



### **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 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 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).
- Eligibility is determined after reviewing an applicant’s financial circumstances as discussed below.
- All alternative payer resources, including governmental payers (i.e. Medicare, Medi-Cal, etc.) must be exhausted prior to applying for RRH financial assistance under the RRH Financial Assistance Policy.

### **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 will be given to an individual or a family whose yearly gross income does not exceed 300% 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 100% of the federal poverty level or less qualifies for 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 line at <http://rrh.org/info-resources/#tab-1415596352-2-94>
- 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

### **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