



Patient Financial Assistance/ Charity Care Program Policy



John Muir Health is committed to a fair and reasonable process for providing financial assistance to patients who have sought medically necessary care at John Muir Health Medical Centers, but have limited or no means to pay for that care. We hope that patients work with us to determine if they qualify for financial assistance under this policy, and to pay for their care to the ability they are able to pay.

Payment Plans

John Muir Health offers a monthly payment plan option, at no interest, to help patients pay for their medical bills. When determining an appropriate payment plan for qualifying patients, financial responsibilities and family income are considered along with other pieces of information.

Uninsured Patient Discount

Uninsured patients do not have medical insurance through a third party payer coverage. For our uninsured patients, John Muir Health offers a substantial discount off the billed charges. This discount is automatically applied to the uninsured patient's bill.

Financial Assistance Program

This Policy applies to emergency room or trauma services resulting in:

- outpatient treatment in an emergency room setting
- an inpatient admission

This Policy only applies to services that are received at one of the Medical Centers:

- by a provider in the John Muir Health Physician Network
- during emergency room or trauma services, or during an inpatient admission.

Financial Qualifications under the Financial Assistance Program

A patient qualifies for financial assistance under this program if:

1. His or her gross income before taxes, is no greater than 400% of the Federal Poverty Guidelines ("FPG"). (Income includes wages and salary, welfare payments, social security payments, strike benefits, unemployment benefits, child support and alimony, dividends and interest, rental payments and other direct sources of income ("Family Income").

AND

He or she does not have medical insurance coverage from HMO, PPO, EPO, Medicare, Medi-Cal or any other commercial third-party payor, and his or her injury is not a compensable injury for purposes of workers' compensation, automobile insurance or other insurance.

-OR-

2. His or her gross income before taxes is no greater than 400% of the Federal Poverty Guidelines (“FPG”). (Income includes wages and salary, welfare payments, social security payments, strike benefits, unemployment benefits, child support and alimony, dividends and interest, rental payments and other direct sources of income (“Family Income”).

AND

He or she has some form of third-party insurance coverage, resulting in disqualification for a discounted rate from John Muir Health, and his or her annual out-of-pocket costs for medical expenses exceed 10% or more of his or her actual family income in the prior 12 months or the annualized value of his or her current family income.

Applying for the Financial Assistance Program

In order to qualify for financial assistance under this policy, a patient (or his or her guardian or family member) must:

1. Cooperate with John Muir Health in identifying and determining alternative sources of payment or coverage from public and private payment programs
2. Submit a true, accurate and complete application for financial assistance
3. Provide a copy of his or her most recent pay stubs (or certify that he or she is currently unemployed)
4. Provide a copy of his or her most recent federal income tax return (including all schedules)
5. Provide such documents and information regarding his or her monetary assets as may be reasonably requested by John Muir Health

Information provided by the patient regarding the patient’s monetary assets will only be used to determine if a patient qualifies for financial assistance under this policy. It will not play a role in the medical care that the patient receives.

Procedures

Finding out about the Policy:

1. If a patient’s financial situation is revealed during an interview with a Financial Counselor, the patient will be instructed about the availability of financial assistance under this policy.
2. Patients will also be informed of available assistance with a handout provided at the Medical Centers, and available at the billing office and on the website.
3. The Financial Assistance Program’s availability and referral number(s) will be included on the patient’s bill.
4. Information and instructions for enrollment in this policy are also posted in the emergency room, all hospital units and the main Admitting Department.
5. Patients will also be provided information about this policy before being sent to collections.

Application Process:

1. A patient, or a patient’s guardian or legal conservator, may obtain an application and apply to the Patient Assistance Program by calling the billing office, by speaking to a Financial Counselor on site at the Medical Centers, or visiting the John Muir Health website.
2. Applications to the program for outstanding balances will be first examined and approved by a program representative. This review will ensure patients are financially qualified patients for the program.

Decision and Result Process:

1. Applications will be reviewed monthly for approval. Balances will be submitted for write-off and will follow the signature authority pursuant to JMH Write-Off Guidelines.
2. Patients who qualify for the Financial Assistance Program cannot be charged more than the Medicare fee-for-service allowable for Medically-Necessary Hospital Service.
3. Any patient payments to an account which has qualified under the terms of this policy will have the amount of the payment refunded to the patient with interest, or applied to owing accounts that do not qualify for this program.

Appeal Regarding Application of this Policy

1. In the event that a patient believes their application was not properly considered, they may submit a written request for reconsideration to the Director of Single Business Office of John Muir Health.

Non-Discriminatory Application of this Policy

Any decisions made, including the decision to grant or deny financial assistance under this Policy, shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

To obtain a free copy of the John Muir Health Financial assistance application, Financial Assistance Policy, or this Plain Language Summary, you can

- visit the website
<https://www.johnmuirhealth.com/patients-and-visitors/payment-and-insurance/patient-financial-assistance-program.html>
- call the billing office customer service line Monday - Friday, 8:00 a.m. – 4:30 p.m.
(925) 947-3336, excluding holidays, or
- request a copy in person at any of the John Muir Health facilities identified below.

The documents are available in English, Spanish, and other designated languages.

Assistance with the Financial Assistance application process is available at the John Muir Health facilities identified below or by calling the numbers listed below.

Contact the Single Business Office Customer Service Team

Monday - Friday, 8:00 a.m. – 4:30 p.m. (925) 947-3336, excluding holidays.

Contact a Financial Counselor

Monday - Friday, 8:00 a.m. - 4:30 p.m.

Concord Medical Center 2540 East Street Concord, CA 94520 (925) 674-2425

Walnut Creek Medical Center 1601 Ygnacio Valley Road Walnut Creek, CA 94598 (925) 947-5352

Behavioral Health Center 2740 Grant Street Concord, CA 94520 (925) 674-4100



**JOHN MUIR
HEALTH**

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johnmuirhealth.com