



Financial Assistance Program Notification & Application

We understand you currently do not have any health insurance. Please inform us immediately if you do have health insurance coverage, Medicare, Medi-Cal, or other coverage. Ridgecrest Regional Hospital ("RRH") participates in the Medi-Cal (Medicaid) hospital presumptive eligibility program, which means that you may qualify for immediate coverage for medically necessary services under Medi-Cal while awaiting permanent Medi-Cal (Medicaid) coverage. You may also be eligible for health insurance under Covered California or through the California Children's Services program. Our Admissions staff can assist you with these applications. Also, RRH has a Patient Financial Assistance program that may be of assistance to you in paying your bill. Enclosed you will find a Financial Assistance Application for you to complete. If you are interested in learning about our charges, you can visit our website for a list of "Shoppable Services" (as defined by law) at <https://www.rrh.org/patients-visitors/billing/> and clicking on the price estimator link.

Please fill out the Financial Assistance Application form completely and return it with your proof of income, *for everyone in your household*. For proof of income you will need to provide at least one of the following:

- Two recent pay stubs
- A copy of your most current W-2

If you have no income you will need to provide a statement as to how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.

Please note, you must return the Financial Assistance Application form with appropriate proof of income in order to be considered for this program. Acceptance into this program is decided based on the Federal Poverty Guidelines. We have provided you with a self-addressed stamped envelope in which to return the Financial Assistance Application form and all necessary documentation. If you have applied for another health coverage program, you may still apply for this RRH financial assistance program, and neither application shall preclude eligibility for the other program. However, please advise as to which program(s) you have applied.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to <https://healthconsumer.org> for more information. Also, if your application for financial assistance from RRH is denied, you can contact the undersigned or the hospital's Revenue Cycle Administrator.

Hospital Bill Complaint Program

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

Should you have any questions please feel free to contact me at the number listed below. I'm in the office from 7:30 to 4:00 Monday thru Friday.

Sincerely,

Lupe Flores
Financial Counselor
Ridgecrest Regional Hospital
1081 N China Lake Blvd.
Ridgecrest, CA 93555
760-499-3010

**RIDGECREST REGIONAL HOSPITAL
Financial Assistance Application**

1081 N. China Lake Blvd, Ridgecrest, Ca 93555

Account # _____
Date _____

Ridgecrest Regional Hospital (RRH) uses this single application to determine a patient's eligibility for both charity care (free care) and discounted care. Therefore, California law requires RRH to provide you the following two notices:

- For patients applying only for discount payment program eligibility, RRH only requests recent paystubs or income tax returns for documentation of income. RRH may accept other forms of documentation of income but shall not require such other forms.

Note: For patients applying for charity care program eligibility, RRH also only requests recent paystubs or income tax returns for documentation of income.

- Patients that only apply for discount payment program eligibility may receive less financial assistance than what may be available to them under the charity care program.

Program Being Applied For:

Charity Care Discounted Care Both

All information must be complete for consideration for financial assistance

Patient Information

Parent/Spouse/Guarantor Information

Name: _____

Name: _____

Address: _____

Address: _____

City/St/Zip: _____

City/St/Zip: _____

Employer: _____

Employer: _____

Employer Phone: _____

Employer Phone: _____

Monthly Net Income: _____

Monthly Net Income: _____

Number of Dependents _____ Names _____

List all other income: \$ _____ Source _____ \$ _____ Source _____

If unemployed, what is your source of income? _____

(This must be answered if source of income is zero)

You must provide either (i) two recent pay stubs or (ii) a recent income tax form.

I declare that the above statements are true and correct to the best of my knowledge. I understand that withholding of information or the giving of false information will make the patient and/or responsible party liable for all charges for services.

Signature: _____ Date: _____

All lines must be filled out. If not applicable, please indicate.

Amount of discount is determined based on income level and Federal Poverty Guidelines. Please refer to the Financial Assistance Program policy available on our website for a complete listing of services covered. Not all Physician professional fees are covered under the Financial Assistance Policy.

Questions: Call 760-499-3010



Plain Language Summary of Hospital Financial Assistance Policy

In keeping with the philosophy and mission of Ridgecrest Regional Hospital (“RRH”), it is the policy of RRH to offer financial assistance to patients who are unable to pay their hospital or clinic bills due to difficult financial situations. A RRH Financial Counselor or Business Office Representative will review individual cases and make a determination of financial assistance that may be offered prior to, during, or after services are provided. Upon verifying eligibility for financial assistance, RRH shall offer hospital inpatients and outpatients and clinic patients Charity Care (i.e., free care) or Discounted Care in accordance with the RRH Financial Assistance Policy and other applicable policies for Medically Necessary Services.

In addition to talking with our RRH staff, there are other organizations that can also assist you in understanding the billing and payment process, including the Health Consumer Alliance (<https://healthconsumer.org>).

Financial Assistance Guidelines

- Financial Assistance is only available for emergency medical care and medically necessary care provided by Ridgecrest Regional Hospital (see the RRH Financial Assistance Policy for the definition of medically necessary and covered and non-covered providers), and also primary health care services provided by the Rural Health clinic.
- Eligibility is determined after reviewing an applicant’s financial circumstances as discussed below.
- If a patient applies, or has a pending application, for another health coverage program, such as Medicare or Medi-Cal, at the same time that the patient applies for the hospital’s Financial Assistance Program, such application(s) shall not preclude eligibility for the other program(s).

Required Documentation

To be considered complete, a submitted application must include the following:

- Completed and signed Financial Assistance application
- Two recent pay stubs, or
- A copy of your most current W2

If an individual has no source of income, a letter stating as to how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.

Program Qualifications

- Financial assistance discounts will be given to an individual or a family whose yearly gross income does not exceed 400% of the federal poverty level (see the Financial Assistance Policy for a definition of yearly gross income).
- An individual or family whose yearly gross income is 200% of the federal poverty level or less qualifies for free charity care (i.e., 100% financial assistance).
- An individual who qualifies for financial assistance will not be required to pay more than amounts indicated within the Financial Assistance Policy.

Accessing/Applying for Financial Assistance

- Copies of the Financial Assistance Policy and application are available on the hospital's website at <https://www.rrh.org/patients-visitors/billing/financial-assistance-program-policy>. Copies of these documents are also available at all of Ridgecrest Regional Hospital registration sites.
- All documents are provided free of charge.
- To obtain copies of these documents in person or by mail, ask questions, receive assistance with completing a financial assistance application, or submit a completed financial assistance application, contact Ridgecrest Regional Hospital's business office through the following methods:
 - Phone: 760-499-3010
 - Mail or in person: 1081 N. China Lake Blvd., Ridgecrest, CA 93555

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Languages

All notices/communications provided under this policy shall be available in the primary language(s) of the hospital's service area in a manner consistent with all applicable federal and state laws and regulations and provided in sans serif 12-point font. This document can be obtained both online and in paper form in the same manner as the Financial Assistance Program Policy. This document is available in the primary language(s) of the hospital's service area.

Financial Assistance Policy Sliding Scale

Income as a Percentage of Federal Poverty Level	Discount Off of Medicare Reimbursement Rate	Patient Responsibility (Percent of Medicare Reimbursement Rate)
At or below 200%	100% discount	0%
200.1% - 250%	80% discount	20%
250.1% - 300%	60% discount	40%
300.1% - 350%	40% discount	60%
350.1% - 400%	20% discount	80%

Financial Assistance Policy Provider List

It is the intent of RRH to ensure that the entire hospital bill for all Medically Necessary Services rendered to a patient by the hospital are appropriately discounted for eligible patients in accordance with the Financial Assistance Program Policy (“FAP Policy”).

Professional services provided by Hospitalists and Certified Registered Nurse Anesthetist, are covered by the FAP Policy and are billed along with other hospital charges on the hospital’s bill and will contain the appropriate discount as provided for under the FAP.

However, most physician professional services are not subject to the FAP and patients may receive separate bills from the physician for the physician’s professional services.^{FN1} Those physician services include:

- Anesthesiology
- Gastroenterology
- Maternity/OB
- Pathology
- Radiology
- Surgery
- Urology
- General attending physician services
- Specialty attending physician services

Although a physician may elect to provide discounted or free care, the patient will need to contact the physician to inquire into the physician’s policies. However, in accordance with California law, Emergency Department physician services are subject to the provisions of Health & Safety Code Section 127450, and therefore, the RRH Emergency Department physicians administer a separate charity care and discounted care policy that is in compliance with the laws applicable to Emergency Department physicians.

The following hospital departments and clinics may separately offer charity care, discounted care or other financial assistance programs but are not required under the California Hospital Fair Practices Act to follow the FAP Policy, although some may follow this policy even though not required to do so under the laws and regulations.

- Ambulatory Surgery Center
- Bella Sera/TCRU
- RRH Visiting Nurses & Hospice
- China Lake Community Health Clinic
- Southern Sierra Medical Clinic
- Sydnor Specialty Center
- Ridgecrest Rural Health Clinic
- Ridgecrest Urgent Care Clinic
- Trona Rural Health Clinic
- Ridgecrest Obstetrics/Women’s Health Clinic
- Liberty Ambulance/Progressive Ambulance

FN1: “A hospital may specify providers by reference to a department or type of service.” (IRS Bulletin 2015-28, July 13, 2015, Notice: 2015-46.)