



## Financial Assistance Program Notification & Application

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

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

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

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

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

## Help Paying Your Bill

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

RRH is denied, you can contact the undersigned or the hospital's Revenue Cycle Administrator.

### **Hospital Bill Complaint Program**

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

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

Sincerely,

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

**RIDGECREST REGIONAL HOSPITAL**  
**Financial Assistance Application**  
1081 N. China Lake Blvd, Ridgecrest, Ca 93555

Account # \_\_\_\_\_  
Date \_\_\_\_\_

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

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

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

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

**Program Being Applied For:**

Charity Care ☐                      Discounted Care ☐                      Both ☐

**All information must be complete for consideration for financial assistance**

***Patient Information***

***Parent/Spouse/Guarantor Information***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Names \_\_\_\_\_

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

If unemployed, what is your source of income? \_\_\_\_\_  
**(This must be answered if source of income is zero)**

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

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

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

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

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

Questions: Call 760-499-3010



## **Plain Language Summary of Hospital Financial Assistance Policy**

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

### **Financial Assistance Guidelines**

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

### **Required Documentation**

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

- Completed and signed Financial Assistance application
- Two recent pay stubs

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

### **Program Qualifications**

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

### **Accessing/Applying for Financial Assistance**

- Copies of the Financial Assistance Policy and application are available on the hospital's website at <https://www.rrh.org/patients-visitors/billing/financial-assistance-program->

[policy](#). Copies of these documents are also available at all of Ridgecrest Regional Hospital registration sites.

- All documents are provided free of charge.
- To obtain copies of these documents in person or by mail, ask questions, receive assistance with completing a financial assistance application, or submit a completed financial assistance application, contact Ridgecrest Regional Hospital's business office through the following methods:
  - Phone: 760-499-3010
  - Mail or in person: 1081 N. China Lake Blvd., Ridgecrest, CA 93555

## **Help Paying Your Bill**

In addition to talking with our RRH staff, there are other organizations that can also assist you in understanding the billing and payment process, including the free consumer advocacy organization Health Consumer Alliance (<https://healthconsumer.org>), phone number 888-804-3536.

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

## **Languages**

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



### Financial Assistance Policy Sliding Scale

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



## Financial Assistance Policy Provider List

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

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

However, most physician professional services are not subject to the FAP and patients may receive separate bills from the physician for the physician's professional services.<sup>FN1</sup> Those physician services include:

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

Although a physician may elect to provide discounted or free care, the patient will need to contact the physician to inquire into the physician's policies.

The RRH Emergency Department physicians offer a separate charity care and discounted care policy that is in compliance with the laws applicable to Emergency Department physicians.

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

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

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



## Language Translation for Financial Assistance Program

### English

ATTENTION: If you need help in your language, please call (760) 499-3010 or visit *Financial Counselors Office*. The office is open 8:00 am to 4:00pm and located at 1081 N China Lake Blvd., Ridgecrest, California 93555. 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.

### 1.Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ

Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել (760) 499-3010 կամ այցելել *Financial Counselors Office*: Գրասենյակը բաց է 8:00 am to 4:00pm և գտնվում է 1081 N China Lake Blvd., Ridgecrest, California 93555: Առկա են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլյան փաստաթղթերը, մեծ տառատեսակները, ատդիո և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայություններն ԱՆՎՃԱՐ են

### 2.Chinese

注意：如果您需要使用您的母语获得帮助，请拨打(760) 499-3010或访问*Financial Counselors Office*。该办公室的开放时间为8:00 am to 4:00pm，位于1081 N China Lake Blvd., Ridgecrest, California 93555。我们还免费提供给残障人士的辅助服务和设施，例如盲文文件、大字体打印、音频以及其他可访问的电子格式文件。

### 3.Farsi

تماس بگیرید یا به (760) 499-3010 *Financial Counselors Office* توجه: اگر به زبان خود به کمک نیاز دارید، لطفاً با باز است و در 1081 N China Lake Blvd ,Ridgecrest ,California 93555 .am to 4:00pm .دفتر در 8:00 موقعیت دارد. کمک ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ درشت، صوت و سایر فرمت های الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان است.

### 4.Hindi

कृपया ध्यान दीजिये: यदि आपको अपनी भाषा में सहायता की ज़रूरत है तो, कृपया कॉल करें (760) 499-3010 या हमारे कार्यालय में पधारें *Financial Counselors Office* हमारा कार्यालय खुला है 8:00 am to 4:00pm और यह यहां स्थित है 1081 N China Lake Blvd., Ridgecrest, California 93555. शारीरिक रूप से अक्षम व्यक्तियों के लिए-ब्रेल लिपि में दस्तावेज, बड़े आकार के प्रिंट, ऑडियो और अन्य इलेक्ट्रॉनिक फ़ॉर्मेट, जिन तक उनकी आसानी से पहुंच हो, सहायता और सेवा के

रूप में उपलब्ध हैं। ये सभी सेवाएं निःशुल्क हैं।

## 5. Lu Mien

YAH SE MAM DIEN DIEN: If yah doh mei mah dien dien dien lep, jio mei (760) 499-3010 mo nha mo *Financial Counselors Office*. YAH SE MAM DIEN DIEN DIEN lep, reh mei 8:00 am to 4:00pm mui si mo mo la. Ki sien kieu mui mo 1081 N China Lake Blvd., Ridgecrest, California 93555. YAH poh ceng kiu ngo mui doh ngo mo documents in braille, large print, audio, giu kieu ngo poh ceng kieu mui mo lai. YAH se mam de lai.

## 6. Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ (760) 499-3010 ਜਾਂ *Financial Counselors Office*। ਦਫ਼ਤਰ 8:00 am to 4:00pm ਖੁੱਲ੍ਹਾ ਹੈ ਅਤੇ ਸਥਿਤ ਹੈ 1081 N China Lake Blvd., Ridgecrest, California 93555। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਦਸਤਾਵੇਜ਼ਾਂ ਵਿੱਚ ਬਰੇਲ, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

## 7. Tagalog

ATENSYON: Kung ikaw ay nangangailangan ng tulong sa iyong lenggwahe, maaring tumawag sa (760) 499-3010 o bumisita sa *Financial Counselors Office*. Ang opisina ay bukas 8:00 am to 4:00pm at matatagpuan sa 1081 N China Lake Blvd., Ridgecrest, California 93555. Mga tulong at serbisyo para sa mga may kapansanan, tulad ng mga dokumento sa braille, malaking printa, audio, at iba pang magagamit na mga elektronikong format ay meron din. Ang mga serbisyon ito ay libre.

## 8. Laotian ( ລາວ )

ຂໍ້ໃສ່ໃຈ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ກະລຸນາເຂົ້າຫາ (760) 499-3010 ຫຼື ໄປເຂົ້າໄປຍັງ *Financial Counselors Office*. ຫ້ອງການແມ່ນເປີດໃນ 8:00 am to 4:00pm ແລະ ຕັ້ງຢູ່ທີ່ 1081 N China Lake Blvd., Ridgecrest, California 93555. ການຊ່ວຍເຫຼືອ ແລະ ການໃຫ້ບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນວ່າເອກະສານໃນຕົວອັກສອນບູນ (Braille), ການພິມເປັນຂະໜາດໃຫຍ່, ສຽງ, ແລະ ຮູບແບບເອເລັກໂຕຣນິກຕ່າງໆທີ່ທ່ານສາມາດເຂົ້າເຖິງໄດ້. ການບໍລິການເຫຼົ່ານີ້ແມ່ນຈະບໍ່ເສຍຄ່າ.

## 9. Thai (ไทย)

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร (760) 499-3010 หรือไปยังที่ *Financial Counselors Office* สำนักงานเปิดทำการระหว่าง 8:00 am to 4:00pm และตั้งอยู่ที่ 1081 N China Lake Blvd., Ridgecrest, California 93555. ความช่วยเหลือ และ บริการสำหรับคนพิการ เช่น เอกสารเป็นอักษรเบรลล์ การพิมพ์ขนาดใหญ่เสียง และรูปแบบอิเล็กทรอนิกส์ที่คุณสามารถเข้าถึงได้, บริการเหล่านี้ฟรี.

## 10. Hmong (Hmoob)

CEEB TOOM: Yog tias koj xav tau kev pab hais txog koj hom lus, thov hu rau (760) 499-3010 los sis mus ntsib *Financial Counselors Office*. Lub chaw hauj lwm qhib. 8:00 am to 4:00pm thiab nyob ntawm 1081 N China Lake Blvd., Ridgecrest, California 93555 dua li ntawd lawm tseem muaj kev pab thiab cov kev pab cuam rau cov neeg muaj kev tsis taus, xws li cov ntaub ntawv ua hom ntawv rau neeg dig muag (Braille), luam ua tus ntawv loj, ua suab lus thiab lwm yam ntawv hauv tshuab siv hluav taws xob. Cov kev pab cuam no yog muab pab dawb xwb.

## 11. Cambodia (ខ្មែរ)

សូមយកចិត្តទុកដាក់ថា៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាសាមស័ង្កក សូមទូរស័ព្ទទៅកាន់ (760) 499-3010 ឬទៅកាន់ទីតាំងផ្ទាល់នៅ *Financial Counselors Office*។ ការិយាល័យបើក 8:00 am to 4:00pm ហើយមានទីតាំងនៅ 1081 N China Lake Blvd., Ridgecrest, California 93555។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្ទាប ការបោះពុម្ពធំ សំឡេងនិងទម្រង់អេឡិចត្រូនិកដែលអាចចូលប្រើបានផ្សេងទៀតក៏មានផងដែរ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

## 12. Vietnamese ( Tiếng Việt )

**LƯU Ý:** Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi (760) 499-3010 hoặc truy cập *Financial Counselors Office*. Văn phòng mở cửa 8:00 am to 4:00pm và tọa lạc tại 1081 N China Lake Blvd., Ridgecrest, California 93555. Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

## 13. Russian

**ВНИМАНИЕ:** Если вам нужна помощь на вашем языке, позвоните по телефону (760) 499-3010 или посетите *Financial Counselors Office*. Часы работы офиса 8:00 am to 4:00pm и он расположен по адресу 1081 N China Lake Blvd., Ridgecrest, California 93555. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, напечатанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

## 14. Ukrainian

**УВАГА:** якщо вам потрібна допомога вашою мовою, зателефонуйте (760) 499-3010 або відвідайте *Financial Counselors Office*. Офіс відкритий 8:00 am to 4:00pm і розташований за адресою 1081 N China Lake Blvd., Ridgecrest, California 93555. Також доступні засоби допомоги та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля, великим шрифтом, аудіо та інші доступні електронні формати. Ці послуги безкоштовні.

## 15. Spanish

**ATENCIÓN:** Si necesita ayuda en su idioma, llame al (760) 499-3010 o visite *Financial Counselors Office*. La oficina está abierta 8:00 am to 4:00pm y ubicada en 1081 N China Lake Blvd., Ridgecrest, California 93555. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

## 16. Japanese

**注意:** あなたの言語でサポートが必要な場合は、(760) 499-3010 に電話するか、*Financial Counselors Office* にアクセスしてください。オフィスの営業時間は

8:00 am to 4:00pm で営業しており、1081 N China Lake Blvd., Ridgecrest, California 93555 にございます。障害のある方向けの支援サービスには、点字・大きな活字・音声・その他のアクセス可能な電子形式の文書などがご利用いただけます。これらのサービスはすべて無料でご利用できます。

#### 17. Korean

주의: 귀하의 언어로 도움이 필요하시면 (760) 499-3010로 전화하거나 Financial Counselors Office로 방문하십시오. 사무실 업무 시간은 8:00 am to 4:00pm이며 1081 N China Lake Blvd., Ridgecrest, California 93555에 있습니다. 장애인을 위한 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

#### 18. Arabic

انتبه: إذا كنت بحاجة للمساعدة بلغتك (760) 499-3010 أو قم بزيارة Financial Counselors Office. المكتب يفتح أبوابه 8:00am to 4:00pm وموقع المكتب 1081 N China Lake Blvd Ridgecrest, California 93555. تتوفر المساعدة والخدمات للأشخاص من ذوي الاحتياجات الخاصة مثل الوثائق بلغة بريل للمكفوفين والوثائق المطبوعة بأحرف كبيرة والتسجيل الصوتي إضافة إلى غيرها من النماذج الإلكترونية الممكن الحصول عليها.