



CHARITY DISCOUNT

Pacific Grove Hospital offers financial assistance that provides free or discounted hospital care to our patients. This assistance is granted based on the patient's or responsible party's capacity to pay the estimated patient's responsibility of the bill.

How to Apply

If the patient or responsible party is unable to pay the estimated out-of-pocket expenses, the patient or responsible party may apply for financial assistance by completing the Financial Disclosure form [here](#), which is to be submitted with the patient or responsible party's proof of income.

Proof of Income Required:

- Income Tax Return which documents income for the year in which the patient was first billed or 12 months prior to when the patient was first billed by the hospital.
- Paystubs within a 6-month period before or after the patient is first billed by the hospital.

NOTE: Completion of the Financial Disclosure Form does not guarantee qualification for Charity Discount. Final approval of the financial assistance will be determined by the hospital management (CEO/CFO) based on their review of the submitted Financial Disclosure Form and the documents supporting proof of income.

Financial Assistance Guideline

Discounts will be granted based on the Patient or Responsible Party's income level compared to the Federal Poverty Guideline (FPG). See <https://aspe.hhs.gov/topics/poverty-guidelines>. The percentage of discounts will be based on the Income Levels shown on the schedule below:

Income Level	% Discount on Patient Responsibility
Equal to or less than 133% of FPG	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 will be provided to inform the patient or responsible party of the hospital's determination of the request for financial assistance.

Payment Plan

If the patient or responsible party cannot pay the entire estimated amount of responsibility, the hospital and the patient will negotiate an extended payment plan to set up monthly payment over a period. The patient's or responsible party's family income and essential living expenses will be considered.

If the hospital and the patient or responsible party cannot agree on the payment plan, the hospital shall create a reasonable payment plan, where monthly payments are not more than 10% of the patient's or responsible party's monthly family income, excluding deductions for essential living expenses.

Refund

Any payment received more than the final amount due will be refunded to the patient or party responsible.

Hospital Bill Complaint and Other Assistance

If you have a hospital bill complaint, have questions regarding your bill or need further assistance to understand your claim or the Charity Discount application, please contact our Business Office at (951) 275-8400 ext. 225 or send a Fax at (951) 779-7826 and a representative will call you back to assist you.

Additional Resources

- **Health Consumer Alliance (HCA)** offers free over-the-phone or in-person assistance to help anyone struggling to get or maintain health coverage and resolve problems with their health plans. (<https://healthconsumer.org>)
- **Covered California** is a free service that connects Californians with brand name health insurance under the Patient Protection and Affordable Care Act. It is the only resource where you can get financial help when you buy health insurance from well-known companies. When you apply, you may qualify for a discount on a health plan through Covered California or get insurance through the State's Medi-Cal program. CoveredCA.com is sponsored by Covered California and the Department of Health Care Services (<https://www.coveredca.com>).