

## COMMONSPIRIT HEALTH GOVERNANCE POLICY

**SUBJECT:** Financial Assistance

**EFFECTIVE DATE:**

July 1, 2023

**POLICY NUMBER:** Finance G-003

**ORIGINAL EFFECTIVE  
DATE:**

July 1, 2021

### POLICY

Pursuant to Internal Revenue Code (IRC) Section 501(r), in order to remain tax-exempt, each CommonSpirit Health Hospital Organization is required to establish a written Financial Assistance Policy (FAP) and an Emergency Medical Care Policy which apply to all Emergency Medical Care and Medically Necessary Care (herein referred to as EMCare) provided in a Hospital Facility. The purpose of this Policy is to describe the conditions under which a Hospital Facility provides Financial Assistance to its patients. In addition, this Policy describes the actions a Hospital Facility may take in the event of nonpayment of a patient account.

### SCOPE

This Policy applies to CommonSpirit and each of its tax-exempt Direct Affiliates<sup>1</sup> and tax-exempt Subsidiaries<sup>2</sup> that operate a Hospital Facility (referred to individually as a CommonSpirit Hospital Organization and collectively as CommonSpirit Hospital Organizations). It is the policy of CommonSpirit to provide, without discrimination, EMCare in CommonSpirit Hospital Facilities to all patients, without regard to a patient's financial ability to pay.

### PRINCIPLES

As Catholic health care providers and tax-exempt organizations, CommonSpirit Hospital Organizations are called to meet the needs of patients and others who seek care, regardless of their financial abilities to pay for services provided.

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<sup>1</sup> A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

<sup>2</sup> A Subsidiary refers to either an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent (50%) or more of the voting members of the governing body of such organization or holds fifty percent (50%) or more of the voting rights in such organization (as evidenced by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.

The following principles are consistent with CommonSpirit's mission to deliver compassionate, high-quality, affordable healthcare services and to advocate for those who are poor and vulnerable. It is the desire of CommonSpirit Hospital Organizations that the financial ability of people who need health care services does not prevent them from seeking or receiving care.

CommonSpirit Hospital Organizations will provide, without discrimination, Emergency Medical Care to individuals regardless of their eligibility for Financial Assistance or for government assistance in CommonSpirit Hospital Facilities.

CommonSpirit Hospital Organizations are dedicated to providing Financial Assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for non-emergent Medically Necessary Care provided in CommonSpirit Hospital Facilities.

## **APPLICATION**

### **A. This Policy applies to:**

- All charges for EMCare provided in a Hospital Facility by a CommonSpirit Hospital Organization.
- All charges for EMCare provided by a physician or advanced practice clinician who is employed by a CommonSpirit Hospital Organization if such care is provided within a Hospital Facility.
- All charges for EMCare provided by a physician or advanced practice clinician who is employed by a Substantially-Related Entity that occurs within a Hospital Facility.
- Non-covered Medically Necessary Care provided to patients where the patient would bear responsibility for the charges, such as charges for days beyond a length of stay limit or in circumstances where the patient's benefits have been exhausted.
- Collection and recovery activities shall be conducted in accordance with the CommonSpirit Governance Policy Finance G-004, *Billing and Collections*.

### **B. Coordination with Other Laws**

The provision of Financial Assistance may be subject to additional laws or regulations pursuant to federal, state or local laws. Such law governs to the extent it imposes more stringent requirements than this Policy. In the event that a subsequently adopted state or local law directly conflicts with this Policy, the CommonSpirit Hospital Organization shall, after consultation with its local CommonSpirit Legal Team representative, CommonSpirit Revenue Cycle leadership, and CommonSpirit Tax leadership, be permitted to adopt an addendum to this Policy before the next policy review cycle, with such minimal changes to this Policy as are necessary to achieve compliance with any applicable laws.

## DEFINITIONS

**Amounts Generally Billed (AGB)** means the maximum charge a patient who is eligible for Financial Assistance under this Financial Assistance Policy is personally responsible for paying, after all deductions and discounts (including discounts available under this Policy) have been applied and less any amounts reimbursed by insurers. No patient eligible for Financial Assistance will be charged more than the AGB for EMCare provided to the patient. CommonSpirit calculates the AGB on a Facility-by-Facility basis using the “lookback” method by multiplying the “Gross Charges” for any EMCare that it provides by AGB percentages, which are based upon past claims allowed under Medicare and private insurance as set forth in federal law. “Gross Charges” for these purposes means the amount listed on each Hospital Facility’s chargemaster for each EMCare service.

**Application Period** means the time provided to patients by the CommonSpirit Hospital Organization to complete the Financial Assistance application. It expires on the later of (i) 365 days from the patient’s discharge from the Hospital Facility or the date of the patient’s EMCare, or (ii) 240 days from the date of the initial post-discharge bill for the EMCare received at a Hospital Facility.

**CommonSpirit Entity Service Area** means, for purposes of this Policy, the community served by a Hospital Facility as described in its most recent Community Health Needs Assessment, as described in IRC Section 501(r)(3).

**Community Health Needs Assessment (CHNA)** is conducted by a Hospital Facility at least once every three (3) years pursuant to IRC Section 501(r)(1)(A); each CommonSpirit Hospital Organization then adopts strategies to meet the community health needs identified through the CHNA.

**Eligibility Determination Period** - For purposes of determining Financial Assistance eligibility, a Hospital Facility will review annual Family Income from the prior six-month (6) period, or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate.

**Eligibility Qualification Period** - After submitting the Financial Assistance application and supporting documents, patients approved to be eligible shall be granted Financial Assistance for all eligible accounts incurred for services received twelve (12) months prior to the determination date, and prospectively for a period of six (6) months from the determination date. If eligibility is approved based on Presumptive Eligibility criteria, Financial Assistance will also be applied to all eligible accounts incurred for services received twelve (12) months prior to the determination date.

**Emergency Medical Care, EMTALA** - Any patient seeking care for an emergency medical condition within the meaning of Section 1867 of the Social Security Act (42 U.S.C. 1395dd) at a Hospital Facility shall be treated without discrimination and without regard to a patient's ability to pay for care. Furthermore, any action that discourages patients from seeking EMCare, including, but not limited to, demanding payment before treatment or permitting debt collection and recovery activities that interfere with the provision of EMCare, is prohibited. Hospital Facilities shall also operate in accordance with all federal and state requirements for the provision of care relating to emergency medical conditions, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Labor Act (EMTALA) and in accordance with 42 CFR 482.55 (or any successor regulation). Hospital Facilities should consult and be guided by any CommonSpirit EMTALA Policy, EMTALA regulations, and applicable Medicare/Medicaid Conditions of Participation in determining what constitutes an emergency medical condition and the processes to be followed with respect to each.

**Extraordinary Collection Actions (ECAs)** - The Hospital Facility will not engage in ECAs against an individual prior to making a reasonable effort to determine eligibility under this Policy. An ECA may include any of the following actions taken in an effort to obtain payment on a bill for care:

- Selling an individual's debt to another party except as expressly provided by federal law; and
- Reporting adverse information about the individual to consumer credit bureaus.

ECAs do not include any lien that a Hospital Facility is entitled to assert under state law on the proceeds of a judgment or compromise owed to an individual (or his or her representative) as a result of personal injuries for which the Facility provided care.

**Family** means (using the Census Bureau definition) a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service (IRS) rules, if the patient claims someone as a dependent on his or her income tax return, that person may be considered a dependent for purposes of the provision of Financial Assistance. If IRS tax documentation is not available, family size will be determined by the number of dependents documented on the Financial Assistance application and verified by the Hospital Facility.

**Family Income** is determined consistent with the IRS definition of Modified Adjusted Gross Income for the applicant and all members of the applicant's Family. In determining eligibility, CommonSpirit Hospital Organization may consider the 'monetary assets' of the patient's Family. However, for purposes of this determination, monetary assets will not include retirement or deferred compensation plans.

**Federal Poverty Level Guidelines (FPL)** are updated annually in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>.

**Financial Assistance** means assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for EMCare provided in a Hospital Facility and who meet the eligibility criteria for such assistance. Financial Assistance is offered to insured patients to the extent allowed under the patient's insurance carrier contract.

**Guarantor** means an individual who is legally responsible for payment of the patient's bill.

**Hospital Facility (or Facility)** means a healthcare facility that is required by a state to be licensed, registered or similarly recognized as a hospital and that is operated by a CommonSpirit Hospital Organization.

**Medically Necessary Care** means any procedure reasonably determined (by a provider) to be necessary to prevent, diagnose, correct, cure, alleviate, or avert the worsening of any condition, illness, injury or disease that endangers life, cause suffering or pain, results in illness or infirmity, threatens to cause or aggravate a handicap, or cause physical deformity or malfunction, or to improve the functioning of a malformed body member, if there is no other equally effective, more conservative or less costly course of treatment available. Medically Necessary Care does not include elective or cosmetic procedures only to improve aesthetic appeal of a normal, or normally functioning, body part.

**Operates a Hospital Facility** - A Hospital Facility is considered to be operated either by use of its own employees or by contracting out the operation of the Facility to another organization. A Hospital Facility may also be operated by a CommonSpirit Hospital Organization if the CommonSpirit Hospital Organization has a capital or profits interest in an entity taxed as a partnership which directly operates a state licensed Hospital Facility or which indirectly operates a state licensed Hospital Facility through another entity taxed as a partnership.

**Presumptive Financial Assistance** means the determination of eligibility for Financial Assistance that may rely on information provided by third-party vendors and other publicly available information. A determination that a patient is presumptively eligible for Financial Assistance will result in free or discounted EMCare for the period during which the individual is presumptively eligible.

**Substantially-Related Entity** means, with respect to a CommonSpirit Hospital Organization, an entity treated as a partnership for federal tax purposes in which the Hospital Organization owns a capital or profits interest, or a disregarded entity of

which the Hospital Organization is the sole member or owner, that provides EMCare in a state licensed Hospital Facility, unless the provision of such care is an unrelated trade or business described in IRC Section 513 with respect to the Hospital Organization.

**Uninsured** means an individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP and TRICARE), Worker's Compensation, or other third-party assistance to assist with meeting his or her payment obligations.

**Underinsured** means an individual with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for EMCare covered by this Policy.

## **ELIGIBILITY FOR FINANCIAL ASSISTANCE**

### **A. Financial Assistance Available for EMCare**

A patient who qualifies for Financial Assistance will receive free or discounted EMCare, and as such will never be responsible for more than AGB for EMCare. Financial Assistance shall be provided to patients who meet the eligibility requirements as described herein and have established residency within the CommonSpirit Entity Service Area as defined by the most recent Hospital Facility CHNA, unless the visit is urgent or emergent or occurs within a California Hospital Facility. Residents of countries outside the United States of America are not eligible for financial assistance without prior approval from the Hospital Facility Chief Financial Officer (or his or her designee), unless the visit is urgent or emergent. All scheduled services for patients who reside outside the CommonSpirit Entity Service Area require prior approval from the Hospital Facility Chief Financial Officer (or his or her designee). If an ordering provider has requested services at a Hospital Facility and the same service is also provided at another facility closer to the patient's residence and outside the CommonSpirit Entity Service Area, the Hospital Facility may request the ordering provider to re-evaluate the services and request the services be performed closer to the patient's residence.

### **B. Financial Assistance Not Available for Other than EMCare**

Financial Assistance is not available for care other than EMCare. In the case of care other than EMCare, no patient will be responsible for more than the net charges for such care (gross charges for such care after all deductions and insurance reimbursements have been applied).

### C. Amount of Financial Assistance Available

Eligibility for Financial Assistance will be considered for those individuals who are Uninsured, Underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of Financial Assistance shall be based on an individualized determination of financial need, and shall not take into account any potential discriminatory factors such as age, ancestry, gender, gender identity, gender expression, race, color, national origin, sexual orientation, marital status, social or immigrant status, religious affiliation, or any other basis prohibited by federal, state, or local law.

Unless eligible for Presumptive Financial Assistance, the following eligibility criteria must be met in order for a patient to qualify for Financial Assistance:

- The patient must have a minimum account balance of ten dollars (\$10.00) with the CommonSpirit Hospital Organization. Multiple account balances may be combined to reach this amount. Patients/Guarantors with balances below ten dollars (\$10.00) may contact a financial counselor to make monthly installment payment arrangements.
- The patient must comply with Patient Cooperation Standards as described herein.
- The patient must submit a completed Financial Assistance Application (FAA).

### D. Charity Care

- Up to 200% of the FPL – Any patient whose Family Income is at or below 200% of the FPL, including, without limitation, any Uninsured or Underinsured patient, is eligible to receive Financial Assistance up to a 100% discount from his or her account balance for eligible services provided to the patient after payment, if any, by any third-party(ies).
- 201% - 400% of the FPL – Any patient whose Family Income is at or above 201% but lower than 400% of the FPL, including, without limitation, any Uninsured or Underinsured patient, is eligible to receive Financial Assistance reducing his or her account balance for eligible services provided to the patient after payment, if any, by any third-party(ies), to an amount no more than the Hospital Facility's AGB.

### E. Patient Cooperation Standards

A patient must cooperate with the Hospital Facility in providing the information and documentation necessary to determine eligibility. Such cooperation includes completing any required applications or forms. The patient is responsible for notifying the Hospital Facility of any change in financial situation that would impact the assessment of eligibility.

A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties prior to being approved. An applicant for Financial Assistance is responsible for applying to public programs for available coverage. He or she is also expected to pursue public or private health insurance payment options for care provided by a CommonSpirit Hospital Organization within a Hospital Facility.

A patient's and, if applicable, any Guarantor's cooperation in applying for applicable programs and identifiable funding sources, shall be required. A Hospital Facility shall make affirmative efforts to help a patient or patient's Guarantor apply for public and private program, which may include coverage under a health insurance exchange, commercial health insurance, or health plan coverage purchased through COBRA. If a Hospital Facility determines that coverage under a health insurance exchange, commercial health insurance, or a COBRA plan is potentially available, and that a patient is not a Medicare or Medicaid beneficiary, the Hospital Facility may require that the patient or Guarantor (i) provide the Hospital Facility and applicable foundation with information necessary to determine the monthly premium for such patient, and (ii) cooperate with Hospital Facility and foundation staff to determine whether he or she qualifies for premium assistance, which may be offered (through designated foundation funds) for a limited time to assist in securing the insurance coverage mentioned above.

#### **F. Uninsured Patient Discount**

Non-covered services under an insurance policy and patients/Guarantors that provide evidence that no health insurance coverage exists either through an employer-provided program or a governmental program such as Medicare, Medicaid or other state and local program to pay for the medically necessary health care services rendered to the patient, shall be eligible for an Uninsured Patient Discount. This Discount shall not apply to cosmetic or non- medically necessary procedures and will only be available for eligible services.

Each Hospital Facility shall calculate and determine the discount from gross charges available to eligible patients. The Financial Assistance described above supersedes this Uninsured Patient Discount. If it is determined that the application of Financial Assistance will further reduce the patient's bill, Hospital Facility will reverse the Uninsured Patient Discount and apply the applicable adjustments under the Financial Assistance Policy.

#### **G. Self-Pay Discount**

For those Uninsured patients who do not qualify for any of the financial assistance discounts described in this Policy, Hospital Facilities may apply an automatic (self-pay) discount to a patient's bill in accordance with CommonSpirit Revenue Cycle guidelines and procedures. This self-pay discount is not means-tested.



## **THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE**

All patients must complete the CommonSpirit FAA to be considered for Financial Assistance, unless they are eligible for Presumptive Financial Assistance. The FAA is used by the Hospital Facility to make an individual assessment of financial need.

To qualify for assistance, patient must provide bank or checking account statements evidencing the patient's available resources (those convertible to cash and unnecessary for the patient's daily living) and at least one (1) piece of supporting documentation that verifies Family Income is required to be submitted along with the FAA. Supporting documentation may include, but is not limited to:

- Copy of the individual's most recently filed federal income tax return;
- Current Form W-2;
- Current paystubs; or
- Signed letter of support.

The Hospital Facility may, at its discretion, rely on evidence of eligibility other than described in the FAA or herein. Other evidentiary sources may include:

- External publicly available data sources that provide information on a patient/Guarantor's ability to pay;
- A review of patient's outstanding accounts for prior services rendered and the patient/Guarantor's payment history;
- Prior determinations of the patient's or Guarantor's eligibility for assistance under this Policy, if any; or
- Evidence obtained as a result of exploring appropriate alternative sources of payment and coverage from public and private payment programs.

In the event no income is evidenced on a completed FAA, a written document is required which describes why income information is not available and how the patient or Guarantor supports basic living expenses (such as housing, food, and utilities). Financial Assistance applicants who participate in the National Health Services Corps (NHSC) Loan Repayment Program are exempt from submitting expense information.

## **PRESUMPTIVE ELIGIBILITY**

CommonSpirit Hospital Organizations recognize that not all patients and Guarantors are able to complete the FAA or provide requisite documentation. Financial counselors are available at each Hospital Facility location to assist any individual seeking application assistance. For patients and Guarantors who are unable to provide required documentation, a Hospital Facility may grant Presumptive Financial Assistance based on information obtained from other resources. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Recipient of state-funded prescription programs;
- Homeless or one who received care from a homeless or free care clinic;
- Participation in Women, Infants and Children programs (WIC);
- Food stamp eligibility;
- Eligibility or referrals for other state or local assistance programs (e.g., Medicaid);
- Low income/subsidized housing is provided as a valid address; or
- Patient is deceased with no known spouse or known estate.

This information will enable Hospital Facilities to make informed decisions on the financial needs of patients, utilizing the best estimates available in the absence of information provided directly by the patient. A patient determined eligible for Presumptive Financial Assistance will receive free or discounted EMCare for the period during which the individual is presumptively eligible.

Medicaid patients who receive non-covered medically necessary services will be considered for Presumptive Financial Assistance. Financial assistance may be approved in instances prior to the Medicaid effective date.

If an individual is determined to be presumptively eligible, a patient will be granted Financial Assistance for a period of twelve (12) months ending on the date of presumptive eligibility determination. As a result, Financial Assistance will be applied to all eligible accounts incurred for services received twelve (12) months prior to the determination date. The presumptively eligible individual will not receive financial assistance for EMCare rendered after the date of determination without completion of a FAA or a new determination of presumptive eligibility.

For patients, or their Guarantors, who are non-responsive to a Hospital Facility's application process, other sources of information may be used to make an individual assessment of financial need. This information will enable the Hospital Facility to make an informed decision on the financial need of non-responsive patients, utilizing the best estimates available in the absence of information provided directly by the patient.

For the purpose of helping financially needy patients, a Hospital Facility may use a third-party to review a patient's, or the patient's Guarantor's, information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capability score. The model's rule set is designed to assess each patient based upon the same standards and is calibrated against historical Financial Assistance approvals by the Hospital Facility. This enables the Hospital Facility to assess whether a patient is characteristic of other patients who have historically qualified for Financial Assistance under the traditional application process.

When the model is utilized, it will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows a Hospital Facility to screen all patients for Financial Assistance prior to pursuing any ECAs. The data returned from this review will constitute adequate documentation of financial need under this Policy.

In the event a patient does not qualify for presumptive eligibility, the patient may still provide requisite information and be considered under the traditional FAA process.

Patient accounts granted presumptive eligibility status will be provided free or discounted care for eligible services for retrospective dates of service only. This decision will not constitute a state of free or discounted care as available through the traditional application process. These accounts will be treated as eligible for Financial Assistance under this Policy. They will not be sent to collection, will not be subject to further collection action, and will not be included in Hospital Facility bad debt expense. Patients will not be notified to inform them of this decision. Additionally, any deductible and coinsurance amount claimed as a Medicare bad debt shall be excluded from the reporting of charity care.

Presumptive screening provides a community benefit by enabling a CommonSpirit Hospital Organization to systematically identify financially needy patients, reduce administrative burdens, and provide Financial Assistance to patients and their Guarantors, some of whom may have not been responsive to the FAA process.

## **NOTIFICATION ABOUT FINANCIAL ASSISTANCE**

Notification about the availability of Financial Assistance from CommonSpirit Hospital Organizations shall be disseminated by various means, which may include, but not be limited to:

- Conspicuous publication of notices in patient bills;
- Notices posted in emergency rooms, urgent care centers, admitting/registration departments, business offices, and at other public places as a Hospital Facility may elect; and
- Publication of a summary of this Policy on the Hospital Facility's website, as provided in Addendum A, and at other places within the communities served by the Hospital Facility as it may elect.

Patients may obtain additional information regarding the Hospital Facility's AGB percentage and how the AGB percentages were calculated from a Hospital Facility's financial counselor as provided in Addendum A.

Such notices and summary information shall include a contact number and shall be provided in English, Spanish, and other primary languages spoken by the population served by an individual Hospital Facility, as applicable.

Referral of patients for Financial Assistance may be made by any member of the CommonSpirit Hospital Organization non-medical or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

CommonSpirit Hospital Organizations will provide financial counseling to patients about their bills related to EMCare and will make the availability of such counseling known. It is the responsibility of the patient or the patient’s Guarantor to schedule consultations regarding the availability of Financial Assistance with a financial counselor.

A provider listing will be published by each CommonSpirit Hospital Facility on its website, on or before July 1, 2021, and will be updated by management periodically (but no less than quarterly) thereafter.

**ACTIONS IN THE EVENT OF NON-PAYMENT**

The actions a CommonSpirit Hospital Organization may take in the event of nonpayment with respect to each Hospital Facility are described in a separate policy, CommonSpirit Governance Policy Finance G-004, *Billing and Collections*. Members of the public may obtain a free copy of this Policy by contacting the Hospital Facility Patient Access/Admitting department, as provided in Addendum A.

**APPLICATION OF PROCEDURES**

CommonSpirit Revenue Cycle leadership is responsible for the implementation of this Policy.

**ATTACHMENTS**

Financial Assistance Application (FAA)

**REFERENCES**

CommonSpirit Governance Policy Finance G-004, *Billing and Collections*

**ASSOCIATED DOCUMENTS**

CommonSpirit Governance Addendum Finance G-003A-1, Financial Assistance – California

CommonSpirit Governance Addendum Finance G-003A-2, Financial Assistance - Oregon

CommonSpirit Governance Addendum Finance G-003A-3, Financial Assistance – Washington

CommonSpirit Governance Addendum Finance G-003A-A, *Hospital Facility Financial Assistance Contact Information Addendum Template*

**ANNUAL APPROVAL**

APPROVED BY COMMONSPIRIT HEALTH BOARD: JUNE 22, 2023

## California Hospital Fair Billing Program

### **ATTENTION:**

If you need help in your language, please call (661) 541-0026 or visit Bakersfield Memorial Hospital. The office is open 8am-4:30pm and located at Bakersfield Memorial Hospital, 420 34th St., Bakersfield, CA 93301. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

### **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 [healthconsumer.org](http://healthconsumer.org) for more information.

### **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](http://HospitalBillComplaintProgram.hcai.ca.gov) for more information and to file a complaint.