

<p><b>Policy Title</b> <b>Financial Assistance/ Charity Policy</b></p>	<p><b>Applies To</b> <b>CMH – Ventura CCC</b>                      <b>CMH – Ojai Health Centers</b></p>
<p><b>Manual: Business Office</b> <b>Department: Business Office</b> <b>Number: HS-FIN303</b></p>	<p><b>Last Review/Revision Date:</b> <b>6/20/2024</b></p>

**I. PURPOSE**

Community Memorial Healthcare (CMH) 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. CMH 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 Healthcare’s mission is to provide the best care to every patient every day through integrated clinical practice and education. Community Memorial Healthcare 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 Healthcare serves, appropriately, patients in difficult financial circumstances. Above all, Community Memorial Healthcare’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 Healthcare’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 C.

Patients seeking debt relief from the Financial Assistance Program must be a resident of the Community Memorial Healthcare’s defined service area. CMH 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 the application process CMH 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. CMH 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. Attachment A: Qualifying Income, United States Federal Poverty Guidelines, & Debt Reduction
- B. Attachment B: Financial Assistance Application & Instructions
- C. Attachment C: Community Memorial Providers Not Covered by this Policy

**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 CMH Financial Assistance Policy.

CMH 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. CMH 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 CMH Financial Advocate.
2. Patient Financial Services staff or a designee of Community Memorial Healthcare 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 Healthcare financial assistance program) is available.

C. External Collection Efforts

Collection agencies performing debt collection on behalf of Community Memorial Healthcare 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.

**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 balance is 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 designee, 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, CMH 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 to 30 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 A utilizing the current United States Federal Poverty Guidelines.
  - b. Information from the applicant's financial application Attachment B and supporting documentation will be applied to the list of exclusions 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 A 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 B and supporting documentation will be applied to the list of exclusions 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 Healthcare 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 CHM 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 CHM 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 CHM 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 CHM bad debt expense.

### **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 Healthcare to provide continuing care.

**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

**OTHER FINANCIAL ASSISTANCE PROGRAM CONSIDERATIONS**

Approval for Financial Assistance and any care provided covered by the Financial Assistance Program does not obligate Community Memorial Healthcare 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 Healthcare 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 Healthcare 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.

## Financial Assistance Policy & Application

Entities not covered under the Financial Assistance Program policy:

Long-term care, assisted living center, HME/DME, and any other service not typically provided 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.

The following services are excluded from the Financial Assistance Program:

1. **Abortion:** Services, supplies, care, or treatment in connection with an elective abortion.
2. **Acupuncture:** Shiatsu, electrical stimulation to the periosteum, chelation therapy, immunoaugmentive therapy (IAT), thermograph, joint reconstruction therapy, joint sclerotherapy, prothotherapy, or ligamentous injections with sclerosing agents, osteopathic manipulative treatment, spinal manipulative treatment, and kebiozen.
3. **Complications:** Complications of non-covered Procedures.
4. **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.
5. **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.
6. **Dental treatment:** Routine dental treatment, unless medically necessary due to a serious medical condition or an accidental injury.
7. **Exercise programs:** Exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation, occupational, or physical therapy.
8. **Experimental or not medically necessary:** Care and treatment that is either experimental/investigational or not medically necessary.
9. **Gastric surgery:** Any services, supplies, or programs involving gastric surgeries for weight loss.
10. **Impotence:** Care, treatment, services, supplies, or medication in connection with diagnosis and treatment for impotence.
11. **Infertility:** Care, supplies, services, diagnosis and treatment for infertility, sterility, artificial insemination, embryo transplants and storage, or in-vitro fertilization.
12. **Maternity:** Maternity patients are excluded from this policy as Medi-cal will assist with those cases
13. **Massage:** Services from a masseur, physical physical education instructor, or

health club attendant.

14. **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.
15. **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.
16. **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.
17. **Private duty nursing:** Charges in connection with care, treatment, or services of a private duty nurse.
18. **Surgical sterilization:** Elective surgical sterilization procedures.
19. **Surgical sterilization reversal:** Care and treatment for reversal of surgical sterilization.
20. **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 invitrofertilization surrogacy.

### **III. Financial Assistance Program**

**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 Healthcare 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 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.



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**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.

**ATTACHMENT A**

Persons in Family or Household	2024 FPG Gross Income 6 Months	200% of FPG Adjustment	201%-300% of FPG Adjustment
1	\$ 15,060.00	100%	Medicare Rates
2	\$ 20,440.00	100%	Medicare Rates
3	\$ 25,820.00	100%	Medicare Rates
4	\$ 31,200.00	100%	Medicare Rates
5	\$ 36,580.00	100%	Medicare Rates
6	\$ 41,960.00	100%	Medicare Rates
7	\$ 47,340.00	100%	Medicare Rates
8	\$ 52,720.00	100%	Medicare Rates
Each Additional	\$ 5,380.00		

**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
1	\$ 7,530.00	\$ 15,060.00	\$ 30,120.00
2	\$ 10,220.00	\$ 20,440.00	\$ 40,880.00
3	\$ 12,910.00	\$ 25,820.00	\$ 51,640.00
4	\$ 15,600.00	\$ 31,200.00	\$ 62,400.00
5	\$ 18,290.00	\$ 36,576.00	\$ 73,160.00
6	\$ 20,979.00	\$ 41,958.00	\$ 83,920.00
7	\$ 23,670.00	\$ 47,340.00	\$ 94,680.00
8	\$ 26,360.00	\$ 52,720.00	\$ 105,440.00

For family units with more than eight (8) members, add \$5380 for each additional member

**Schedule 2** 300% of Poverty Guidelines Equals 40% of Charges  
or Medicare DRG for Inpatient whichever is less

Size of Family Unit	Income Guidelines Three Months	Income Guidelines Six Months	Income Guidelines One Year
1	\$ 7,530.00	\$ 15,060.00	\$ 30,120.00
2	\$ 10,220.00	\$ 20,440.00	\$ 40,880.00
3	\$ 12,910.00	\$ 25,820.00	\$ 51,640.00
4	\$ 15,600.00	\$ 31,200.00	\$ 62,400.00
5	\$ 18,290.00	\$ 36,576.00	\$ 73,160.00
6	\$ 20,979.00	\$ 41,958.00	\$ 83,920.00
7	\$ 23,670.00	\$ 47,340.00	\$ 94,680.00
8	\$ 26,360.00	\$ 52,720.00	\$ 105,440.00

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1	\$ 11,025.00	\$ 22,590.00	\$ 45,180.00
2	\$ 15,330.00	\$ 30,660.00	\$ 61,320.00
3	\$ 19,365.00	\$ 38,730.00	\$ 77,460.00
4	\$ 23,400.00	\$ 46,800.00	\$ 93,600.00
5	\$ 27,435.00	\$ 54,870.00	\$ 109,740.00
6	\$ 31,470.00	\$ 62,940.00	\$ 125,880.00
7	\$ 35,505.00	\$ 71,010.00	\$ 142,020.00
8	\$ 39,450.00	\$ 79,080.00	\$ 158,160.00

For family units with more than eight (8) members, add \$7100 for each additional member

**Schedule 3** 500% of Poverty Guidelines Equals 100% of Medicare Rates or 17% of Charges for IP and 12.5% of Charges for Outpatient

Size of Family Unit	Income Guidelines Three Months	Income Guidelines Six Months	Income Guidelines One Year
1	\$ 18,825.00	\$ 37,650.00	\$ 75,300.00
2	\$ 25,549.00	\$ 51,100.00	\$ 102,200.00
3	\$ 33,275.00	\$ 64,550.00	\$ 129,100.00
4	\$ 39,000.00	\$ 78,000.00	\$ 156,000.00
5	\$ 45,725.00	\$ 91,450.00	\$ 182,900.00
6	\$ 52,450.00	\$ 10,490.00	\$ 209,800.00
7	\$ 59,175.00	\$ 118,350.00	\$ 236,700.00
8	\$ 65,900.00	\$ 131,800.00	\$ 263,600.00

**Schedule 4** 700% of Poverty Guidelines Equals a 125% of Medicare Rates of 21.25% of Charges for IP and 15.5% of Charges for Outpatient

Size of Family Unit	Income Guidelines Three Months	Income Guidelines Six Months	Income Guidelines One Year
1	\$ 26,355.00	\$ 52,710.00	\$ 105,420.00
2	\$ 35,770.00	\$ 71,540.00	\$ 143,080.00
3	\$ 45,183.00	\$ 90,366.00	\$ 180,740.00
4	\$ 54,600.00	\$ 109,200.00	\$ 218,400.00
5	\$ 64,015.00	\$ 128,030.00	\$ 256,060.00
6	\$ 73,430.00	\$ 146,860.00	\$ 293,720.00
7	\$ 82,845.00	\$ 165,690.00	\$ 331,380.00
8	\$ 92,260.00	\$ 184,520.00	\$ 369,040.00

For family units with more than eight (8) members, add \$15,420.00 for each

**Schedule 5** If gross income is over \$196,384.00 for the year then discount is 40% of charges

**ATTACHMENT B**

To apply in person please visit:

5855 Olivas Park Drive  
Ventura, CA 93003  
Business Hours  
Mon. – Fri. 9:00 am – 4:00 pm

**REQUEST FOR FINANCIAL ASSISTANCE  
UNCOMPENSATED CHARITY CARE / DISCOUNT PAYMENT PROGRAM  
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.

The hospital may only request recent paystubs or income tax for documentation of income. The hospital may accept other forms of documentation of income but shall not require such other forms.

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

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) Formal Medi-Cal denial or acceptance
- (2) Fully completed charity care/discount payment program application (enclosed with this letter)
- (3) 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.

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(4) Rent or mortgage verification.

(5) Copy of your prior 3 month's bank statements (savings, checking, IRAs, money market accounts, etc.)

(6) 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) 652-5676 for assistance.

Becky S.

Patient Financial Services Supervisor

Community Memorial Healthcare

Community Memorial Healthcare  
147 North Brent Street  
Ventura, CA 93003

To apply in person:  
5855 Olivas Park Drive  
Ventura, CA 93003

**REQUEST FOR FINANCIAL ASSISTANCE  
UNCOMPENSATED CHARITY CARE / DISCOUNT PAYMENT PROGRAM  
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**

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

**EMPLOYMENT AND OCCUPATION:**

**Financial Assistance Policy & Application**



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

<b><u>Current Monthly Income:</u></b>	<b><u>Patient</u></b>	<b><u>Spouse</u></b>
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	\$ _____	\$ _____

<b><u>Current Monthly Expenses:</u></b>	<b><u>Patient</u></b>	<b><u>Spouse</u></b>
Rent or House Payment	\$ _____	\$ _____
Real Estate Taxes	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Alimony, support payments	\$ _____	\$ _____
Education	\$ _____	\$ _____



**Financial Assistance Policy & Application**



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 Healthcare 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 Healthcare charges only. All physician, radiology professional, Ojai emergency room professional, ambulance, anesthesiology services or pathology services are billed separately from Community Memorial Healthcare are not covered by this application.

\_\_\_\_\_  
(Signature of Patient or Guarantor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Co-Applicant)

\_\_\_\_\_  
(Date)

## **ATTACHMENT C**

### **PROVIDERS NOT COVERED BY COMMUNITY MEMORIAL FINANCIAL ASSISTANCE POLICY**

Alberstone, Cary MD • 1700 North Rose Avenue, Suite 250, Oxnard  
Aline, Peter MD • 1901 Outlet Ctr Drive, Suite 220, Oxnard  
Bahn, Duke MD • 168 North Brent Street, Suite 402, Ventura  
Bale, Ronald PhD • 260 Maple Court, Suite 130, Ventura  
Barbosa, J. Bruce MD • 147 North Brent Street, Ventura  
Beaty, James DPM • 115 Pirie Road, Suite A, Ojai  
Benson, Emily MD • Ventura County Medical Center, Ventura  
Bern, Samuel MD • 1280 South Victoria, Suite 201, Ventura  
Birdwell, Eric MD • 5850 Thille Street, Suite 101, Ventura  
Bloom, Stuart MD • 2533 East Main Street, Ventura  
Brockman, Bruce OD • 1211 Maricopa Highway, Suite 101, Ojai  
Buckingham, Robert MD • 115 Pirie Road, Suite D, Ojai  
Bundy, Logan MD • 533 Sespe Avenue, Suite B, Fillmore  
Calderone, Rocco MD • 2486 Ponderosa, Suite D114, Camarillo  
Carlson, Sebastian DDS, MD • 6555 Telephone Avenue, Suite 1, Ventura  
Cernaianu, Mirela MD • 910 Hampshire Road, Suite A, Westlake Village  
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Woodling, Bruce MD • 148 North Brent Street, Suite 102, Ventura  
Zhang, Xiaolin MD • CSE Medical Group, Simi Valley  
Advanced Retina Associates • 17750 Sherman Way, Suite 100, Reseda  
Advanced TeleRadiology • P.O. Box 53803, Irvine  
Aesthetic Eye Plastic Surgeons • 17750 Sherman Way, Suite 100, Reseda  
Allergy Asthma Medical Group • 5720 Ralston Road, Suite 205, Ventura  
Allergy Care Center dba Coastal Allergy Care • 2412 North Ponderosa Drive, Suite B111, Camarillo  
Antulio B. Aroche Jr, DO • 601 East Daily Drive, Suite 228, Camarillo  
Assisted Home Hospice • 4450 Westinghouse Street, Ventura  
Brent Street Family Practice • 168 North Brent Street Suite 502, Ventura  
C.S. Rayhrer, MD • 2605 Loma Vista Road Ventura  
CA Cardiac Surgeons • 145 North Brent Street #102, Ventura  
CA Cardiovascular and Thoracic Surgeons • 168 North Brent Street, Suite 508, Ventura  
CA Retina Consultants • 525 East Micheltorena Street, Suite A, Santa Barbara  
Cabaret, MD Interventional Pain Specialist • 601 East Daily Drive, Suite 228, Camarillo  
Cabrillo Cardio Med Group, Inc • 2241 Wankel Way, Suite C, Oxnard  
Cabrillo Radiation Center • 2900 Loma Vista Road, Suite 100, Ventura  
Kaiser Permanente Hematology/Oncology • 2601 East Main Street, Ventura  
Kaiser Permanente Orthopedics • 5601 DeSoto Avenue, Woodland Hills  
Kaiser Permanente-2200 Oxnard • 2200 East Gonzales, Oxnard

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Kaiser Permanente–Hill • 888 South Hill Road, Ventura  
Kaiser Permanente–WH • 5601 De Soto Avenue, Woodland Hills  
Kaiser Permanente • 2103 East Gonzales Road, Oxnard  
Keeler Center • 117 Pirie Road, Ojai  
Livingston VNA • 1996 Eastman Avenue, Suite 101, Ventura  
Loma Vista Family Practice • 3555 Loma Vista, Suite 100, Ventura  
Miramar Eye Specialists • 3085 Loma Vista Road, Ventura  
Miramar Eye Specialists – Camarillo • 3085 Loma Vista Road Ventura  
Miramar Eye Specialists – Ventura • 3085 Loma Vista Road, Ventura  
Miramar Eye Specialists Medical Group • 3085 Loma Vista Road, Ventura  
Miramar Eye Specialists Medical Group, Inc • 3085 Loma Vista Road, Ventura  
Neurovascular Institute of Thousand Oaks • 2100 Lynn Road, Suite 120, Thousand Oaks  
NICU • 147 North Brent Street, Ventura  
NuVasive Clinical Services • 812 Avis Drive, Ann Arbor  
Ocean Orthopedics • 168 North Brent Street, Suite 505, Ventura  
Ojai Multi–Specialty Center • 117 Pirie Road, Suite East, Ojai  
Ojai Valley Community Hospital • 1306 Maricopa Highway., Ojai  
Ojai Valley Family Medical Group • 117 Pirie Road, Suite D, Ojai  
Oral & Maxillofacial Surgery of San Buenaventura • 5200 Telegraph Road, Suite B, Ventura  
Pacific Children’s Gastroenterology • 5333 Hollister Avenue, Suite 250, Goleta  
Pacific Foot & Ankle Care • 2961 Loma Vista Road, Ventura  
Pacific Pain Management • 1752 South Victoria Avenue, Suite B, Ventura  
Pediatric Cardiology Medical Associates • 5400 Balboa Boulevard, Suite 202, Encino  
Pediatric Hospitalist • 147 North Brent Street, Ventura  
Pediatric Subspecialty Network • 5350 Hollister Avenue Suite F, Goleta  
Pediatric Subspecialty Network, Inc. • 5350 Hollister Avenue, Suite F, Goleta  
Pediatrix Medical Group of California • NICU West Hills Hospital, West Hills  
Perinatal Diagnostic Center • 29 North Brent Street, Ventura  
Pickart Plastic Surgery, Inc • 3438 Loma Vista Road, Ventura  
Premier Endocrinology • 3655 West 5th Street, Oxnard  
Primary Medical • 2953 Telegraph Road, Ventura  
Primary Medical Group • 10885 Telegraph Road, Ventura  
Pueblo Radiology Medical Group, Inc • 2320 Bath Street, Suite 113, Santa Barbara  
Rassetti Gynecology • 1700 North Rose Avenue, Suite 360, Oxnard  
Real Time Neuromonitoring Associates of CA, PC • 336 22nd Avenue North, Nashville  
Renal Consultants of Ventura Co. • 2438 North Ponderosa Drive Suite C–101, Camarillo  
San Buenaventura Urology Center • 2705 Loma Vista Road, Suite 206, Ventura  
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SJRMC – NICU • 1600 North Rose Avenue, Oxnard  
Southern California Reproductive Center • 450 North Roxbury Drive, Suite 500, Beverly Hills  
Specialty Care • 214 Centerview Drive, Suite 100, Brentwood  
Steven D. Chang MD Inc • 3160 Telegraph Road, Suite 102, Ventura  
Surfside Pediatrics • 2660 East Main Street, Suite 204, Ventura  
UCLA Health System • 6633 Telephone Road, Suite 212, Ventura  
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Ventura Advanced Surgical Associates • 3200 Telegraph Road, Ventura  
Ventura Anesthesia Group • 147 North Brent Street, Ventura  
Ventura Anesthesia Medical Group • 3116 West March Lane, Stockton  
Ventura Anesthesia Medical Group • 147 North Brent Street, Ventura  
Ventura Cardiology Consultants • 100 North Brent Street, Suite 301, Ventura  
Ventura Co Urology Medical Group • 2807 Loma Vista Road, Suite 101, Ventura  
Ventura County Hematology/Oncology Spec • 1700 North Rose Avenue, Suite 320, Oxnard  
Ventura Ophthalmology • 3088 Telegraph Road Suite A, Ventura  
Ventura Orthopedic Group • 3525 Loma Vista Road, Suite A, Ventura  
Ventura Orthopedics • 3525 Loma Vista Road, Suite A, Ventura  
Ventura Orthopedics Medical Group • 2221 Wankle Way, Oxnard  
Ventura Pulmonary & Critical Care • 168 North Brent Street Suite 406, Ventura  
Ventura Surgery Center • 1752 Victoria Avenue, Ventura  
Vista Del Mar Medical Group • 1200 West Gonzales Road, Suite 300, Oxnard  
Vista Del Mar Medical Group, Inc • 1200 West Gonzales Road, Suite 300, Oxnard  
Vta. Cardio. Conslts. Medical Group • 100 North Brent Street Suite 301, Ventura  
Vta. Co Hemat/Oncol Spec. • 2900 Loma Vista Road, Suite 200, Ventura  
Vta. Co. Ob/Gyn Medical Group • 2795 Loma Vista Road, Ventura  
Warwar Medical Group, Inc • 72 North Brent Street Ventura  
Wellspring Family Medical Group • 5850 Thille Street Suite 101, Ventura  
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Keyword Search: Charity Care, Uncompensated Care		
Attachments:		
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References:		
Original Effective Date: 04/13	Last Revision Date: 11/11/2013	Last Review Date: 06/20/2024
Retired Date:	Replaced by:	
Resource Person(s): RaKenya McCree Director of Patient Business Services		Approval Process: Chief Financial Officer Chief Executive Officer
Approved by: Name: Jim Corwin Title: Chief Financial Officer	Approved by: Name: Mick Zdeblick Title: Chief Executive Officer	Approved by: Name: Title: