



How to Apply

If the patient is unable to pay the estimated out-of-pocket expenses, the patient will be financially assessed during the pre-admission or admission process in accordance with ACHC.BO.0 150 Financial Counseling policy. During the counseling session, the Patient Responsibility Worksheet (Attachment A -Policy ACHC.BO.0150 Financial Counseling) will be utilized by the facility to assist in determining the capacity of the patient/responsible party to pay their estimated liability.

Determining Qualification for Financial Assistance

The Patient Responsibility Worksheet along with the Financial Disclosure Form will be reviewed by the Business Office Director (BOD) and facility CFO. These completed forms are required for the qualification of patients for financial assistance.

All supporting documentation should be attached to the Financial Disclosure Form such as insurance verifications, bank statements, proof of income and Equifax.

Documentation for income verification must be provided to the facility within **30** days of discharge for the patient/responsible party to be eligible for financial assistance. To complete Income Verification, the facility must have one of the following:

- Most Recent Income Tax Return
- Most Recent Paystubs (must span 4 weeks or 30-day period)
- Social Security Statement of Earnings
- SSI Disability Benefit Letter or Current Bank Statement showing Monthly Deposit
- SSI Income via Direct Express is acceptable when a bank statement is unavailable.
- Unemployment Vouchers (must span 4 weeks or 30-day period)
- Letter from a Third Party Source such as a Shelter, Mission or Group Home confirming Financial Status
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Equifax can be used to further analyze patient's financial status for medically indigent patients but cannot be the primary source of data in the qualification process. Income verification documentation is the primary method in which financial assistance will be determined. There are no exceptions to this documentation requirement to receive financial assistance.

Final approval of the financial assistance offered to the patient will be determined by the facility management (CFO/CEO) based on their review of the completed Patient Responsibility Worksheet, the completed Financial Disclosure Form and documentation required for verifying income and assets of the patient/responsible party.



Method for the Calculating of the Amount of Financial Assistance (Discounts)

This method uses the Federal Poverty Guideline (FPG) Schedule as a guide for facilities in conjunction with the completion of the Financial Disclosure Form and determination of any financial assistance,

This method. This schedule can be accessed from the internet by putting the following data in your web browser – <https://uspe.hhs.gov/poverty-guidelines>. For Pacific Grove Hospital in the State of California, scale is 100% discount up to 400% FPG. First, find the number of the guarantor's dependents under the column labeled "Family Size". Then, locate the guarantor's gross annual income on the same row as the Family Size. In most cases, the guarantor's income will fall between two percentage categories (much like the tax schedule individuals use each year in determining how much they owe the government).

Income Level	% of Discount on Total Charges
Equal to or less than 133% of PG	100%
133%-150% of FPG	75%
150% - 200% of FPG	50%
200% - 400% of FPG	25%
Greater than 400% of FPG	0%

A Notification of Determination of Eligibility for Financial Assistance is provided as a notification letter to inform patients/responsible parties of the facility's determination of financial assistance.

Hospital Bill Complaint Program	More Help	How to access if you have disability or need in another language
Contact our Business Office Tel: 951-275-8400 Ext. 225 Fax: 951-779-7826	Contact our Business Office Tel: 951-275-8400 Ext. 225 Fax: 951-779-7826	Contact our Business Office Tel: 951-275-8400 Ext. 225 Fax: 951-779-7826