Charity Care & Financial Assistance Program Plain Language Summary and Application

Charity Care and Financial Assistance Offered

Kern Valley Healthcare District (KVHD) offers charity care and financial assistance through its Charity Care and Financial Assistance Policy to patients who are uninsured, underinsured, or insured patients with high medical costs. Our Financial Counselor will review individual cases and will decide on the financial assistance that may be offered prior to, during, or after services are provided. An individual who qualifies for a financial assistance discount will not pay more than Medicare or Medi-Cal would pay for the same service, whichever is greater. KVHD shall offer hospital inpatients and hospital outpatients discounted care in accordance with the KVHD Financial Assistance Policy for Emergency and Medically Necessary Services.

Charity Care and Financial Assistance Guidelines

- Charity Care (free care) and Financial Assistance (discounted care) is available for emergency medical care and medically necessary care provided by Kern Valley Healthcare District.
- Eligibility is based on the individual or a family's annual income and family size.
- Income is annual individual or family earnings from the prior 12 months or prior tax year, as shown by recent pay stubs or income tax returns, less payments made for alimony and child support.
- Eligibility is determined after reviewing an applicant's Charity Care/Financial Assistance application and supporting documentation.

Required Documentation

To be considered, a submitted application must include supporting financial documentation for either charity care or a financial assistance discount. For patients applying for charity care the hospital will request paystubs or current W2 and all monetary asset information For patients applying for a financial discount only the hospital will request recent paystubs or a current W2.

- Completed and signed financial assistance application (attached)
- Two recent pay stubs (2 months' worth) or most current W2 are required for both charity care and financial assistance.
- If applying for charity care the patient must also provide documentation of all monetary assets but shall not include statements on retirement or deferred compensation plans.
- If an individual has no source of income, a letter stating how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.
- Applications received without proof of family income or incomplete applications cannot be processed.

Program Qualifications

- Charity Care is free care for an uninsured individual or family whose gross annual income is at or below 100% for the Federal Poverty Level.
- Financial Assistance is discounted care for uninsured or underinsured individuals or families whose gross annual income is between 101% and 400% of the Federal Poverty Level.
- Insured patients with high medical costs are eligible to apply for a discount as well. To be eligible, applicants' medical costs must be more than 30% of their monthly gross income.

Have Questions or Need Help Applying

Have questions, need assistance with completing the application, or submit a completed application with supporting documentation, contact KVHD's Financial Counselor (Monday-Friday 8;00 a.m. to 4:30 p.m.) through the following methods:

1. Phone: 760-379-2681 ext. 512
2. In person: 6412 Laurel Ave., Lake Isabella, CA 93240
3. By mail: P.O. Box 1628, Lake Isabella, CA 93240

Email:**billing@kvhd.org**

FINANCIAL ASSISTANCE APPLICATION

Please complete this entire application to be considered under the Financial Assistance (discounted care) and Charity Care (free care) Program. List the total number of dependents, including yourself, at your address. **Incomplete applications and applications missing required documents cannot be processed.**

Name: _____
First Middle Last

Address: _____
Street/P.O. Box City State Zip Code

Phone Number(s): _____Cell Phone Number(s): _____

Social Security Number: _____ Date of Birth: _____ Hourly Rate of Pay $: _____

Employer _____ Phone Number: _____ Occupation: _____

DEPENDENTS (list each by name and age):

Name: _____ Age: _____ Name: _____Age: _____

Name: _____ Age: _____ Name: _____Age: _____

Name: _____ Age: _____ Name: _____Age: _____

Name: _____ Age: _____ Name: _____Age: _____

Please use a separate sheet of paper if more room is needed.

ESSENTIAL LIVING EXPENSES
If you want this information considered for an extended payment plan.

Rent/Mortgage $: _____ Loans $: _____ Utilities $: _____ Alimony $: _____

Food $: _____ Child Support $: _____ Medical $: _____ Insurance Premiums $: _____

I certify that, to the best of my knowledge, the above information is true and accurate. I authorize Kern Valley Healthcare District to verify any information given on this application.

_____ _____
Patient or Responsible Party Signature Date

For KVHD use only: circle one

Approved Charity Care Approved Financial Assistance Discount Not Approved

Discount Percentage: _____

Decision rationale:

_____

KVHD Employee: _____ Date: _____

ATTENTION: If you need help in your language, please call (760) 379-2681 EXT 512 or visit Kern Valley Healthcare District. The office is open 8:00 am to 4:30 pm and located at 6412 Laurel Ave., Lake Isabella, CA 93240. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

ATENCIÓN: Si necesita ayuda en su idioma, llame al (760) 379-2681 EXT 512 o visite Kern Valley Healthcare District. La oficina está abierta de 8:00 am a 4:30 pm y está ubicada en 6412 Laurel Ave., Lake Isabella, CA 93240. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

注意：如果您需要您語言的協助 請致電 (760) 379-2681 EXT 512 或造訪克恩谷醫療區。該辦公室的營業時間為上午8:00 點至下午4:30 點， 地址為6412 Laurel Ave., Lake Isabella, CA 93240。也為殘疾人士提供幫助和服務， 例如點字、大字體、音訊和其他無障礙電子格式的文件. 這些服務是免費的。

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi (760) 379-2681 EXT 512 hoặc đến Khu chăm sóc sức khỏe Kern Valley. Văn phòng mở cửa từ 8:00 giờ sáng – 4:30 giờ chiều và tọa lạc tại 6412 Laurel Ave., Lake Isabella, CA 93240. Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa (760) 379- 2681 EXT 512 o bisitahin ang Kern Valley Healthcare District. Ang opisina ay bukas 8:00 am - 4:30 pm at matatagpuan sa 6412 Laurel Ave., Lake Isabella, CA 93240. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malalaking print, audio, at iba pang naa-access na electronic format. Ang mga serbisyong ito ay libre.

주의: 귀하의 언어로 도움이 필요하시면 (760) 379-2681 EXT 512 로 전화하시거나 Kern Valley Healthcare District를 방문하십시오. 사무실은 오전 8:00 시부터 오후 4:30시까지운영되며 주소는 6412 Laurel Ave., Lake Isabella, CA 93240입니다. 점자 문서, 큰 활자체,오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도제공됩니다. 이러한 서비스는 무료입니다.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել (760) 379-2681 EXT 512 հեռախոսահամարով կամ այցելել Kern Valley Healthcare District: Գրասենյակը բաց է առավոտյան 8:00-ից մինչև երեկոյան 4:30-ը և գտնվում է 6412 Laurel Ave., Lake Isabella, CA 93240 հասցեում: Հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, ինչպիսիք են փաստաթղթերը բրայլյան, խոշոր տպագիր, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով, նույնպես հասանելի են: Այս ծառայություններն անվճար են:

760 (379- 512 EXT ا (B2681 لطفا د،ᗫ از دارᑌمک ن ᑕ Bه ان خود∀ه زB ر/ت توجه: اه مراقᑌا از ناح دƐ Ꮐᓄ·ᗫ گB تماس

بهداشLaurel 6412 Kern Valley از است و درB عد از ظهر4:30 B از ساعت 8:00صبح تا ᓄ· د. این دفᑌد کنƐازدB ᑌ

Ave., Lake Isabella, CA 93240 Bه ت، مانند اسنادᑌبرای افراد دارای معلول ᓄ و خدما° م ᑕ واقع شده است. خدمات

ندᗸان هسƐ⁄⁄نند. این خدمات راᗸموجود هسᏀ ᓄ· س ن ᓄ· ل دسBقاᑌ° ون ᓄل، چاپ درشت، صدا، و سایر فرمت های الᑯᗫخط ب.

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону (760) 379- 2681 EXT 512 или посетите медицинский округ Керн-Вэлли. Офис открыт с 8:00 до 16:30 и расположен по адресу 6412 Laurel Ave., Lake Isabella, CA 93240. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, написанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

注意: あなたの言語でサポートが必要な場合は (760) 379-2681 EXT 512 に電話するか、Kern Valley Healthcare District にアクセスしてください。オフィスの営業時間は午前 8 時から午後 4:30 時までで、住所は 6412 Laurel Ave., Lake Isabella, CA 93240 です。点字、大きな活字、音声、その他のアクセス可能な電子形式の文書など、障害のある人向けの支援やサービスも利用できます。これらのサービスは無料です。

مساعدة إذا كنت بحاجة إلى ه :
760 (379- EXT 512 الرقم 2681 الاتصال ارة منطقة لغتك، فأو قم ب
الرعا الصحة ك وادي المكتب مفت .ن ص 8:00 الساعة من ح 4:30 احا مساء و ع 6412 Laurel Ave.,
المس مثل الإعاقة، ذوي للأشخاص والخدمات المساعدات الندات المكت بة براقة Lake Isabella, CA 93240.
ضا .هذه الخدمات مكن الوصول إليها متوفرة أ ال ونة قات الإل ها من الت س ة والصوت وغ ب والمطبوعات ال
مجان. ة

ਿਧਆਨ ਿਦਓ: ਜੇਕਰ ਤੁਹਾਨੰ ੂ ਆਪਣੀ ਭਾ©ਾ ਿਵੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤ ਿਕਰਪਾ ਕਰਕੇ (760) 379-2681 EXT 512 'ਤੇ ਕਾਲ ਕਰੋ ਜ ਕੇਰਨ ਵੈਲੀ ਹੈਲਥਕੇਅਰ ਿਡਸਿਟ ਕਟ 'ਤੇ ਜਾਓ। ਦਫ਼ਤਰ ਸਵੇਰੇ 8:00 ਵਜੇ ਤ ©ਾਮ 4:30 ਵਜੇ ਤੱਕ ਖੱੁਲ ਾ ਰਿਹੰਦਾ ਹੈ ਅਤੇ 6412 ਲੌਂ ਰੇਲ ਐਵੇਿਨਊ, ਲੇਕ ਇਜ਼ਾਬੇਲਾ, CA 93240 'ਤੇ ਸਿਥਤ ਹੈ। ਅਸਮਰਥਤਾਵ ਵਾਲੇ ਲੋਕ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵ , ਿਜਵ ਿਕ ਬ ੇਲ ਿਲਪੀ ਿਵੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡੇ ਿਪੰਟ , ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੰੁਚਯੋਗ ਇਲੈਕਟ ਾਿਨਕ ਫਾਰਮੈਟ। ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵ ਮੁਫ਼ਤ ਹਨ।

យកចិតទុកដក់៖ ប្រសិនេបើអ្នកត្រូវការជំនួយ របស់អ្នក សូ មទូរស័ព្ទេលខ (760) 379- 2681 EXT 512 ឬចូ លេទ Kern Valley Healthcare District។ ការិយាល័យេនះេបើកពីេម៉ាង 8:00 ព្រឹកដល់េម៉ាង 4:30 ល្ងាច េហើ យមានទីតាំងេនៅ 6412 Laurel Ave., Lake Isabella, CA 93240 ។ ជំនួយ និងេសវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារ អក្សរ ប ជាអក្សរពុម្ពធំ អូឌីយូ និងទម្រង់េអឡិចត្រូនិចែដលអាចចូលេប្រើបានេផ្សងេទៀតក៏មានផងែដរ។ េសវាកម្មទាំងេនះមិនគិតៃថ្លេទ។

CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau (760) 379-2681 EXT 512 lossis mus ntsib Kern Valley Healthcare District. Lub chaw ua haujlwm qhib thaum 8:00 teev sawv ntxov -4:30 teev tsaus ntuj thiab nyob ntawm 6412 Laurel Ave., Lake Isabella, CA 93240. Kev pab thiab kev pabcuam rau cov neeg xiam oob khab, xws li cov ntaub ntawv hauv cov ntawv braille, cov ntawv luam loj, suab, thiab lwm yam khoom siv hluav taws xob kuj muaj. Cov kev pabcuam no pub dawb.

ध्ान दें: यिद आपको अपनी भाषा में सहायता चािहए, तो कृ पया (760) 379-2681 EXT 512 पर कॉल करें या के नर वैली हेल्थके यर िडिस्ट्रक्ट पर जाएँ । कायार्लय सुबह 8:00 बजे से शाम 4:30 बजे तक खुला रहता है और 6412 लॉरेल एवेन्यू, लेक इसाबेला, सीए 93240 पर िस्थत है। िवकलांग लोगों के िलए सहायता और सेवाएँ , जैसे ब्रेल में दस्तावेज़, बड़े िप्रंट, ऑिडयो और अन्य सुलभ इलेक्ट्रॉिनक प्रारूप भी उपलब्ध हैं। ये सेवाएँ िनःशुल्क हैं।

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร (760) 379-2681 EXT 512 หรือไปที่ Kern Valley Healthcare District สำนักงานเปิดทำการเวลา 8.00 น. - 16.30 น. และตั้งอยู่ที่ 6412 Laurel Ave., Lake Isabella, CA 93240 นอกจากนี้ยังมีบริการช่วยเหลือและบริการสำหรับคนพิการ เช่น เอกสารอักษรเบรลล์ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่เข้าถึงได้อื่นๆ อีกด้วย บริการเหล่านี้ฟรี