



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 individual cases and make a determination of financial assistance that may be offered prior to, during, or after services are provided. Upon verifying eligibility for financial assistance, RRH shall offer hospital inpatients and outpatients and clinic patients 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.

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 Health Consumer Alliance (<https://healthconsumer.org>).

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, or
- A copy of your most current W2

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

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 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 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. This document is available in the primary language(s) of the hospital's service area.