I. PURPOSE

The purpose of this Financial Assistance/Charity Care Policy ("Policy") is to define the eligibility criteria and application process for Financial Assistance (as defined in this Policy) for financially-qualified Patients who receive healthcare services at Lucile Salter Packard Children's Hospital at Stanford ("LPCH"), have family income at or below 400 percent of the federal poverty level, and (i) are uninsured; or (ii) have high medical costs. The Policy also describes the types of Financial Assistance available and how LPCH seeks to ensure that Patients have access to information about Financial Assistance.

II. POLICY

A. Intent. LPCH is committed to providing Financial Assistance to uninsured individuals, and to individuals who have high medical costs, who seek and obtain Medically Necessary services from LPCH but are not able to meet their payment obligations to LPCH without assistance. LPCH desires to provide Financial Assistance in a manner that addresses Patients' individual financial situations, satisfies LPCH's not-for-profit and teaching missions, and meets LPCH's strategic, operational, and financial goals.

B. Emergency Physician Services. In California, an emergency physician, as defined in Health and Safety Code section 127450, who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

C. Scope. This Policy:

1. Includes eligibility criteria for Financial Assistance.
2. Directs Patients to a list of providers who are covered by the Policy and those who are not.
3. Describes the methodology for calculating what Patients eligible for Financial Assistance under this Policy are financially responsible to pay.
4. Describes how Patients may apply for Financial Assistance.
5. Establishes a methodology for determining the "Amounts Generally Billed" as required under Internal Revenue Code section 501(r).

D. Debt Collection Policy. LPCH's Debt Collection Policy can be found at our financial assistance webpage: https://www.stanfordchildrens.org/en/patients-families/finance-assistance/debt-collection-policy.html.

E. LPCH Website. LPCH's Debt Collection Policy, Financial Assistance Policy, Financial Assistance Plain Language Summary (PLS), Amounts Generally Billed (AGB) Calculation, Financial Assistance Application, and Uninsured Patient Discount Policy are readily available on our website on the "Help Paying Your Bill" page: https://www.stanfordchildrens.org/en/patients-families/help-paying-your-bill.html.

F. Obtaining Paper Copies of Policies. To obtain a free, paper copy of the Debt Collection Policy, Financial Assistance Policy, Financial Assistance Plain Language Summary (PLS), Amounts Generally Billed (AGB) Calculation, List of Participating Physicians and Non-Participating Physicians, and/or Uninsured Patient Discount Policy, contact our Financial Counseling Department at (650) 736-2273. To pick up these documents in person, our Business Office is located at 4700 Bohannon Drive, 2nd Floor, Menlo Park, CA 94025-9804.

G. Translation of Policies. Translations of the documents listed in Section II.F are available on our website and as paper copies, available free of charge, in the primary language spoken by each population with limited English proficiency that constitutes the lesser of 1,000 individuals or 5 percent of the community that LPCH serves.

H. Emergency Services. LPCH will provide, without discrimination, care for Emergency Medical Conditions to Patients regardless of whether they are eligible for Financial Assistance under this Policy. LPCH will not engage in actions that discourage individuals from seeking care for Emergency Medical Conditions.

III. DEFINITIONS

A. Amounts Generally Billed (AGB). The amounts generally billed for emergency or other Medically Necessary care to individuals who have insurance covering such care. LPCH calculates AGB by multiplying a Patient's Gross Charges by the AGB percentage. LPCH's AGB percentage is updated on September 1st of each year and published in a separate attachment titled "Amounts Generally Billed Calculation," which is available on our website at https://www.stanfordchildrens.org/en/patients-families/finance-assistance/amounts-generally-billed-calculation.html. The AGB percentage is calculated by using claims allowed by Medicare for services with a discharge date from the previous fiscal year.

For these claims, the sum of all allowable reimbursement amounts is divided by the associated gross charges.

B. **Charity Care**. A 100% waiver of a Patient's financial obligation (i.e., free care) for Medically Necessary services provided by LPCH, for a Patient who meets the criteria set forth in Section IV.F. below.

C. **Eligibility Qualification Period**. Patients determined to be eligible for Financial Assistance may be granted Financial Assistance for a period of twelve (12) months. Financial Assistance will also be applied to eligible accounts incurred for services received prior to the Financial Assistance application date, provided that a Patient must have met the criteria for eligibility on the date of service(s).

D. **Emergency Medical Condition**. Emergency Medical Condition has the meaning as defined in section 1867 of the Social Security Act (42 U.S.C. § 1395dd).

E. **Family**. For Patients under 18 years of age, or for a dependent child 18 to 20 years of age, Family includes patient's parent, caretaker relatives, and other dependent children under 21 years of age, or any age if disabled, of the parent or caretaker. For Patients 18 years or older (except for a dependent child 18 to 20 years of age), Family includes the Patient's spouse, registered domestic partner, and dependent children under 21, or a dependent child of any age if disabled, whether living at home or not. If a Patient lists an individual on their Financial Assistance application as a member of their Family, LPCH may verify that the person is claimed as a dependent on their income tax return, according to the Internal Revenue Service rules.

F. **Family Income**. To determine Family Income, LPCH will include the income of all adult, non-disabled members of the Patient's Family as defined in this Policy. In all cases, LPCH will calculate income based on the Family Income in U.S. Dollars. Patients need only provide Proof of Income, as defined herein. If provided, the types of income that LPCH may consider includes:

1. Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, disability payments, pension or retirement income, interest, dividends, rents, royalties, income from estates and trusts, educational assistance, alimony, child support, financial assistance from outside the household, and other miscellaneous sources; and

2. Capital gains or losses determined on a before-tax basis.

Non-cash benefits (i.e., Medicare, Medicaid, and Golden State Advantage card EBT benefits, heat assistance, school lunches, housing assistance, need-based assistance from non-profit organizations, foster care payments, or disaster relief assistance) are not counted as income for making an eligibility determination for Financial Assistance.

G. Federal Poverty Guidelines. Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at http://aspe.hhs.gov/POVERTY/.

H. Financial Assistance. Financial Assistance means assistance provided under this Policy to financially qualified (i) Uninsured Patients; and (ii) Patients with High Medical Costs. Under this Policy, Financial Assistance is either Charity Care or a Financial Hardship Discount.

I. Financial Hardship Discount. Financial Hardship Discount is a discount granted to Uninsured Patients or Patients with High Medical Costs who meet the criteria set forth in this Policy.

J. Gross Charges. The total charges at the organization's full established rates for the provision of Patient care services before deductions are applied.

K. Guarantor. For the purposes of this Policy, a Guarantor is the individual who is the legally responsible party for payment of an account balance.

L. Healthcare Services. Medically Necessary (as defined below) hospital and physician services that a hospital or physician is licensed to provide, including emergency and other Medically Necessary care.

M. Insured Patient. A Patient who has coverage from a commercial third-party insurer or health care service plan, an ERISA plan, a state or Federal Health Care Program (including without limitation Medicare, Medi-Cal, another state's Medicaid program, the State Children's Health Insurance Program (SCHIP), or TRICARE/ChampVA), Worker's Compensation, or other third-party coverage.

N. Medically Necessary. A healthcare service(s) that, in the opinion of an LPCH treating physician, is a service(s), item(s), procedure(s) or level of care that is:

1. Necessary for the proper treatment or management of the Patient's illness, injury or disability; or

2. Reasonably expected to prevent the onset of an illness, condition, injury or disability, or is routine, generally accepted preventive care; or

3. Reasonably expected to reduce or ameliorate the physical, mental or developmental effects of the Patient's illness, condition, injury or disability; or

4. Will assist the Patient to achieve or maintain maximum functional capacity in performing daily activities, considering both the functional capacity of the Patient and those functional capacities that are appropriate for the patient's age.

O. **Patient**. A Patient is an individual who has received or will receive Healthcare Services from LPCH.

P. **Patient with High Medical Cost**. A Patient with High Medical Costs is a Patient with (i) Family Income that is not in excess of 400% of the Federal Poverty Guidelines; and (ii) high medical costs. For purposes of this Policy, "high medical costs" means either of the following: (1) annual out-of-pocket costs incurred by the individual at LPCH that exceed the lesser of 10% of the Patient's current Family Income or Family Income in the prior 12 months; or (2) annual out-of-pocket medical expenses that exceed 10% of the Patient's Family Income, 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.

Q. **Proof of Income**. For purposes of determining Financial Assistance eligibility, LPCH will review annual Family Income as shown by recent pay stubs or recent income tax returns. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate. "Recent income tax returns" are tax returns that document Family Income for the year in which the Patient was first billed or 12 months prior to when the Patient was first billed. "Recent pay stubs" are pay stubs within a 6-month period before or after the Patient is first billed by the hospital, or in the case of pre-service, when the application is submitted. LPCH may accept other forms of documentation of income but shall not require those other forms.

R. **Reasonable Payment Plan**. An extended interest-free payment plan that is negotiated between LPCH and the Patient for any Patient out-of-pocket fees. The Reasonable Payment Plan shall take into account the Patient's Family Income, essential living expenses, the amount owed, and any prior payments.

S. Uninsured Patient. An individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medi-Cal, another state's Medicaid program, the State Children's Health Insurance Program (SCHIP), or TRICARE/ChampVA), Worker's Compensation, or other third-party assistance to assist with meeting the Patient's payment obligations. An Uninsured Patient also includes Patients who (i) have third-party coverage, but have either exceeded their benefit cap, been denied coverage or their third-party coverage does not provide coverage for the particular Medically Necessary Healthcare Services for which the Patient is seeking treatment from LPCH; and (ii) Patients who have third party coverage, but do not seek to have a claim for services submitted to their third party coverage, instead opting to pay out-of-pocket. An individual who has third-party coverage is not an Uninsured Patient if their third-party coverage has deemed LPCH and/or its physicians to not be participating providers or "out of network."

IV. GENERAL GUIDELINES

A. Summary of Availability of Financial Assistance and Other Discounts

Category of Financial Assistance	Criteria for Eligibility	Charity Care or Financial Hardship Discount amount
Financial Hardship Discount for Uninsured Patients	1. Patient is an Uninsured Patient 2. Patient has Family Income not in excess of 400% of the most recent Federal Poverty Guidelines 3. Patient/Guarantor completes Financial Assistance Application	Patient/Guarantor responsible to pay no more than the lessor of: 1. The amount LPCH would receive from Medi-Cal for the service(s); or 2. The Amount Generally Billed (as defined in this Policy).
Financial Hardship Discount for	1. Patient with (i) Family Income that is at or below 400%	If the Patient received services that are covered by the Patient's health plan, then the

Patients with High Medical Costs	of the most recent Federal Poverty Guidelines; and (ii) high medical costs. 2. Patient/Guarantor completes Financial Assistance Application	Patient may receive a 100% waiver of Patient financial obligation (i.e., free care). If the Patient receives services that are not covered by their health plan, then the Patient/Guarantor is responsible to pay no more than the lessor of: 1. The amount LPCH would receive from Medi-Cal for the service(s); or 2. The Amount Generally Billed (as defined in this Policy).
Charity Care	LPCH determines Patient meets criteria for Charity Care set forth in Section IV.F below	Patient may receive 100% waiver of Patient financial obligation (i.e., free care)
Other Discounts		
Uninsured Patient Discount	Patient is an Uninsured Patient (no application or proof of income necessary)	A percentage discount off of Gross Charges, as set forth in LPCH's separate Uninsured Patient Discount policy, available at: https://www.stanfordchildrens.org/en/patients-families/finance-assistance/uninsured-patient-discount.html.

B. Services Eligible for Financial Assistance

1. Financial Assistance under this Policy shall apply to Medically Necessary services in LPCH's licensed hospital and affiliated clinics, and to Medically Necessary professional/physician services, delivered on behalf of LPCH by a provider employed by LPCH, Stanford University, Packard Children's Health Alliance, or Packard Medical Group, which are referred to in this Policy as "Participating Providers." A list of Participating Providers can be found at https://www.stanfordchildrens.org/en/patients-families/finance-assistance/participating-providers.html.

2. If there is uncertainty as to whether a particular service is Medically Necessary for the purposes of this Policy, a determination shall be made by the Chief Medical Officer of LPCH.

C. Service NOT eligible for Financial Assistance

1. Non-Medically Necessary Services. Services that are generally not considered to be Medically Necessary and are therefore not eligible for Financial Assistance include:

   a. Reproductive Endocrinology and Infertility services;

   b. Cosmetic or plastic surgery services;

   c. Vision correction services including LASEK, PRK, Conductive, Keratoplasty, Intac's corneal ring segments, Custom contoured C-CAP, and Intraocular contact lens; and

   d. Hearing aid and listening assistive devices.

   In rare situations where a physician considers one of the above-referenced services to be Medically Necessary, such services may be eligible for Financial Assistance upon review and approval by the Chief Medical Director of LPCH or their designee.

2. Professional Services Provided by a Non-Participating Provider. Professional/physician services delivered by a provider who is not a Participating Provider are not covered by this Policy. A list of community providers NOT covered by this Policy can be found at https://www.stanfordchildrens.org/en/patients-families/help-paying-your-bill.html (refer to the "non-participating providers" link).

3. Services Already Discounted. Services that are part of LPCH's special cash-pay or special discounted pricing programs are not eligible for Financial Assistance. Exceptions to this exclusion require individualized review and approval by Senior Leadership.

4. Other Exclusions. LPCH reserves the right to change the list of services deemed to be not eligible at its discretion, subject to applicable law.

D. Patient Eligibility for Financial Assistance – General Provisions

1. Eligibility for Financial Assistance. All Patients who receive Healthcare Services at LPCH may apply for Financial Assistance.

2. Procedures for Applying for Financial Assistance. All individuals applying for Financial Assistance are required to follow the procedures outlined in Section V below.

3. Non-Discrimination. LPCH shall determine eligibility for Financial Assistance based on an individual determination of financial need in accordance with this Policy, and shall not take into account an individual's age, gender, race, sexual orientation, immigration status, or religious affiliation.

4. Public Programs. Patients may be encouraged to apply to public programs for available coverage, but applying for such coverage is not a condition of being awarded Financial Assistance under this Policy.

5. Emergency Medical Conditions. In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no Patient shall be screened for Financial Assistance or payment information prior to the rendering of services necessary to stabilize an Emergency Medical Condition.

6. Federal Poverty Guidelines. The Federal Poverty Guidelines shall be used for determining a Patient's eligibility for Financial Assistance. Eligibility for Financial Assistance will be based on Family Income.

7. Amounts Generally Billed. The Internal Revenue Service requires LPCH to establish a methodology by which Patients eligible for Financial Assistance will not be charged more than the Amounts Generally Billed (AGB) for emergency and other Medically Necessary Services to individuals who have insurance covering such care. For purposes of this requirement, LPCH will use the "look-back method" based on Medicare rates. For details regarding LPCH's current AGB percentage and how it is calculated, please visit https://www.stanfordchildrens.org/en/patients-families/finance-assistance/amounts-generally-billed-calculation.html. You may also request a copy to be mailed free of charge by calling our Financial Counseling Department at (650) 736-2273. To pick up

these documents in person, our Business Office is located at 4700 Bohannon Drive, 2nd Floor, Menlo Park, CA 94025-9804.

8. Collection Activities. LPCH may employ reasonable collection efforts to obtain payment from Patients/Guarantors. General collection activities may include issuing patient statements, phone calls, and referral of statements that have been sent to the Patient/Guarantor. LPCH or collection agencies will not engage in any Extraordinary Collection Actions (as defined by the LPCH Debt Collection Policy). Copies of the LPCH Debt Collection Policy may be obtained free of charge on the LPCH Help Paying Your Bill webpage, available at https://www.stanfordchildrens.org/en/patients-families/finance-assistance/debt-collection-policy.html.

   You may also request a copy to be mailed free of charge by calling our Financial Counseling Department at (650) 736-2273. To pick up these documents in person, our Business Office is located at 4700 Bohannon Drive, 2nd Floor, Menlo Park, CA 94025-9804.

E. Financial Hardship Discount. A Financial Hardship Discount is available to qualifying Uninsured Patients and to Patients with High Medical Costs. The criteria for qualifying for a Financial Hardship Discount are set forth in Section IV.A.

1. Qualified Uninsured Patients. When an Uninsured Patient qualifies for the Financial Hardship Discount under the criteria set forth in Section IV.A, LPCH shall calculate (i) the amount that LPCH would receive from Medi-Cal[1] for the services; and (ii) the AGB. The Patient/Guarantor is responsible to pay the lessor of these two amounts.

2. Qualified Patients with High Medical Costs. When a Patient with High Medical Costs qualifies for the Financial Hardship Discount under the criteria set forth in Section IV.A, LPCH determines

[1] California law requires LPCH to limit the amount it can charge patients who qualify for financial assistance to the greater of the amount it would expect to receive from Medicare or Medi-Cal. LPCH generally does not offer services for which there is a Medicare allowed amount and, therefore, has only listed Medi-Cal in this policy. In the rare instance that they may be a Medicare allowed amount, LPCH may consider the greater of the Medicare or Medi-Cal amount.

whether the services provided to the Patient were covered by the Patient's health plan.

If the Patient's health plan covers the Patient's services and the Patient meets the criteria for the Financial Hardship Discount, then the Patient/Guarantor shall be entitled to a 100% write-off of the patient responsibility amount.

If the Patient's health plan does not cover the Patient's services and the Patient meets the criteria for the Financial Hardship Discount, then LPCH shall determine the lessor of: (i) the amount that LPCH would receive from Medi-Cal for the services; and (ii) the AGB. If that amount is less than the Patient's copayment, coinsurance, or deductible obligation, then LPCH shall only collect that lessor amount. If the lessor of Medi-Cal or AGB is more than the Patient's copayment, coinsurance, or deductible, then LPCH may collect the entire copayment, coinsurance, or deductible.

a. Example 1: If the amount that LPCH would receive for a service from Medi-Cal would be $1,000, the AGB was $2,000, and a Patient with High Medical Costs has a co-insurance amount of $1,500, LPCH would only collect $1,000 from the Patient/Guarantor (because the Medi-Cal amount was the lessor of the Medi-Cal and AGB and also less than the Patient's co-insurance).

b. Example 2: If the amount that LPCH would receive for a service from Medi-Cal would be $2,000, the AGB was $1,000, and a Patient with High Medical Costs had a co-payment of $500, LPCH would collect $500 from the Patient/Guarantor (because the Patient's co-payment is less than both the Medi-Cal and AGB).

3. Eligibility for Financial Hardship Discount. LPCH shall determine a Patient's Family Income and eligibility for a Financial Hardship Discount according to the process for applying for Financial Assistance noted in Section V of this Policy.

4. Uninsured Patients Who Do Not Qualify for Financial Assistance. Amounts charged to Uninsured Patients who do not qualify for Financial Assistance are subject to the principles and procedures of

the LPCH Uninsured Patient Discount Policy and are distinct from the AGB calculation and this Financial Assistance Policy. Additional information regarding the Uninsured Patient Discount Policy can be obtained at our website https://www.stanfordchildrens.org/en/patients-families/finance-assistance/uninsured-patient-discount.html or by contacting LPCH Financial Counseling Department at the phone number and address set forth in Section II.F.

5. Reasonable Payment Plans. LPCH will extend a Reasonable Payment Plan in accordance with Section VII below to all Patients who qualify for the Financial Hardship Discount.

F. Charity Care

1. Uninsured Patients and Patients with High Medical Costs who qualify for the Financial Hardship Discount, but remain unable to pay their balance due, shall be considered for Charity Care. The decision for whether to grant Charity Care to a Patient shall be made by the Chief Medical Officer and the Vice President of Revenue Operations, in accordance with the following priorities:

   a. First Priority: Patients who receive emergency services are LPCH's first priority for Charity Care. (Consistent with EMTALA, LPCH's determination of eligibility for Financial Assistance, including Charity Care, cannot be made until the Patient has received legally-required screening and any necessary stabilizing treatment.)

   b. Second Priority: Patients who have had or will have other Medically Necessary services at LPCH and for whom LPCH is the closest hospital to the individual's home or place of work, are LPCH's second priority for Charity Care. (In general, if there is a county hospital in the county in which an individual lives or works, and the county hospital can provide the non-emergency service that the Patient needs, the Patient will be directed to that county hospital.)

   c. Third Priority: Patients who have or will have other Medically Necessary services at LPCH for whom LPCH is not the closest hospital to the Patient's home or place of work, but

for whom one or more of the following factors applies, are LPCH's third priority for Charity Care:

1) the Patient has a unique or unusual condition that requires treatment at LPCH, as determined by the Chief Medical Director; or

2) the Patient presents a teaching or research opportunity that will further LPCH's teaching missions, as determined by the Chief Medical Director and either the Chief Financial Officer or Chief Revenue Officer.

G. Special Circumstance: Health Care Sharing Ministries. As used in this Policy, a health care sharing ministry is any organization in which its participants have a common set of religious or other beliefs and agree to make payments to, or share, the medical expenses of other participants. Unless a health care sharing ministry is licensed to transact insurance in California or another state, participants in a health care sharing ministry who have no other third-party source of payment for Healthcare Services are considered to be Uninsured Patients under this Policy. When a health care sharing ministry provides a letter of guarantee or other form of promise to pay for Healthcare Services provided to a Patient, and the Patient/Guarantor qualifies for Financial Assistance under this Policy, then the amount due from the Patient/Guarantor shall be the amount due after applying the Financial Hardship Discount. In no event shall Uninsured Patients who provide a letter of guarantee or other form of promise to pay for Healthcare Services from a health care sharing ministry receive Charity Care, except upon approval from the LPCH Chief Financial Officer.

V. PROCEDURE

A. Procedure for Applying for Financial Assistance

1. Evaluation for Financial Assistance. Any Patient/Guarantor who indicates an inability to pay an LPCH bill for Healthcare Services shall be evaluated for Financial Assistance, or other sources of funding, by the LPCH Financial Counseling Team.

2. Notification of Availability of Financial Assistance. Any LPCH employee who identifies a Patient/Guarantor whom the employee believes does not have the ability to pay for Healthcare Services shall inform the Patient/Guarantor that Financial Assistance may be

available, and that applications are available on LPCH's website, in Patient Financial Services, Patient Admitting Services, the Emergency Department, all clinics, Customer Service, Financial Counseling, Patient Relations and Social Services. Financial Assistance information and applications are available in English and in the primary languages spoken by LPCH's community where the relevant population constitutes the lesser of 1,000 individuals or five percent (5%) of the community that LPCH serves.

3. Screening for Government Program Eligibility. An Uninsured Patient may be screened initially by an LPCH financial counselor prior to receiving non-emergent services to determine whether or not the Patient/Guarantor or Family can be linked to any public or private payer source. Applying for such coverage is not a condition of being awarded Financial Assistance under this Policy. If the service has not yet been provided and is not an emergency, the financial counselor will also help the Patient/Guarantor determine whether there is a county hospital in the county in which the Patient works or resides that can provide the services.

4. Submission of Information. Any Patient/Guarantor who applies for Financial Assistance must make every reasonable effort to provide LPCH Proof of Income (based on recent pay stubs or income tax returns) and health benefits coverage as set forth in the Financial Assistance Application. If a Patient/Guarantor files an application and fails to provide information that is reasonable and necessary for LPCH to make a determination as to eligibility for Financial Assistance, LPCH may consider that failure in making its determination. The LPCH Financial Counseling Team will inform Patients/Guarantors of the consequences of failure to provide complete information. Patients/Guarantors may mail completed applications and all required documents to:

   Financial Assistance
   4700 Bohannon Drive, 2nd Floor
   Menlo Park, CA 94025

   Patients/Guarantors with questions or inquiries about the Financial Assistance application, including those needing assistance with completing the application, or obtaining paper copies of any

financial assistance documents, may contact LPCH at (650) 736-2273 or email PFA@stanfordchildrens.org.

5. No Consideration of Monetary Assets. LPCH shall not consider Patients'/Guarantors' monetary assets when determining eligibility for Financial Assistance, provided that when waiving or reducing Medicare cost-sharing amounts, LPCH may consider the Patient's/Guarantor's monetary assets to the extent required for LPCH to be reimbursed under the Medicare program for Medicare bad debt without seeking to collect costs sharing amounts from the Patient/Guarantor as required by federal law, including without limitation Section 414.89 of Title 42 of the Code of Federal Regulations. Monetary assets include only assets that are convertible to cash and do not include retirement or deferred compensation plans qualified under the Internal Revenue Code, nonqualified deferred compensation plans, or assets below the maximum community spouse resource allowance under Section 1396r-5(d) of Title 42 of the United States Code.

6. No Time Limit for Financial Assistance Application. LPCH shall not impose time limits for applying for Financial Assistance under this Policy, nor deny eligibility based on the timing of a Patient's/Guarantor's application.

7. Notification of Eligibility and Disputes. LPCH will provide a written notice to the Patient/Guarantor that includes a clear statement whether the Patient's/Guarantor's application for Financial Assistance has been approved or denied, along with additional information. In the event LPCH denies Charity Care or a Financial Hardship Discount, the Patient/Guarantor may seek review of that determination by contacting the LPCH Financial Counseling Team at (650) 736-2273 or other number indicated on the LPCH Help Paying Your Bill webpage and requesting review by the Financial Counseling Manager.

8. Eligibility Qualification Period. Unless a Patient/Guarantor is informed otherwise, Financial Assistance provided under this Policy shall be valid for the Eligibility Qualification Period as defined above. However, LPCH reserves the right to reevaluate a Patient's/Guarantor's eligibility for Financial Assistance during that

one-year time period, if there is any change in the Patient's/Guarantor's financial status.

9. More Information. A Patient/Guarantor can obtain additional information about Financial Assistance or request assistance with the application process at our Business Office located at 4700 Bohannon Drive, Menlo Park, CA 94025-9804, on the LPCH website, by calling the Customer Service Billing department at (650) 736-2273, or at any LPCH location.

VI. NOTIFICATION ABOUT AVAILABILITY OF FINANCIAL ASSISTANCE

A. Methods of Notification. To make information readily available about its Financial Assistance policy and program, LPCH will do the following:

1. Post this Policy, a plain language summary, Amounts Generally Billed (AGB) Calculation, and the LPCH Financial Assistance Application on the LPCH website, available at https://www.stanfordchildrens.org/en/patients-families/help-paying-your-bill.

2. Conspicuously post notices about the availability of Financial Assistance in admitting and registration departments, the emergency department, other outpatient settings, including observation units, Patient Financial Services, and at other locations that LPCH deems appropriate.

3. Make paper copies of the Policy, Financial Assistance application form, Amounts Generally Billed (AGB) Calculation, and the plain language summary of the Policy available upon request and without charge both by mail and in public locations.

4. Notifying Patients/Guarantors by offering a paper copy of the summary of the Policy as part of the intake or discharge process in accordance with Health and Safety Code section 127410. If the Patient leaves LPCH without receiving written notice about the availability of Financial Assistance, LPCH shall mail the notice to the Patient within 72 hours of providing services.

5. Including conspicuous written notice on billing statements about the availability of Financial Assistance including the phone number of

the LPCH office that can provide information about the Policy and application process, and the website address where the Policy is posted.

6. Provide notices and other information on Financial Assistance in the primary language spoken by each population with limited English proficiency constituting the lesser of 1,000 individuals or of 5 percent of the community that LPCH serves.

7. Make available its Policy or a program summary to appropriate community health and human services agencies and other organizations that assist people in financial need.

8. Include information on Financial Assistance, including a contact number, in Patient bills and through oral communication with Uninsured Patients and Patients who are potentially Patients with High Medical Costs, or with their Guarantors.

9. Provide financial counseling to Patients/Guarantors about their LPCH bills and make the availability of such counseling known. (NOTE: it is the responsibility of the Patient/Guarantor to schedule assistance with a financial counselor.)

10. Provide information and education on its Financial Assistance and collection policies and practices available to appropriate administrative and clinical staff.

11. Encourage referral of Patients/Guarantors for Financial Assistance by LPCH representative or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and religious sponsors.

12. Encourage and support requests for Financial Assistance by a Patient/Guarantor, a family member, close friend or associate of the Patient, subject to applicable privacy laws.

13. Respond to any oral or written requests for more information on the Financial Assistance Policy made by a Patient/Guarantor or any interested party.

14. Periodically include information about Financial Assistance in LPCH's newsletter.

VII. REASONABLE PAYMENT PLANS

A. Term of Reasonable Payment Plans. Patients/Guarantors shall have the opportunity to negotiate an interest-free Reasonable Payment Plan that would allow a Patient/Guarantor to pay their balance over time. If LPCH and the Patient/Guarantor are not able to agree on the terms of a Reasonable Payment Plan, the default Reasonable Payment Plan shall be monthly payments that are not more than 10 percent (10%) of a Patient's Family Income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this section, 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 child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

B. Declaring Reasonable Payment Plan no longer operative.

1. The Reasonable Payment Plan may be declared no longer operative after the Patient's/Guarantor's failure to make all consecutive payments due during a 90-day period starting with the first day that the Patient/Guarantor misses a payment.

2. Before declaring the Reasonable Payment Plan no longer operative, LPCH shall make a reasonable attempt to contact the Patient/Guarantor by telephone and to give notice in writing at least sixty (60) calendar days after the first missed payment that the Reasonable Payment Plan may become inoperative, and of the opportunity to renegotiate the Reasonable Payment Plan. Prior to the Reasonable Payment Plan being declared inoperative, LPCH shall attempt to renegotiate the terms of the Reasonable Payment Plan, if requested by the Patient/Guarantor. The Patient/Guarantor shall be given at least thirty (30) calendar days, starting from the date the written notice of the missed payment was sent, to make a payment before the Reasonable Payment Plan is declared inoperative. For purposes of this section, the notice and telephone call to the Patient/Guarantor may be made to their last known telephone number and address.

3. If a Reasonable Payment Plan is declared inoperative, and the Patient/Guarantor has qualified for Financial Assistance, LPCH or any third-party debt recovery services vendor shall limit the amount it seeks from the Patient/Guarantor to the amount the Patient/Guarantor was responsible to pay after any discounts.

VIII. COMPLIANCE

A. All LPCH workforce members are responsible for ensuring compliance with this Financial Assistance Policy.

B. Violations of this Financial Assistance Policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this Policy will be subject to the appropriate disciplinary action up to and including termination.

IX. RELATED DOCUMENTS

A. LPCH Financial Assistance Application

B. LPCH Uninsured Discount Policy

C. LPCH Debt Collection Policy

D. LPCH/SHC EMTALA Policies

X. DOCUMENT INFORMATION

A. References.

Reference	Level of Evidence	Review Date
California Health and Safety Code Sections 127400 to 127446, as amended.		
California Code of Regulations, Title 22		
Federal Patient Protection and Affordable Care Act, Section 501(r) of the Internal Revenue Code and regulations promulgated thereunder		

B. Author/Original Date

October 2004, David Haray, Vice President, Patient Financial Services

C. Distribution and Training Requirements

This policy resides in the Patient Care Manual of Lucile Packard Children's Hospital Stanford.

D. Review and Renewal Requirements

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

E. Review and Revision History

October 2004, Shoshana Williams, Director, Patient Financial Services

October 2004, David Haray, Vice President, Patient Financial Services

April 2005, David Haray, Vice President, Patient Financial Services

January 2007, Office of General Counsel

January 2007, T. Harrison, Director, Patient Representatives

June 2007, Sarah DiBoise, Chief Hospital Counsel, Gary May, VP Managed Care

SUMC, David Haray, VP Patient Financial Services, SUMC

February 2011, B. Bialy (PFS) and S. Shah (Clinical Accreditation)

March 2013, M. Miller (PASC Dir), B. Kelsey (PFS CRO)

December 2014, Andrea M. Fish, Office of General Counsel

March 2015, Andrea M. Fish, Office of General Counsel

July 2016, Andrea M. Fish, Office of General Counsel, S. Tienken (PFS Dir), B.

Kelsey (CRO) August 2018, Office of General Counsel

December 2023, Lesley Moffett, Asst Mgr, Patient Access Services

December 2024, John Barnes, Outside counsel retained by Office of General Counsel, S. Tienken, VP Revenue Ops

September 2025, John Barnes, Outside counsel retained by Office of General Counsel

F. Approvals

September 2005, David Haray, VP Patient Financial Services

January 2007, S. DiBoise, Chief Hospital Counsel

September 2007, LPCH Board of Directors Public Policy and Community Service

Committee

January 2011, LPCH VP Ops

April 2011, LPCH Board of Directors Public Policy and Community Service Committee

March 2013, LPCH VP Ops

January 2015, LPCH VP Ops

April 2015, LPCH Finance Committee

July 2016, LPCH VP Ops

September 2018, LPCH Board of Directors Public Policy and Community Service

Committee, LPCH Finance Committee, LPCH VP Ops

September 2021, LPCH Board of Directors Public Policy and Community Service

Committee, LPCH Finance Committee, LPCH Ops

December 2023, Board of Directors

December 2024, Board of Directors

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