

# Charity Care Screening

UC Davis Health

## Hospital Policies and Procedures

Policy ID: 1891

Revised 10/10/2017

## Attachments (see end of document)

- Financial Assistance Program Plain Language Summary
- Patient Financial Information Form
- Income Guidelines Chart
- UC Davis Health Primary Service Area
- Medical Center Elective Unfunded Charity Care Approval Request

### I. PURPOSE

The University of California, Davis Health (UCDH) strives to provide quality patient care and high standards for the communities we serve. This policy demonstrates UCDH's commitment to our mission and vision by helping to meet the needs of the low income, uninsured patients and the underinsured patients in our community. This policy is not intended to waive or alter any contractual provisions or rates negotiated by and between a Health System and a third party payer, nor is the policy intended to provide discounts to a non-contracted third party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code (IRC) as well as California Health & Safety Code section 127400 et seq. (AB 774 and AB1503), Hospital Fair Pricing Policies, effective January 1, 2007 and Emergency Physician Fair Pricing Policies, effective January 1, 2011, and January 1, 2015 (SB1276) and Office of Inspector General (OIG), Department of Health and Human Services guidance regarding financial assistance to uninsured and underinsured patients. This policy only applies to uninsured patients or patients with high medical costs who are at or below 350% of the federal poverty level. Additionally, this policy provides guidelines for identifying and handling patients who may qualify for financial assistance. This policy also establishes the financial screening criteria to determine which patients qualify for Charity Care. The financial screening criteria provided for in this policy are based primarily on the Federal Poverty Level (FPL) guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services. Uninsured patients who do not meet the criteria for Charity Care under this policy may be referred to the Cash Discount or Prompt Payment Policy.

### II. SETTING

Medical Center

### III. POLICY

A. This policy is designed to provide 100% charity care discounts to patients who:

1. Have family incomes at or below 200% FPL.
2. Require emergent care.
3. Reside in the UCDH's service area as defined in Attachment 4, and

4. Are uninsured, are ineligible for third party assistance or have high medical cost.

This policy also provides for partial charity care discount in other situations described below to patients with a family income at or below 350% FPL.

- B. Patients with demonstrated financial need may be eligible if they satisfy the definition of a Charity Care patient or High Medical Cost patient as defined in section IV, below.
- C. This policy permits non-routine waivers of patients' out-of-pocket medical costs based on an individual determination of financial need in accordance with the criteria set forth below. This policy and the financial screening criteria must be consistently applied to all cases throughout a Medical Center. If application of this policy conflicts with payer contracting or coverage requirements consult with Medical Center legal counsel.
- D. This policy excludes services, which are not medically necessary or separately billed physician services with the exception of emergency room physician services.
- E. This policy will not apply if the patient/responsible party provides false information about financial eligibility or if the patient/responsible party fails to make every reasonable effort to apply for and receive government-sponsored insurance benefits for which they may be eligible.

#### IV. DEFINITIONS

- A. Amounts Generally Billed (AGB)--The maximum amount billed by UC Davis Health to individuals eligible for Financial Assistance, as determined by this policy. UC Davis Health determines AGB using a method allowed by federal regulations, namely the "Medicare Prospective" method. The prospective method requires the facility to estimate the amount it would be paid by Medicare for the emergency or other medically necessary care as if the FAP eligible individual were a Medicare fee-for-service beneficiary. The term "Medicare fee-for-service" includes only health insurance available under Medicare parts A and B of Title XVII of the Social Security Act (42 U.S.C. 1395c through 1395w-5) and not health insurance plans administered under Medicare Advantage.
- B. Bad Debt--A bad debt results from services rendered to a patient who is determined by the medical center, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.
- C. Charity Care Patient--A Charity Care Patient is a financially eligible self-pay patient or a high medical cost patient.
- D. Emergent Medical Condition--is defined as a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
  1. Placing the patient's health in serious jeopardy.
  2. Serious impairment to bodily functions.
  3. Serious dysfunctions of any bodily organ or part.
- E. Emergency Physician--means a physician and surgeon licensed pursuant to Chapter 2 (commencing with Section 2000 of the business and Professions Code who is credentialed by a hospital and either employed or contracted by a hospital to provide emergency medical services in the emergency department of the hospital, except that an "emergency physician" shall not include a physician specialist who is called into the emergency department of a hospital or who is on staff or has privileges at the hospital outside of the emergency room. All physicians who provide services in the emergency department are covered under this policy.
- F. Extraordinary Collection Action (ECA)—A list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible

for financial assistance.

1. Placing a lien on an individual's property.
  2. Foreclosing on real property.
  3. Attaching or seizing an individual's bank account or other personal property.
  4. Commencing a civil action against an individual or writ of body attachment for civil contempt.
  5. Causing an individual's arrest.
  6. Garnishing wages.
  7. Reporting adverse information to a credit agency.
  8. Deferring or denying medical necessary care because of nonpayment of a bill for previously provided care under UCDH's Financial Assistance/Charity Care Policy.
  9. Requiring a payment before providing medical necessary care because of outstanding bills for previously provided care.
- G. Federal Poverty Level (FPL) – Poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services, published at <http://aspe.hhs.gov/poverty>
- H. High Medical Cost Patient--A financially eligible High Medical Cost patient is defined as follows:
1. Not Self-Pay (has third party coverage)
  2. Patient's Family income at or below 350% of the FPL.
  3. Out-of-pocket medical expenses in prior twelve (12) months (whether incurred in or out of any hospital) exceeds 10% of Patient's Family income.
  4. Patient does not otherwise receive a discount as a result of third party coverage for the services to be billed.
- I. Medically Necessary Service--A medically necessary service or treatment is one that is absolutely necessary to treat or diagnose a patient and could adversely affect the patient's condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.
- J. Non-Participating Providers – Sutter Health Foundation Children's Surgical Specialists provides services at UC Davis Medical Center and are not subject to this policy.
- K. Participating Providers – UC Davis Medical Center at all locations are subject to this policy. In addition, all physicians with the UC Davis Medical Group and Primary Care Network are subject to this policy.
- L. Patient's Family--For patients 18 years of age and older, Patient's Family is defined as their spouse, domestic partner and dependent children under 21 years of age, whether living at home or not. For persons under 18 years of age, Patient's Family includes a parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.
- M. "Reasonable payment plan" – Monthly payments that are not more than 10 percent of a Patient's Family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

N. Self-Pay patient--A financially eligible Self-Pay patient is defined as follows:

1. No third party coverage.
2. No Medi-Cal/Medicaid coverage or patients who qualify but who do not receive coverage for all services or for the entire stay.
3. No compensable injury for purposes of government programs, workers' compensation, automobile insurance, other insurance, or third party liability as determined and documented by the hospital
4. Patient's Family income is at or below 350% of the FPL.

V. COMMUNICATION OF CHARITY CARE AND DISCOUNT POLICIES

Responsibility: Admitting, Emergency Room, Outpatient Settings, Patient Financial Services, Billing Office

- A. Patients will be provided a written notice with their bill that contains information regarding the hospital's charity care policy, including information about eligibility, as well as contact information for a hospital employee or office from which the patient may obtain further information about these policies. At the time of service, notices are to be given to patients that do not appear to have third party coverage, in the Admitting Department, Emergency Room and other outpatient hospital settings. Notices should be provided in English and in languages as determined by UCDHs' geographical area. (See Attachment 4)
- B. UCDH Patient Financial Services shall publish policies and train staff regarding the availability of procedures related to patient financial assistance.
- C. Notice of our Charity Care Policy will be posted in conspicuous places throughout the hospital including the Emergency Department, Admissions Offices, Outpatient settings and the Patient Financial Services Department, in languages as determined by UCDHs' geographical area.
- D. The Charity Care Policy will be posted on UC Davis Health's website in languages as determined by UCDH's geographical area.
- E. See Section XI, Patient Billing and Collection Practices, Part A.

VI. ELIGIBILITY PROCEDURES

Responsibility: Admitting/Registration, Emergency Department, Outpatient Settings, Ancillary Registration Areas, Clinics, Patient Financial Services

- A. Every effort will be made to screen all patients identified as uninsured or in need of financial assistance for admissions, emergency and outpatient visits for the ability to pay and/or determine eligibility for payment programs, including those offered through UCDH. Screened patients' financial information will be monitored as appropriate. Screened patients will be provided assistance in assessing patient eligibility for Medi-Cal or any other third party coverage.
- B. Patients without third party coverage will be financially screened for eligibility for state and federal governmental programs as well as charity care funding at the time of service or as near to the time of service as possible. If the patient does not indicate coverage by a third-party payer, or requests a discounted price or charity care, the patient should be provided with information on how to obtain an application for the Medi-Cal program, California Children's Services (CCS) or state funded governmental program before the patient leaves the hospital, emergency room or other outpatient setting. Request for Charity Care may be made at any point before, during, or up to 240 days from the first post-discharge billing statement after the provision of care. For non-urgent care patients are required to apply prior to receiving services. The approved Charity Care level may be effective for a period of up to three months.
- C. High Medical Cost patients with third party coverage will be screened by a Financial Counselor in the Admitting Department or Patient Financial Services to determine whether

they qualify as a High Medical Cost patient. Upon patient request for a charity care discount, the patient will be informed of the criteria to qualify as a High Medical Cost patient and the need to provide receipts if claiming services rendered at other providers in the past twelve months. It is the patient's decision as to whether they believe that they may be eligible for charity and wish to apply. However, the hospital must insure that all information pertaining to the Charity Care Discount Policy was provided to the patient.

- D. All potentially eligible patients must apply for assistance through State, County and other programs before charity care funds are considered. If denied, UC Davis Health must receive a copy of denial. Failure to comply with the application process or provide required documents can be considered in the determination. Willful failure by the patient to cooperate may result in UCDH's denial to provide financial assistance.
- E. The Patient Financial Information form (see Attachment 2) is used to determine a patient's ability to pay for services at UCDH and/or to determine a patient's possible eligibility for public assistance. This form will also be used for processing Clinical Teaching Support requests and for review of charity care funding.
- F. All uninsured patients will be offered an opportunity to complete a Patient Financial Information Form. The form is available in English and in languages as determined by UCDH's geographical area.
- G. The Charity Care Discount financial screening and means testing will be performed by Financial Counselors in the Admitting Department and Patient Financial Services. It is the patient's responsibility to cooperate with the information gathering process.
- H. Patient-specific information will be provided to the County and State in accordance with County and State guidelines for eligibility determinations.
- I. This policy applies to hospital inpatient, outpatient departments and UCDH Physicians. Physicians who provide medically necessary and emergency services at the hospital are covered by the FAP. UCDH maintains a list of physicians at <http://www.ucdmc.ucdavis.edu>.

## VII. ELIGIBILITY FOR 100% CHARITY CARE

- A. Patients who:
  - 1. Have family incomes at or below 200% FPL.
  - 2. Require emergent care.
  - 3. Reside in the UCDH's primary service area as defined in Attachment 4.
  - 4. Are uninsured, are ineligible for third party assistance or is a high medical cost patient will be extended a 100% charity care discount on services rendered.
  - 5. If unable to make contact with a patient, prior to being referred to an outside agency for collection, an Experian review will be completed. If the patient's financial status meets our department charity care criteria, a charity care discount may be extended.
- B. Means testing consists of a review of the patient's income and assets.
- C. The Patient Financial Information form should be completed for all patients requesting a charity care discount.
- D. Criteria and process to determine a patient's eligibility for a 100% charity care discount are as follows:
  - 1. Patient's Family income is verified not to exceed 200% of FPL with the most recent filed Federal tax return or recent paycheck stubs.

2. First \$10,000 of monetary assets (liquid assets) is excluded.
3. 50% of all monetary assets (liquid assets) above \$10,000 are excluded.
4. Retirement accounts and Internal Revenue Service (IRS)-defined deferred-compensation plans (both qualified and non-qualified) are not considered monetary assets and are excluded from consideration.
5. Assets above the statutorily excluded amounts will be considered exceeding allowable assets and may result in denial of charity care discounts.
6. High Medical Cost patients with third party coverage who are below 200% of the FPL with medical costs in excess of 10% of the patient's family annual income, and who have not received a discount as a result of third party coverage for the services to be billed, will be extended a 100% charity care discount on services rendered.
7. Patients who qualify for 100% charity care on the basis of high medical costs shall receive such charity care discount only if they do not otherwise receive a discount as a result of third party coverage for the services to be billed.
8. High Medical Cost patients will be evaluated monthly for eligibility determination, and their status will be valid for the current month or most current service month retroactive to twelve months of service.
9. Patient Financial Services may -- under unusual circumstances -- extend charity care to individuals who would not otherwise qualify for charity care under this policy. When such an award is made, the unusual circumstances justifying the award of charity care will be documented in writing and maintained in a segregated file in Patient Financial Services.

VIII. ELIGIBILITY FOR PARTIAL CHARITY CARE DISCOUNT FOR PATIENTS WITH NO THIRD PARTY COVERAGE

- A. Patients who have Patient's family incomes at or below 200% FPL – but who do not qualify for 100% charity care under Part VII of this Policy – will nonetheless qualify for a partial charity care discount so long as they are uninsured, are ineligible for third party assistance, or have high medical cost and reside in the UCDH's primary service area as defined in Attachment 4.
- B. Patients with no third party coverage with Patient's family income between 201% and 350% of FPL are eligible for a partial charity care discount.
- C. The Patient Financial Assistance form should be completed for all patients requesting a charity care discount.
- D. Patient's Family income will be verified with either the most recent filed Federal tax return or recent paycheck stubs.
- E. Once it is determined that a Patient's Family income is between 201% and 350% of the poverty level, monetary (assets that are readily convertible to cash, such as bank accounts and publicly traded stock) assets will be considered in the eligibility determination for a charity care discount.
- F. For patients with income between 201% and 350% of the poverty level, discounted payments will be calculated using the AGB Medicare Prospective method.

IX. ELIGIBILITY FOR PARTIAL CHARITY CARE DISCOUNT FOR HIGH MEDICAL COST PATIENTS WITH THIRD PARTY COVERAGE

- A. High Medical Cost patients with third party coverage whose Patient's Family incomes are between 201% and 350% of FPL are eligible for a partial charity care discount. High medical costs are 10% of annual family income paid for medical costs in the last twelve months.
- B. Patient is required to provide proof of payment of medical costs. Proof of payment may be verified.
- C. The Patient Financial Information form should be completed for all patients requesting a charity care discount. High Medical Cost patients need to be evaluated monthly to accurately account for medical cost for the last twelve (12) months.
- D. Patient's Family income will be verified with either the most recent filed Federal tax return or recent paycheck stubs to confirm that the Patient's Family income is between 201% and 350% of the FPL.
- E. Once it is determined that income is between 201% and 350% of the poverty level, no assets will be considered in the determination for a charity care discount. Eligibility will be based on the Patient's Family income qualification only.
- F. Discounted payments will be calculated using the AGB Medicare Prospective method.
- G. If a non-contracted third-party payer (who has not otherwise negotiated a discount off of UCDH standard rates) has paid an amount equal to or more than the maximum governmental program payment, and its emergency room physicians would consider the difference as a partial charity care discount, and write off the difference. If payment received is less than the maximum governmental program payment, UCDH can collect from the patient the difference between the third-party payment and the acceptable governmental program payment. However, this policy does not waive or alter any contractual provisions or rates negotiated by and between a Medical Center and a third party payer, and will not provide discounts to a non-contracted third party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.
- H. Patients are not eligible for a partial charity care discount if they have otherwise received discount as a result of third party coverage as in the case of a payer contracted with the hospital.
- I. A payment plan shall be negotiated by UCDH and the patient, and shall take into consideration the Patient's Family income and essential living expenses. If UCDH and the patient cannot agree on the payment plan, UCDH shall use the formula described in the definition of "Reasonable Payment," in section IV.J, above. Patients can be offered an extended payment plan. Extended payment plans will be interest-free. Standard payment plan length will be twelve (12) months. Longer payment plans can be provided on an exception basis.
- J. For patients with no third party coverage whose incomes are above 350% of the Federal Poverty Level or those that do not meet the discount criteria of this policy, please refer to the Cash Discount or Prompt Payment Policy.

## X. REVIEW PROCESS

Responsibility: Admitting/Registration and Patient Financial Services

- A. Requirements above will be reviewed and consistently applied throughout UCDH in making a determination on each patient case.
- B. Information collected in the Patient Financial Assistance form may be verified by UCDH. A waiver or release may be required authorizing the hospital to obtain account information from a financial or commercial institution or other entity that holds or maintains the monetary assets

to verify their value. The patient's signature on the Patient Financial Assistance form will certify that the information contained in the form is accurate and complete.

- C. Any patient, or patient's legal representative, who requests a charity care discount under this policy shall make every reasonable effort to provide the hospital with documentation of income and all health benefits coverage. Failure to provide information would result in denial of charity care discount.
- D. Eligibility will be determined based on Patient's Family income including monetary assets as outlined in Assembly Bill 774, Health & Safety Code Section 127400 et al, Hospital Fair Pricing Policy.
- E. The Patient Financial Information will be required each time the patient is admitted and is valid for the current admission plus any other outstanding patient liability at UCDH time of determination. The inpatient application can be used in the determination of charity care discount for outpatient services. The financial screening application for outpatient services is valid for three calendar months starting with the month of eligibility determination and any other patient financial liability at UCDH at the time of determination.
- F. Patients who are homeless or expire while admitted to UCDH and/or have care by its emergency room physicians and have no source of funding or responsible party or estate may be eligible for charity care even if a financial assistance application has not been completed. All such cases must be approved by the Admitting Director, Patient Financial Services Director or their designees.
- G. Patient will be notified in writing of approval or reason for denial of charity care eligibility in languages as determined by UCDH's geographical area pursuant to federal and state laws and regulations.
- H. Specific payment liability for partial charity care discounts will require the episode of care or treatment plan to be determined and priced to enable accuracy of federal healthcare program reimbursement reporting. For High Medical Cost patients with third party coverage, it may be necessary to wait until a payer has adjudicated the claim to determine patient financial liability.
- I. See Section XII for Appeals/Reporting Procedures

## XI. PATIENT BILLING AND COLLECTION PRACTICES

Responsibility: Patient Financial Services

- A. Patients who have not provided proof of coverage by a third party at or before care is provided will receive a statement of charges for services rendered at the hospital. Included in that statement will be a request to provide the hospital with health insurance or third party coverage information. An additional statement will be provided on the bill that informs the patient that if they do not have health insurance coverage, the patient may be eligible for Medi-Cal, California Children's Services or charity care.
- B. Patient's request can be communicated verbally or in writing and a Patient Financial Information Form will be given/mailed to patient/guarantor address. Written correspondence to the patient shall also be in the languages as determined by UCDH's geographical area pursuant to federal and state laws and regulations.
- C. If a patient is attempting to qualify for eligibility under the hospital's charity care policy, and is attempting in good faith to settle the outstanding bill, the hospital shall not send the unpaid bill to any collection agency or other assignee unless that entity has agreed to comply with this policy.
- D. Patients are required to report to UCDH any change in their financial information promptly.



- E. For financially eligible Charity Care patients, prior to commencing collection activities against a patient, the hospital and its agents will provide a notice containing a statement that non-profit credit counseling may be available, and containing a summary of the patient's rights.
- F. Bills that are not paid 120 days after the first post-discharge billing statement may be placed with a collection agency. The patient or the patient's guarantor can apply for help with their bill up to 240 days from the first post-discharge billing statement and/or any time during the collection process.
- G. It is the policy of UCDH to not engage in Extraordinary Collection Action (ECA). If in the future UCDH were to change its policy UCDH will comply with the guidelines under 501(r) that states the patient will receive a 30 day written notification of the ECAs UCDH intends to take.
- H. UCDH or its contracted collection agencies will undertake reasonable collection efforts to collect amounts due from patients. These efforts will include assistance with application for possible government program coverage, evaluation for charity care, offers of no-interest payment plans, and offers of discounts for prompt payment. Neither UCDH nor its contracted collection agencies will impose wage garnishments or liens on primary residences except as provided below. This requirement does not preclude UCDH from pursuing reimbursement from third party liability settlements or other legally responsible parties.
- I. Agencies that assist the hospital and may send a statement to the patient must sign a written agreement that it will adhere to the hospital's standards and scope of practices. The agency must also agree to:
  - 1. Not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing.
  - 2. Not use wage garnishments, except by order of the court upon noticed motion, supported by a declaration filed by the movant identifying the basis for which it believes that the patient has the ability to make payments on the judgment under the wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on the current condition of the patient and other obligations of the patient.
  - 3. Not place liens on primary residences.
  - 4. Adhere to all requirements as identified in AB774 (Health & Safety Code Section 127400 et seq).
  - 5. Adhere to all notification requirements of the 501(r)
- J. In the event that a patient is overcharged, the hospital shall reimburse the patient the overcharged amount with 7% annual interest (Article XV, Section 1 of the California Constitution) calculated from the date the patient made the overpayment.

## XII. APPEALS/REPORTING PROCEDURES

### Responsibility: Patient Financial Services

- A. In the event of a dispute or denial, a patient may seek review from the Customer Service Manager. The Assistant Director of Finance for Patient Financial Services will review a second level appeal.
- B. The charity care policy, Discount Payment policy, and Patient Financial Information form shall be provided to the Office of Statewide Health Planning and Development (OSHPD) at least biennially on January 1, or with significant revision. If no significant revision has been made by

UCDMC and its emergency room physicians since the policies and financial information form was previously provided, OSPHD will be notified that there has been no significant revision.

XIII. RESPONSIBILITY

Questions about the implementation of this policy should be directed to the Assistant Director of Finance, Patient Financial Services Administration at (916)-734-9172. Questions about Financial Assistance eligibility should be directed to the Financial Counseling Manager at (916) 734-9077 or the Customer Service Manager at (916) 734-9206.

UCDH reserves the right to make exceptions to this policy on a case by case basis.

XIV. REFERENCES

Patient Accounting Debt Collection Practices Policy

UCDMC P&P 1101, Emergency Medical Treatment and Active Labor Act (EMTALA)

UCDMC P&P 1885, Request for Hospital or Physician Discount

University of California Accounting Manual (H-576-60)

Federal Regulations (42 C.F.R. Section 440.255)

XV. Sent to the following for review:

Mitch Murri  
Professional Billing Operations and Compliance Work Group

## Financial Assistance Program Plain Language Summary

**Overview:** UC Davis Health strives to provide quality patient care and meet high standards for the communities we serve. This policy demonstrates UC Davis Health's commitment to our mission and vision by helping to meet the needs of low income, uninsured and underinsured patients in our community.

### UCDH Financial Assistance Program (Charity Care)

The Financial Assistance Program, also known as Charity Care, was designed to help meet the needs of low income, uninsured and the underinsured patients in our community.

**Eligible Services** – The Financial Assistance Program applies to emergency or other medically necessary healthcare services provided and billed by UC Davis Health. Services that are separately billed by other/non UC Davis Health providers are not eligible for consideration under the Financial Assistance Program.

**Determination of Eligibility** – Eligibility is determined based on review of a completed Financial Screening Form and supporting documents, including proof of income, assets and liabilities. Generally patients with family income at or below 200% of the Federal Poverty Level will be eligible for a discount of 100%. Patients with family income between 201% and 350% of the Federal Poverty Level may be eligible for a partial discount based on income level. If you receive financial assistance under our policy, you will not be charged more for emergency or other medically necessary care than the amount generally billed (AGB) to patients having Medicare coverage.

### How to Apply for our Financial Assistance Program

Completed Financial Assistance Application with all supporting documents can be hand-delivered or mailed.

Hand-delivery: Monday - Friday 8:30 a.m. to 4 p.m.

Financial Clearance Department  
2315 Stockton Blvd, Suite 1P214  
Sacramento, CA 95817

Patient Billing Customer Service Office  
4900 Broadway, Suite 2600  
Sacramento, CA 95820

### How to Obtain Copies of our Financial Assistance Program Policy and Application

You may obtain a copy of our Financial Assistance Policy and Application:

- On the UC Davis Health website at <http://www.ucdmc.ucdavis.edu/medicalcenter/patients/financial-assistance.html>
- In our Emergency Department, Financial Clearance Department (see address below), any UC Davis Health location where patient registration occurs and in our Patient Billing Customer Service Office (see address below).
- To request documents by mailed contact the Customer Service Office at 916-734-9200 or 1-800-551-9411 (Monday through Friday, 8:30 a.m. to 4:00 p.m.).

### Languages/Translations

The Financial Assistance Program Policy, the program application (called the "Patient Financial Information Form"), and Plain Language Summary of the program are available in English, Spanish, Hmong, Chinese, Lao and Russian upon request.

**PATIENT FINANCIAL INFORMATION**

Patient's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**SECTION I FAMILY/GUARANTOR INFORMATION**

Total Number in Family: \_\_\_\_\_

# of Dependents Under 21: \_\_\_\_\_

Name of Guarantor & Relationship to Patient: \_\_\_\_\_

Citizenship Status of Patient: \_\_\_\_\_

Section #: \_\_\_\_\_ Dates of Status: \_\_\_\_\_ Amnesty #: \_\_\_\_\_

Nursing Home Residents: Yes \_\_\_\_\_ No \_\_\_\_\_

Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

Pregnant: Yes \_\_\_\_\_ No \_\_\_\_\_

Legally Blind: Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Disability SSI/SSP \_\_\_\_\_

Application Pending: Yes \_\_\_\_\_ No \_\_\_\_\_

Victim of Crime: Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION II GROSS MONTHLY INCOME**

**EARNED INCOME (SALARY, WAGES, TIPS, ETC.)** AMOUNT  
Circle one or more  
Patient/Father ..... \$ \_\_\_\_\_  
Spouse/Mother/Other (Specify) ..... \$ \_\_\_\_\_

**UNEARNED INCOME**

Check all appropriate  
 Disability Income ..... \$ \_\_\_\_\_  
 Retirement ..... \$ \_\_\_\_\_  
 General Assistance ..... \$ \_\_\_\_\_  
 Other (circle all appropriate) ..... \$ \_\_\_\_\_

Unemployment Insurance                      Veterans Benefits  
Social Security                                      Workers' Compensation  
Child Support                                        Alimony  
Contributions                                        Interest  
Dividends    Income from Property

TOTAL INCOME ..... \$ \_\_\_\_\_

Are you supplied room & board by family/friends? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION III LIQUID ASSETS**

Checking Account Number: \_\_\_\_\_  
Bank/Credit Union Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Branch: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_  
Bank/Credit Union Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Branch: \_\_\_\_\_

Securities/Stocks/Bonds/Cash Value of Insurance/Tax Refund/etc.  
(Specify) ..... \$ \_\_\_\_\_

TOTAL LIQUID ASSETS: ..... \$ \_\_\_\_\_

**SECTION IV NON-LIQUID ASSETS**

All Vehicles Owned (Circle All Appropriate)

|                  | Make  | Year  | Amt Owed | Mo Pmt   | Value    |
|------------------|-------|-------|----------|----------|----------|
| 1st Car          | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| 2nd Car          | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| Truck/Motorcycle | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| Boat/Camper/RV   | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| Other            | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |

Total (exclude 1st vehicle) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Do you own or rent residence? Own \_\_\_\_\_ Rent \_\_\_\_\_

Do you own property other than residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Address/Location: \_\_\_\_\_ Value \$ \_\_\_\_\_ Amt Owed \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

Other Property \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Add total of vehicle value plus other property equity = TOTAL NON-LIQUID ASSETS \$ \_\_\_\_\_

**SECTION V MONTHLY EXPENSES**

|   | TOTAL AMOUNT DUE | MONTHLY PMT or EXPENSE |
|---|------------------|------------------------|
| Alimony and/or Child Support (if a child is not claimed as a dependent) ..... | \$ _____         | \$ _____               |
| Day Care Costs for Children (for working parents) .....                       | \$ _____         | \$ _____               |
| Cost of Health Insurance Premiums .....                                       | \$ _____         | \$ _____               |
| Work Expense (\$75 per working person) .....                                  | \$ _____         | \$ _____               |
| Subtotal Expenses .....   | \$ _____         | \$ _____               |

Total Vehicle Payments from Section IV ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Medical/Dental Expenses (including UCDCM) ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Charge Accounts/Loans/Credit Cards:  
Name: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Mastercard Limit \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Visa Limit \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Subtotal ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSES ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

PURPOSE: The purpose of this information is to determine your ability to pay for services at UCDCM or your possible eligibility for a medical assistance program. This information is NOT an application for Medi-Cal, Sacramento County Medically Indigent Services Program or any other county's assistance program. YOU MUST CONTACT THE DEPARTMENT OF SOCIAL SERVICES IN YOUR COUNTY OF RESIDENCE TO APPLY FOR ASSISTANCE PROGRAMS.

I certify the above information to be accurate and complete. I understand that the hospital reserves the right to verify all information supplied. I agree to notify the UCDCM Patient Billing Customer Service Department (916) 734-9200 of any change in my financial information within 10 days of the change. I UNDERSTAND THAT I AM STILL RESPONSIBLE FOR THE FULL AMOUNT OF MY CHARGES AT UCDCM.

Signature of Patient/Responsible Party

a e

Witness/Translator (Translator Disclaimer)

Hospital Representative

**2017 ANNUAL INCOME PERCENTAGE OF FEDERAL POVERTY LEVEL**

<https://aspe.hhs.gov/poverty-guidelines>

| Household Family Size | 100%         | 150%         | 200%          | 250%          | 300%          | 350%          | 400%          |
|-----------------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|
| 1                     | \$ 12,060.00 | \$ 18,090.00 | \$ 24,120.00  | \$ 30,150.00  | \$ 36,180.00  | \$ 42,210.00  | \$ 48,240.00  |
| 2                     | \$ 16,240.00 | \$ 24,360.00 | \$ 32,480.00  | \$ 40,600.00  | \$ 48,720.00  | \$ 56,840.00  | \$ 64,960.00  |
| 3                     | \$ 20,420.00 | \$ 30,630.00 | \$ 40,840.00  | \$ 51,050.00  | \$ 61,260.00  | \$ 71,470.00  | \$ 81,680.00  |
| 4                     | \$ 24,600.00 | \$ 36,900.00 | \$ 49,200.00  | \$ 61,500.00  | \$ 73,800.00  | \$ 86,100.00  | \$ 98,400.00  |
| 5                     | \$ 28,780.00 | \$ 43,170.00 | \$ 57,560.00  | \$ 71,950.00  | \$ 86,340.00  | \$ 100,730.00 | \$ 115,120.00 |
| 6                     | \$ 32,960.00 | \$ 49,440.00 | \$ 65,920.00  | \$ 82,400.00  | \$ 98,880.00  | \$ 115,360.00 | \$ 131,840.00 |
| 7                     | \$ 37,140.00 | \$ 55,710.00 | \$ 74,280.00  | \$ 92,850.00  | \$ 111,420.00 | \$ 129,990.00 | \$ 148,560.00 |
| 8                     | \$ 41,320.00 | \$ 61,980.00 | \$ 82,640.00  | \$ 103,300.00 | \$ 123,960.00 | \$ 144,620.00 | \$ 165,280.00 |
| 9                     | \$ 45,500.00 | \$ 68,250.00 | \$ 91,000.00  | \$ 113,750.00 | \$ 136,500.00 | \$ 159,250.00 | \$ 182,000.00 |
| 10                    | \$ 49,680.00 | \$ 74,520.00 | \$ 99,360.00  | \$ 124,200.00 | \$ 149,040.00 | \$ 173,880.00 | \$ 198,720.00 |
| 11                    | \$ 53,860.00 | \$ 80,790.00 | \$ 107,720.00 | \$ 134,650.00 | \$ 161,580.00 | \$ 188,510.00 | \$ 215,440.00 |
| 12                    | \$ 58,040.00 | \$ 87,060.00 | \$ 116,080.00 | \$ 145,100.00 | \$ 174,120.00 | \$ 203,140.00 | \$ 232,160.00 |

**2017 MONTHLY INCOME PERCENTAGE OF FEDERAL POVERTY LEVEL**

<https://aspe.hhs.gov/poverty-guidelines>

| Household Family Size | 100%        | 150%        | 200%        | 250%         | 300%         | 350%         | 400%         |
|-----------------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| 1                     | \$ 1,005.00 | \$ 1,507.50 | \$ 2,010.00 | \$ 2,512.50  | \$ 3,015.00  | \$ 3,517.50  | \$ 4,020.00  |
| 2                     | \$ 1,353.33 | \$ 2,030.00 | \$ 2,706.67 | \$ 3,383.33  | \$ 4,060.00  | \$ 4,736.67  | \$ 5,413.33  |
| 3                     | \$ 1,701.67 | \$ 2,552.50 | \$ 3,403.33 | \$ 4,254.17  | \$ 5,105.00  | \$ 5,955.83  | \$ 6,806.67  |
| 4                     | \$ 2,050.00 | \$ 3,075.00 | \$ 4,100.00 | \$ 5,125.00  | \$ 6,150.00  | \$ 7,175.00  | \$ 8,200.00  |
| 5                     | \$ 2,398.33 | \$ 3,597.50 | \$ 4,796.67 | \$ 5,995.83  | \$ 7,195.00  | \$ 8,394.17  | \$ 9,593.33  |
| 6                     | \$ 2,746.67 | \$ 4,120.00 | \$ 5,493.33 | \$ 6,866.67  | \$ 8,240.00  | \$ 9,613.33  | \$ 10,986.67 |
| 7                     | \$ 3,095.00 | \$ 4,642.50 | \$ 6,190.00 | \$ 7,737.50  | \$ 9,285.00  | \$ 10,832.50 | \$ 12,380.00 |
| 8                     | \$ 3,443.33 | \$ 5,165.00 | \$ 6,886.67 | \$ 8,608.33  | \$ 10,330.00 | \$ 12,051.67 | \$ 13,773.33 |
| 9                     | \$ 3,791.67 | \$ 5,687.50 | \$ 7,583.33 | \$ 9,479.17  | \$ 11,375.00 | \$ 13,270.83 | \$ 15,166.67 |
| 10                    | \$ 4,140.00 | \$ 6,210.00 | \$ 8,280.00 | \$ 10,350.00 | \$ 12,420.00 | \$ 14,490.00 | \$ 16,560.00 |
| 11                    | \$ 4,488.33 | \$ 6,732.50 | \$ 8,976.67 | \$ 11,220.83 | \$ 13,465.00 | \$ 15,709.17 | \$ 17,953.33 |
| 12                    | \$ 4,836.67 | \$ 7,255.00 | \$ 9,673.33 | \$ 12,091.67 | \$ 14,510.00 | \$ 16,928.33 | \$ 19,346.67 |

**UC DAVIS MEDICAL CENTER PRIMARY SERVICE AREA**

Sacramento County  
El Dorado County  
Placer County  
San Joaquin County  
Sutter County  
Yolo County  
Yuba County

**Medical Center Elective Unfunded Charity Care Approval Request**

-----Requesting Physician Section-----

Today's Date\_\_

Requesting Physician\_\_\_\_\_

Diagnosis \_\_\_\_\_

Procedure \_\_\_\_\_

(Please include all potential CPT codes)

Estimated length of stay \_\_\_\_\_

Has the patient been seen previously for this condition and if so where has the patient received evaluation/treatment? \_\_\_\_\_

\_\_\_\_\_

Was the patient referred to UC Davis?

\_\_\_\_\_

Will the patient require lifetime charity care for this specific condition? \_\_\_\_\_

Has the patient already had the service/procedure requested? \_\_\_\_\_

Has the patient met with Social Services to develop a plan for future care? \_\_\_\_\_

Is this treatment/procedure only performed by UCD? \_\_\_\_\_

Alternative Care Options (if applicable) \_\_\_\_\_

\_\_\_\_\_

Estimated Medical Center Charges \_\_\_\_\_ Cost \_\_\_\_\_

\_\_\_\_\_  
Clinical Approval

-----Medical Center Finance Department Section -----

Charity Care Budget Status \_\_\_\_\_

-----Medical Center CEO Section-----

Medical Center CEO:  Approved                       Denied

Additional Comments (if needed) \_\_\_\_\_

\_\_\_\_\_  
Medical Center CEO Signature