



Community Memorial Health System

Where Excellence Begins with Caring

POLICY TITLE Financial Assistance/Charity Policy	APPLIES TO: <input checked="" type="checkbox"/> CMH <input checked="" type="checkbox"/> OVCH <input type="checkbox"/> CCC <input type="checkbox"/> CFH
Manual: Business Office Department: Business Office Control Number: HS-FIN303	Last Review/Revision Date: 11/11/2013 REVISED 2017

I. PURPOSE:

CMHS is committed to providing charity care or financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay, for medically necessary care based on their individual financial situation. CMHS provides, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

II. POLICY:

Community Memorial Health System’s mission is to provide the best care to every patient every day through integrated clinical practice and education. Community Memorial Health System strives to benefit humanity through work in these areas, while supporting the communities in which we live and work. As part of that commitment, Community Memorial Health System serves, appropriately, patients in difficult financial circumstances. Above all Community Memorial Health System’s guiding philosophy is that the needs of the patient come first.

Charity Care, hereafter identified as Financial Assistance, is only one component of Community Memorial Health System’s charitable mission. Financial Assistance may consist of full write-off of charges, partial write-off of charges, or offering the patient other payment options. (See Payment Hierarchy Policy).

Please note that this policy only applies to inpatient and outpatient hospital services and that there are providers who perform services within the hospital who are not covered under this policy, as they do not bill through the health system. They are listed in Attachment E.

Patients seeking debt relief from the Financial Assistance Program must be a resident of the Community Memorial Health System’s defined service area. CMHS reaches out to self-pay and underinsured patients in a number of ways, including raising patient awareness of Medi-Cal health insurance. By assisting our patients with application process, CMHS helps patients obtain the benefits for which they qualify.

The Patient Financial Services Department assumes the responsibility to exercise “sound business practices,” and to make a hospital-defined “reasonable effort” to collect its accounts. CMHS adheres to the Fair Debt Collection Practices Act and the Association of Credit and Collection Professional’s Code of Ethics and Professional Responsibility and patients are treated with respect and in line with our mission and values.

Attachments to the policy:

- A. List of Exclusions
- B. Definitions
- C. Qualify Income and Debt Reduction
- D. Financial Assistance Program Application/Cover Letter/Instructions
- E. List of Providers Practicing at CMHS Not Covered by this Policy

I. Financial Assistance Program Identification:

A. Patient Access Process

1. Financial Assistance Program brochures explaining the policy will be posted at each point of entry.
2. Signs alerting patients to the availability of Financial Assistance will be prominently displayed.
3. Patient Access staff will be trained in the basics of the program and where to refer patients who have additional questions
4. On the back of each summary statement a message will be printed that explains CMHS Financial Assistance Policy.
 - o CMHS recognizes health care is often unplanned and can be expensive. We provide our patients without health insurance and uninsured patients discounts similar to the other payers of health care services. CMHS provides uninsured patients a discount on their bill. We also have a Financial Assistance Program (Charity Care) that you may qualify for.
An application must be completed to determine eligibility. Please contact the Customer Service Department for more information.

B. Financial Counseling

1. Payment source and patient’s ability to pay will be evaluated upon admission by the CMHS Financial Advocate.
2. Patient Financial Services staff or a designee of Community Memorial Health System will assist patients with reimbursement from local, state, and federal programs when there is no other source of payment.
3. In the event that no third party payment source is available, patients/guarantors will be provided with information on the Financial Assistance Program.
4. Patient Financial Services staff will assist patients/guarantors to make payment arrangements if no assistance (e.g. local, state, federal or Community Memorial Health System’s financial assistance program) is

available.

C. External Collection Efforts

Collection agencies performing debt collection on behalf of Community Memorial Health System will refer back to the hospital all patients/guarantors with Financial Assistance Program applications when the patient/guarantor expresses difficulty in meeting the payment expectations of the collection agency.

II. Eligibility and processing guidelines:

A. Application Process

1. Application for Financial Assistance may be completed anytime, throughout the revenue cycle process, when a self-pay is balance due and it is acknowledged (or the patient/applicant has expressed) that there is financial difficulty.
2. An application may be completed prior to receiving services if confirmation is received and the service is self-pay. Financial Assistance program excludes Cosmetic procedures and will be reviewed for Medical necessity. Maternity patients are excluded from this policy as Medi-cal will assist with those cases. Other exclusions may apply, see exclusion list.
3. Eligibility is contingent upon patient cooperation with the application process.
4. The application process includes completing the financial assistance application and providing verification of documents.
 - a. When an application form cannot be filled out, the Director of Admissions/Patient Financial Services may use discretion in identifying and authorizing the account as Financial Assistance Program.
 - b. Upon receipt of the completed application, Director of Admissions/Patient Financial Services or his/her designate, will complete the Financial Assistance Program allowance worksheet and make a final determination for eligibility.
5. Confirmation of continued eligibility may be updated every 3 months.
6. For patients that qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CMHS may offer extended payment plans, see Payment Hierarchy Policy, and will not impose wage garnishments or force a foreclosure on primary residences, will not impose actions that force bankruptcy and will not send unpaid bills to outside collection agencies.
7. After the completed application has been received a letter of acceptance or non acceptance for the program will be sent to the patient or guarantor within 15 days from the date of receipt.

B Qualification Criteria and associated Debt Reduction: The Financial Assistance Application is used to determine the patient/guarantors' eligibility for:

1. Charity

- a. Financial Assistance debt reduction write-offs will be based on a sliding-scale fee schedule (Attachment C) utilizing the current United States Federal Poverty Guidelines.
 - b. Information from the applicant's financial application (Attachment D) and supporting documentation will be applied to the list of Exclusions (Attachment A) to determine the amount of the qualified Financial Assistance to be granted.
 - c. Verification may include, but not be limited to, the applicant's most current federal tax return and 3 months of recent (including current) pay stubs.
 - d. The applicant's net worth and/or assets (means testing) may be also used as a determining factor regarding Financial Assistance approval.
2. Uninsured, Underinsured or Financially needy:
- a. Financial Assistance debt reduction write-offs will be based on a sliding fee schedule (Attachment C) utilizing the current United States Federal Poverty Guidelines, income, assets, family size, medical needs and catastrophic costs. Financial assistance ranges between Medicare Rates and 100% and is available to all patients regardless of whether or not they have health insurance. Patients who have health insurance may qualify for assistance on their remaining balance (coinsurance/deductibles) after insurance pays. See Payment Hierarchy Policy
 - b. Information from the applicant's financial application (Attachment D) and supporting documentation will be applied to the list of Exclusions (Attachment A) to determine the amount of the qualified Financial Assistance to be granted.
 1. Verification may include, but not be limited to, the applicant's most current federal tax return and 3 months current pay stubs.
 2. The applicant's net worth and/or assets (means testing) may be also used as a determining factor regarding financial assistance approval.
 3. Self employed patients are required to submit a Profit and Loss statement to verify income.
3. Patients/Guarantors who experience Sudden and Prolonged Loss of Income may qualify for the Financial Assistance Program based upon 3 months of recent (including current) pay stubs and/or documentation from sources such as Social Services, etc. confirming the claim of Loss of Income.
4. Government Assistance: In determining whether an individual qualifies for Financial Assistance, other county or governmental assistance programs should also be considered.

- a. Community Memorial Health System contracts with third party patient advocate to help individuals determine eligibility for governmental or other assistance, as appropriate.
- b. Persons who are eligible for programs (such as Medi-cal) but who were not covered at the time that medical services were granted may be approved for Financial Assistance provided that the patient now applies for government assistance. This may be prudent, especially if the patient requires ongoing services.
- c. For patients who are non-responsive to the application process, other sources of information should be used to make an individual assessment of financial need. This information will enable CHMS to make an informed decision on the financial need of non-responsive patients.
- d. For the purpose of helping financially needy patients, a third-party may be utilized to conduct a review of patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. These public records enable CHMS to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
- e. Financial Support granted under the Predictive Model is intended to be on a one-time basis. Patients granted Presumptive Support will be asked to complete the Financial Assistance Application process for future services. In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established timelines and be considered under the traditional financial assistance application process. Patient accounts granted presumptive eligibility status will be adjusted using specific *Charity Pre (CHARPRE)* at such time the account is deemed uncollectable and prior to referral to collection or write-off to bad debt. The discount granted will be classified as financial support; the patient's account will not be sent to collection and will not be included in CHMS' bad debt expense.
- f. Patient accounts granted presumptive eligibility status will be adjusted using specific *Charity Pre (CHARPRE)* at such time the account is deemed uncollectable and prior to referral to collection or write-off to bad debt. The discount granted will be classified as

financial support; the patient's account will not be sent to collection and will not be included in CHMS' bad debt expense.

III. Other Debt Reduction.

1. Administrative write offs will not be considered Charity Care.
2. Bad Debts will not be considered Charity Care.
3. Bad Debt accounts returned by third party collection agencies who have determined the patient/guarantor does not have the ability to pay, in accordance to the Financial Assistance Program policy, will be classified as Charity Care.
4. Accounts reduced to a zero balance as the result of the patient/guarantor being deceased with no estate will be considered Charity Care, as evidenced by supporting documentation.
5. Accounts reduced to a zero balance, as the result of bankruptcy will be considered Charity Care.
6. Approval for Financial Assistance and any care provided covered by the Financial Assistance Program does not obligate Community Memorial Health System to provide continuing care

IV. Debt Reduction Authorizations

Approval Level – All financial assistance applications must be approved according to the following:

From	To	Title
\$0	\$10,000	Senior Patient Account Rep
\$10,001	\$100,000	Director Of Patient Financial Services
\$100,001	\$Over	VP Finance

V. Other Financial Assistance Program considerations:

Approval for Financial Assistance and any care provided covered by the Financial Assistance Program does not obligate Community Memorial Health System to provide continuing care.

Factors Not Considered:

The following factors will not be considered when making a recommendation for Financial Assistance and/or in granting of assistance: Bad Debt; contractual allowances;

perceived underpayments for operations; cases paid through a charitable contribution; community service or outreach programs; or employment status. In other words, these monetary sources have no bearing on the patient's eligibility.

Equal Opportunity:

When making decisions on Financial Assistance, Community Memorial Health System is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service or any other classifications protected by federal, state or local laws.

Reasons for Denial:

1. Sufficient income
2. Asset Level
3. Uncooperative despite reasonable efforts to work with the patient
4. Incomplete Financial Assistance Application despite reasonable efforts to work with the patient
5. Withholding insurance payment and/or insurance settlement funds
6. Failure to complete applications for Medi-cal
7. Failure to participate and cooperate with Medi-cal Eligibility Vendor

Coverage period:

Services provided by hospitals and clinics of Community Memorial Health System are covered by the Financial Assistance Program.

Services incurred by the patient/guarantor and future services, not extending beyond 30 days, may be included in the reduction. Patients/guarantors receiving health care services 3 months beyond the initial Financial Assistance Program approval will re-verify their financial income information.

Entities not covered under the Financial Assistance Program policy:

Long Term Care, Assisted Living Center, HME/DME and any other service not typically provide by the traditional hospital or clinics are not eligible for inclusion in the Financial Assistance Program.

Only services provided to patients as urgent or emergent qualify for charity care. Elective services are not eligible for Financial Assistance Program reduction, unless they have been pre-qualified via the Financial Assistance Program guidelines.

A list of services excluded from the Financial Assistance Program is attached to this policy. (See attachment A)Financial Assistant Program Exclusions – *Attachment A*

Abortion: Services, supplies, care or treatment in connection with an elective abortion.

1. **Acupuncture:** Shiatsu, electrical stimulation to the periosteum, chelation therapy, immunoaugmentive therapy (IAT), thermograph, joint reconstruction therapy, joint sclerotherapy, prothoerapy, or ligamentous injections with sclerosing agents, Osteopathic manipulative treatment, spinal manipulative treatment, and kebiozen.
2. **Complications:** Complications of Non-covered Procedures.
3. **Cosmetic surgery:** Cosmetic surgery or any complications arising from Cosmetic surgery including; laser treatment or ablation of benign skin lesions [except for condyloma acuminatum], dermabrasion, superficial chemical peels, and medium or deep chemical peels not directed at the treatment of pre-cancerous skin lesions. **This exclusion does not apply to:** Cosmetic surgery required for correction of a condition arising from an Accidental Injury, or when rendered to correct a congenital anomaly where the correction restores a functional bodily process.
4. **Custodial care:** Care whose primary purpose is to meet personal rather than medical needs and which can be provided by persons with no special medical skills or training is considered as Custodial Care. Such care includes, but is not limited to: helping a patient walk, get in or out of bed, and take normal self-administered medicine. Domiciliary care and inpatient hospitalization are not covered for the purposes of Custodial Care.
5. **Dental treatment:** Routine dental treatment, unless medically necessary due to a serious medical condition or an accidental injury.
6. **Exercise programs:** Exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation, occupational or physical therapy.
7. **Experimental or not Medically Necessary:** Care and treatment that is either Experimental/Investigational or not Medically Necessary.
8. **Gastric surgery:** Any services, supplies, or programs involving gastric surgeries for weight loss.
9. **Impotence:** Care, treatment, services, supplies or medication in connection with diagnosis and treatment for impotence.
10. **Infertility:** Care, supplies, services, diagnosis and treatment for infertility, sterility, artificial insemination, embryo transplants and storage, or in-vitro fertilization
11. **Massage:** Services from a masseur, physical culturist, physical education instructor, or health club attendant.

12. **No Physician recommendation:** Care, treatment, services or supplies not recommended and approved by a Physician; or treatment, services or supplies when the patient is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment, which is appropriate care for the Injury or Sickness.
13. **Obesity:** Care and treatment of obesity, weight loss or dietary control whether or not it is, in any case, a part of the treatment plan for another Sickness.
14. **Occupational:** Charges for or in connection with an Injury or Illness, which is occupational—that is, arises from work for wage or profit including self-employment. This exclusion applies even though the Participant waives or fails to assert his right under the law, or expenses resulting from wage or profit. One example of this is if the individual is self-employed and experiences an Injury or Illness, which arises out of or in the course of that employment, the charges will not be covered by the FAP if the self-employed individual elected not to participate in a Worker’s Compensation program, as consistent with any applicable State or Federal Law.
15. **Private duty nursing:** Charges in connection with care, treatment or services of a private duty nurse.
- 16.
17. **Surgical sterilization:** Elective surgical sterilization procedures.
18. **Surgical sterilization reversal:** Care and treatment for reversal of surgical sterilization.
19. **Surrogacy:** Any service associated with any type of surrogacy agreement or arrangement, including traditional surrogacy, artificial insemination related to a surrogacy agreement or arrangement, or gestational or invitroferilization surrogacy.

FINANCIAL ASSISTANCE PROGRAM DEFINITIONS – ATTACHMENT B

Bad Debt: Gross charges incurred in providing services to patients who were determined to have the ability to pay for such services, but eventually do not. This determination can be made upon admission, or any time subsequent thereto.

Charity Care: Gross charges incurred in providing services to patients who were determined *not* to have the ability to pay for such services and for which Community Memorial Health System ultimately does not expect payment. This determination can be made upon admission or any time subsequent thereto. In addition, **Financial Assistance Program should *also* include:**

Service Area: The service area of the hospital for the purpose of this policy is considered to be a geographical area extending to Western Ventura County.

Sudden and Prolonged Loss of Income: Patients who experience a sudden and prolonged loss of income of at least 90 days due to illness, will complete a Financial Assistance Program application.

Miscellaneous Write-offs: Gross charges incurred in providing services to patients who it was determined had the ability to pay but, based upon litigation's, disputes, etc., an administrative decision was made not to require payment.

Amounts Returned by Collection agencies: After a certain time period has elapsed, the collection agency will return any accounts deemed to be uncollectible. Their returned accounts should be written off as Charity Care provided the professional agency has determined that the patient is unable to pay the bill.

Deceased With No Estate: Outstanding accounts for person, who expires with no estate, should be written off as Charity Care. If partial payment from the estate is received, the remainder of the bill should be considered Charity Care.

Bankruptcy: Outstanding accounts for a person, who declares bankruptcy, should be written off as Charity Care.

Income: Cash equivalent received/earned by household.

Assets: Resources/Possessions other than income. To include but not limited to real property assets, savings, checking, and investment assets.

Net Assets: Assets less debt.

Means Testing: Net assets in excess of 200% of household income will be considered income for the purpose of the Financial Assistance Program.

Episode of Care: Course of treatment prescribed by a physician delivered over a finite period of time.

Persons in Family or Household	2015 FPG Gross Income 6 Months	200% of FPG Adjustment	201%-300% of FPG Adjustment	301% and over Refer to Financial Assistance Charity Policy
1	11,770.00	100%	Medicare Rates	<i>Refer to Financial Assistance Charity Policy</i>
2	15,930.00	100%	Medicare Rates	<i>Refer to Financial Assistance Charity Policy</i>
3	20,090.00	100%	Medicare Rates	<i>Refer to Financial Assistance Charity Policy</i>
4	24,250.00	100%	Medicare Rates	<i>Refer to Financial Assistance Charity Policy</i>
5	28,410.00	100%	Medicare Rates	<i>Refer to Financial Assistance Charity Policy</i>
6	32,570.00	100%	Medicare Rates	<i>Refer to Financial Assistance Charity Policy</i>
7	36,730.00	100%	Medicare Rates	<i>Refer to Financial Assistance Charity Policy</i>
8	40,890.00	100%	Medicare Rates	<i>Refer to Financial Assistance Charity Policy</i>
Each additional	4,160.00			

SCHEDULE 1

200% of Poverty Guidelines Equals Charity Write Off No Patient Responsibility

Size of Family Unit	Income Guidelines Three Months	Income Guidelines Six Months	Income Guidelines One Year
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1	\$ 5,885	\$ 11,770	\$ 23,540
2	\$ 7,965	\$ 15,930	\$ 31,860
3	\$ 10,045	\$ 20,090	\$ 40,180
4	\$ 12,125	\$ 24,250	\$ 48,500
5	\$ 14,205	\$ 28,410	\$ 56,820
6	\$ 16,285	\$ 32,570	\$ 65,140
7	\$ 18,365	\$ 36,730	\$ 73,460
8	\$ 20,445	\$ 40,890	\$ 81,780

For family units with more than eight (8) members, add \$4160.00 for each additional member

SCHEDULE 2

300% of Poverty Guidelines Equals a 40% of Charges or Medicare DRG for Inpatient whichever is less

Size of Family	Income Guidelines	Income Guidelines	Income Guidelines
Unit	Three Months	Six Months	One Year
1	\$ 8,828	\$ 17,655	\$ 35,310
2	\$ 11,948	\$ 23,895	\$ 47,790
3	\$ 15,068	\$ 30,135	\$ 60,270
4	\$ 18,188	\$ 36,375	\$ 72,750
5	\$ 21,308	\$ 42,615	\$ 85,230
6	\$ 24,428	\$ 48,855	\$ 97,710
7	\$ 27,548	\$ 55,095	\$ 110,190
8	\$ 30,668	\$ 61,335	\$ 122,670

For family units with more than eight (8) members, add \$6240.00 for each additional member

SCHEDULE 3

500% of Poverty Guidelines Equals a 100% of Medicare Rates or 17% of Charges for IP and 12.5% of Charges for Outpatient

Size of Family	Income Guidelines	Income Guidelines	Income Guidelines
Unit	Three Months	Six Months	One Year
1	\$ 14,713	\$ 29,425	\$ 58,850
2	\$ 19,913	\$ 39,825	\$ 79,650
3	\$ 25,113	\$ 50,225	\$ 100,450
4	\$ 30,313	\$ 60,625	\$ 121,250
5	\$ 35,513	\$ 71,025	\$ 142,050
6	\$ 40,713	\$ 81,425	\$ 162,850
7	\$ 45,913	\$ 91,825	\$ 183,650
8	\$ 51,113	\$ 102,225	\$ 204,450

For family units with more than eight (8) members, add \$10,400.00 for each additional member

SCHEDULE 4

700% of Poverty Guidelines Equals a 125% of Medicare Rates or 21.25% of Charges for IP and 15.5% of Charges for Outpatient

Size of Family	Income Guidelines	Income Guidelines	Income Guidelines
Unit	Three Months	Six Months	One Year

1	\$ 20,598	\$ 41,195	\$ 82,390
2	\$ 27,878	\$ 55,755	\$ 111,510
3	\$ 35,158	\$ 70,315	\$ 140,630
4	\$ 42,438	\$ 84,875	\$ 169,750
5	\$ 49,718	\$ 99,435	\$ 198,870
6	\$ 56,998	\$ 113,995	\$ 227,990
7	\$ 64,278	\$ 128,555	\$ 257,110
8	\$ 71,558	\$ 143,115	\$ 286,230

For family units with more than eight (8) members, add \$14,560.00 for each additional member

SCHEDULE 5	If gross income is over 169,750.00 for the year then discount is 40% of charges
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ATTACHMENT D



Community Memorial Health System

Where Excellence Begins with Caring

Community Memorial Health System
5855 Olivas Park Dr.
Ventura, CA 93003

To apply in person:
5855 Olivas Park Dr
Ventura, Ca 93003

**REQUEST FOR FINANCIAL ASSISTANCE
UNCOMPENSATED CHARITY CARE
APPLICATION**

Patient Name _____

Patient Account Number(s) _____

Guarantor Name _____

Date of Birth: _____ **SS#** _____ - _____ - _____

Phone () _____

Address _____

City, State, Zip _____

Spouse Name _____ **SS#** _____ - _____ - _____

Are you a U.S. Citizen? Yes No

If not, a resident alien ? Yes No

If not, non-resident alien? Yes No

FAMILY STATUS: List all dependents who you support

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION:

Employer _____ **Position:** _____

If self employed, name of business _____

Employer Address _____

Phone Number _____ How long employed _____

Spouse Employer: _____ Position: _____

If self employed, name of business _____

Statement of Current Income and Expenditures

Current Monthly Income:	Patient	Spouse
Gross Pay	\$ _____	\$ _____
Income from business (if self employed)	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Income from real estate or personal property	\$ _____	\$ _____
Social Security/Retirement Income	\$ _____	\$ _____
Alimony, support payments	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Current Monthly Expenses:

Rent or House Payment \$ _____ \$ _____

Real Estate Taxes	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Alimony, support payments	\$ _____	\$ _____
Education	\$ _____	\$ _____
Food	\$ _____	\$ _____
Payroll Deductions	\$ _____	\$ _____
Medical, dental and medicines	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	\$ _____
Net Monthly Income after Expenses	\$ _____	\$ _____

By signing this Application, I agree to allow Community Memorial Health System to contact my employer, bank and other sources, as well as request a credit history for the purpose of determining my Charity Care eligibility. I understand that I do not qualify for services under the Charity Care guidelines that I will be personally liable for the charges of the services rendered. I attest that the information provided on this application is true and accurate. If it is determined that any information provided here is false or misleading, I understand that eligibility for Charity Care will be denied.

I also understand that this application is for Community Memorial Health Systems charges only. All physician, radiology professional, Ojai emergency room professional, ambulance, anesthesiology services or pathology services are billed separately from Community Memorial Health Systems are not covered by this application.

(Signature of Patient or Guarantor)

(Date)

(Signature of Co-Applicant)

(Date)



Community Memorial Health System

Where Excellence Begins with Caring

To apply in person please visit:

5855 Olivas Park Dr.
Ventura, CA 93003
Business Hours
Mon. – Fri. 8:00 am – 4:00 pm

REQUEST FOR FINANCIAL ASSISTANCE UNCOMPENSATED CHARITY CARE APPLICATION INSTRUCTIONS

Date: _____

Patient Name: _____

Account Number(s): _____

Total Balance for Consideration: \$ _____

In response to your request for financial assistance regarding the above identified account number(s), please submit the following documentation, no later than ten (10) days of the date of this letter.

It is important that the application be complete, and all requested information is provided in order to properly assess your ability to pay all or part of the hospital bill.

- (1) Fully completed charity application (enclosed with this letter)
- (2) Copies of your current period payroll check stubs for the last three months. Note that this also includes public assistance (for example, Social Security, Unemployment, or Disability). If you receive your income in cash, please provide us with a written statement from your employer stating your income.

If you currently are not receiving any income please write a brief paragraph on a separate sheet of paper stating your current financial situation. Be sure to include the date and signature. If you are receiving financial assistance or living with someone, please have him or her write a statement explaining the situation.

(3) Rent or mortgage verification.

(4) Copy of your prior month's bank statement (savings, checking, IRAs, money market accounts, etc...)

(5) Copy of your prior year's tax return (the completed and signed 1040)

Please send copies of these documents because they will not be returned to you.

If you have any questions, please telephone me directly at (805)_____

for assistance.

Patient Account Representative
Community Memorial Health System

ATTACHMENT E

PROVIDERS NOT COVERED BY CMHS FINANCIAL ASSISTANCE POLICY

<u>Last Name</u>	<u>First Name</u>	<u>Degree</u>	<u>Address</u>	<u>City</u>
Alberstone	Cary	M.D.	1700 N Rose Ave. Ste. 250	Oxnard
Aline	Peter	M.D.	1901 Outlet Ctr Dr. Ste. 220	Oxnard
Bahn	Duke	M.D.	168 N. Brent St. Ste. 402	Ventura
Bale	Ronald	PhD	260 Maple Court, Ste. 130	Ventura
Barbosa	J. Bruce	M.D.	147 N. Brent St.	Ventura
Beaty	James	D.P.M.	115 Pirie Road - Ste. A	Ojai
Benson	Emily	M.D.	Ventura County Medical Center	Ventura
Bern	Samuel	M.D.	1280 S. Victoria - Ste. 201	Ventura
Birdwell	Eric	M.D.	5850 Thille St. Ste.101	Ventura
Bloom	Stuart	M.D.	2533 E Main St	Ventura
Brockman	Bruce	O.D.	1211 Maricopa Highway Suite 101	Ojai
Buckingham	Robert	M.D.	115 Pirie Rd, - Ste. D	Ojai
Bundy	Logan	M.D.	533 Sespe Avenue Ste. B	Fillmore
Calderone	Rocco	M.D.	2486 Ponderosa Ste. D114	Camarillo
Carlson	Sebastian	M.D.	6555 Telephone Ave., Ste. 1	Ventura
Cernaianu	Mirela	M.D.	910 Hampshire Road, Suite A	Westlake Village
Chauhan	Alena	M.D.	1306 Maricopa Highway	Ojai
Chen	George	D.O.	4744 Telephone Rd., Ste. 3-320	Ventura
Chronis	Carey	M.D.	801 S. Victoria Ave., Ste. 200	Ventura
Cole	Terry	M.D.	3418 Loma Vista Rd., Ste. B	Ventura
Collet	John	D.P.M.	1643 E Main St	Ventura
Coppa	Lilia	M.D.	451 W. Gonzales Rd. Ste 130	Oxnard
Cummings	Sharon	RNFA	147 N Brent	Ventura
Datlow	Michael	M.D.	2715 E. Main St	Ventura
Davis	Scott	M.D.	1320 Maricopa Hwy - Ste. G	Ojai
Deitel	Kevin	M.D.	2221 Wankel Way	Oxnard
Diesfeld	Estela	M.D.	1752 S.Victoria Ave, Ste B	Ventura
Domingo-Foraste	Desiree	M.D.	970 Petit Ave, Ste. D	Ventura
Doonan	Ronda	Psy.D.	260 Maple Ct., Ste. 130	Ventura
Drake	Melissa	M.D.	314 W. Junipero	Santa Barbara
Edmondson	Aura Leaf	RNNP	Palliative Care	Ventura
Eisenkop	Scott	M.D.	29525 Canwood St., Ste 205	Agoura Hills
Ekman	William	M.D.	713 Loma Vista Place	Santa Paula
Emami	Claudia	M.D.	Pediatric Subspecialty Network, Inc.	Goleta
English	Keith	M.D.	451 W. Gonzales Ste. 240	Oxnard
Fauvre	Frederick	M.D.	1320 Maricopa Hwy - Ste. I	Ojai
Feinberg	Stephen	M.D.	1280 S Victoria Ave. Ste.130	Ventura
Feiss	Robert	M.D.		
Flynn	Arthur	M.D.	168 N. Brent St., - Ste. 403	Ventura
Garcia	Alejandro	M.D.	1901 Outlet Center Dr., Ste. 210	Oxnard
Ghiai	Afshan	M.D.	1801 Solar Dr. Ste 251	Oxnard
Gidney	Brett	M.D.	504 W. Pueblo St., Ste. 101	Santa Barbara

Goldie	William	M.D.	3291 Loma Vista Rd., Bldg. 340, Ste. 302	Ventura
Gonzalez	Martha	M.D.	116 N Brent St	Ventura
Hall	Sue	M.D.	NICU - CMH	Ventura
Hanna	Antoine	M.D.	1700 N Rose Ave, Ste. 230	Oxnard
Hantke	David	M.D.	2807 Loma Vista Rd., Ste. 103	Ventura
Hartenstein	Kenneth	M.D.	1320 Maricopa Hwy - Ste. F	Ojai
Heidari	Neda	M.D.	1801 Solar Drive, Suite 165	Oxnard
Hogan	W.	M.D.	2900 Loma Vista Rd., Ste. 205	Ventura
Hole	Theodore	M.D.	2937 Loma Vista Rd.	Ventura
Horn	Natalie	D.O.	Valley Oak Family Practice	Ojai
Hornstein	James	M.D.	2793 Loma Vista Rd	Ventura
Inoshita	Arthur	M.D.	3003 Loma Vista Rd, Ste. B	Ventura
Jacobs	James	D.D.S.	6555 Telephone Rd., Ste. 1	Ventura
Kanter	Lewis	M.D.	2412 N. Ponderosa Ste. 111	Camarillo
Karlsberg	Peter	M.D.	1190 S. Victoria Ste. 300	Ventura
Klope	William	M.D.	2755 Loma Vista	Ventura
Leong	Frederic	M.D.	555 Marin St., Ste 220	Thousand Oaks
Lombardo	Leo	M.D.	1730 S. Victoria Ave., Suite 220	Ventura
Lueg	Edgar	M.D.	2660 E. Main St. Ste. 201	Ventura
Lyne	Alan	M.D.	245 N. 10th Street	Santa Paula
Mangers	Shayna	M.D.	3085 Loma Vista Rd.	Ventura
Margolis	Wendy	F.N.P	2795 Loma Vista Rd.	Ventura
Maryniuk	Jerome	M.D.	OVCH - Emergency Dept.	Ojai
Mazurek	Robert	M.D.	168 N. Brent St. Ste. 501	Ventura
McBreen	Thomas	M.D.	2929 Loma Vista Rd. Ste. E	Ventura
Menninger	Fredrick	M.D.	117 Pirie Rd, Ste. E	Ojai
Moffatt	Robert	M.D.	231 N. Dos Caminos Ave.	Ventura
Mohammadzadeh	Gholam	M.D.	77 Rolling Oaks Dr., Ste. 202	Thousand Oaks
Mummaneni	Veena	M.D.	1700 N Rose Ave, Ste. 440	Oxnard
Nishida	Gary	M.D.	933 W. 7th St.	Oxnard
Odenath	Kari	PA-C	3525 Loma Vista Rd	Ventura
Olson	Bruce	D.P.M.	2035 Saviers Rd. Ste. 5	Oxnard
Orosco	Javier	M.D.	977 W. 7th St.	Oxnard
Padour	John	M.D.	148 N Brent St, Ste. 201	Ventura
Parker	Kala	M.D.	Pediatrics	Ventura
Parmelee	Andrea	M.D.	3442 Loma Vista Rd	Ventura
Patel	Sandhya	M.D.	124 N. Brent St.	Ventura
Pattamakom	Srisawai	M.D.	2945 Loma Vista Rd.	Ventura
Paule	William	M.D.	3400 Loma Vista Rd., Ste. 9	Ventura
Peterson	Margaret	M.D.	2895 Loma Vista Rd., Ste. E	Ventura
Phelps	Roger	O.D.	216 E. Matilija St.	Ojai
Poorsattar	Gulnar	M.D.	400 Camarillo Ranch Rd., Ste. 204	Camarillo
Ramirez	Johannes	M.D.	650 Hobson Way, Ste. 201	Oxnard
Rasiah	Lakshman	M.D.	206 No. Signal St., Ste B	Ojai
Richardson	Scot	M.D.	3555 Loma Vista Rd., Ste. 115	Ventura
Roberg	Scot	D.P.M.	451 W. Gonzales Rd. Ste. 260	Oxnard
Rodriguez	Anne	M.D.	2900 Loma Vista Rd., Ste. 205	Ventura
Rogoff	Walter	M.D.	3116 W. March Ln., Ste. 200	Stockton

Rom	Christopher	M.D.		
Roney Hibberd	Susan	RNFA	168 N. Brent St., Ste. 504	Ventura
Salehpour	Michael	M.D.	2605 Loma Vista Rd., Ste. F	Ventura
Samet	Afshin	M.D.	4240 Lost Hills Rd., Ste. 3103	Agoura Hills
Sands	James	M.D.	2715 E Main St	Ventura
Savitch	Cary	M.D.	2929 Loma Vista, Ste. F	Ventura
Sheehy	J.	M.D.	4080 Loma Vista Rd Suite # J	Ventura
Shepard	Shane	M.D.	124 N. Brent St.	Ventura
Simonds	Jennifer	RNNP M.D.,	CMH - ER	Ventura
Sims	Raymond	F.A.C.P.	1320 Maricopa Hwy - Ste. D	Ojai
Somdahl	Jerald	D.P.M.	134 N. 10th St., Ste. A	Santa Paula
Sparkuhl	Michael	M.D.	242 E. Harvard Blvd. Suite C	Santa Paula
Speitel	William	M.D.	124 N. Brent St.	Ventura
Steiger	Wendy	C.N.M.	2795 Loma Vista Rd	Ventura
Stelman	Michael	M.D.	2967 Loma Vista Rd.	Ventura
Streamer	Judith	RNFA,C	147 Brent St.	Ventura
Stuhr	Frank	D.P.M.	2961 Loma Vista Rd	Ventura
Sugasawara	Roy	M.D.	360 Mobil Ave., Ste. 116	Camarillo
Van der Toorn	Vicki			
Villaveces	James	M.D.	4080 Loma Vista Rd. Ste. M	Ventura
Vines	Steven	D.P.M.	451 Gonzales Rd., Ste. 260	Oxnard
Wakam	Irene	M.D.	3555 Loma Vista Rd, Ste. 215	Ventura
Westhoff- Pankratz	Tricia	M.D.	2629 Loma Vista Rd.	Ventura
Wilkins	Dianne	RNFA	147 N Brent St	Ventura
Williamson	Timothy	M.D.	207 Church Road	Ojai
Withee	Michelle	M.D.	400 W. Pueblo St.	Santa Barbara
Wong	Ryan	M.D.	2103 E. Gonzales Rd.	Oxnard
Woodburn	Douglas	M.D.	2929 Loma Vista Rd , Ste. C	Ventura
Woodburn	James	M.D.	168 N. Brent St., Ste. 504	Ventura
Woodling	Bruce	M.D.	148 N Brent St., Ste. 102	Ventura
Zhang	Xiaolin	M.D.	CSE Medical Group	Simi Valley
Advanced Retina Associates			17750 Sherman Way, Ste. 100	Reseda
Advanced TeleRadiology			P.O. Box 53803	Irvine
Aesthetic Eye Plastic Surgeons			17750 Sherman Way, Ste. 100	Reseda
Allergy Asthma Medical Group			5720 Ralston Rd., Ste. 205	Ventura
Allergy Care Center dba Coastal Allergy Care			2412 N. Ponderosa Dr., Ste B111	Camarillo
Antulio B. Aroche Jr, DO			601 E. Daily Dr., Ste. 228	Camarillo
Assisted Home Hospice			4450 Westinghouse St.	Ventura
Brent St. Family Practice			168 N Brent St, Ste. 502	Ventura
C.S.Rayhrer, M.D.			2605 Loma Vista Rd	Ventura
CA Cardiac Surgeons			145 N Brent St #102	Ventura
CA Cardiovascular and Thoracic Surgeons			168 N. Brent St., Ste 508	Ventura
CA Retina Consultants			525 E. Micheltorena St., Ste. A	Santa Barbara
Cabaret, MD Interventional Pain Specialist			601 E. Daily Dr., Ste. 228	Camarillo
Cabrillo Cardio Med Grp, Inc			2241 Wankel Way, Ste. C	Oxnard
Cabrillo Radiation Center			2900 Loma Vista Rd., Ste. 100	Ventura

Cardio Assoc Med Group	168 N Brent St, Ste. 503	Ventura
Cardiology Associates Medical Group	168 N. Brent St., Ste. 503	Ventura
Center for Women's Well-Being	445 Rosewood Ave. Ste. C	Camarillo
Center for Wound Healing & Hyperbaric Medicine	2705 E. Loma Vista Rd., Ste. 205	Ventura
Central Coast Radiology Associates	2320 Bath St. - Ste. 208	Santa Barbara
Central Coast Radiology Associates, Inc.	2320 Bath St., Ste. 208	Santa Barbara
Central Pacific Pain Management	1100 Paseo Camarillo	Camarillo
Channel Islands Medical Group	3639 E. Harbor Blvd., Ste. 106	Ventura
CHLA - The Vision Center	4650 Sunset Blvd., MS 88	Los Angeles
Claudio Bonometti MD Inc	1919 State St., Ste. 302	Santa Barbara
Clinicas del Camino Real Inc., El Rio	221 Ventura Blvd., Ste 126	Oxnard
Clinicas del Camino Real, Inc,	1040 Flynn Road	Camarillo
Clinicas del Camino Real, Inc.	355 Central Ave.	Fillmore
Clinicas del Camino Real, Inc., Maravilla	450 W. Clara St.	Oxnard
Clinicas del Camino Real, Inc., North Oxnard	1200 N. Ventura Rd., Ste. E	Oxnard
Clinicas del Camino Real, Inc., Ocean View	4400 Olds Rd.	Oxnard
Clinicas del Camino Real, Inc., Oxnard	1300 N. Ventura Road	Oxnard
Clinicas del Camino Real, Inc., Ventura	200 S. Wells Rd	Ventura
Coastal Allergy Care	2412 N Ponderosa, Ste. B-111	Camarillo
Coastal Eye Specialists Medical Group Inc.,	1700 N Rose Ave, Ste. 200	Oxnard
Coastal Foot Care Services, Inc.	3901 Las Posas Road	Camarillo
Coastal Pediatric Medical Group	451 W. Gonzales Rd., Ste. 340	Oxnard
Coastal Pediatrics	451 W. Gonzales Rd., Ste 340	Oxnard
Coastal Pediatrics - Oxnard	100 N. Brent St. Ste. 102	Ventura
Coastal Vascular Center	2841 N Ventura Rd Ste 200	Oxnard
Community Memorial Hospital - 7th Flr	147 Brent St.	Ventura
Diesfeld & Pattamakom OB/GYN Med.Group	168 N Brent Street, #407	Ventura
Dougherty Laser Vision	4353 Park Terrace Drive, Suite 150	Westlake Village
Emergency Department	147 N. Brent St.	Ventura
Fert/Surg Med Assoc	325 Rolling Oaks Dr., Ste. 110	Thousand Oaks
Foot & Ankle Concepts, Inc.	1901 N. Solar Dr., Ste. 110	Oxnard
Gastroenterologist/Hepatologist	1835 Knoll Drive	Ventura
Gen Surg Medical Group of Vta Co	1700 N Rose Ave, Ste. 430	Oxnard
Graduate Medical Education	147 N. Brent St.	Ventura
Grossman Imaging Center	2001 N. Solar Dr. Ste 135	Oxnard
Gynecologic Oncology Specialists	2900 Loma Vista Rd., Ste. 205	Ventura
Hematology Oncology Specialists	1851 Lombard St., Ste. 105	Oxnard
Identity Medical Group	243 March St. 10420 Little Patuxent Parkway, Ste. 250	Santa Paula Columbia
Impulse Monitoring, Inc.	250	Columbia
Island View Gastro. Assoc.	168 N. Brent St., Ste. 404	Ventura
Island View Gastroenterology	168 N. Brent St., Ste. 404	Ventura
Island View Gastroenterology Associates	168 N Brent St, - Ste. 404	Ventura
JillAnne W McCarty MD PhD	1280 S Victoria Ave. Ste. 160	Ventura
Kaiser Permanente	2103 E. Gonzales Rd.	Oxnard
Kaiser Permanente - Main	2601 E. Main St.	Ventura

Kaiser Permanente Hematology/Oncology	2601 E. Main St.	Ventura
Kaiser Permanente Orthopedics	5601 DeSoto Ave.	Woodland Hills
Kaiser Permanente-2200 Oxnard	2200 E. Gonzales	Oxnard
Kaiser Permanente-2601 Main	2601 E. Main St. Ste 204	Ventura
Kaiser Permanente-Camarillo	2620 E. Las Posas	Camarillo
Kaiser Permanente-Hill	888 S. Hill Road	Ventura
Kaiser Permanente-WH	5601 De Soto Ave.	Woodland Hills
Kasier Permanente	2103 E. Gonzales Road	Oxnard
Keeler Center	117 Pirie Rd	Ojai
Livingston VNA	1996 Eastman Ave., Ste. 101	Ventura
Loma Vista Family Practice	3555 Loma Vista, Ste. 100	Ventura
Miramar Eye Specialists	3085 Loma Vista Rd.	Ventura
Miramar Eye Specialists - Camarillo	3085 Loma Vista Rd	Ventura
Miramar Eye Specialists - Ventura	3085 Loma Vista Rd.	Ventura
Miramar Eye Specialists Medical Group	3085 Loma Vista Rd.	Ventura
Miramar Eye Specialists Medical Group, Inc.	3085 Loma Vista Rd.	Ventura
Neurovascular Institute of Thousand Oaks NICU	2100 Lynn Rd., Ste. 120 147 N. Brent St.	Thousand Oaks Ventura
NuVasive Clinical Services Ocean	812 Avis Dr.	Ann Arbor
Orthopedics	168 N. Brent St., Ste 505	Ventura
Ojai Multi-Specialty Center	117 Pirie Road, Ste. E	Ojai
Ojai Valley Community Hospital	1306 Maricopa Hwy.	Ojai
Ojai Valley Family Med Grp	117 Pirie Rd, - Ste. D	Ojai
Oral & Maxillofacial Surgery of San Buenaventura	5200 Telegraph Rd., Ste. B	Ventura
Pacific Children's Gastroenterology	5333 Hollister Ave, Suite 250	Goleta
Pacific Foot & Ankle Care	2961 Loma Vista Rd.	Ventura
Pacific Pain Management	1752 S. Victoria Ave., Ste. B	Ventura
Pediatric Cardiology Medical Associates	5400 Balboa Blvd., Ste. 202	Encino
Pediatric Hospitalist	147 N. Brent St.	Ventura
Pediatric Subspecialty Network	5350 Hollister Ave. Ste. F	Goleta
Pediatric Subspecialty Network, Inc.	5350 Hollister Ave., Ste. F	Goleta
Pediatrix Medical Group of California	NICU West Hills Hospital	West Hills
Perinatal Diagnostic Center	29 N. Brent St	Ventura
Pickart Plastic Surgery, Inc.	3438 Loma Vista Rd.	Ventura
Premier Endocrinology	3655 W. 5th St.	Oxnard
Primary Medical	2953 Telegraph Rd.	Ventura
Primary Medical Group	10885 Telegraph Rd.	Ventura
Pueblo Radiology Medical Group, Inc.	2320 Bath St., Ste. 113	Santa Barbara
Rassetti Gynecology	1700 N. Rose Ave., Ste. 360	Oxnard
Real Time Neuromonitoring Assoc. of CA, PC	336 22nd Avenue N.	Nashville
Real Time Neuromonitoring Associates of CA, PC	336 22nd Ave., North	Nashville
Renal Consultants of Ventura Co.	2438 N. Ponderosa Dr. Ste. C-101	Camarillo
San Buenaventura Urology Center	2705 Loma Vista Rd., Ste. 206	Ventura

Saumil M. Gandhi, M.D., Inc	3291 Loma Vista Rd., Bldg. 340, Ste. 502	Ventura
SJRMC - NICU	1600 N. Rose Ave.	Oxnard
Southern California Reproductive Center	450 N. Roxbury Dr., Ste. 500	Beverly Hills
Specialty Care	214 Centerview Dr., Ste. 100	Brentwood
Steven D. Chang MD Inc	3160 Telegraph Rd., Ste.102	Ventura
Surfside		
Pediatrics	2660 E. Main St. Ste. 204	Ventura
UCLA Health System	6633 Telephone Rd., Ste. 212	Ventura
Valley Medical Group	247 W. Harvard Blvd	Santa Paula
Valley Oak Family Practice	1202 Maricopa Hwy - Ste. C	Ojai
VC Neurosurg Assoc Med Grp	168 N. Brent St., Ste. 408	Ventura
VC Neurosurg. Assoc. Med. Group		
Ventura Advanced Surgical Associates	168 N. Brent St., Ste. 408	Ventura
Ventura Anesthesia Group	3200 Telegraph Rd.	Ventura
Ventura Anesthesia Med. Group	147 N. Brent St.	Ventura
Ventura Anesthesia Med. Grp.	3116 W. March Ln.	Stockton
Ventura Anesthesia Med.Grp.	3116 W. March Ln.	Stockton
Ventura Anesthesia Medical Group	3116 W. March Ln	Stockton
Ventura Cardiology Consultants	147 N Brent St	Ventura
Ventura Co Urology Med Grp	100 N. Brent St. Ste. 301	Ventura
Ventura County Hematology/Oncology Spec	2807 Loma Vista Rd. Ste. 101	Ventura
Ventura Ophthalmology	1700 N. Rose Ave., Ste 320	Oxnard
Ventura Orthopedic Group	3088 Telegraph Rd, Ste. A	Ventura
Ventura Orthopedics	3525 Loma Vista Rd., Ste. A	Ventura
Ventura Orthopedics Medical Group	3525 Loma Vista Rd., Ste. A	Ventura
Ventura Pulmonary & Crit Care	2221 Wankle Way	Oxnard
Ventura Surgery Center	168 N. Brent St. Ste. 406	Ventura
Vista Del Mar Medical Group	1752 Victoria Ave.	Ventura
Vista Del Mar Medical Group, Inc.	1200 W. Gonzales Rd., Ste. 300	Oxnard
Vta. Cardio. Conslts. Med. Grp.	1200 W. Gonzales Rd. Ste. 300	Oxnard
Vta. Co Hemat/Oncol Spec.	100 N Brent St. Ste. 301	Ventura
Vta. Co. Ob/Gyn Med. Grp.	2900 Loma Vista Rd., Ste. 200	Ventura
Warwar Medical Group, Inc	2795 Loma Vista Rd.	Ventura
Wellspring Family Medical Group	72 N. Brent St	Ventura
West Coast Vascular	5850 Thille St Ste. 101	Ventura
Women's Health Partnership Medical Group	100 N Brent St, Ste. 201	Ventura
Zarrinkelk Oral & Max. Surgery	168 N. Brent St., Ste. 407	Ventura
	5200 Telegraph Rd., Ste. B	Ventura

Keyword Search: Charity Care, Uncompensated Care		
Attachments:		
Related Policies:Patient Hierachy Policy		
References:		
Original Effective Date: (mm/yy)04/13	Last Revision Date: 11/11/2013	Last Review Date: 11/11/2013
Retire d Date:	Replaced by:	
Resource Person(s):Terry Ellis Director of Patient Business Services		Approval Process: Chief Financial Officer Chief Executive Officer
Approved by: Name: Dave Glycer Title: Chief Financial Officer	Approved by: Name: Gary Wilde Title: chief Executive Officer	Approved by: Name Title