

## **Patient Financial Assistance/Charity Care**

### **Purpose:**

To strive to be the trusted leader in quality health care that is personalized, compassionate and innovative for the patients we serve. USC Verdugo Hills Hospital is dedicated to research and clinical excellence and focused on improving the health care for the community we serve. We stand committed to help meet the needs of low-income uninsured, underinsured or patients with High Medical Costs as an important element of our commitment to our community. This policy defines how VHH demonstrates its long-standing commitment to achieving its mission and values while remaining compliant with all EMTALA policies and regulations.

The Financial Assistance and Discount Policy (Policy) sets forth VHH's parameters regarding charity care and/or discounts for qualified patients. VHH will not deny emergencies or other medically necessary care based on the ability to pay. The facility will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

Hospital services do not include those services provided by The Keck School of Medicine of USC (KSOM), USC Care or any independent physicians, each of which, bills separately for care provided. VHH does not control the Charity Care or a discounted rate program of any physician billing. If you are approved for Charity Care or a discounted rate VHH's Policy, please provide our approval letter to the USC Care physician(s) billing office for financial assistance consideration. This Financial Assistance policy does not cover any charges that are considered unrelated business income to the hospital.

### **Policy:**

VHH will make every reasonable effort to identify and assist eligible patients in meeting their financial obligation to pay for hospital services. Financial assistance is designed to aid patients with demonstrated financial need and is not intended to supplement or circumvent third party coverage, including Medicare and/or Medical. Financial assistance information for VHH is widely publicized, both to the community and to VHH's patient population. Review can be facilitated with interpreters (language, vision, and hearing) or written materials as requested by the individual. VHH will respect the

dignity and privacy of any patient who requires assistance in meeting their financial obligation as described in the procedural sections below.

## **Definitions**

For the purposes of this policy the following definitions and requirements apply:

### **Charity Care**

That portion of care provided by a hospital to a patient for which a third-party payer is not responsible, and the patient is unable to pay, and for which the hospital has no expectation of payment.

### **Discounted Payment**

Limited, expected payment for emergency and medically necessary services to a discounted rate for financially qualified patients whose income is between 201 and 400%, inclusive, of the Federal Poverty Level.

### **Extraordinary Collection Action**

Any action against an Individual(s) responsible for a bill related to obtaining payment of a Self-Pay Account that requires a legal or judicial process. ECAs also includes transferring of a Self-Pay Account to another party for purposes of collection without the use of legal or judicial process or the reporting of adverse information to credit agencies/bureaus.

### **Essential Living Expenses**

Expenses for any of the following: rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or childcare; child and spousal support; transportation and auto expenses, including insurance, gas and repairs; installment payments; laundry and cleaning; and other extraordinary expenses

### **Established Cash Price**

The expected payment amount after the application of a discount from its full charges for services offered to patients who have no insurance or qualify under the hospital's discount payment policy.

### **Federal Poverty Level**

The most recent poverty guidelines periodically adopted by the federal Department of Health and Human Services for determining financial eligibility for

participation in various programs based upon family size as applicable to California.

## Homeless

A person is Homeless if he/she lives:

1. In a place not meant for human habitation such as streets, cars, abandoned buildings, parks.
2. In emergency shelters.
3. In transitional or supportive housing (for people coming from the street or a shelter) and.
4. In any of the above places but is in a hospital/institution short-term (30 days or less).
5. In a private dwelling but will be evicted within a week.
6. In an institution but will be discharged within a week and the discharging institution does not provide housing as part of discharge planning.
7. Without a secure living environment because the patient is a victim of domestic violence.

## Income

Includes, but is not limited to, wages, salaries, Social Security payments, public assistance, unemployment, veterans' benefits, child support, alimony, pensions.

## Medically Necessary Services

A medically necessary service or treatment is one that is necessary to treat or diagnose a patient and could materially adversely affect the patient's condition, illness, or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.

## Patient

Patient refers to the individual seeking services or the individual responsible financially for services VHH defines the guarantor as the patient unless mentally incapacitated or a minor.

## Patient's Family

For patients 18 years of age and older, the family includes the patient's spouse, registered domestic partner and dependent children under 21 years of age,

whether living at home or not. Includes dependent children of any age if those children are disabled.

Patients (1) under 18 years of age or (2) who are 18 to 20 years of age and are a dependent child, included other dependent children of the patient's parents or caretaker's relatives if those other children are disabled.

## Patient with High Medical Costs

Patient who meets *all* the following requirements:

1. A patient with third party coverage (i.e., not a Self-Pay Patient).
2. A patient whose family income does not exceed 400 percent of the Federal Poverty Level; and
3. A patient whose annual out-of-pocket costs incurred by the individual at VHH exceed 10 percent of the patient's current family income or 10% of the patient's family income over the prior 12 months, or whichever is lower; if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.

## Presumptive FA Eligibility:

VHH recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance (FA) application process. If the required information is not provided by the patient, VHH utilizes an automated, predictive scoring tool to qualify patients for Charity Care. The PARO™ tool predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. PARO provides estimates of the patient's socio-economic standing, as well as the patient's household income and size.

## Self-Pay Patient

A patient who meets the following criteria:

1. No third-party insurance.
2. No Medi-Cal or other government-sponsored program; and
3. No coverage under Workers Compensation, automobile insurance, or other insurance as determined and documented by VHH.

## Procedure

### Communication and Patient/Account Identification

- A. VHH widely publicizes its policy through the following means:
  - a. VHH makes the policy, the financial assistance application, and a plain language summary of the policy available on its website. The plain language summary is also mailed out with every patient billing statement.
  - b. VHH makes paper copies of the policy, the financial assistance application, and a plain language summary available to patients or members of the community on request and without charge, both by mail and in the admissions areas of VHH and in Patient Accounting Customer Service. VHH has determined the percentage or number of LEP (limited English proficiency) individuals in the hospital facilities' community. VHH will provide these policies in English, Spanish and other languages based on Los Angeles Service Planning Area which is the community served by VHH.
  - c. VHH notifies and informs members of the community served by VHH of the policy through the posting on VHH's Website and through posting in all locations with high patient volumes including, but not limited to, patient arrival locations, and check out areas, the billing office, and ancillary service locations. The website and the public postings inform patients where more information may be obtained.
  - d. VHH notifies and informs individuals who receive care from VHH about the Policy by doing the following:
    - i. Offering a copy of the plain language summary to patients as part of the intake or discharge process and providing written information about financial assistance to all self-pay patients. This material includes a statement about how patients may obtain additional information.
    - ii. Including a conspicuous written notice on billing statements that (a) notifies recipients about the availability of discounted payment or charity care under the Policy, (b) includes the telephone number of Patient Financial Services department, which can provide additional information about the Policy and the application process, and also includes the direct Web site address where copies of the Policy, the financial assistance application, and the plain language summary of

the Policy may be obtained; and (c) includes a statement that if a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for financial assistance from VHH, neither application shall preclude eligibility for the other.

- iii. Posting conspicuous public displays that notify patients of the Policy in public areas of VHH, including the admissions areas and that also inform patients where they may obtain additional information.
- iv. (Cal. Health & Safety Code § 127420(b); 26 U.S.C. § 501(r)—(4)(a)(5)).
- e. Written materials regarding the Policy are available in English and Spanish and other languages. Language interpretive services are provided whenever necessary to facilitate the patient's understanding and participation in payment options for financial assistance.
- f. Once a completed application is received, a financial assistance determination will be made as soon as reasonably possible. VHH personnel will make all reasonable efforts to obtain information from patients about whether private or public health insurance may fully or partially cover the expense of their care. VHH staff will assess the patient's eligibility for all available payer linkage options.
- g. Patients' accounts for hospital services that may be appropriate for financial assistance include the following:
  - i. Uninsured patients with no or limited means to pay.
  - ii. Insured patients who are unable to pay patient liabilities, e.g., deductibles, co-insurance, or co-pays, as required by third party coverage, including Medicare deductible or coinsurance and Medi-Cal Share of Cost.
  - iii. Patients with High Medical Costs as defined in definitions.
- h. Patients that qualify will not be billed more than AGB (amounts generally billed) for emergency or medically necessary care. The Look Back Method will be used to determine AGB.
- i. Amounts Generally Billed (AGB) is based on the billing and coding process VHH uses for Medicare fee-for-service for emergency or

medically necessary services. Total expected payment from Medicare is divided by total expected billed charges for such claims, and that number is subtracted from 1 to calculate the AGB percentage. The VHH AGB reduction to gross charges is adjusted with any changes to charges.

#### B. Financial Assistance Application Process

- a. VHH personnel will assist any patient unable to pay for services, who cooperatively provides information about his/her ability to pay. If the patient requests charity care or a discounted payment and fails to provide information that is necessary for the hospital to make a determination, the hospital may consider that disqualification, but patients can reapply at any time.
- b. The financial assistance determination may be based on the patient providing individual or household income and family size information in the form of federal tax returns or pay stubs.
  - i. The following additional information may be required:
    - 1. Family size (includes legally qualified dependents) used to determine the appropriate benchmark.
- c. Eligibility for financial assistance may be determined at any time VHH is in receipt of qualifying information. This includes pre-qualification prior to services being rendered.

#### C. Financial Assistance and Discount Determination and Eligibility

- a. To qualify for charity care, the following criteria must be met:
  - i. The services are emergencies and/or medically necessary, not cosmetic.
  - ii. For income levels at or below 200% of FPL, the entire hospital bill will be forgiven.
- b. To qualify for discounts care, eligibility will be granted on a sliding scale basis starting at 201%, which may be less than what may be available under the charity care program. The following eligibility requirements will be reviewed: paycheck stubs or tax returns.
- c. VHH's sliding scale table:

| <b><i>Income Level (%FPL)</i></b> | <b><i>Discount</i></b> | <b><i>Patient Pays</i></b> |
|-----------------------------------|------------------------|----------------------------|
| <b>0-200%</b>                     | 100%                   | 0%                         |
| <b>201-215%</b>                   | 90%                    | 10%                        |
| <b>216-230%</b>                   | 80%                    | 20%                        |
| <b>231-245%</b>                   | 70%                    | 30%                        |
| <b>246-260%</b>                   | 60%                    | 40%                        |
| <b>261-275%</b>                   | 50%                    | 50%                        |
| <b>276-290%</b>                   | 40%                    | 60%                        |
| <b>291-305%</b>                   | 30%                    | 70%                        |
| <b>306-320%</b>                   | 20%                    | 80%                        |
| <b>321-335%</b>                   | 10%                    | 90%                        |
| <b>336-400%</b>                   | 5%                     | 95%                        |

- d. Patients who are determined to be Homeless or who qualify under Presumptive FA Eligibility (as defined below) and not participating in another financial assistance program will be granted 100% financial assistance.
- e. All uninsured patients will be offered VHH's Established Cash Price for services rendered. If the patient's income is over 400% of the FPL, the patient will not automatically qualify for any additional write-off of the hospital bill. However, other considerations for eligibility may be made if the patient is unable to pay the Established Cash Price and at the discretion of Revenue Cycle Leadership. These considerations include:
  - i. Presence of extenuating circumstances such as catastrophic medical events or other special situations. Any or all such cases require specific management approval.
  - ii. The presence of an applicable recent bankruptcy of the patient or third-party providing coverage for the patient.

- f. In determining the total amount an uninsured patient would be held responsible for if they only qualified for partial financial assistance, the Established Cash Price, not the total gross charges, will be used.
- g. Circumstances where applications may not be required:
  - i. Patients who have previously been identified as eligible for financial assistance may be granted financial assistance without repeating the full financial evaluation process for a period of six months.
  - ii. Determination of eligibility will be made based on all requested documentation.
  - iii. Should it be determined that the patient has paid more than required, a refund will be issued including interest. However, VHH is not required to reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00)
  - iv. Patients requesting to appeal financial assistance determinations may submit their requests to the Associate Administrator of Revenue Cycle.

### Account Management/Notification Requirement

- A. VHH posts the availability of this policy at all locations with high patient volume, including admission and registration areas, outpatient settings and the Patient Account office.
- B. VHH will provide patients with written notice containing information about availability of the policy including information about eligibility, as well as contact information for additional information. This written notice also will be provided to patients who receive outpatient care and who may be billed for that care but were not admitted as an inpatient.
- C. VHH billing statements communicate the availability of government-sponsored programs for any patient who has not provided proof of coverage at the time of billing. VHH shall provide the following information with a patient's bill:
  - a. A statement of charges for services provided by VHH.
  - b. A request that the patient inform VHH if the patient has health insurance coverage, including Medicare, Healthy Families, Medi-Cal or other coverage.

- c. A statement indicating how patients may obtain applications for government-sponsored coverage and that VHH will provide these applications; and
  - d. The VHH telephone number from which a patient may obtain information about VHH's Policy, and how to apply for financial assistance.
- D. Each patient billing statement will include a prominent statement indicating the availability of financial assistance. The bill will also indicate the dates of hospital services and if a third party has been billed.
- E. Patient bills will include information about a VHH contact, including an address and telephone number patients may call when they have questions about their bill. Patient billing questions will be responded to promptly by telephone or in writing.
- F. If the patient fails to engage in the collections cycle, and formal collections are required, VHH will follow all fair debt and collections practices according to this Policy and will act in a manner that treats patients with dignity, respect, and compassion. Prior to formal collections, VHH will provide written notice containing:
  - a. Nonprofit credit counseling services that may be available in the area.
  - b. A plain language summary of the patient's rights pursuant to California Health and Safety Code Section 127430(a).
  - c. Patients will be sent a notice of the following information: (1) date of service; (2) name of entity to whom debt is being assigned; (3) how to get an itemized bill; (4) and an application for financial assistance.
- G. Accounts being evaluated for financial assistance will not be turned over to an internal or external collection agency until the conclusion of the financial assistance evaluation, which will occur in the event of the patient's failure to produce requested information or otherwise cooperate in pursuing financial assistance.
- H. All collection activity will be based upon written procedures adhered to by both VHH collection staff and external collection agencies. A copy of the Billing and Collection Policy can be obtained from Patient Accounting Department or on our website [USC Verdugo Hills Hospital Financial Assistance](#) in multiple languages. We shall maintain an agreement with the external collection agency, requiring the agency to adhere to VHH's standards and scope of practices with respect to

debt collection, and to comply with VHH's program of reasonable payment plans. The external collection agency will also assist the patient with the financial assistance program and application process. Any patient who qualifies under the financial assistance program will be removed from the external collection agency processing formal debt collections will be pursued in a consistent manner with state and federal collections laws.

- I. Financial Assistance determination will be made only by approved Hospital personnel. In the event of a dispute, a patient or guarantor may seek review from the Revenue Cycle Leadership in writing by providing additional information to support the dispute at:

Keck Medicine of USC

Attention: Revenue Cycle Leader: Financial Assistance

2011 N Soto St Suite 1620

Los Angeles CA 90032

- J. Please send Financial Assistance Application and Required Documents to:

Contact the Financial Assistance Coordinator: 855-532-5729 Secure Fax  
for all Facilities: 323-865-5672

Mail: Keck Medicine of USC

Financial Assistance Coordinator

2011 N Soto Street Suite 1620

Los Angeles CA 90032

**Payment Plans for financially qualified patients will be provided without interest charges**

A patient who qualifies for discounted payment shall cooperate in establishing an extended payment plan. VHH and the patient shall negotiate the terms of the payment plan and VHH shall take into consideration the patient's family income and Essential Living Expenses. Monthly payments will not be more than 10% of the patient's monthly family income, excluding deductions for essential living expenses. If VHH and the patient cannot agree on an extended payment plan, then VHH shall create a reasonable

payment plan based on amounts owed over time. A payment plan guide is established below.

### Total Amount Owed and Months to Pay Based on Need

- A. \$1–\$500 owed
  - a. Staff approval: Up to 6 months
  - b. Manager approval: Up to 12 months
- B. \$501–\$3,000 owed
  - a. Staff approval: Up to 12 months
  - b. Manager approval: Up to 24 months
- C. \$3,001+ owed
  - a. Staff approval: Up to 24 months
  - b. Manager approval: Up to 36 months

### Attachments

Assistance for LEP (Limited English Proficient) Patients

Addendum: VHH Provider Coverage Under the Financial Assistance Policy

## **ASSISTANCE FOR LEP (LIMITED ENGLISH PROFICIENT) PATIENTS:**

**ATTENTION:** If you need help in your language, please call 626-574-3594 where patients may obtain more information or visit the hospital admitting office where patients may obtain more information. The office is open 8am-5pm Monday through Friday and located at front of our hospitals. 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 es un paciente y necesita ayuda en su idioma, llame al 626-574-3594 o visite la oficina de admisiones del hospital para obtener más información. El consultorio abre de lunes a viernes, de 8 a. m. a 5 p. m., y se encuentra frente a nuestros hospitales. También se dispone de ayudas y servicios para personas con discapacidad, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

**注意：**如果您需要以您的首选语言获得帮助，请致电 **626-574-3594** 或前往医院住院处，这样患者可以获得更多信息。住院处位于我们医院的前入口处，其开放时间为周一至周五上午 8 点至下午 5 点。还提供针对残障人士的辅助和服务，例如盲文、大字体、音频和其他无障碍电子格式的文件。这些服务均为免费提供。

**注意：**如果您需要使用您的語言獲取幫助，請致電 **626-574-3594**，以獲取更多資訊，或者請造訪醫院入院辦公室，以獲取更多資訊。辦公室工作時間為週一至週五上午 8 時至下午 5 時，其位於我們醫院前方。此外，還可提供殘障人士援助和服務，例如：盲文、大字體文件、音訊、以及其他可讀取的電子格式。這些服務均免費提供。

**LƯU Ý:** Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 626-574-3594 để bệnh nhân có thể lấy thêm thông tin hoặc đến văn phòng tiếp nhận của bệnh viện để lấy thêm thông tin. Văn phòng mở cửa từ 8 giờ sáng đến 5 giờ chiều, từ Thứ Hai đến Thứ Sáu và nằm ở khu vực phía trước các bệnh viện của chúng tôi. Chúng tôi cũng cung cấp các 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. Những dịch vụ này là miễn phí.

**TANDAAN:** Kung kailangan mo ng tulong sa iyong wika, pakitawagan ang 626-574-3594 o bisitahin ang opisina para sa pagtanggap ng pasyente (admitting office) ng ospital kung saan maaaring makakuha ng higit na impormasyon ang mga pasyente. Ang opisina ay bukas 8am-5pm Lunes hanggang Biyernes at matatagpuan sa harap ng aming mga ospital. Available rin ang mga tulong at serbisyo para sa mga taong may

kapansanan, tulad ng mga dokumentong naka-braille, nasa malalaking print, audio, at iba pang maa-access na mga elektronikong format. Ang mga serbisyong ito ay libre.

참고: 본인의 언어로 도움을 원하시는 경우에는 626-574-3594로 전화하시거나 병원 입원 창구(admitting office)를 방문하시어 자세한 정보를 얻으실 수 있습니다. 입원 창구는 병원 앞쪽에 있으며 월요일부터 금요일까지, 오전 8시부터 오후 5시까지 열려있습니다. 장애가 있는 분들을 위한 점자, 큰 활자, 음성, 다른 사용이 쉬운 전자 형식으로 된 문서 등의 보조 장치 및 서비스도 이용하실 수 있습니다. 이러한 서비스는 무료로 제공됩니다.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 626-574-3594 հեռախոսահամարով, որով հիվանդները կարող են լրացուցիչ մանրամասներ ստանալ կամ այցելել հիվանդանոցի ընդունարան, ուր հիվանդները կարող են հավելյալ տեղեկություններ ստանալ: Ընդունարանը բաց է երկուշաբթիից ուրբաթ, առավոտյան ժամը 8-ից մինչև երեկոյան 5-ը և գտնվում է մեր հիվանդանոցների առաջնամասում: Հաշմանդամություն ունեցող անձանց համար տրամադրվող օգնությունը և ծառայությունները նույնպես հասանելի են, օրինակ՝ փաստաթղթեր բրայլով, մեծ տպագիր, աուդիո և այլ հասանելի էլեկտրոնային ձևաչափերով: Այս ծառայություններն անվճար են:

بیشتری کسب کنند یا به دفتر پذیرش بیمارستان مراجعه کنید محلی که بیماران می‌توانند اطلاعات بیشتری کسب کنند. مطب از دوشنبه تا جمعه از ساعت 8 صبح تا 5 بعدازظهر باز است و روبروی بیمارستان‌های ما قرار دارد. کمک‌ها و خدماتی مانند اسناد به خط بریل، چاپ با حروف بزرگ، فایل صوتی، و سایر قالب‌های الکترونیکی قابل دسترس برای افراد دارای معلولیت موجود است. این خدمات رایگان هستند.

ВНИМАНИЕ! Если вам необходима помощь на вашем языке, позвоните по номеру 626-574-3594 или посетите регистратуру, где пациенты могут получить дополнительную информацию. Регистратура работает с 8:00 до 17:00 с понедельника по пятницу и находится перед нашими больницами. Также для людей с ограниченными возможностями доступны вспомогательные средства и услуги, такие как документы шрифтом Брайля, печать крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

ご注意: お使いの言語によるサポートが必要な場合は、患者さんにより多くの情報を提供できる窓口で電話 (626-574-3594) するか、患者さんにより多くの情報を提供できる入院オフィスを訪ねてください。当オフィスは、月曜日から金曜日の午前8時から午後5時まで対応しており、病院の正面にあります。障碍を持つ人々のための支援やサービスとして、点字、大活字、音声、その他のアクセシブルな電子形式の文書もご利用いただけます。これらのサービスは無料です。

تنبيه: إذا كنت بحاجة إلى المساعدة بلغتك، فيرجى الاتصال على الرقم 626-574-3594 أو زيارة مكتب التسجيل بالمستشفى حيث يمكن للمرضى الحصول على مزيد من المعلومات، علمًا بأن المكتب يعمل من الساعة 8 صباحًا حتى 5 مساءً من الإثنين إلى الجمعة، ويقع أمام مستشفى. كما تتوفر المساعدات والخدمات لذوي الإعاقة في صورة وثائق مكتوبة بطريقة برايل أو مطبوعة بأحرف كبيرة أو متوفرة بصيغة صوتية أو غيرها من الصيغ الإلكترونية الميسرة. وهذه الخدمات مجانية.

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਮਰੀਜ਼ਾਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਉਹ ਕਿਰਪਾ ਕਰਕੇ 626-574-3594 ਨੰਬਰ ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹਨ ਜਾਂ ਹਸਪਤਾਲ ਵਿੱਚ ਦਾਖਲ ਹੋਣ ਦੇ ਦਫ਼ਤਰ ਵਿੱਚ ਜਾ ਕੇ ਹੋਰ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹਨ। ਸਾਡਾ ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ ਅਤੇ ਸਾਡੇ ਹਸਪਤਾਲਾਂ ਦੇ ਸਾਹਮਣੇ ਸਥਿਤ ਹੈ। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਮਦਦ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਅਤੇ ਆਡੀਓ, ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 626-574-3594 ជាកន្លែងដែលអ្នកជំងឺអាចទទួលបានព័ត៌មានបន្ថែម ឬចូលទៅកាន់ការិយាល័យទទួលអ្នកជំងឺចូលមន្ទីរពេទ្យ ដែលអ្នកជំងឺអាចទទួលបានព័ត៌មានបន្ថែម។ ការិយាល័យនេះ បើកចាប់ពីម៉ោង 8 ព្រឹក-ម៉ោង 5 ល្ងាច ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ដែលមានទីតាំងនៅខាងមុខមន្ទីរពេទ្យរបស់យើងខ្ញុំ។ ជំនួយ និងសេវាសម្រាប់ជនដែលមានពិការភាពជាប់ខ្លួន ដូចជាឯកសារជាអក្សរស្នាប ឯកសារដែលបោះពុម្ពជាអក្សរធំៗ ឯកសារជាសំឡេង និងឯកសារក្នុងទ្រង់ទ្រាយផ្សេងទៀត ដែលអាចចូលមើលបានតាមបែបអេឡិចត្រូនិក ក៏មានបម្រើជូនដែរ។ សេវាកម្មទាំងនេះគឺផ្តល់ជូនដោយឥតគិតថ្លៃ។

CEEB TOOM: Yog koj xav tau kev pab ua koj hom lus, thov hu rau 626-574-3594 uas yog qhov chaw cov neeg mob mus muab tau ntaub ntawv ntxiv los sis mus rau nram tsev kho mob qhov chaw ua hauj lwm rau npe kho mob uas yog qhov chaw cov neeg mob mus muab tau ntaub ntawv ntxiv. Qhov chaw ua hauj lwm qhib 8am-5pm Monday txog Friday thiab nyob ntawm lub qhov rooj loj ntawm peb cov tsev kho mob. Muaj cov kev pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua braille, ntawv loj, suab kaw mloog, thiab lwm hom ntaub ntawv mus muab tau siv tshuab hluav taws xob kuj muaj. Cov kev pab no pub dawb xwb.

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो वे कृपया 626-574-3594 पर कॉल करें जहां मरीज अधिक जानकारी प्राप्त कर सकते हैं या अस्पताल के भर्ती करने के ऑफिस में जाएं जहां मरीज अधिक जानकारी प्राप्त कर सकते हैं। ऑफिस सोमवार से शुक्रवार सुबह 8 बजे से शाम 5 बजे तक खुला रहता है और हमारे अस्पतालों के सामने के भाग में स्थित है। विकलांग लोगों के लिए सहायता और सेवाएँ,

जैसे कि ब्रेल, या बड़े प्रिंट के दस्तावेज़, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप में भी उपलब्ध हैं। ये सेवाएँ मुफ्त हैं।

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ กรุณาโทรติดต่อ 626-574-3594

ซึ่งผู้ป่วยอาจได้รับข้อมูลเพิ่มเติม

หรือไปที่สำนักงานลงทะเบียนผู้ป่วยของโรงพยาบาลซึ่งผู้ป่วยอาจได้รับข้อมูลเพิ่มเติม

สำนักงานเปิดให้บริการตั้งแต่เวลา 8.00 น. ถึง 17.00 น. วันจันทร์ถึงวันศุกร์

และตั้งอยู่ที่บริเวณด้านหน้าโรงพยาบาลของเรา นอกจากนี้ยังมีความช่วยเหลือและบริการต่าง ๆ

สำหรับผู้ทุพพลภาพ เช่น เอกสารที่พิมพ์ด้วยตัวอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ ข้อมูลแบบเสียง

และรูปแบบอิเล็กทรอนิกส์อื่น ๆ ที่สามารถเข้าถึงได้ บริการดังกล่าวไม่มีค่าใช้จ่าย

## **Addendum: VHH Provider Coverage Under the Financial Assistance Policy (FAP)**

In accordance with the requirements of §501(r)(4), this addendum provides a list of providers, other than the hospital facility itself, who deliver emergency or medically necessary care within the hospital. The list specifies that each provider or group below is NOT covered under the hospital's Financial Assistance Policy (FAP).

VHH has some community physicians and medical groups that are excluded from our organization's financial assistance program. Here are the exclusions:

### **Medical Groups:**

- Descanso Anesthesia
- Concord (Hospitalists)
- ENTSA (Ear Nose and Throat Surgical Associates)
- APEX
- EVSLA Medical Corp.
- Huntington Orthopedic Group
- FIDEM Health Inc.
- CCP (Critical Care Partners)

### **Community Physicians:**

- Michael Abdulian, MD
- Isaac Bartley MD
- David Mello MD
- Michael Mello MD
- Narbeh Tovmassian MD
- Artin Minaeian MD
- Vahe Akopian MD
- Lance Lee MD
- Eric Lee MD
- Nilesch Bhoot MD
- Armen Gregorian MD
- Nayiri Doudikian-Scaff MD
- Happy Khanna MD
- Shant Shirvanian MD
- Benham Shenassa MD



This list is reviewed and updated at least annually. This is not a complete list, for the most current information, patients may contact the hospital's Customer Service Office 626-574-3594 or visit our website.

Updated: May 05, 2026