual is FAP-eligible and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination. The decision must be communicated to the patient by sending the attached Facility Application Letter:
 

Facility Application Letter (English) or Facility Application Letter (Spanish).
  3. If Adventist Health determines the individual is FAP-eligible, Adventist Health will:
    1. Provide the individual with a statement that indicates the amount the individual owes for the care

- as a FAP-eligible individual (if the individual is eligible for assistance other than free care) and how that amount was determined and states, or describes how the individual can get information regarding, the AGB for the care.
2. Refund to 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 as a FAP-eligible individual, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin).
  3. Take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.
  4. Adventist Health facilities will stop collection efforts while a patient, or guarantor, is in the process of applying for government programs like Medicaid/Medi-Cal. This includes any time necessary to appeal an eligibility decision. When the facility confirms the individual is not eligible for coverage that they applied for, or failed to cooperate with providing information, then collection efforts can continue. Failure to meet eligibility requirements, or failure to cooperate, must be well documented
4. In cases where the patient, or the patient's guarantor, is approved for Discounted Care and still owes a bill under the Financial Assistance program:
    1. The facility, or designated contracted partner, may negotiate a reasonable monthly Payment Plan when requested by the patient or guarantor.
    2. The facility will not send unpaid bills to outside collection agencies and will stop any extraordinary collection actions.
    3. Any Financial Assistance extended Payment Plan agreed to will be interest free.
    4. The facility can stop the Extended Payment Plan when the patient, or guarantor, fails to make all consecutive payments due during a 90-day period.
      1. Before stopping the Payment Plan, the facility or collection agency will make a reasonable attempt to contact the patient by phone, and give written notice, that the extended Payment Plan may stop.
      2. The patient, or guarantor, will be given an opportunity to renegotiate the extended Payment Plan.
      3. Before the facility stops the extended Payment Plan, they must attempt to renegotiate the terms of the defaulted extended Payment Plan, if requested by the patient or their guarantor.
      4. The facility and the collection agency cannot report adverse information to a credit-reporting bureau before the extended Payment Plan ends.
  5. If an individual submits an incomplete FAP application during the Application Period, Adventist Health will:
    1. Suspend any ECAs against the individual (with respect to charges to which the FAP application under review relates).
    2. Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or FAP application form that the individual must submit to Adventist Health to complete his/her FAP application.
  6. If an individual who has submitted an incomplete FAP application during the Application Period subsequently completes the FAP application during the Application Period (or, if later, within a reasonable timeframe given to respond to requests for additional information and/or documentation), the individual will be considered to have submitted a complete FAP application during the Application Period.
  7. The facility and collection agencies will make reasonable efforts to notify the patient before starting any extraordinary collection action to collect money due from the patient, or guarantor. Specifically, Adventist Health (or other authorized party) will take the following actions at least 30 days before first initiating one or more of the above ECA(s) to obtain payment for care:
    1. Provide the individual with a written notice that indicates financial assistance is available for eligible individuals, identify the ECA(s) that Adventist Health (or other authorized party) intends to initiate to obtain payment for the care, and state a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided.
    2. Provide the individual with a plain language summary of the FAP with the written notice described above.
    3. Make a reasonable effort to orally notify the individual about Adventist Health's FAP and about how the individual may obtain assistance with the FAP application process.
  8. Collection agencies may take legal action to collect unpaid balances, as long as it is not within 240 days of the first post-discharge billing statement when the agency has information that the patient, or guarantor has the ability to pay for the medical services received, but refuse to do so. When the agency decides that legal action is appropriate, and criteria for extraordinary collection actions is met, the following is required:
    1. The agency must forward an individual written request to the facility's Finance Officer (FO) for approval before taking any legal action
    2. The request must include all the facts of the encounter, including a copy of the agency's documentation, that led them to believe that the patient or guarantor has the ability to pay for the services.
    3. The facility FO must approve each individual legal action in writing. This authority may not be delegated by the FO.
    4. Facilities must maintain a permanent copy of the signed authorization for legal action, and there must be a note, to that fact, entered in the electronic PFS patient account notes.



5. The agency, in no case, will be allowed to file a legal action as a last resort, to motivate the patient to pay when they have no information as to the patient or guarantors' financial means.
  6. All of these actions are required to take place at least 30 days prior to performing any extraordinary collection actions to allow reasonable time to respond to the notice.
  9. If Adventist Health aggregates an individual's outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECA(s) until 120 days after it provided for first post-discharge billing statement for the most recent episode of care included in the aggregation.
  10. Anti-Abuse Rule – Adventist Health will not base its determination that an individual is not FAP-eligible on information that Adventist Health has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.
  11. No Waiver of FAP Application – Adventist Health will not seek to obtain a signed waiver from any individual stating that the individual does not wish to apply for assistance under the FAP, or receive the information described above, in order to determine that the individual is not FAP-eligible.
  12. Final Authority for Determining FAP Eligibility – Final authority for determining that Adventist Health has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in ECAs against the individual rests with the AH Finance Officer.
  13. Agreements with Other Parties – If Adventist Health sells or refers an individual's debt related to care to another party, Adventist Health will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care.
  14. Providing Documents Electronically – Adventist Health may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.
11. **Documentation**
1. Confidential Financial Assistance Application
12. **List of Covered Providers**
1. The list of Covered and Non-covered Providers who deliver Emergency Medical Care, and other Medically Necessary Care will be updated at least quarterly.
  2. See Appendix D of this policy for a link to the lists of Covered and Non-covered Providers
  3. See Appendix B of this policy for the physical address where to get a free copy of the Covered and Non-covered Providers list.
  4. Section B of this policy describes how this list will be made available.
13. **Financial Assistance Standard Procedures**
1. Adventist Health facilities will follow standard internal procedures when applying this Financial Assistance Policy.
  2. Standard internal procedures will be kept in a separate Financial Assistance procedures document prepared and maintained by Adventist Health.
14. **Authorized Body**
1. Adventist Health Finance Cabinet will review any subsequent changes to this policy and recommend approval to the Adventist Health Board of Directors.

## APPENDIX A

### 2021 FEDERAL POVERTY LEVELs (FPL)

Persons in Family	48 Contiguous States and the District of Columbia	Alaska	Hawaii
1	\$12,880	\$16,090	\$14,820
2	\$17,420	\$21,770	\$20,040
3	\$21,960	\$27,450	\$25,260
4	\$26,500	\$33,130	\$30,480
5	\$31,040	\$38,810	\$35,700
6	\$35,580	\$44,490	\$40,920
7	\$40,120	\$50,170	\$46,140
8	\$44,660	\$55,850	\$51,360
For each additional person, add	\$4,540	\$5,680	\$5,220

Source: <http://www.aspe.hhs.gov/poverty/>

**APPENDIX B****Covered Facility List**

List of Adventist Health facilities covered under this policy:

<b>Doing Business As (DBA)</b>	<b>Address</b>	<b>Phone Number</b>
Adventist Health Bakersfield	2615 Chester Avenue Bakersfield, CA 93301	661-395-3000
Adventist Health Castle	640 Ulukahiki Street Kailua, HI 96374	808-263-5500
Adventist Health Clear Lake	15630 18th Avenue Clearlake, CA 95422	707-994-6486
Adventist Health Delano	1401 Garces Highway Delano, CA 93215	661-725-4800
Adventist Health Feather River	5125 Skyway Road Paradise, CA 95969	530-872-2000
Adventist Health Glendale	1509 Wilson Terrace Glendale, CA 91206e	818-409-8000
Adventist Health Hanford	115 Mall Drive Hanford, CA 93230	559-582-9000
Adventist Health Howard Memorial	1 Marcela Drive Willits, CA 95490	707-459-6801
Adventist Health Lodi Memorial	975 S. Fairmont Avenue Lodi, CA 95240	209-334-3411
Adventist Health Mendocino Coast	700 River Drive Fort Bragg, CA 95437	707-961-1234

Adventist Health Physicians Network or Adventist Health Medical Foundation Clinics	Please use contact address for the nearest AH facility	Please use phone listed for nearest AH Facility
Adventist Health Portland	10123 S. E. Market Street Portland, OR 97216	503-257-2500
Adventist Health Reedley	372 W. Cypress Avenue Reedley, CA 93654	559-638-8155
Adventist Health Rideout	726 4th Street Marysville, CA 95901	530-749-4300
Adventist Health Selma	1141 Rose Avenue Selma, CA 93662	559-891-1000
Adventist Health Simi Valley	2975 North Sycamore Drive Simi Valley, CA 93065	805-955-6000
Adventist Health Sonora	1000 Greenley Road Sonora, CA 95370	209-536-5000
Adventist Health St. Helena	10 Woodland Road St. Helena, CA 94574	707-963-3611
Adventist Health Tehachapi Valley	1100 Magellan Drive Tehachapi, CA 93561	661-823-3000
Adventist Health Tillamook	1000 Third Street Tillamook, OR 97141	503-842-4444
Adventist Health Tulare	869 N. Cherry St Tulare, CA 93274	559-688-0821

Adventist Health Ukiah Valley	275 Hospital Drive Ukiah, CA 95482	707-462-3111
Adventist Health Vallejo	525 Oregon Street Vallejo, CA 94590	707-648-2200
Adventist Health White Memorial	1720 East Cesar E. Chavez Ave. Los Angeles, CA 90033	323-268-5000
Western Health Resources Home Care and Hospice	Please Call for the Information	844-827-5047

### **APPENDIX C**

Amount Generally Billed (AGB) for facilities in California:

AGB Table #1:

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

<b>Facility Abbreviation</b>	<b>Facility</b>	<b>Service</b>	<b>Effective</b>	<b>AGB</b>
AHBD	Adventist Health Bakersfield	All services	5/1/2021	20%
AHCL	Adventist Health Clear Lake	All services	5/1/2021	41%
AHDL	Adventist Health Delano	All services	5/1/2021	29%
AHGL	Adventist Health Glendale	All services	5/1/2021	16%
AHMF	Adventist Health Hanford	All services	5/1/2021	28%
AHMH	Adventist Health Howard Memorial	All services	5/1/2021	38%
AHLM	Adventist Health Lodi Memorial	All services	5/1/2021	16%

AHMC	Adventist Health Mendocino Coast	All services	5/1/2021	57%
AHRD	Adventist Health Reedley	All services except Rural Health Clinics – See Appendix D	5/1/2021	28%
AHRO	Adventist Health and Rideout	All services	5/1/2021	26%
AHSV	Adventist Health Simi Valley	All services	5/1/2021	23%
AHSR	Adventist Health Sonora	All services	5/1/2021	24%
AHSH	Adventist Health St. Helena	All services	5/1/2021	18%
AHTV	Adventist Health Tehachapi Valley	All services	5/1/2021	41%
AHTR	Adventist Health Tulare	All Services	5/1/2021	28%
AHUV	Adventist Health Ukiah Valley	All services	5/1/2021	31%
AHWM	Adventist Health White Memorial	All services	5/1/2021	15%
AHPN	Adventist Health Physician Network	All Services	5/27/2021	55%

Amount Generally Billed (AGB) for facilities in Oregon, Washington and Hawaii:

AGB Table #2

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHCS	Adventist Health Castle	All services except Physician Clinics - See Below Table 3	5/1/2021	34%

AHPL	Adventist Health Portland	All Services	5/1/2021	34%
AHTM	Adventist Health Tillamook	All Services	5/1/2021	53%

AGB Table #3

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
WHR	Western Health Resources	All Services	5/1/2021	75%

**APPENDIX D**

**Sliding Scale – Adventist Health Reedley – Rural Health Clinics**

**A completed Sliding Scale attestation must be submitted, and any qualification is valid for 90 days from the date of qualification.**

Adventist Health Reedley – RHC Visit			
Nominal Amounts	\$30.00	\$45.00	\$60.00
Family Size	50% of nominal amount	75% of nominal amount	100% of nominal amount
	100% of the FPL	150% of the FPL	200% of the FPL
1	\$12,880	\$19,320	\$25,760
2	\$17,420	\$26,130	\$34,840
3	\$21,960	\$32,940	\$43,920
4	\$26,500	\$39,750	\$53,000

5	\$31,040	\$45,560	\$62,080
6	\$35,580	\$53,370	\$71,160
7	\$40,120	\$60,180	\$80,240
8	\$44,660	\$66,990	\$89,320
Additional Person	\$4,540	\$6,810	\$9,080

## APPENDIX E

### Covered and Noncovered Provider's List

The list of Covered and Noncovered Providers who provide Emergency Medical Care or other Medically Necessary Care, in each Adventist Health hospital facility, is maintained in the supplemental document called, "PFS-112 Financial Assistance Covered and Noncovered Physicians List". This list is updated quarterly and is published on the Adventist Health website at the links in the following table.

Patients may get a free hard copy of the "PFS-112 Financial Assistance Covered and Noncovered Physicians List" at the facility addresses listed in Appendix B, above.

Below are the links to the lists of Covered and Non-Covered Providers included in this supplemental document:

Facility Abbreviation	Facility
Adventist Health Bakersfield	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHBD-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHBD-501R-FAP-Providers.pdf</a>
Adventist Health Castle	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCS-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCS-501R-FAP-Providers.pdf</a>
Adventist Health Clear Lake	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCL-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCL-501R-FAP-Providers.pdf</a>
Adventist Health Delano	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHDL-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHDL-501R-FAP-Providers.pdf</a>
Adventist Health Glendale	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHGL-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHGL-501R-FAP-Providers.pdf</a>
Adventist Health Hanford	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHF-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHF-501R-FAP-Providers.pdf</a>

Adventist Health Howard Memorial	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHM-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHM-501R-FAP-Providers.pdf</a>
Adventist Health Lodi Memorial	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHLM-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHLM-501R-FAP-Providers.pdf</a>
Adventist Health Mendocino Coast	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf</a>
Adventist Health Physician Network	To be determined
Adventist Health Portland	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHPD-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHPD-501R-FAP-Providers.pdf</a>
Adventist Health and Rideout	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHRO-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHRO-501R-FAP-Providers.pdf</a>
Adventist Health Simi Valley	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSV-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSV-501R-FAP-Providers.pdf</a>
Adventist Health Sonora	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSR-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSR-501R-FAP-Providers.pdf</a>
Adventist Health Tehachapi Valley	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTV-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTV-501R-FAP-Providers.pdf</a>
Adventist Health Tillamook	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTM-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTM-501R-FAP-Providers.pdf</a>
Adventist Health Ukiah Valley	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf</a>
Western Health Resources	To be determined
Adventist Health White Memorial	<a href="https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHWM-501R-FAP-Providers.pdf">https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHWM-501R-FAP-Providers.pdf</a>

MANUAL(S):



ATTACHMENTS:  
(REFERENCED BY THIS DOCUMENT)

<http://www.aspe.hhs.gov/poverty/>  
[www.ftc.gov](http://www.ftc.gov)  
[www.adventisthealth.org](http://www.adventisthealth.org)  
[Financial Assistance Policy - Confidential Financial Assistance Application \(English\)](#)  
[Financial Assistance Policy - Facility Application Letter \(English\)](#)  
[EMTALA - Compliance With EMTALA](#)  
[www.ftc.gov](http://www.ftc.gov)

OTHER DOCUMENTS:  
(WHICH REFERENCE THIS DOCUMENT)

[Financial Assistance Policy](#)  
[Uninsured Patient Discounts](#)

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: <https://olis.leg.state.or.us/liz/2018R1/Downloads/MeasureDocument/HB4020>,

<https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB3076>

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

AUTHOR: Patient Financial Services

APPROVED: Revenue Cycle Governance 9/18/2015; Exec Cabinet 12/1/2014; Board Approved 12/15/2015

REFERENCES: EFFECTIVE DATE: 12/29/2015

REVIEWED: 11/12/14; REVISION: 12/21/09, 1/25/11, 6/3/2011, 1/27/11, 5/13/13, 2/3/14, Nov 2014 (SB1276), 1/22/15 (revised FPL); 12/17/2015 (501(r)) 3/1/2017

DISTRIBUTION: PFS Directors, CFOs

ADVENTIST HEALTH  
SYSTEM/WEST POLICY  
OWNER:

Kevin K Longo - Chief Compliance Officer

ENTITY POLICY OWNER:

Not applicable

Shelly J Williams - Financial Analyst

Jessica M Hoops - Legal Support Assistant

COLLABORATION:

Joan S Dillon - Program Manager, Nonclinical Policies & Procedures

Mona A Snyder - Director, Revenue Cycle-Home Care CBO

Cheryl A Brooksher - Contractor, Director

APPROVED BY:

ADVENTIST HEALTH  
SYSTEM/WEST:

ADVENTIST HEALTH  
SYSTEM/WEST INDIVIDUAL: ( 06/06/2021 10:08PM PST ) Meredith S Jobe, General Counsel

ENTITY: Not applicable

ENTITY INDIVIDUAL: Not applicable

REVIEW DATE:

REVISION DATE: 05/02/2019, 05/10/2019, 04/20/2020, 04/22/2020, 04/24/2020, 10/14/2020, 05/03/2021,  
06/06/2021

NEXT REVIEW DATE: 06/06/2023

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc  
at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:11927\\$7](https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:11927$7).

[object HTMLDivElement]



Reference Material No. 13048  
 Department: Revenue Cycle

Reference Material: Financial Assistance Policy - Confidential Financial Assistance Application (English)

**Confidential Financial Assistance Application**

Patient Number _____	<b>Confidential Financial Assistance (Application)</b>
----------------------	--

**Responsible Party**

Name		Marital Status		Social Security Number	
Street Address, City, State, Zip		How long at this address		Home Phone	
Employers Name and Address (If Unemployed –How Long)				Business Phone	
Position / Title	Monthly income – Gross	Monthly income - Net	Length of current employment		

**Spouse**

Name				Social Security Number	
Employer Name and Address				Business Phone	
Position / Title	Monthly income – Gross	Monthly income – Net	Length of current employment		

**Dependents**

Name & Year of Birth of all dependents in household	Total Number of dependents in household_____	Do Any Other Persons Contribute? If Yes, Amount: Yes/No _____ Amount _____
---	--	--

**Income Per Month & Assets**

Dividends, Interest	\$	Child Support / Alimony	\$
Public Assistance / Food Stamps	\$	Rental Income	\$
Social Security	\$	Grants	\$
Unemployment Compensation	\$	IRA	\$
Workers' Compensation	\$	Other	\$
Savings	\$		

**Expenses Per Month**

Mortgage / Rent Payment: \$ Balance:	\$	Medical / Dental	\$
Own Home? (Yes/No)		Doctor – Name	\$
Food	\$	Doctor – Name	\$
Utilities:	\$	Doctor – Name	\$
Electric	\$	Credit Cards:	\$
Gas	\$	Visa	Limit \$
Water / Sewer	\$	Mastercard	Limit \$
Trash	\$	Discover	Limit \$
Phone	\$	Other	Limit \$
Cable	\$	Installment Loans	\$
Auto Payments	\$	Child Support	\$
Auto Expenses	\$	Miscellaneous Expenses	\$
Insurance:			
Auto Premium	\$		
Life Insurance	\$		
Health Insurance	\$		
OFFICE USE ONLY		To my knowledge the information provided above is true.	
Gross income _____	Net	_____	
income _____		_____	
Total		_____	
Expenses _____		_____	
Total Net		_____	
income(loss) _____		PATIENT/GUARANTOR	
		SIGNATURE	DATE

**MANUAL(S):**

**ATTACHMENTS:**

(REFERENCED BY THIS DOCUMENT)

**OTHER DOCUMENTS:**

(WHICH REFERENCE THIS DOCUMENT)

[Financial Assistance Policy](#)

[Financial Assistance and Billing & Collection Policy](#)

**FEDERAL REGULATIONS:**

**ACCREDITATION:**

**CALIFORNIA:**

Not applicable

**HAWAII:**

Not applicable

**OREGON:**

Not applicable

**WASHINGTON:**

Not applicable

**REFERENCES:**

**ADVENTIST HEALTH**

**SYSTEM/WEST POLICY**

Amy K Miller - Director, Revenue Cycle Compliance

**OWNER:**

**ENTITY POLICY OWNER:**

Not applicable

Shelly J Williams - Financial Analyst

Jessica M Hoops - Executive Assistant

Kevin K Longo - Corporate Compliance Executive

Joan S Dillon - Policy & Procedures Coordinator

Mona A Snyder - Director, Revenue Cycle-Home Care CBO

Teresa M Laws - Program Manager, Nursing Labor

Amy K Miller - ICD-10 CDI Project Manager

**COLLABORATION:**

**APPROVED BY:**

**ADVENTIST HEALTH  
SYSTEM/WEST:**

[\( 06/10/2020 \) Nonclinical Policy Review Task Force - Rev Cycle, \( 07/02/2020 \) Senior Finance Council, \( 10/08/2020 \) AH System Board](#)

**ADVENTIST HEALTH  
SYSTEM/WEST INDIVIDUAL:**

ENTITY: Not applicable  
ENTITY INDIVIDUAL: Not applicable  
REVIEW DATE:  
REVISION DATE: 04/20/2020, 10/13/2020  
NEXT REVIEW DATE:

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc  
at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:13048\\$1](https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:13048$1).

[object HTMLDivElement]



Reference Material No. 13045  
Department: Revenue Cycle

---

Reference Material: Financial Assistance Policy - Facility Application Letter (English)

---

Date  
Facility Name  
Facility Address  
Phone

Guarantor Name

Guarantor Address

RE: Account Number:  
Patient Name:  
Dates of Service:  
Account Balance:

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you do meet eligibility guidelines for full charity assistance on this account.

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you do not meet eligibility guidelines for full charity assistance on this account.

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you meet eligibility guidelines for partial charity assistance on this account. (account balance) is the remaining portion, which is your responsibility to pay.

You are eligible for \_\_\_\_\_ % Financial Assistance based on your income being \_\_\_\_\_ % of the Federal Poverty Level.

If you believe this decision is in error, you have the right to submit an appeal. Your appeal must be made in writing, addressed to the Patient Financial Services Director and mailed to the address on this letter.

If you have any questions, please feel free to contact us at (facility phone) during normal business hours. Or you can access a copy of our Financial Assistance Policy on our website: <https://www.adventisthealth.org/patient-resources/financial-assistance/>

Patient Financial Services Department  
Facility Name  
Facility Phone Number

---

MANUAL(S):

ATTACHMENTS:

(REFERENCED BY THIS DOCUMENT)

<https://www.adventisthealth.org/patient-resources/financial-assistance/>

OTHER DOCUMENTS:

(WHICH REFERENCE THIS DOCUMENT)

[Financial Assistance and Billing & Collection Policy](#)

[Financial Assistance Policy](#)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

Not applicable

HAWAII: Not applicable  
OREGON: Not applicable  
WASHINGTON: Not applicable

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Amy K Miller - Director, Revenue Cycle Compliance

ENTITY POLICY OWNER: Not applicable  
Shelly J Williams - Financial Analyst  
Jessica M Hoops - Executive Assistant  
Kevin K Longo - Corporate Compliance Executive  
COLLABORATION: Joan S Dillon - Policy & Procedures Coordinator  
Mona A Snyder - Director, Revenue Cycle-Home Care CBO  
Teresa M Laws - Program Manager, Nursing Labor  
Amy K Miller - ICD-10 CDI Project Manager

APPROVED BY:

ADVENTIST HEALTH SYSTEM/WEST: ([06/10/2020](#)) [Nonclinical Policy Review Task Force - Rev Cycle](#), ([07/02/2020](#)) [Senior Finance Council](#), ([10/08/2020](#)) [AH System Board](#)

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL:

ENTITY: Not applicable

ENTITY INDIVIDUAL: Not applicable

REVIEW DATE:

REVISION DATE: 04/20/2020, 10/13/2020

NEXT REVIEW DATE:

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:13045\\$1](https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:13045$1).

[object HTMLDivElement]