LONG BEACH MEDICAL CENTER
FINANCIAL AID & CHARITY CARE
POLICY & PROCEDURE
MANUAL
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**LONG BEACH MEDICAL CENTER FINANCIAL AID & CHARITY CARE POLICY AND PROCEDURE MANUAL**

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SECTION I:

INTRODUCTION

(To be given out to patients)
Interested in Medical Assistance?

WE WOULD LIKE

$ TO HELP YOU! $

1. Would you like to apply for medical assistance, “Medicaid?”

2. Would you like to check if you qualify for assistance based on ability to pay?
   If you have answered yes to either of the above questions and would like more information regarding Long Beach Medical Center’s Charity Care policy and Medicaid assistance, please complete this questionnaire and give it to the Registrar or call the Patient Accounts Coordinator at (516) 897-1030.

________________________________________________________
Patient’s Name

_______________________________________________________
Parent/Guardian’s Name

_______________________________________________________
Patient’s Social Security Number

_______________________________________________________
Patient’s Account Number

Patient’s Age:__________

Date of Birth:_____________________

Address:______________________________________

City:_________________________ State:______ Zip Code:________________

Phone Number: (____) _____-____________

Date of Visit_________________________________
FINANCIAL ASSISTANCE/CHARITY CARE PROCESS

Dear Patient:

Long Beach Medical Center is a not for profit organization that recognizes that its mission is to render medical care to all persons in need of medical care, regardless of their ability to pay, and that it may not discriminate against a patient because of the source of payment for their services.

To assist patients who are unable to pay either their hospital bill or a portion of their hospital bill, the Medical Center has several employees who are available to assist in reviewing individual situations to determine if the patient qualifies for government assistance, qualifies to establish a payment plan (typically over a twelve month period), or is eligible for Charity Care.

We urge you to arrange a time to meet with our Patient Accounts Coordinator. Just call (516) 897-1030, or stop by the Patient Accounts Department, located at 249 E. Park Ave in Long Beach, during normal business hours (9:00a.m.- 5:00p.m.), or we recommend you speak to the staff at the department where you seek care. In preparation for your meeting with one of our Financial Counselors, or even if you cannot come to the hospital for this meeting, please fill out the enclosed financial information form (Application for Financial Assistance) and return it to us as quickly as possible.

This will allow us to begin finding the most appropriate way to help you gain assistance for your hospital bill. If you would like more information about Long Beach Medical Center’s policy of providing charity care to patients when the patient’s financial and time condition warrants such treatment for the need of medical care regardless of their ability to pay, please read the enclosed information: “Long Beach Medical Center’s Charity Care and Financial Assistance Process.”

At Long Beach Medical Center, we strive to provide our patients with the finest staff and medical technology available. By maintaining a balance between quality, access, and cost, we are able to fulfill our mission of improving the health of the people in our community. By filling out and returning the enclosed form, you can assist us in our efforts to provide top quality care to everyone who comes through our doors.

Sincerely,

Barry Stern
Chief Financial Officer
LONG BEACH MEDICAL CENTER’S CHARITY CARE AND FINANCIAL ASSISTANCE PROCESS

The process to apply for charity care from Long Beach Medical Center is as easy as A-B-C:

As part of our non-profit mission, Long Beach Medical Center provides charity care to patients who are unable to afford to pay for medically necessary, basic hospital care. Please contact our Patient Accounts Coordinator in our Patient Accounts Department or the staff in the department where you seek your care for information about the options available to help with your hospital bill. Confidential information and assistance, including language translation services, are available with advance arrangements.

A. Please arrange a visit with the Patient Account Coordinator in our Patient Accounts Department or the department where you seek your care.

B. Our Financial Counselors will confidentially review your situation to see if you qualify for some form of government or other financial assistance.

C. We will confidentially review your income and assets to determine your charity care needs, or whether other forms of assistance are available. If you cannot qualify for government assistance and we determine you qualify for charity hospital care, we will provide you with a letter stating that you will not need to pay for your (recent or planned) hospital care.

Please Note: Long Beach Medical Center can only provide charity hospital services. You must arrange for other health services (such as physician care, dental care, eyeglasses, or prescription drugs) with individual doctors or other non-profit or government agencies for those services.

CHARITY HOSPITAL CARE: GUIDING PRINCIPLES OF UNDERSTANDING AND RESPONSIBILITIES

In order to keep charges to all patients at the lowest prudent level, non-profit hospitals appropriately seek payments for services from patients, insurers, government programs and other resources. “Charity” services are ultimately absorbed into the bills of other patients. The willingness of other patients, managed care companies, insurers, employers and others to pay higher fees directly impacts a hospital’s ability to provide charity care.
Long Beach Medical Center’s policy assures that patients receive medically necessary basic hospital services, regardless of their ability to pay. Physician’s services, outpatient medications and other non-hospital health services are not controlled by Long Beach Medical Center and therefore are outside our hospital’s policy. It is recognized that Long Beach Medical Center and other hospitals have limited abilities to absorb rising levels of free and under-reimbursed care. For example, transplant cell procedures are outside of the hospital’s ability to provide this service free of charge. The patient shares a responsibility to work cooperatively with the hospital’s billing office, insurers, and government agencies to reimburse the hospital for the services the patient receives. When reasonable payment means are not available, the hospital shall inform a qualified patient that his or her bill has been forgiven.

The following points further clarify the principles of understanding regarding the hospital and patient’s shared responsibilities.

1. Having “no insurance” does not mean the person automatically qualifies for charity care. Similarly, having some level of coverage does not automatically preclude the hospital from writing off some of or the entire uncovered portion of patient’s bill as charity care.
2. The charity care application process will include an agreement by the applicant to cooperate with the hospital to pursue all appropriate funding options in a timely manner. Based upon a patient’s circumstances, the options could include:
   - County Indigency Program
   - Medicaid/Medicare/Supplemental Security Income via Social Security Disability
   - CHCEP (Catastrophic Health Care Emergency Program)
   - Other entitlements
   - Assignments of any hospital services reimbursement received through other sources, lawsuits, etc
   - Payment plans
   - Charity care (full/partial)
   
   Note: The county Indigency Program could apply a lien against your property to secure its repayment provisions.
3. The patient will agree to provide accurate information and respond quickly to calls or letters requesting needed information. The submission of an application is 90 days from the date of service. In addition the patient is given 20 days from the receipt of application materials, for a total of 110 days.
4. The charity care application process can be initiated prior to a planned hospitalization, during or after the patient’s stay, or even once a past patient has begun a payment plan.
5. The charity care application process shall be streamlined as is feasible while providing a full consideration of income and assets available to cover the bill. Needed assistance will be provided by Long Beach Medical Center to help patients complete any necessary forms. This shall include the assistance of a language translator, should the need arise.
6. Debt write-offs shall be considered to be part of the hospital’s provision of charity care. The hospital requires all contracted collection agencies to comply with the hospital’s financial assistance policy. The agencies will provide information to patients on how to apply for financial assistance.

Revised 05/13/09
7. At the present time, Long Beach Medical Center does not charge interest on accounts being paid through payment plans. Long Beach Medical Center may require a deposit from financial aid eligible patients, such deposit provisions will consider the applicant’s ability to pay and will not be an undue obstacle to the financial aid eligible applicant’s access to services.

8. Long Beach Medical Center’s open door policy and charity care application process shall be clearly posted in public areas and in admission materials.

9. Arrangements with physicians for their services are the responsibility of the patient.

10. All hospital staff that interacts with patients, billing and collection receives training about the hospital’s financial aid policies and procedures.

SECTION I-A:

INTRODUCTION

SPANISH

(To be given to patients)
¿Interesado en Asistencia Médica?

QUEREMOS

$ ¡AYUDARLE! $

1. ¿Le gustaría aplicar por asistencia Medica, “Medicaid?”

2. ¿Le gustaría saber si cualifica por asistencia financia basada en su habilidad de pagar?

Si su respuesta ha sido “si” a cualquiera de las preguntas y quiere mas información sobre asistencia de caridad, por favor llene este simple cuestionario y entréguelo al departamento de registro o llama al Coordinador de Cuentas del Paciente al (516) 897-1030.

________________________________________________________
Nombre del Paciente

________________________________________________________
Nombre del Padre ó Persona Encargada del Paciente

_______________________________________________________
Número de Seguro Social del Paciente

______________________________________________________
Número de su cuenta

Edad de Paciente: __________

Fecha de Nacimiento: _________________
Dirección:____________________________________
_______________________________________________ Código De Área: ______________

Número de Teléfono: (_____ ) ______-____________

Fecha de Visita Médica:_________________________________                                      Page 1A

Estimado/a Paciente:

Long Beach Medical Center es una organización sin lucro que reconoce que su misión es render
atención médica a toda persona en necesidad, no importa su habilidad de pago y no discrimina al
paciente por la forma de pago de los servicios rendidos.

Para ayudar a aquellos que no pueden pagar su cuenta, tenemos empleados a la disposición del
paciente para ayudarle a revisar su situación individual y determinar si el paciente califica para
asistencia financiera del gobierno, o establecer un plan de pago (usualmente un periodo de 12
meses), o si es elegible para ayuda caritativa.

Se le sugiere al paciente que haga una cita con la Coordinador de Cuentas del Paciente.
Solamente necesita llamar al teléfono (516) 897-1030, o visitar a la oficina de Cobros y Cuenta
ubicada en el 249 East Park Avenue en Long Beach, de 9:am a 5:pm, lunes a viernes. También le
recomendamos hablar con los empleados en el departamento que fueron atendidos. En
preparación para su cita con uno de nuestros consejeros o aun si no puede asistir al hospital para
su cita, por favor llene la aplicación con los documentos necesarios, lo más pronto posible.

Esto nos permitirá encontrar el sistema más apropiado para ayudarle con sus cuenta. Si desea
más información sobre las reglas de Long Beach Medical Center con respeto a la ayuda financiera
de los pacientes cuando el estado financiero y condición requiere atención medica sin la habilidad
de pago favor de leer la información adjunto: “Ayuda Caricativa y Proceso de Asistencia
Financiera de Long Beach Medical Center.”

Long Beach Medical Center se esfuerza para proveer los mejores empleados y también la mejor
technología de medicina para nuestros pacientes. Al mantener un balance entre buena calidad y
costos, podemos lograr nuestra misión de mejorar la salud de las personas en nuestra comunidad.
Llenando y completando la aplicación adjunta usted puede ayudarnos en nuestro esfuerzo de
proveer y darles la mejor atención a todo aquel que entre por nuestras puertas.

Sinceramente,

Barry Stern

Revised 05/13/09
LONG BEACH MEDICAL CENTER’S
PROCESO DE ASISTENCIA Y AYUDA FINANCIERA

La aplicación de asistencia o ayuda financiera es tan sencilla como A-B-C.

Como parte de nuestro servicio a la comunidad, El Centro Medico de Long Beach provee asistencia médica de hospital, a aquellas personas con bajos recursos que no pueden pagar sus necesidades medicas. Por favor contacte a nuestro gerente de Crédito & Colección en el departamento de cuentas del paciente, o con los empleados de donde usted recibe su cuidado medico, para información de las distintas opciones disponibles para asistencia o ayuda financiera. Su información y asistencia es confidencial, incluyendo traducción a su propio idioma, estamos disponibles haciendo citas con anticipación.

A. Por favor haga cita con la gerente de Crédito y Colecta en nuestro departamento de Cuentas del Paciente o en el departamento donde esta siendo atendido.

B. Nuestros Consejeros Financieros, revisaran su caso de manera confidencial, para ver si califica para asistencia gubernamental u otra clase de ayuda.

C. Revisaremos confidencialmente su ingreso y pertenencias para determinar su nivel de ayuda o si hay otras clases de ayuda para su disposición. Si usted no califica para asistencia gubernamental, El Centro Medico de Long Beach, determinara si UD. puede calificar por ayuda medica en el hospital, le haremos una carta especificando que no tiene que pagar por su (reciente o planeado) cuido en el hospital.
POR FAVOR NOTE: El Centro Medico de Long Beach solamente puede proveer servicios de caridad en el hospital. Usted debe hacer arreglos con sus otros proveedores de salud, (como cuidado medico, dental, espejuelos, recetas médicas) doctores individuales u otras agencias gubernamentales para esos servicios.

Ayuda Financiera Médica:
Guia de principios de entendimiento y sus responsabilidades.

En orden de mantener cargos bajos a un nivel prudente para todos los pacientes, los hospitales sin lucro buscan un pago apropiado ya sea del paciente, compañías de seguro, programas de gobierno u otros recursos. “Los servicios de Caridad” son disueltos en las cuentas the otros pacientes. La disponibilidad de otros pacientes, compañías administrativas de caridad, asegurados, empleados y otros que pagan mayores tarifas, impacta la habilidad de los hospitales para proveer caridad.

El Reglamento del Centro Medico de Long Beach, asegura que los pacientes reciban servicios basics de hospitalización, sin importar su estado financiero. Servicios medicos, medicinas y otros servicios de salud no son controlados por el Hospital de Long Beach, y por eso estan fuera de nuestro reglamento. Se sabe que el Hospital de Long Beach y otros hospitales tienen pocas formas de absorber los altos niveles de cuidado gratis y reembolsos bajos. Por ejemplo, el hospital no puede absorver el transplante de celulas. El paciente comparte la responsabilidad de trabajar cooperativamente con el departameto de cuentas, compañías de seguro o agencias del gobierno, para lograr que el hospital reciba su reembolso por los servicios que fueron proporcionados al paciente. Cuando no haya forma razonable de pagar por estos servicios, el hospital informara a aquellos pacientes que califica si su cueta no tiene que ser pagado.

Los siguientes puntos ayudaran a clarificar y entender un poco más las responsabilidades que ambas partes comarten.

1. El hecho de que “no tenga seguro medico” no significa que la persona automaticamente califica para caridad. Igualmente, tener un seguro parcial, no impide al hospital de cancelar parte o la cuenta completa como una cuenta de caridad.

2. La aplicación para ayuda financiera incluye un acuerdo por el aplicante, de cooperar con el hospital en encontrar una forma de pago apropiada en determinado tiempo. Basado en las circunstancias del paciente, las opciones pueden incluir:
   - Programa de indigencia en su condado.
   - Medicaid/ Medicare/ Ingreso Suplementario del Seguro por medio de Incapacidad del Seguro Social.
- CHCEP (Programa de ayuda financiera en casos de emergencia).
- Otros derechos.
- Asignacion de cualquier otro reembolso de servicio de hospital recibido por otros recursos, ejemplo: demandas, etc.
- Planes de pago.
- Ayuda caricativa (Entera o Parcial).

Nota: El programa de indigencia en su condado puede aplicar un derecho de retención sobre su propiedad para asegurar sus provisiones de pago.

3. El paciente se compromete a proveer información exacta y a responder de manera rápida a las llamadas o cartas que solicitan información necesaria.
4. El proceso de la aplicación para ayuda financiera, puede ser iniciado antes de su hospitalización planeada, estando el paciente en el hospital, o aun cuando el paciente a comenzado su plan de pago.
5. El proceso de la aplicación sera revisado cuidadosamente, a la misma vez se tomara una llena consideración del ingreso, y de propiedades para cubrir la cuenta. Asistencia sera proveido por El Centro Medico de Long Beach para ayudar al paciente a llenar las aplicaciones necesarias. Esto puede incluir la provicion de un translator a su propia idioma, si esta necesidad se presenta.
6. La deuda que fue borrada puede ser considerada como parte de provision del hospital de ayuda financiera.
7. En el tiempo presente, El Centro Medico de Long Beach, no cobra interest en cuentas que estan siendo pagados atravez de planes de pago.
8. La poliza de puertas abiertas del Centro Medico de Long Beach y aplicación de servicio de ayuda sera puesto claramente en areas publicas y materiales de admición.
9. Arreglos con los doctores por sus servicios son la responsabilidad del paciente.
SECTION II

CHART
**Financial Aid/Charity Care**
Medical service care provided to low income uninsured people, by a hospital or provider, not expecting the patient to pay

**Social Service Department**
- Assist the patient to make a determination, regarding whether he/she may be qualified for some form of entitlement through a government program.
- Medicaid, CHCEP (Catastrophic Health Care Emergency Program)
- Assists in the preparation of the Medicaid and the CHCEP application
- Recommends for charity

**Inhouse Patient**
- Assist the patient to make a determination, regarding whether he/she may be qualified for some form of entitlement through a government program.
- Medicaid, CHCEP (Catastrophic Health Care Emergency Program)

**Patient Accounts Department**
- Discharged patient and O/P Ancillary department refers the patient to the Patient Accounts Department
- Follows up the investigation on accounts not finalized by Social Service upon the patient’s hospitalization
- Sends a charity care form to the patient, or interviews the patient for possible charity care
- Reviews the income below 100% of the Federal Poverty level to be qualified for Charity Care
- Reviews the patient’s income and expenses submitted on the Charity Care form for possible Charity Care
- The patient is advised by a letter or a phone call, the charity amount granted upon completion of the review of the charity care
- After charity care amount is given to patient, if no payment is received, the account balance is subject to hospital collection procedure

**Less than 100% Fee Scale**
Partial payment from patient. Balance of the account is written off as a Charity Care case

**Select Staff in the Departments**
FCC, FACTS, COUNSELING CENTER, METHADONE
- Requests a charity care form be filled out
- Reviews the Federal Poverty Level for the patient, analyzes income & expenses in order to grant 100% of charity case

**Bad Debt**
Unwilling to pay
- Billing and Collection procedure is applied
- Account is referred to a collection agency
- Account is written off
<table>
<thead>
<tr>
<th>Description</th>
<th>Medicaid Title XIX</th>
<th>Child Health Plus A (Medicaid Kids) Title XIX</th>
<th>Family Health Plus Title XIX</th>
<th>Child Health Plus B Title XXI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Medicaid is available to the following individuals: adults and children receiving cash assistance benefits under Temporary Assistance to Needy Families (TANF) or the Safety Net Assistance (SNA) programs. Persons receiving Supplemental Security Income (SSI) benefits are automatically eligible for Medicaid. Medicaid-only benefits are also available to individuals not receiving cash assistance, who meet the eligibility criteria and whose income and resources are at or below allowable levels.</td>
<td>Program for children under age 19 eligible for Medicaid. Rules and benefits are the same as for Medicaid but program is referred to as “Child Health Plus A (CHPlus A)”</td>
<td>Family Health Plus (FHP) is a Medicaid expansion for uninsured adults between 19 and 64 with incomes too high to qualify for regular Medicaid. Family Health Plus is available to single adults, couples without children, and parents with limited income who are residents of New York State and are United States citizens or fall under one of many immigration categories.</td>
<td>Unlike CHPlus A, CHPlus B is an insurance program available to children under the age of 19 who are residents of New York State and who do not qualify for CHPlus A (Medicaid). Children who are not eligible for CHPlus A can enroll in CHPlus B if they don’t already have health insurance and are not eligible for coverage under the public employee’s state health benefits plan.</td>
</tr>
<tr>
<td><strong>Mandatory Managed Care</strong></td>
<td>In mandatory counties, three categories of Medicaid individuals: Mandatory-Must enroll in a plan Exempt-May enroll in a plan* Excluded-Cannot enroll in a plan*</td>
<td>Same as Medicaid</td>
<td>All FHP beneficiaries must enroll in a managed care plan</td>
<td>All CHPlus B beneficiaries must enroll in a managed care plan</td>
</tr>
<tr>
<td><strong>Coverage Effective Date</strong></td>
<td>Medicaid managed care coverage is effective the first of the application month. There is retrospective coverage through FFS Medicaid, if otherwise eligible up to 3 months prior to application date.</td>
<td>CHPlus A coverage is effective the first of the application month. There is retrospective coverage through FFS Medicaid, if otherwise eligible up to 3 months prior to application date.</td>
<td>Prospectively effective first of the month. NO retroactive coverage but may qualify for Medicaid spend-down for the period prior to their Family Health Plus enrollment.</td>
<td>Prospectively effective first of the month. NO retroactive coverage. Completed applications received by the health plan by the 20th of the month will be enrolled effective the first day of the following month. Applications received after the 20th will be enrolled effective the first day of the next month.</td>
</tr>
<tr>
<td><strong>Contracted Providers- I/P &amp; O/P Rates</strong></td>
<td>Inpatient Rate: Negotiated Rate Outpatient Rate: Negotiated Rate</td>
<td>Inpatient Rate: Negotiated Rate Outpatient Rate: Negotiated Rate</td>
<td>Inpatient Rate: Negotiated Rate Outpatient Rate: Negotiated Rate</td>
<td>Inpatient Rate: Negotiated Rate Outpatient Rate: Negotiated Rate</td>
</tr>
<tr>
<td><strong>Non-Contracted Providers- I/P &amp; O/P Rates</strong></td>
<td>Inpatient Rate: Medicaid alternate payment rate (APR) Outpatient Rate: No mandated rate</td>
<td>Inpatient Rate: Medicaid alternate payment rate (APR) Outpatient Rate: No mandated rate</td>
<td>Inpatient Rate: Medicaid alternate payment rate (APR) Outpatient Rate: No mandated rate</td>
<td>Inpatient Rate: No mandated rate Outpatient Rate: No mandated rate</td>
</tr>
<tr>
<td><strong>Title XIX</strong></td>
<td><strong>Child Health Plus A (Medicaid Kids) Title XIX</strong></td>
<td><strong>Family Health Plus Title XIX</strong></td>
<td><strong>Child Health Plus B Title XXI</strong></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Department-Triage Fee</strong></td>
<td>If the prudent layperson standard is not met, a triage fee must be paid to the hospital for the visit. The triage rate would be negotiated for contracted payers. For non-contracted payers, the default range rate is $40.</td>
<td>If the prudent layperson standard is not met, a triage fee must be paid to the hospital for the visit. The triage rate would be negotiated for contracted payers. For non-contracted payers, the default range rate is $40.</td>
<td>No payment by plan is required for services not meeting the prudent layperson standard.</td>
<td></td>
</tr>
<tr>
<td><strong>Separate payments directly from Medicaid for GME and health care recruitment and retention</strong></td>
<td>For inpatient admissions, teaching hospitals may receive separate payments directly from FFS Medicaid for graduate medical education (GME). All hospitals may receive health care recruitment and retention add-ons for acute admissions (but not exempt units). There is no separate payment for outpatient services. Hospitals must bill MMIS for these separate payments.</td>
<td>Contracted: Same as Medicaid.</td>
<td>Same as Medicaid.</td>
<td></td>
</tr>
<tr>
<td><strong>Claim submission timeframes</strong></td>
<td>Contracted: Per contract provisions.</td>
<td>Contracted: Per contract provisions.</td>
<td>Contracted: Per contract provisions.</td>
<td></td>
</tr>
<tr>
<td><strong>Prompt pay law requirements</strong></td>
<td>Prompt pay requirements apply.</td>
<td>Prompt pay requirements apply.</td>
<td>Prompt pay requirements apply.</td>
<td></td>
</tr>
<tr>
<td><strong>Change in coverage/eligibility mid-stay</strong></td>
<td>The party responsible for payment on the day of admission pays for the entire stay.</td>
<td>Same as Medicaid.</td>
<td>Same as Medicaid.</td>
<td></td>
</tr>
<tr>
<td><strong>Newborn enrollment</strong></td>
<td>Newborns enrolled into plan of mother automatically unless the baby is eligible for an exclusion (e.g. SSI eligible baby, newborn less than &lt;1200 grams). Since the newborn is in the 90 day grace period, the mother/newborn can switch plans but newborn must be enrolled in mother’s plan for at least the birth month.</td>
<td>Same as Medicaid.</td>
<td>A family cannot apply for a child in Child Health Plus until the child is born. Coverage is prospective. If the plan receives the application by the 20th of a month, the child will be covered for the first of the following month. If after the 20th of the month, the child would be covered for the subsequent month.</td>
<td></td>
</tr>
<tr>
<td><strong>Lock-in period</strong></td>
<td>Beneficiary locked in for 12-month initial enrollment period. 90-day grace period to transfer.</td>
<td>Beneficiary locked in for 12-month initial enrollment period. 90-day grace period to transfer.</td>
<td>There is no lock-in for Child Health Plus B. A child can switch plans at any time by disenrolling from one plan and re-enrolling in another.</td>
<td></td>
</tr>
</tbody>
</table>
CHARITY CARE OR FREE CARE
POLICY AND PROCEDURE

General Guidelines:

Charity Care or Free Care is medical care provided to low income uninsured people by a hospital or other provider or which it does not expect to be paid.

Long Beach Medical Center uses a consistent process to consider an individual’s need for Charity Care based upon each patient’s demonstration of inability to pay for their services or have their services covered by another payment source.

General guidelines are utilized which take into account a person’s currently outstanding and/or anticipated expenses for routine medical services at Long Beach Medical Center as well as the total service that the patient may require and the patient’s potential resources that could be applied towards reimbursement for services.

Long Beach Medical Center will assist patient in making a determination regarding whether or not the patient may be able to qualify for some form of entitlement through a governmental program. Long Beach Medical Center will need the patient to assist in this determination and potential application process.

The application for Charity Care is not and cannot serve as a substitute for existing government entitlement or other assistance programs. When it is determined that the patient has minimal resources and cannot qualify for assistance from one of the entitlement programs, either 100% or partial % charity is granted. However, in the event that an individual has significant assets, the hospital may secure its interest in those assets as appropriate.

While it is desirable to determine the amount of charity care for which a patient is eligible as close to the time of service as possible, there should be no rigid limit in the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, or soon after, the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information.

Long Beach Medical Center will carry each account turned over to a collection agency or an attorney as an asset on its books. The account will be written off to the Bad Debt reserve only when the account is returned as uncollectible from a collection agency.

Long Beach Medical Center will set up a Bad Debt reserve upon past experience and estimates of future requirements. It is necessary to differentiate charity care from Bad Debts because Bad Debts are a result of the unwillingness of a patient to pay, whereas charity care is provided to a patient that demonstrates the inability to pay.

Revised 05/13/09
The reasons to differentiate charity care from Bad Debts are because:

- Charity care represents the consumption of valuable resources that must be managed wisely
- Charity care is one of the important indicators of the fulfillment of the Medical Center’s charitable purposes and, therefore, should be clearly identified and disclosed
- Medical Center’s eligibility for certain financial assistance is dependent on identification of charity care
- Bad Debts expense is a measure of the effectiveness of the Medical Center’s credit and collection process

Criteria for Determination of the Charity Amount

The criteria for determining the amount of charity care for which a patient is eligible at the time of an occasion or service should include the following factors:

- Individual or family income
- Individual family net worth
- Employment status and earning capacity
- Family size
- Other financial obligations
- The amount and frequency of bills for healthcare services
- Other sources of payment for the services rendered

Charity Eligibility Determination Process

An evaluation is made to see if an individual has the ability to pay off the account in a time frame that meets the Medical Center’s guidelines. The Medical Center typically establishes payment plans of 12 months or less when possible. However, an extended monthly payment plan will be considered based upon the level of account balance and available disposable income. Monthly installment payments would be capped at 10% of the patient’s gross monthly income, except if assets are factored, in which case the monthly amount can be higher. Interest would be capped at the rate for a 90 day Treasury security plus 0.5%. Since each case involves many individual factors, the information gathering process is designed to allow the staff to obtain detailed information when making a charity recommendation to the Director of Patient Accounts.

Process of the Charity Application

1. Staff will work individuals, face to face or by letter, to gather the necessary information
2. The applicant’s eligibility for government assistance or entitlement programs will be reviewed i.e., medical assistance (Medicaid/CHCEP) {Catastrophic Health Care Emergency Program}
3. The income chart contained in this guideline, disposable income computations, and the availability of other assets will all be used to help determine if the person qualifies for charity.

4. Charity care decisions will be approved by the Director of Patient Accounts to ensure, insofar as is possible, consistency and continuity.

5. Generally, within two days of the receipt of all necessary information, the Medical Center will inform the applicant of any options that may exist for government assistance, payment plans, or charity care write-off. Once these options no longer exist, the hospital will inform the applicant, via letter or phone call, of its charity decision.

6. With significant change in circumstances, individuals who are actively paying their accounts may re-apply for charity care write-off considerations.

7. The patient may disregard any bills that might be sent until the hospital has rendered a decision on the application.

**Information Used to Evaluate Determination of Charity**

In order to fairly administer these guidelines, applicants will be asked to provide and fill out the attached form “Statement of Income and Expenses” and Long Beach Medical Center will verify (when necessary) the following information:

- Types of services received or anticipated (i.e. is it a chronic condition that may qualify for other forms of government assistance or with other significant expenses anticipated?)
- What is the health condition necessitating treatment and is it medically necessary?
- What is the family size?
- What is the gross monthly income of the household and from what sources?
- What are the reasonable monthly expenses of the household?
- What kind of other resources/assets does the household have?
- Can the patient qualify for one of the assistance programs available in the community? (Coverage considered will include but not be limited to Medicaid, Medicaid via SSI, County Assistance, CHCEP Program)
- Is there an opportunity for the patient to be covered by insurance that they are able to afford or have paid by entitlement or other program? (i.e. Cobra or open enrollment)
- One form of ID, proof of residency, and one proof of income.
Credit and Collections Policy
Uncompensated Care Criteria

Bad debts result from the unwillingness of a patient to pay, whereas charity service is provided to a patient with demonstrated inability to pay. The financial status of each patient should be determined so that an appropriate classification and distinction can be made between uncollectible amounts arising from patient’s unwillingness to pay (bad debts) and those arising from patient’s inability to pay (charity service). Determining each patient’s ability to pay and the level of service eligible for charity support is a complex process, requiring sound judgment.

It is necessary to differentiate charity service from bad debts because:
♦ Charity service represents the consumption of valuable resources that must be managed wisely.
♦ Charity service is one of the important indicators of the fulfillment of the Medical Center’s charitable purpose and, therefore, should be clearly identified and disclosed.
♦ Medical Center eligibility for certain financial assistance is dependent on identification of charity service.
♦ Bad Debt expense is a measure of the effectiveness of the Medical Center’s credit and collection process.

While it is desirable to determine the amount of charity service for which a patient is eligible as close to the time of service as possible, there should be no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information.

Criteria for determining the amount of charity service for which a patient is eligible at the time of an occasion of service should include the following factors:
♦ Individual or family income
♦ Individual or family net worth
♦ Employment status and earning capacity
♦ Family size
♦ Other financial obligations
♦ The amount and frequency of bills for healthcare services
♦ Other sources of payment for the services rendered

The hospital will provide its Financial Aid/Charity Care policy/criteria to its collection agencies so that they may evaluate the patient for possible financial aid/charity care prior to the implementation of collection procedures. The hospital will carry each account turned over to a collection agency or an attorney as an asset on its books. The account will be written off to the bad debt reserve only when the account is returned as uncollectible from a collection agency. The hospital will set up a bad debt reserve based upon past experience and estimates of future requirements.

Revised 05/13/09
THE 2005 HHS POVERTY GUIDELINES

One Version of the [U.S.] Federal Poverty Measure

There are two slightly different versions of the federal poverty measure:

- The poverty thresholds, and
- The poverty guidelines.

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau (although they were originally developed by Mollie Orshansky of the Social Security Administration). The thresholds are used mainly for statistical purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) Poverty thresholds since 1980 and weighted average poverty thresholds since 1959 are available on the Census Bureau’s Web site. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see “How the Census Bureau Measures Poverty” on the Census Bureau’s web site.

The poverty guidelines are the other version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs. (The full text of the Federal Register notice with the 2005 poverty guidelines is available here.)

The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions (FAQs). See also the discussion of this topic on the Institute for Research on Poverty's web site.
### 2005 HHS Poverty Guidelines

<table>
<thead>
<tr>
<th>Persons in Family Unit</th>
<th>48 Contiguous States and D.C.</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 9,570</td>
<td>$11,950</td>
<td>$11,010</td>
</tr>
<tr>
<td>2</td>
<td>12,830</td>
<td>16,030</td>
<td>14,760</td>
</tr>
<tr>
<td>3</td>
<td>16,090</td>
<td>20,110</td>
<td>18,510</td>
</tr>
<tr>
<td>4</td>
<td>19,350</td>
<td>24,190</td>
<td>22,260</td>
</tr>
<tr>
<td>5</td>
<td>22,610</td>
<td>28,270</td>
<td>26,010</td>
</tr>
<tr>
<td>6</td>
<td>25,870</td>
<td>32,350</td>
<td>29,760</td>
</tr>
<tr>
<td>7</td>
<td>29,130</td>
<td>36,430</td>
<td>33,510</td>
</tr>
<tr>
<td>8</td>
<td>32,390</td>
<td>40,510</td>
<td>37,260</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>3,260</td>
<td>4,080</td>
<td>3,750</td>
</tr>
</tbody>
</table>


The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility.
The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in February 2005 are designated the 2005 poverty guidelines. However, the 2005 HHS poverty guidelines only reflect price changes through calendar year 2004; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2004. (The 2004 thresholds are expected to be issued in final form in August 2005; a preliminary version of the 2004 thresholds is now available from the Census Bureau.)

The computations for the 2005 poverty guidelines are available.

The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

http://aspe.hhs.gov/poverty/05poverty.shtml
### LBMC Charity Care Program
#### 2005 Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Percentage of Poverty Guidelines</th>
<th>Family Size</th>
<th>INPT Payment Expected (%)</th>
<th>OUTPT Payment Lesser of (Medicaid DRG Rate or % of Charges)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>100%</td>
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<td>12,830</td>
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<tr>
<td>110%</td>
<td>10,527</td>
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<td>17,699</td>
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<tr>
<td>130%</td>
<td>12,441</td>
<td>16,679</td>
<td>20,917</td>
</tr>
<tr>
<td>140%</td>
<td>13,398</td>
<td>17,962</td>
<td>22,526</td>
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<tr>
<td>150%</td>
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<tr>
<td>190%</td>
<td>18,183</td>
<td>24,377</td>
<td>30,571</td>
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<td>200%</td>
<td>19,140</td>
<td>25,660</td>
<td>32,180</td>
</tr>
<tr>
<td>210%</td>
<td>20,097</td>
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<tr>
<td>220%</td>
<td>21,054</td>
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<tr>
<td>230%</td>
<td>22,011</td>
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<td>37,007</td>
</tr>
<tr>
<td>240%</td>
<td>22,968</td>
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<td>38,616</td>
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<tr>
<td>250%</td>
<td>23,925</td>
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<tr>
<td>290%</td>
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<td>46,661</td>
</tr>
<tr>
<td>300%</td>
<td>28,710</td>
<td>38,490</td>
<td>48,270</td>
</tr>
<tr>
<td>350%</td>
<td>33,495</td>
<td>44,905</td>
<td>56,315</td>
</tr>
<tr>
<td>400%</td>
<td>38,280</td>
<td>51,320</td>
<td>64,360</td>
</tr>
</tbody>
</table>

For Each Additional Person, Add $3,260
There are two slightly different versions of the federal poverty measure:

- The poverty thresholds,
- The poverty guidelines.

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau (although they were originally developed by Mollie Orshansky of the Social Security Administration). The thresholds are used mainly for statistical purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) Poverty thresholds since 1980 and weighted average poverty thresholds since 1959 are available on the Census Bureau’s Web site. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see “How the Census Bureau Measures Poverty” on the Census Bureau’s web site.

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Key differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions (FAQs). See also the discussion of this topic on the Institute for Research on Poverty’s web site.
### 2006 HHS Poverty Guidelines

<table>
<thead>
<tr>
<th>Persons in Family or Household</th>
<th>48 Contiguous States and D.C.</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$9,800</td>
<td>$12,250</td>
<td>$11,270</td>
</tr>
<tr>
<td>2</td>
<td>13,200</td>
<td>16,500</td>
<td>15,180</td>
</tr>
<tr>
<td>3</td>
<td>16,600</td>
<td>20,750</td>
<td>19,090</td>
</tr>
<tr>
<td>4</td>
<td>20,000</td>
<td>25,000</td>
<td>23,000</td>
</tr>
<tr>
<td>5</td>
<td>23,400</td>
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<td>26,910</td>
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<tr>
<td>6</td>
<td>26,800</td>
<td>33,500</td>
<td>30,820</td>
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<tr>
<td>7</td>
<td>30,200</td>
<td>37,750</td>
<td>34,730</td>
</tr>
<tr>
<td>8</td>
<td>33,600</td>
<td>42,000</td>
<td>38,640</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>3,400</td>
<td>4,250</td>
<td>3,910</td>
</tr>
</tbody>
</table>

**SOURCE:** *Federal Register*, Vol. 71, No. 15, January 24, 2006, pp. 3848-3849

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

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Guidelines Last Revised: January 24, 2007

http://aspe.hhs.gov/poverty/06poverty.shtml
<table>
<thead>
<tr>
<th>Percentage of Poverty Guidelines</th>
<th>Family Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>For Each Additional Person, Add $3,260</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Salary $</strong></td>
<td></td>
</tr>
<tr>
<td><strong>INPT PAYMENT EXPECTED (% MEDICAID DRG RATE)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>OUTPT PAYMENT LESSER OF (MEDICAID RATE OR % OF CHARGES)</strong></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>9,800</td>
</tr>
<tr>
<td>110%</td>
<td>10,780</td>
</tr>
<tr>
<td>120%</td>
<td>11,760</td>
</tr>
<tr>
<td>130%</td>
<td>12,740</td>
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<td>140%</td>
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<td>150%</td>
<td>14,700</td>
</tr>
<tr>
<td>160%</td>
<td>15,680</td>
</tr>
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<td>170%</td>
<td>16,660</td>
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<td>180%</td>
<td>17,640</td>
</tr>
<tr>
<td>190%</td>
<td>18,620</td>
</tr>
<tr>
<td>200%</td>
<td>19,600</td>
</tr>
<tr>
<td>210%</td>
<td>20,580</td>
</tr>
<tr>
<td>220%</td>
<td>21,560</td>
</tr>
<tr>
<td>230%</td>
<td>22,540</td>
</tr>
<tr>
<td>240%</td>
<td>23,520</td>
</tr>
<tr>
<td>250%</td>
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<td>260%</td>
<td>25,480</td>
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<td>270%</td>
<td>26,460</td>
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<td>290%</td>
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<td>300%</td>
<td>29,400</td>
</tr>
<tr>
<td>350%</td>
<td>34,300</td>
</tr>
<tr>
<td>400%</td>
<td>39,200</td>
</tr>
</tbody>
</table>
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2007 HHS Poverty Guidelines

<table>
<thead>
<tr>
<th>Persons in Family or Household</th>
<th>48 Contiguous States and D.C.</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,210</td>
<td>$12,770</td>
<td>$11,750</td>
</tr>
<tr>
<td>2</td>
<td>13,690</td>
<td>17,120</td>
<td>15,750</td>
</tr>
<tr>
<td>3</td>
<td>17,170</td>
<td>21,470</td>
<td>19,750</td>
</tr>
<tr>
<td>4</td>
<td>20,650</td>
<td>25,820</td>
<td>23,750</td>
</tr>
<tr>
<td>5</td>
<td>24,130</td>
<td>30,170</td>
<td>27,750</td>
</tr>
<tr>
<td>6</td>
<td>27,610</td>
<td>34,520</td>
<td>31,750</td>
</tr>
<tr>
<td>7</td>
<td>31,090</td>
<td>38,870</td>
<td>35,750</td>
</tr>
<tr>
<td>8</td>
<td>34,570</td>
<td>43,220</td>
<td>39,750</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>3,480</td>
<td>4,350</td>
<td>4,000</td>
</tr>
</tbody>
</table>

**SOURCE:** *Federal Register*, Vol. 72, No. 15, January 24, 2007, pp. 3147–3148

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility.
The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in January 2007 are designated the 2007 poverty guidelines. However, the 2007 HHS poverty guidelines only reflect price changes through calendar year 2006; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2006. (The 2006 thresholds are expected to be issued in final form in August 2007; a preliminary version of the 2006 thresholds is now available from the Census Bureau.)

The computations for the 2007 poverty guidelines are available.

The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Guidelines Last Revised: January 24, 2007

http://aspe.hhs.gov/poverty/07poverty.shtml
### 2007 Poverty Levels

#### Revised 05/13/09

<table>
<thead>
<tr>
<th>Percentage of Poverty Guidelines</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Inpatient</th>
<th>ER</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,480</td>
<td>6,960</td>
<td>10,440</td>
<td>13,920</td>
<td>17,400</td>
<td>20,880</td>
<td>24,360</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>100%</strong></td>
<td>10,210</td>
<td>13,690</td>
<td>17,170</td>
<td>20,650</td>
<td>24,130</td>
<td>27,610</td>
<td>31,090</td>
<td>34,570</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>120%</strong></td>
<td>12,252</td>
<td>16,428</td>
<td>20,604</td>
<td>24,780</td>
<td>28,956</td>
<td>33,132</td>
<td>37,308</td>
<td>41,484</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td><strong>140%</strong></td>
<td>14,294</td>
<td>19,166</td>
<td>24,038</td>
<td>28,910</td>
<td>33,782</td>
<td>38,654</td>
<td>43,526</td>
<td>48,398</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td><strong>160%</strong></td>
<td>16,336</td>
<td>21,904</td>
<td>27,472</td>
<td>33,040</td>
<td>38,608</td>
<td>44,176</td>
<td>49,744</td>
<td>55,312</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td><strong>180%</strong></td>
<td>18,378</td>
<td>24,642</td>
<td>30,906</td>
<td>37,170</td>
<td>43,434</td>
<td>49,698</td>
<td>55,962</td>
<td>62,226</td>
<td>80</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td><strong>200%</strong></td>
<td>20,420</td>
<td>27,380</td>
<td>34,340</td>
<td>41,300</td>
<td>48,260</td>
<td>55,220</td>
<td>62,180</td>
<td>69,140</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>220%</strong></td>
<td>22,462</td>
<td>30,118</td>
<td>37,774</td>
<td>45,430</td>
<td>53,086</td>
<td>60,742</td>
<td>68,398</td>
<td>76,054</td>
<td>100</td>
<td>110</td>
<td>110</td>
</tr>
<tr>
<td><strong>240%</strong></td>
<td>24,504</td>
<td>32,856</td>
<td>41,208</td>
<td>49,560</td>
<td>57,912</td>
<td>66,264</td>
<td>74,616</td>
<td>82,968</td>
<td>100</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td><strong>260%</strong></td>
<td>26,546</td>
<td>35,594</td>
<td>44,462</td>
<td>53,690</td>
<td>62,738</td>
<td>71,786</td>
<td>80,834</td>
<td>89,882</td>
<td>100</td>
<td>130</td>
<td>130</td>
</tr>
<tr>
<td><strong>280%</strong></td>
<td>28,588</td>
<td>38,332</td>
<td>48,076</td>
<td>57,820</td>
<td>67,564</td>
<td>77,308</td>
<td>87,052</td>
<td>96,796</td>
<td>100</td>
<td>140</td>
<td>140</td>
</tr>
<tr>
<td><strong>300%</strong></td>
<td>30,630</td>
<td>41,070</td>
<td>51,510</td>
<td>61,950</td>
<td>72,390</td>
<td>82,830</td>
<td>93,270</td>
<td>103,710</td>
<td>100</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td><strong>320%</strong></td>
<td>32,672</td>
<td>42,970</td>
<td>56,500</td>
<td>67,910</td>
<td>79,280</td>
<td>90,790</td>
<td>102,180</td>
<td>113,570</td>
<td>100</td>
<td>160</td>
<td>160</td>
</tr>
<tr>
<td><strong>340%</strong></td>
<td>34,714</td>
<td>44,864</td>
<td>61,950</td>
<td>79,300</td>
<td>97,680</td>
<td>109,040</td>
<td>120,440</td>
<td>131,830</td>
<td>100</td>
<td>170</td>
<td>170</td>
</tr>
<tr>
<td><strong>360%</strong></td>
<td>36,756</td>
<td>46,952</td>
<td>67,400</td>
<td>86,690</td>
<td>105,040</td>
<td>116,360</td>
<td>127,740</td>
<td>143,130</td>
<td>100</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td><strong>380%</strong></td>
<td>38,798</td>
<td>49,040</td>
<td>72,850</td>
<td>93,980</td>
<td>111,440</td>
<td>122,760</td>
<td>134,140</td>
<td>154,530</td>
<td>100</td>
<td>190</td>
<td>190</td>
</tr>
<tr>
<td><strong>400%</strong></td>
<td>40,840</td>
<td>54,760</td>
<td>68,680</td>
<td>82,600</td>
<td>96,520</td>
<td>100,440</td>
<td>112,360</td>
<td>123,780</td>
<td>100</td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

The discounts listed in this table apply only to uninsured & under insured, low-income patients. Patients deemed eligible for Medicare or Medicaid are required to apply for coverage in order to receive ‘Charity Care.’ Inpatient & Emergency room charity care reductions for patients over 200% of the Federal Guidelines will be at the lower of the percent of the Medicaid rate or the actual gross charge for the service provided. For families with more than 8 members $3,480 will be added for each additional member.

**Nominal Payment Guidelines**

The maximum total amount that shall be charged to eligible patients at or below 100% of the Federal Poverty Level

- Inpatient-Per discharge: $150
- Ambulatory Surgery: $150
- MRI Testing: $150
- Emergency Visit: $15
- Clinic Visit: $15
- Prenatal & Pediatric: No Charge

**Patients Over 100% of the Poverty Guidelines**

The greater of the Nominal Payment Guidelines or the percentage of charge calculated from the chart above.

Page 23
LONG BEACH MEDICAL CENTER  
CHARITY CARE GUIDELINES  
2007 POVERTY LEVELS

FAMILY CARE CENTER

<table>
<thead>
<tr>
<th>Percentage of Poverty Guidelines</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>New Patient</th>
<th>Repeat Patient</th>
<th>Ancillary Tests Percent of Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Salary $</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Each Additional Dependent Add $3,480</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,480</td>
<td>6,960</td>
<td>10,440</td>
<td>13,920</td>
<td>17,400</td>
<td>20,880</td>
<td>24,360</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The discounts listed in this table apply only to uninsured & under insured, low-income patients. Patients deemed eligible for Medicare or Medicaid are required to apply for coverage in order to receive ‘Charity Care.’

Inpatient & Emergency room charity care reductions for patients over 200% of the Federal Guidelines will be at the lower of the percent of the Medicaid rate or the actual gross charge for the service provided.

For families with more than 8 members, $3,480 will be added for each additional member.

*Nominal Payment Guidelines*

The maximum total amount that shall be charged to eligible patients at or below 100% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Service</th>
<th>Nominal Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgery</td>
<td>$150</td>
</tr>
<tr>
<td>MRI Testing</td>
<td>$150</td>
</tr>
<tr>
<td>Clinic Visit</td>
<td>$15</td>
</tr>
<tr>
<td>Prenatal &amp; Pediatric</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

Patients Over 100% of the Poverty Guidelines

The lesser of the Nominal Payment Guidelines or the percentage of charge calculated from the chart above

Revised 05/13/09
### CLINICS

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Per Visit</th>
<th>Ancillary Tests Percent of Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage of Poverty Guidelines</strong></td>
<td>100% or less</td>
<td>10,210</td>
<td>13,690</td>
<td>17,170</td>
<td>20,650</td>
<td>24,130</td>
<td>27,610</td>
<td>31,090</td>
<td>34,570</td>
<td>$10.00</td>
</tr>
<tr>
<td></td>
<td>Up to 200%</td>
<td>20,420</td>
<td>27,380</td>
<td>34,340</td>
<td>41,300</td>
<td>48,260</td>
<td>55,220</td>
<td>62,180</td>
<td>69,140</td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td>Up to 300%</td>
<td>30,630</td>
<td>41,070</td>
<td>51,510</td>
<td>61,950</td>
<td>72,390</td>
<td>82,830</td>
<td>93,270</td>
<td>103,710</td>
<td>$20.00</td>
</tr>
<tr>
<td></td>
<td>Up to 400%</td>
<td>40,840</td>
<td>54,760</td>
<td>68,680</td>
<td>82,600</td>
<td>96,520</td>
<td>110,440</td>
<td>124,380</td>
<td>138,280</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

The discounts listed in this table apply only to uninsured & under insured, low-income patients. Patients deemed eligible for Medicare or Medicaid are required to apply for coverage in order to receive ‘Charity Care.’

Inpatient & Emergency room charity care reductions for patients over 200% of the Federal Guidelines will be at the lower of the percent of the Medicaid rate or the actual gross charge for the service provided.

For families with more than 8 members, $3,480 will be added for each additional member.

**Nominal Payment Guidelines**

The maximum total amount that shall be charged to eligible patients at or below 100% of the Federal Poverty Level

- Ambulatory Surgery: $150
- MRI Testing: $150
- Clinic Visit: $15
- Prenatal & Pediatric: No Charge

Revised 05/13/09
SECTION IV

LETTERS

ENGLISH
INITIAL CHARITY CARE REQUEST LETTER
DATE: _______________________________

________________________________________

________________________________________

________________________________________

ADMISSION/SERVICE DATE: ____________________
ACCOUNT #: ___________________________________

Dear Sir/Madam,

As per your request, attached is the form to be completed for financial aid/charity care consideration. Please be sure to complete all questions on this form and return it to us with all necessary documentation within 20 days from the above date.

The review of your application should take no more than 30 days from the date of receipt of your completed application which would include required documentation needed by the Hospital to make a decision.

RETURN TO:

LONG BEACH MEDICAL CENTER
ATTN: Patient Accounts Coordinator
Patient Accounts Department
455 EAST BAY DRIVE
LONG BEACH, NY 11561

Thank you.

______________________________________
Patient Accounts Coordinator
(516) 897-1030
Name____________________________________

Address__________________________________

_________________________________________

Phone____________________________________

Family Size/Number in Household______________

<table>
<thead>
<tr>
<th>Patient Income</th>
<th>Spouse Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td></td>
</tr>
<tr>
<td>Social Security Payment</td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td></td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td></td>
</tr>
<tr>
<td>Dividends/Interest/Rentals</td>
<td></td>
</tr>
<tr>
<td>All Other Income</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

I affirm that the above information is true, complete, and correct to the best of my knowledge.

Signed_____________________________________ Date___________________

If you have any questions, or need help completing this application, call Patient Accounts at (516) 897-1030.

If you have received a bill or bills from the hospital, check here: ______

You do not have to make any payment to the hospital until the hospital sends you a letter with its decision on your application.

Please send completed form and attachments to:
Long Beach Medical Center
Attn: Patient Accounts Department
455 East Bay Drive
Long Beach, NY 11561
DOCUMENTATION REQUIRED FOR
PROOF OF INCOME
TO QUALIFY FOR FINANCIAL AID/CHARITY CARE

Please submit the documentation required in support of your income and expenses listed in sections 6 & 8 on the previous page to be reviewed for possible financial aid/charity care. Failure to submit documentation may disqualify you from any possible financial aid/charity care.

☐ Income tax return. Or if no return was filed, a letter from your previous employer verifying your income for the last 4 pay periods. The letter from your employer should indicate employer’s name, address, phone #, and be signed and notarized

-OR-

☐ Savings accounts, CD’s, and other investments

☐ Interest Income: interest, dividends, etc.

☐ Unemployment insurance stubs

☐ Mortgage statements

☐ Support payments- divorce or separation

☐ Other benefits such as retirement benefits, Workers Compensation, pension, Social Security, etc...

☐ Letter of support from responsible party, with income documentation

All documentation shown should be enclosed to justify your income.

If you have any questions please call (516) 897-1030.

___________________________________
Patient Accounts Coordinator
(516) 897-1030

Revised 05/13/09
% OF CHARITY DISCOUNT LETTER
DATE____________________

PATIENT’S NAME___________________________________

ADMISSION DATE___________________________________

DISCHARGE DATE___________________________________

ACCOUNT #_________________________________________

As per your request, we have reviewed your account for consideration of Financial Aid/Charity Care.

Based on the financial information that you have supplied, a portion of your account was written off as charity care in the amount of $___________, therefore your obligation towards the amount due is $___________, which can be paid to Long Beach Medical Center as follows:

Full payment is expected within 10 days from the date of this letter, or if you wish to make _______ payments of $___________ a month, please sign below.

____________________________________  _______________
Patient’s Signature     Date

Please note: If you become delinquent on monthly installments, account will be immediately referred to collections.

Method of payment:
☐ Cash       ☐ Check       ☐ Credit Card
☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Account #_______________________________ Expiration Date______________

_______________________________  ________________
Cardholder Signature    Date

We appreciate your prompt response.

Sincerely,

_______________________________
Patient Accounts Coordinator
(516) 897-1030

Page 29

Revised 05/13/09
CHARITY CARE
DENIAL LETTER
DATE_____________________

PATIENT’S NAME_________________________________________________

ADMISSION AND DISCHARGE DATES____________________________________

ACCOUNT #________________________________________________________

AMOUNT DUE_______________________________________________________

As per your request, we have reviewed your account for consideration of Financial Aid/Charity Care. Based on the financial information that you have supplied, your income exceeds the limit to qualify for Financial Aid/Charity Care, therefore, your obligation towards the amount due is $__________, which is payable to Long Beach Medical Center as follows:

Full payment is expected within 10 days from the date of this letter, or if you wish to make ____ payments of $__________ a month, please sign below.

____________________________________________________________________  ________________
Patient’s Signature Date

Please note: If you become delinquent on monthly installments, account will be immediately referred to collections.

☐Cash ☐Check ☐Credit Card
☐American Express ☐Discover ☐Master Card ☐Visa

Account #___________________________ Expiration Date______________

____________________________________________________________________  ________________
Cardholder Signature Date

If you disagree with this decision, please submit a letter requesting a reconsideration, the reason for your request, and all documentation in support of your request. Your letter must be returned to Long Beach Medical Center within 20 days of the date of this notice.

We appreciate your prompt response.

Sincerely,

___________________________________________
Patient Accounts Coordinator
(516) 897-1030

Revised 05/13/09
SECTION IV-A

LETTERS

SPANISH
INITIAL CHARITY CARE REQUEST LETTER SPANISH
Querido Señor(a):

En respuesta a su petición, le mandamos el formulario para considerar su caso como una cuenta de caridad. Por favor conteste todas las preguntas y regrese el formulario con toda su documentación de ingresos y gastos dentro de 15 días de la fecha de esta carta.

Tan pronto recibimos sus documentos le dejaremos saber nuestra decisión de 15 días.

REGRESE A ESTA DIRECCIÓN:

LONG BEACH MEDICAL CENTER
455 EAST BAY DRIVE
LONG BEACH, NY 11561

ATTN: Patient Accounts Department

Muchas Gracias,

Coordinador de Cuentas del Paciente
(516) 897-1030
Nombre__________________________________
Dirección_________________________________
_________________________________________
Teléfono__________________________________
Numero de miembros en su hogar______________

<table>
<thead>
<tr>
<th>Ingreso del Paciente</th>
<th>Ingreso del Cónyuge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salario</td>
<td></td>
</tr>
<tr>
<td>Pagos del Seguro Social</td>
<td></td>
</tr>
<tr>
<td>Compensación de Desempleo</td>
<td></td>
</tr>
<tr>
<td>Compensación de Discapacitado</td>
<td></td>
</tr>
<tr>
<td>Compensación del Trabajo</td>
<td></td>
</tr>
<tr>
<td>Alimenticia/Mantenimiento de Niños</td>
<td></td>
</tr>
<tr>
<td>Finanzas diviendo/Interés/Renta</td>
<td></td>
</tr>
<tr>
<td>Cualquier otro tipo de Ingreso</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

Afirmo que esta información es exacta, completa, y correcta a mi mejor discreción:

Firma_________________________________ Fecha____________________

Si tienes alguna pregunta o necesitas ayuda para completar esta aplicación, llame al departamento de cuentas del paciente al (516) 897-1030.

Si ha recibido una cuenta(s) del hospital marque el encasillado ☐

No es necesario enviarle un pago al hospital hasta que el hospital le envíe la determinación de su aplicación.

Por favor, enviar la aplicación completada con sus documentos a:

**Long Beach Medical Center**
Attn: Patient Accounts Department
455 East Bay Drive
Long Beach, NY 11561
DOCUMENTACIÓN NECESARIA PARA PRUEBA DE INGRESOS

Por favor adjunte los siguientes documentos como evidencia de sus ingresos y gastos en la sección 6 y 8 de su aplicación.

Si no adjunta la documentación su caso será rechazado por posible ayuda financiera.

☐ Copia de la planilla de impuestos, o si no fue llenada la planilla de impuestos, una carta del empleador verificando sus ingresos por los últimos cuarto periodos de pago. La carta de su empleador tiene que indicar el nombre, dirección, # de teléfono, u una firma notorizada.

☐ Copias de su pago de seguro de desempleo.

☐ Recibo de su pago de renta o hipoteca de su residencia.

☐ Constancia de pagos de pensión de alimento- divorcio y separación.

☐ Papeles de beneficios de retiro, compensación de trabajadores o pensiones

☐ Carta de mantenimiento de la persona responsable, con documentación de ingresos.

☐ Copias de recibo de teléfono, gas, electricidad, etc...

Si UD. Tiene alguna pregunta por favor de llamar al teléfono (516) 897-1030

Coordinador de Cuentas del Paciente
(516) 897-1030
% OF CHARITY
DISCOUNT LETTER
SPANISH
Fecha______________________

Nombre del Paciente________________________________

Fecha del Servicio__________________________________

Fecha de Alta______________________________________

Numero de Archivo_________________________________

Balance___________________________________________

En respuesta de su petición, hemos analizado su cuenta, para considerar su caso como una cuenta de caridad.

Basado en la información financiera que nos mando, el balance a pagar de su cuenta ha sido reducido por $__________, por tanto su obligación es el balance de $___________ el cual debe ser pagado a Long Beach Medical Center de la siguiente manera:

Pago total dentro de 10 días de esta carta, o, si usted desea puede pagar en ________ pagos de $__________ al mes.

____________________________________  ____________
Firma del Paciente     Fecha

AVISO: Si deja de someter sus pagos mensuales, su cuenta será transferida a una agencia de colección.

Método de pago:
☐ En Efectivo   ☐ Cheque       ☐ Tarjeta de Crédito
☐ American Express   ☐ Discover     ☐ Master Card   ☐ Visa

# de su tarjeta_______________________________ Fecha de vencimiento______________

____________________________________  ____________
Firma Autorizada    Fecha

Agradecemos su rejusta lo más pronto posible.

Sinceramente,

Coordinador de Cuentas del Paciente
(516) 897-1030

Revised 05/13/09
Fecha_____________________

Nombre_______________________________________________

Fecha de Admisión y de Alta_______________________________

Numero de cuenta________________________________________

Balance____________________________

Basado en la información financiera que nos mando, sus entradas excede el límite para ser cualificado por una cuenta de caridad. Por tanto su obligación es el balance de $_____________ el cual debe ser pagado a Long Beach Medical Center de la siguiente manera:

Esperamos su pagos en 10 días de la fecha de esta carta, o, si usted desea puede pagar en _________ pagos de $____________ al mes, por favor firme si acepta estos pagos mensuales.

____________________________________  ____________
Firma del Paciente     Fecha

AVISO: Si deja de someter sus pagos mensuales, su cuenta será transferida a una agencia de colección.

Método de pago:
☐ En Efectivo   ☐ Cheque   ☐ Tarjeta de Crédito
☐ American Express  ☐ Discover   ☐ Master Card   ☐ Visa

# de su tarjeta_______________________________ Fecha de vencimiento______________

____________________________________  ____________
Firma Autorizada    Fecha

Si usted no esta de acuerdo con la decisión, por favor someta una carta pidiendo una reconsideración. Incluya los documentos necesarios para apoyar su reconsideración. Tiene 20 días para someter esta carta a Long Beach Medical Center, a partir de la fecha en que reciba esta carta.

Agradecemos su repuesta lo más pronto posible.

Sinceramente,

Coordinador de Cuentas del Paciente
(516) 897-1030

Revised 05/13/09