



Policy Name: Charity Care Financial Assistance Policy		Policy #: HW#501
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Origination Date: 12/31/2007	Revised Date: 1/5/2018; 1/1/2023, 01/01/24, 01/01/2025	Effective Date: 01/01/2025

SUBJECT: Charity Care Policy

Purpose:

Pomona Valley Hospital Medical Center (PVHMC) serves all persons in the Pomona Valley and greater Inland Empire community. As a community hospital provider, Pomona Valley Hospital Medical Center strives to provide healthcare services within a high quality and customer service-oriented environment. Providing patients with opportunities for Charity Care financial assistance coverage for healthcare services is an essential element of fulfilling the Pomona Valley Hospital Medical Center mission. This policy defines the PVHMC Charity Care Financial Assistance Program including its criteria, systems, and methods.

Nonprofit acute care hospitals must comply with the California Hospital Fair Pricing Act (codified in California's Health & Safety Code Sections 127400 et seq.), and with Section 501(r) of the Internal Revenue Code requiring written policies providing discounts and Charity Care to financially qualified patients. This policy provides for Charity Care patients who financially qualify under the terms and conditions of the Pomona Valley Hospital Medical Center Charity Care Financial Assistance Program.

The Finance Department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure consistent timing, recording and accounting treatment of transactions at PVHMC. Patient Access and Business Office staff are responsible for assisting the patient with the Charity Care application as needed to include handling of patient accounting transactions in a manner that supports the mission and operational goals of Pomona Valley Hospital Medical Center. PVHMC's Board of Directors is responsible for approving this policy.

Policy:

It is the policy of Pomona Valley Hospital Medical Center to offer financial assistance to patients who are unable to pay their hospital bills due to a financial inability to pay. Designated management will review individual cases to determine a patient's eligibility for financial assistance and determine the discount for which the patient qualifies. All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with



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this policy. This policy will be applied to Charity Care applications approved on or after January 1, 2025.

Introduction

Pomona Valley Hospital Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. PVHMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and need help paying their hospital bill. These programs include state- and county-sponsored coverage programs, and Charity Care as defined herein. This policy focuses on Charity Care for which eligibility for financial assistance and qualification for a discount is determined solely by the patient's and/or patient's family's ability to pay.

The Hospital makes every effort to inform its patients of the Hospital's Charity Care Financial Assistance Programs. Specifically:

- Every registered patient receives a written notice of the Hospital's Charity Care Financial Assistance Policy written in plain language per IRC 501(r);
- Upon request, paper copies of the Charity Care Financial Assistance Policy, the Charity Care application form and the plain language summary of the Charity Care Financial Assistance Policy are made available free of charge. These documents are also available on the Hospital's website;
- Whenever possible, during the registration process, uninsured patients are screened for eligibility with government -sponsored programs and/or the Hospital's Charity Care Financial Assistance Program;
- Public notices are posted throughout the Hospital notifying the public of financial assistance for those who qualify (See "Reporting & Billing: Public Notice" within this policy for more information);
- Guarantor billing statements contain information to assist patients in obtaining government -sponsored coverage and/or Charity Care financial assistance provided by the Hospital (See "Reporting & Billing: Billing Statements" within this policy for more information);
- The hospital will provide patients with a referral to a local consumer assistance center housed in a legal services office;
- In an effort to widely publicize the Hospital's Charity Care Financial Assistance Policy, the Hospital has collaborated with several community clinics to provide Financial Assistance literature for clinic patients.



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This policy addresses the following:

Definitions
Charity Care Financial Assistance Eligibility Criteria
Charity Care Application Submission and Review Process
Reporting & Billing
General Provisions

DEFINITIONS

Essential living expenses: Expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child and spousal support, transportation and automobile expenses (including insurance, fuel and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.

Charity Care (Free Care): A discount representing 100% of a patient's liability. A full free discount is equivalent to 100% of billed charges when the patient is uninsured and equivalent to the patient's unmet deductible, coinsurance and/or copay when the patient is insured.

Out-of-pocket costs: An insured patient with "Out-of-pocket costs" means:

- A person whose family income does not exceed 400% of the federal poverty level if the individual does not receive a discounted rate from the hospital as a result of third-party coverage, and any of the following:
 - Annual out-of-pocket costs incurred by the individual at the hospital that exceed 10% of the patient's family income in the prior 12 months,
 - Annual out-of-pocket expenses that exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months
 - A lower level determined by the hospital in accordance with the hospital's Charity Care policy



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Income: The sum of all the wages, salaries, profits, interests payments, rents and other forms of earnings received by all members of a patient's family during a one year period of time. This includes gross receipts less cost of goods sold for self-employed family members.

Local Consumer Assistance Center: An agency designed to provide consumers with information about health care coverage and services. In California, the Health Consumer Alliance (HCA) was designated as the CCI/ Cal Mediconnect Ombuds program effective April 1, 2014. More information regarding HCA can be found at <http://healthconsumer.org>. Consumers may call 888-804-3536 for routing to the correct consumer center.

Necessary Services: Inpatient, outpatient or emergency medical care that is deemed medically necessary by a physician. Necessary services would not include purely elective services for patient comfort and/or convenience, including but not limited to a cosmetic lens implanted during cataract surgery.

Patient's Family Size: is dependent on the age of the patient as defined below -

1) For patients 18 years of age and older, the patient's family includes the patient's spouse, domestic partner and dependent children living at home

2) For patients under 18 years of age, the patient's family includes the patient's parent(s), caretaker relatives and other dependent children living at home

PROCEDURE FOR CHARITY CARE FINANCIAL ASSISTANCE

CHARITY CARE FINANCIAL ASSISTANCE ELIGIBILITY

Charity Care Financial assistance eligibility is based upon the patient's ability to pay as determined by the Patient's Family income relative to the current Federal Poverty Level.



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The primary eligibility categories are:

- Patient is uninsured AND Patient's Family Income is at or less than 400% of the Federal Poverty Level designated for the patient's family size
- Patient is insured AND Patient's Family Income is at or less than 400% of the Federal Poverty Level designated for the patient's family size AND patient meets the definition of a "Out-of-Pocket Cost" patient

The following conditions must also be satisfied:

- If the patient is insured, the patient's liability is NOT a Medicaid share of cost or unmet deductible, coinsurance and/or copay related to subsidized coverage provided through a Covered CA qualified health plan or similar plan;
- Patient does not qualify for other income-based/means test government-sponsored coverage;
 - A pending application for another health coverage program shall not preclude eligibility for financial assistance under this policy, however, final approval of financial assistance may be deferred until the pending application is processed and eligibility is determined
- Patient completes and submits a Financial Assistance Application.
- Patient submits all required and requested documents and responds to any questions that arise from the Charity Care Application.

CHARITY CARE FINANCIAL ASSISTANCE DISCOUNT QUALIFICATION CRITERIA

Once eligibility is established, the discounted amount and/or discounted balance is determined as defined in the following section of this policy depending upon:

- The Patient's eligibility category;
- The Patient's Family income;

Charity Care Criteria

The following chart summarizes the criteria that must be satisfied for a patient to qualify for full Charity Care:



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ELIGIBILITY CATEGORY	INCOME
Uninsured	<400% FPL
Insured with Out-of-pocket costs	<400% FPL

All patients who are eligible for Charity Care within this policy will receive full free when the patient's family income is at or less than 400% of the Federal Poverty Level. To qualify for this level of discount, the patient will apply for and submit the documentation required for Charity Care within this policy. Full Charity Care means the patient will not be financially responsible for any out-of-pocket costs.

Dates of Service included in Application

When the hospital determines that a patient qualifies for Charity Care Financial Assistance, that determination will apply to the specific services and service dates for which the patient or the patient's family representative submitted the application. In cases of continuing care relating to a patient diagnosis that requires ongoing, related services, the hospital will treat continuing care as a single case for which qualification applies to all related ongoing services provided by the hospital. Management may, based on its review, determine that other pre-existing patient account balances outstanding at the time of qualification may be eligible for write-off. Generally, a patient will re-apply for financial assistance eligibility at least every 180 days, but management has the discretion to not require further application(s) for subsequent services following an initial application approval.

Other Eligible Circumstances qualifying for Charity: Medi-Cal Payment Denials

PVHMC deems those patients that are eligible for government -sponsored low-income assistance programs (e.g. Medi-Cal/Medicaid, California Children's Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Charity Care Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP and CCS)), where the program does not make payment for all services or days during a hospital stay, are eligible for Charity Care coverage limited to the amount the payer denied instead of paid. Consistent with Medicare cost reporting guidance for the calculation of the Hospital's low income percentage for Medi-Cal DSH, non-covered services and all other denied services provided to eligible Medicaid beneficiaries will be reported as "Uncompensated Care" for cost reporting purposes without requiring a Charity Care application from each patient. Specifically included as Uncompensated Care are charges related to denied



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stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The patient is NOT eligible for financial assistance on Medi-Cal share of cost or a patient's subsidized or discounted out-of-pocket expenses determined by Covered California or any other state or federal government insurance exchange. A patient's unsubsidized out of pocket expense may qualify for a discount as defined within this policy.

Other Eligible Circumstances qualifying for Charity: Medicare Deductibles and Coinsurance Denials

Patients whose primary coverage is Medicare and secondary coverage is Medi-Cal are eligible for financial assistance and may qualify for full free. The qualifying amount for full free is limited to the Medicare coinsurance and deductible amounts unreimbursed by any other payer including Medi-Cal/Medicaid, and which is not reimbursed by Medicare as a bad debt, if:

- 1) The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or
- 2) The patient otherwise qualifies for Charity Care financial assistance under this policy and then only to the extent of the write-off provided for under this policy.

Other Eligible Circumstances qualifying for Charity: Reassignment from Bad Debt to Charity Care

Any account returned to the hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

Other Eligible Circumstances qualifying for Charity Care: Insured Patients Not Under Contract with the Hospital



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Negotiations with insurance carriers involving inferred contractual relationships, for insured patients not under contract with PVHMC will be conducted by executive leadership at PVMHC. Although PVHMC may agree to the terms of the negotiations with insurance companies, an inferred contractual relationship is not representative of a patient “under contract” with PVHMC.

Per Medicare cost report instructions updated under [Transmittal 18](#) PVMHC may record the portion of total charges, for patients with coverage from an entity/insurer that has an inferred contractual relationship, or does not have a contractual or inferred contractual relationship with PVHMC, as patient financial assistance.

Other Eligible Circumstances qualifying for Charity Care: Non-Covered/Denied Charges

Any unreimbursed charges from non-covered or denied services from any payer, such as charges for days beyond a length-of-stay limit, exhausted benefits, and balance from restricted coverage, Medicaid-pending accounts, and payer denials are considered a form of patient financial assistance at PVHMC. Charges related to these denials/non-covered amounts written off during the fiscal year are reported as uncompensated care.

Criteria for Re-Assignment from Bad Debt to Charity Care:

All outside collection agencies contracted with PVHMC to perform account follow-up and/or bad debt collection will utilize the following criteria to identify a status change from bad debt to Charity Care:

- 1) Patient accounts must have no applicable insurance (including governmental coverage programs or other third party payers);
- 2) The patient or family representative has not made payment within 150 days of assignment to the collection agency.
- 3) The patient’s credit & behavior score is within the lowest 25th percentile as of November 2007, PVHMC’s secondary agency has determined the credit and behavior score representing the lowest 25th percentile is 547 or lower as reported by Transunion;);
- 4) The collection agency has determined that the patient/family representative is unable to pay; and/or



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5) The patient or family representative does not have a valid Social Security Number and/or an accurately stated residence address to determine a credit score

Discount Payment

A patient is not eligible for Charity Care when the patient's family income is greater than 400% of the established Federal Poverty Level. To understand what discounts may be available to patients whose family income is greater than 400% of the established Federal Poverty Level, please refer to the Discount Payment Policy

Collection Efforts

Prior to authorizing any extraordinary collections activities, the Hospital will ensure a Financial Assistance Application is mailed to the guarantor's current address on file allowing the guarantor no less than 30 days to respond or inform the business office of the interest to pursue financial assistance. The Director of Patient Financial Services will ensure all reasonable efforts are taken to determine if a patient is eligible for financial assistance under this policy before engaging in Extraordinary Collection Activities. All collection efforts will be suspended while a guarantor is actively participating in the Financial Assistance Application process. For further information on the hospitals Collection Policy, refer to Credit & Collections Policy #BS103.

Access to Healthcare During a Public Health Emergency

An Access to Healthcare Crisis must be proclaimed by hospital leadership and approved by the Board of Directors and attached to this Charity Care financial assistance document as an addendum. An Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate healthcare needs of PVHMC community during the Access to Healthcare Crisis. During an Access to Healthcare Crisis PVHMC may "flex" its Charity Care financial assistance policy to meet the needs of the community in crisis. These changes will be included in the Charity Care financial assistance policy as included as an addendum. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy (as hospital leadership may not be able to react quickly enough to update policy language in order to meet



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more pressing needs during the Access to Healthcare Crisis)

CHARITY CARE APPLICATION SUBMISSION & REVIEW PROCESS

Single, Unified Application

The Charity Care application provides patient information necessary for determining patient qualifications and such information will be used to qualify the patient or family representative for maximum coverage under the PVHMC Charity Care Financial Assistance Program. The Charity Care application should be completed as soon as there is an indication that the patient may be in need of Charity Care. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of the free application. Financial counselors, eligibility services liaisons and/or patient account representatives are available to provide guidance over the phone or meet in person.

The application will cover all outstanding guarantor balances at the time the application is completed. Patients may be required to re-apply for Charity Care financial assistance at least every 180 days.

Required Documentation

Eligible patients may qualify for the PVHMC Charity Care Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the PVHMC Charity Care Financial Assistance Program. To determine eligibility and to maximize the qualifying assistance, the following documentation is required when applicable:

- 1) Completed & signed financial assistance application;
- 2) Current pay stubs from the last two pay periods or if self-employed, current year-to-date profit & loss statement to determine current income;
- 3) Award letters for social security, SSI, Disability, Unemployment, General Relief, Alimony, etc.;
- 4) Last calendar year's filed tax return with all required schedules to determine income.



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Completion of a Charity Care application provides:

- Information necessary for the hospital to determine if the patient has sufficient income to pay for services;
- Documentation useful in determining qualification for financial assistance; and
- An audit trail documenting the hospital's commitment to providing Charity Care

The Hospital may require waivers or releases from the patient or the patient's family authorizing the hospital to obtain account information from financial or commercial institutions or other entities including but not limited to credit reporting entities that hold or maintain the monetary assets, in an attempt to verify information the patient has provided on the Charity Care application. Information obtained pursuant to this paragraph regarding assets of the patient or the patient's family shall not be used for collection activities.

Reasons for Denial of Assistance

The PVHMC Charity Care Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full Charity Care. Charity Care may be denied for failure to submit applicable required documentation.

The hospital may deny financial assistance for reasons including, but not limited to, the following:

- 1) Patient is not eligible for Charity Care based on amount of income plus monetary assets;
- 2) Patient is uncooperative or unresponsive, preventing the Hospital from determining Charity Care eligibility and qualification;
- 3) Service provided to a Charity Care patient is not considered medically necessary;
- 4) Application is incomplete;
- 5) Patient's balance results from withholding from the Hospital an insurance payment;
- 6) Patient's balance after insurance pays does not meet the definition of high medical cost;
- 7) Assistance was requested on a service provided more than 180 days after the most recent request for assistance was approved.; and
- 8) Patient's liability is a Medicaid share of cost or out-of-pocket expense related to means tested and/or income-based coverage such as a subsidized Covered CA qualified health plan.

The Charity Care application should be completed as soon as there is an indication the patient may be in need of Charity Care. The application form may be completed prior to service, during a



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patient stay, or after services are completed and the patient has been discharged.

Approval Process

The patient or patient's representative shall submit the Charity Care application and required supplemental documents to the Patient Financial Services department at PVHMC. The Patient Financial Services department's contact information shall be clearly identified in the application instructions.

PVHMC will provide personnel who have been trained to review Charity Care applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response. Upon receipt of a completed free care application, assigned staff in the business office will prepare a "Request for Consideration of Uncompensated Care (Free)" attaching all supporting documentation as defined within this policy and submit to an applicable manager based upon the amount of the discount requested as defined below. For the circumstances defined below which do NOT require submission of a financial assistance application, the staff will prepare a "Request for Consideration of Uncompensated Care (Free)" clearly noting the reason an application was NOT prepared and attaching a credit report if a valid social security number is available.

Charity care financial assistance determination will be made only by approved hospital management personnel according to the eligibility criteria specific to the patient and the amount of financial assistance requested. Financial assistance shall not be provided on a discriminatory or arbitrary basis. The hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for Charity Care.

The Hospital's designee authorized to approve financial assistance applications is based on the amount of the financial assistance requested; larger discounts require a higher level of approval as indicated below:

- Discounts less than \$25,000: Director of Patient Financial Services or the Director of Patient Access
- Discounts greater than \$25,000: Chief Financial Officer

The Hospital reserves the right to reverse Charity Care adjustments and pursue appropriate



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reimbursement or collections. This may occur as a result of a variety of reasons, such as newly discovered information such as insurance coverage or pursuit of a personal injury claim related to the services in question.

Application Exceptions

A completed Charity Care application may not be required in certain circumstances. These circumstances are limited to situations when PVHMC determines it has sufficient patient financial information from which to make a Charity Care eligibility and qualification decision. Examples of circumstances not requiring a Charity Care application include, but are not necessarily limited to:

- 1) Patient is homeless;
- 2) Patient is a resident at a shelter including but not limited to Prototypes and The American Recovery Center;
- 3) Patient's address is the address for the Department of Public Social Services (DPSS) 2040 Holt Ave Pomona;
- 4) Patient is unknown;
- 5) Patient is receiving General Relief, Cal WORKS or Cal Fresh (documentation required);
- 6) Patient qualified for Medi-Cal without a share of cost (SOC) during a portion of the confinement or subsequent to their discharge/visit (proof of eligibility required); or
- 7) Non-covered and/or denied services provided to Medi-Cal eligible patients;
- 8) A patient's balance after VOVC pays;
- 9) Patient's qualifying for Susan G. Komen funding; the grant from Susan G. Komen will be recorded as Non-operating revenue (904050)
- 10) Unpaid or denied claims from out-of-state Medicaid plan
- 11) Patient is deceased with limited assets or unidentifiable assets
- 12) Patient's debt is legally discharged as a result of a bankruptcy
- 13) Patient's credit score is considered poor when the score is not greater than 647
- 14) Patient is incarcerated
- 15) Patient expresses economic hardship, or inability to continue making payments for a previously arranged payment plan;
- 16) Patient expresses being misquoted for price of non-emergent services – the difference between amount due and previously quoted price

Appeal Process

In the event that a patient disagrees with the hospital's determination regarding qualification, the



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patient may file a written appeal for reconsideration with the hospital as follows:

The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.

Any or all appeals will be reviewed by the hospital Director of Patient Financial Services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination.

In the event that the patient believes a dispute remains after consideration of the appeal by the Director of Patient Accounting, the patient may request in writing, a review by the Chief Financial Officer. The Chief Financial Officer shall review the patient's written appeal and documentation, as well as the findings of the Director of Patient Financial Services. The Chief Financial Officer shall make a determination and provide a written explanation of findings to the patient. All determinations by the Chief Financial Officer shall be final. There are no further appeals.

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.

EMERGENCY PHYSICIANS BILL SEPARATELY & ARE ALSO REQUIRED TO PROVIDE DISCOUNTS TO CERTAIN PATIENTS

Physicians providing emergency services in the hospital are required to provide discounts to uninsured and high medical cost patients whose incomes are at or below 400 percent of the Federal Poverty Level.

The discounts by physicians providing emergency services in the hospital are not included in the Hospital's Charity Care Financial Assistance Policy. These discounts are administered independently by the physician, physician's medical group and/or the physician billing agency, See Addendum A for a complete list of emergency providers.



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REPORTING AND BILLING:

Billing Statements

Consistent with Health and Safety Code Section 127420, the Hospital will include the following clear and conspicuous information on a patient's bill:

- (1) A statement of charges for services rendered by the hospital.
- (2) A request that the patient inform the hospital if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
- (3) A statement that if the consumer does not have health insurance coverage, the consumer may be eligible for coverage offered through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or Charity Care.
- (4) A statement indicating how patients may obtain an application for the Medi-Cal program, coverage offered through the California Health Benefit Exchange, or other state- or county-funded health coverage programs and that the hospital will provide these applications. If the patient does not indicate coverage by a third-party payer or requests a discounted price or Charity Care, then the hospital shall provide an application for the Medi-Cal program, or other state- or county-funded programs to the patient. This application shall be provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care. The hospital shall also provide patients with a referral to a local consumer assistance center housed at legal services offices.
- (5) Information regarding the financially qualified patient and Charity Care application, including the following:
 - (A) A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain low- and moderate-income requirements, the patient may qualify for discount payment or Charity Care.
 - (B) The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's any charge for care that is reduced but not free and Charity Care policies, and how to apply for that assistance.
 - (C) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a hospital Charity Care or any charge for care that is reduced but not free program, neither application shall preclude eligibility for the other program.



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Public Notice

PVHMC shall post notices informing the public of the Charity Care and Any charge for care that is reduced but not free Financial Assistance Programs. Such notices shall be posted in high volume inpatient, areas and in outpatient service areas of the hospital, including but not limited to the emergency department, inpatient admission and outpatient registration areas, or other common patient waiting areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on Charity Care and Any charge for care that is reduced but not free programs as well as where to apply for such assistance.

These notices shall be posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. The notice is 11X20 with the following information:

- Help Paying Your Bill
- How to apply
- Hospital Bill Compliant Program
- More Help

Access to the Charity Care Financial Assistance Policy

A copy of this Charity Care Financial Assistance Policy and a plain language summary is available on the Hospital's website. A hard copy of the policy will be made available to the public upon request at the Hospital's main campus or by mail.

HCAI Reporting

PVHMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with the applicable requirement, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.



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In compliance with HCAI adopted regulations approved by the Office of Administrative Law on August 8, 2007 (Title 22, Sections 96040-96050), the Director of Patient Financial Services will submit an electronic copy of its any charge for care that is reduced but not free and Charity Care policies, eligibility procedures and review process (as defined and documented in one, comprehensive Financial Assistance Program Policy) and its Charity Care application form to OSHPD at least every other year by January 1 beginning January 1, 2008, or whenever a significant change to the policy is made.

GENERAL PROVISIONS:

Equal Opportunity

The Hospital is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

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.

Language Assistance

If you need an accessible alternate format for the above material or if you need to speak another language, please contact Customer Service at 909-865-9100 and they can offer you an alternative format or connect you with our Interpreter Services for further assistance.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values. The Charity Care documentation will not be reviewed or accessed by staff involved in collection activities.

Good Faith

PVHMC makes arrangements for Charity Care financial assistance for qualified patients in good



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faith and relies on the fact that information presented by the patient or family representative is complete and accurate.

Provision of Charity Care financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, PVHMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify for the PVHMC Charity Care Financial Assistance Program.



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**Pomona Valley Hospital Medical Center
Financial Assistance Policy - Addendum A
List of Emergency Room Providers
Updated: January 1, 2023**

HOSPITAL BASED PHYSICIAN GROUP	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Allied Anesthesia	Allied Anesthesia	Anesthesia
Asia Pacific Comprehensive Stroke Network	Asia Pacific Comprehensive Stroke Network	Interventional Neurology
CEP America- California (Vituity)	CEP America- California	Emergency Medicine
Chaparral Medical Group	Chaparral Medical Group	Cardiac Surgery
Children's Hospital of Orange County	CHOC Children's Specialists	NICU
Children's Hospital of Orange County	CHOC Children's Specialists	Pediatrics
Hospitalist Corporation Of The Inland Empire	Hospitalist Corporation Of The Inland Empire	Hospitalist
Inland Neurosurgery Institute	Inland Neurosurgery Institute	Pediatric Neurosurgery
Institute of Trauma and Acute Care	Institute of Trauma and Acute Care	Trauma Surgery
Pomona Valley Imaging Medical Group	Pomona Valley Imaging Medical Group	Radiology
Premier Orthopaedic Trauma Specialist, PMC	Premier Orthopaedic Trauma Specialist, PMC	Orthopedic
PVCH Clinical Laboratory Medical	PVCH Clinical Laboratory Medical Group, Inc.	Pathology



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Group		
San Gabriel Valley Perinatal Medical Group	San Gabriel Valley Perinatal Medical Group	In House Obstetrics



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ED CALL- PHYSICIAN FIRST NAME	ED CALL- PHYSICIAN LAST NAME	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Lubna	Shakir	Shakir Lubna	Back Up OB
Maggie	Pham	Maggie Pham DO PC	Back Up OB
Janelle	Warmington	San Gabriel Valley Perinatal Medical Group	Back Up OB
Darryl	Rodriguez	San Gabriel Valley Perinatal Medical Group	Back Up OB
Anas	Elias	Anas Elias MD Inc. - Best Care OB/GYN	Back Up OB
Anela	Puljic	Anela Puljic	Back Up OB
Stephanie	Cropper	Bonita Obstetrics & Gynecology- Stephanie Cropper	Back Up OB
Urvashi	Sura	Urvashi Sura	Back Up OB
Simmi	Dhaliwal	Femcare Medical Associates of Inland Valley, Inc.- Simmi Dhaliwal	Back Up OB
Mohamed	Elsharkawy	Mohamed Elsharkawy	Back Up OB
Geeta	Patel	Geeta Patel	Back Up OB



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Nitanth	Vangala	Chaparral Medical Group	Cardiology
Muthiah	Muthusamy	Muthusamy Muthiah	Cardiology
ED CALL- PHYSICIAN FIRST NAME	ED CALL- PHYSICIAN LAST NAME	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Bhavi	Pandya	Pandya Bhavi	Cardiology
Guarav	Parikh	Chaparral Medical Group	Cardiology
Krishna	Pulumati	Krishna Pulumati	Cardiology
Sam	Arasoghli	Sam Arasoghli	ENT
Stuart	McCarthy	Stuart McCarthy	ENT
Clara	Olcott	Clara Olcott	ENT
Natee	Poopat	Natee Poopat	ENT
Sadiq	Altamimi	The Neurology Group- Sadiq Altamimi	ER Stroke
Sayed	Jafri	The Neurology Group- Jafri Sayed	ER Stroke
Mukhtair	Kundi	Mukhtair Kundi	ER Stroke
Kelvin	Ma	The Neurology Group- Kelvin Ma	ER Stroke



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Adeel	Popalzai	Adeel Popalzai	ER Stroke
Faisal	Qazi	Faisal Qazi	ER Stroke
Diana	Rahman	The Neurology Group- Diana Rahman	ER Stroke
ED CALL- PHYSICIAN FIRST NAME	ED CALL- PHYSICIAN LAST NAME	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Hussein	Abidali	Hussein Abidali	Gasteronology
Mohammed	Elbatta	Mohammad Elbatta	Gasteronology
Kenneth	Lee	Kenneth W. Lee M.D. & Assoc. Inc.	Gasteronology
Krishan	Malhotra	Krishan Malhotra	Gasteronology
Nishcita	Merla	Realm Healthcare	Gasteronology
Bhavesk kumar	Patel	Bavesh Kumar Patel	Gasteronology
Sudhir	Reddy	Sudhir Reddy	Gasteronology
Jason	Shin	Jason Shin	Gasteronology
Maher	Tama	Maher Tama	Gasteronology
Autar	Wali	Institute of Trauma & Acute Care	General Surgery



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Gabriel	Estremera	Institute of Trauma & Acute Care	General Surgery
Danielle	Dabbs	Institute of Trauma & Acute Care	General Surgery
Michael	Jimenez	Institute of Trauma & Acute Care	General Surgery
Sivaprasad	Mullangi	Institute of Trauma & Acute Care	General Surgery
ED CALL- PHYSICIAN FIRST NAME	ED CALL- PHYSICIAN LAST NAME	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Rudy	Murillo	Institute of Trauma & Acute Care	General Surgery
Vinod	Garg	Institute of Trauma & Acute Care	General Surgery
Hugh	Chung	Institute of Trauma & Acute Care	General Surgery
Peter	Pak	Institute of Trauma & Acute Care	General Surgery
Onaona	Gurney	Institute of Trauma & Acute Care	General Surgery
Michael	Bolaris	Inland Valley Infectious Diseases Medical Group	Infectious Disease
Vinod	Dhawan	Inland Valley Infectious Diseases Medical Group	Infectious Disease
Caroline	Koan	Inland Valley Infectious Diseases Medical Group	Infectious Disease



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Ossama	Maloule	Inland Valley Infectious Diseases Medical Group	Infectious Disease
John	Mourani	Inland Valley Infectious Diseases Medical Group	Infectious Disease
Ye Min	Oo	Inland Valley Infectious Diseases Medical Group	Infectious Disease
Kanokrat	Suksompoth	Inland Valley Infectious Diseases Medical Group	Infectious Disease
Khader	Abounasr	Chaparral Medical Group	Intensivist
Heather	Davis	Chaparral Medical Group	Intensivist
ED CALL-PHYSICIAN FIRST NAME	ED CALL-PHYSICIAN LAST NAME	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Nadir	Eltahir	Chaparral Medical Group	Intensivist
Anthony	Gan	Chaparral Medical Group	Intensivist
Joseph	Gordon	Chaparral Medical Group	Intensivist
Derrick	Raptis	Chaparral Medical Group	Intensivist
Rakesh	Sinha	Chaparral Medical Group	Intensivist
Nate	Soriano	Chaparral Medical Group	Intensivist



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Benjamin	Ball	Inland Neurosurgery Institute	Neurosurgery
Donald	Ye	Inland Neurosurgery Institute	Neurosurgery
Srinath	Samudarala	Srinath Samudrala	Neurosurgery
Yvette	Marquez	Yvette Marquez	Neurosurgery
Ramin	Amirnovin	Inland Neurosurgery Institute	Neurosurgery
Aaron	Cutler	Inland Neurosurgery Institute	Neurosurgery
Lew	Disney	Inland Neurosurgery Institute	Neurosurgery
Siraj	Gibani	Inland Neurosurgery Institute	Neurosurgery
ED CALL-PHYSICIAN FIRST NAME	ED CALL-PHYSICIAN LAST NAME	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Richard	Young	Inland Neurosurgery Institute	Neurosurgery
Kevin	Waldron	Chaparral Medical Group	Neurosurgery
Benjamin	Ball	Inland Neurosurgery Institute	Neuro-Vascular
Donald	Ye	Inland Neurosurgery Institute	Neuro-Vascular
Srinath	Samudarala	Srinath Samudrala	Neuro-Vascular



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Yvette	Marquez	Yvette Marquez	Neuro-Vascular
Ramin	Amirnovin	Inland Neurosurgery Institute	Neuro-Vascular
Aaron	Cutler	Inland Neurosurgery Institute	Neuro-Vascular
Lew	Disney	Inland Neurosurgery Institute	Neuro-Vascular
Siraj	Gibani	Inland Neurosurgery Institute	Neuro-Vascular
Richard	Young	Inland Neurosurgery Institute	Neuro-Vascular
Kevin	Waldron	Chaparral Medical Group	Neuro-Vascular
Nitanth	Vangala	Chaparral Medical Group	Non Interventional Cardiology
Muthiah	Muthusamy	Muthusamy Muthiah	Non Interventional Cardiology
ED CALL-PHYSICIAN FIRST NAME	ED CALL-PHYSICIAN LAST NAME	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Bhavi	Pandya	Bhavi Pandya	Non Interventional Cardiology
Guarav	Parikh	Chaparral Medical Group	Non Interventional Cardiology
Krishna	Pulumati	Krishna Pulumati	Non Interventional Cardiology
Ayaz	Khan	Ayaz Khan	Ophthalmology



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Mark	Barak	Mark Barak	Ophthalmology
Anshul	Varshney	Anshul Varshney	Ophthalmology
Lance	Siegel	Lance Siegel	Ophthalmology (Peds)
Nirav	Amin	Premier Orthopaedic Trauma Specialist, PMC	Orthopedics
Afshin	Arianjam	Premier Orthopaedic Trauma Specialist, PMC	Orthopedics
Peter	Hahn	Premier Orthopaedic Trauma Specialist, PMC	Orthopedics
Kenneth	Jahng	Premier Orthopaedic Trauma Specialist, PMC	Orthopedics
Connor	Larose	Premier Orthopaedic Trauma Specialist, PMC	Orthopedics
Ahmadi	Shahyar	Premier Orthopaedic Trauma Specialist, PMC	Orthopedics
Kalpesh	Bhavsar	Premier Orthopaedic Trauma Specialist, PMC	Psychiatry
ED CALL- PHYSICIAN FIRST NAME	ED CALL- PHYSICIAN LAST NAME	MADE PAYABLE TO (BILLING AGENT)	SPECIALTY
Michael	Consolo	Michael Consolo	Urology



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Adam	Hickerson	Adam Hickerson	Urology
Issac	Kelly	Issac Kelly	Urology
Aaron	Nguyen	Aaron Nguyen	Urology
Elmer	Pineda	Elmer Pineda	Urology
Christopher	Tsai	Christopher Tsai	Urology
Jerry	Kim	Jerry Kim	Vascular Surgery
Vinod	Garg	Vinod Garg	Vascular Surgery
Nicholas	Saguan	Nicholas Saguan	Vascular Surgery