

Loma Linda Children's Hospital  
Patient Financial Assistance Plain Language Summary

The purpose of this document is to inform our patients of available financial assistance programs for eligible individuals, the process for requesting financial assistance, and their payment options. These programs pertain to services provided by a Loma Linda University Health hospital. Any services rendered by other entities participating in your care at a Loma Linda University Health hospital are not covered by the financial assistance programs offered by the hospital. This includes physicians, ambulance companies or other providers that bill separately for their services.

If you received emergency department care while at the hospital, the emergency department physicians have adopted a separate policy that provides discounts to uninsured patients or patients with high medical costs whose income is at or below 350% of the federal poverty level.

**Payment Options**

**Qualified Payment Plans:** When a determination of discount has been made by a Loma Linda University Health hospital, the patient shall have the option to pay any or all outstanding amount due in one lump sum payment or through a scheduled term Qualified Payment Plan. No interest is charged and generally these payment plans will be structured to last no longer than 12 months.

**Medi-Cal & Government Programs:** You may be eligible for a government sponsored health benefit program. There are staff members available to assist you with applying for these programs. If you are interested in learning more about these programs you may contact our financial assistance staff at (909) 558-8613.

**Charity Care/Discount Payment Policy Summary:** Eligibility under our Charity Care/Discount Payment Policy is provided for any patient whose family income is less than 350% of the current federal poverty level, if not covered by third party insurance or, if covered by third party insurance which does not result in full payment of the account. Underinsured patients whose income is below 350% of the federal poverty level and who personally owe an amount after their insurance has paid may also be eligible for financial assistance.

Eligible patients may qualify for our Charity Care/Discount Payment Policy by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the appropriate program. A program application can be obtained by contacting our financial assistance staff by calling (909) 558-8613, or on the Loma Linda University Health website ([www.lomalindahealth.org](http://www.lomalindahealth.org)), as well as each individual Hospital's website. This information is available in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital service area.

Upon receipt of the financial assistance application a determination of program eligibility will be made by the hospital, and a letter indicating the determination status will be sent to the patient or family representative.

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In the event that a dispute arises regarding the determination, the patient /family representative may file a written appeal for reconsideration by the hospital.

As required by Internal Revenue Code Section 1.501(r)-5, the hospital adopts the prospective Medicare method for amounts generally billed. This means that for services rendered the hospital will receive payment equal to what Medicare would pay for Medicare beneficiaries receiving similar care.

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.