



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Policy Name: Financial Assistance Program Full Charity Care and Discount Payment Policy	Policy Owner/Dept: CFO/Patient and Resident Financial Services	Reference: California Hospital Fair Pricing & Debt Collection	Policy Number: FIN321
Responsible Office: Patient and Resident Financial Services Office	JHRC – Patient and Resident Financial Services Department	Effective Date: January 1, 2015	
Responsible Official: Director of Patient and Resident Financial Services	Execute Responsible: Chief Financial Officer	Revised: January 2024; May 2024, Last Revision November 2025	



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

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(INCORPORATED AS HEBREW HOME FOR AGED DISABLED)

Financial Assistance Program Full Charity Care and Discount Payment

Policy Background

Jewish Home & Rehab Center (JHRC) offers a Full Charity Care and Discount Payment Program. The policies are consistent with the provisions of California Assembly Bill No. 774¹ (AB 774) as amended by Senate Bill 1276² (SB 1276) and Health and Safety Code Section 127405(a)(1), and The Federal Affordable Care Act Section 501(r)(4)³. Section 1.501 (r)4(a) of the Final Regulations, published Dec. 31, 2014 [79 Fed. Reg. 78954 (Dec. 31, 2014)].

¹ AB 774 Assembly Bill – Cal. Health & Saf. Code § 127400-127446

² SB 1276 Senate Bill – Sections 127400, 127420, 127425, 127450, 127454, and 127455., Cal. Health & Saf. Code § 127400, 127420, 127425, 127450, 127454, and 127455

³ (2015). Govinfo.gov. <https://www.govinfo.gov/content/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

The Final Regulations are part of Title 26 of the Code of Federal Regulations.

It is the policy of JHRC to provide any medically necessary inpatient services to our patients or residents regardless of their ability to pay.

Purpose Statement

The purpose of this Policy is to define the criteria which will be used by JHRC to comply with the requirements of the California Hospital Fair Pricing Policies Act, to establish a financial assistance program (FAP) and to ensure that patients or residents of the community at large:

- Are aware that financial assistance is available.
- Are provided adequate time to apply and submit required information and documentation.
- Receive reasonable assistance with the application process
- Have the ability to search Shoppable Services on the JHRC website.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

JHRC will work with patients or residents and their families to explore all available sources and methods of reimbursement for the care JHRC provides, such as third-party health or liability insurance coverage, government programs such as Medicare, Medi-Cal, Healthy Families, and Sliding Scale, Covered California, and Financial Assistance Program, and/or extended payment arrangements.

Help Paying Your Bill – Eligibility Criteria

The Financial Assistance Program is available to assist patients or residents with limited income at or below the 400% of the Federal Poverty Level⁴ (“FPL”) or who are underinsured because of “high medical costs” as defined in AB 774.

In addition to explaining the eligibility criteria for full charity care and

⁴ Office of the Assistant Secretary for Planning and Evaluation. (2022). *2022 Poverty Guidelines*.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

discount payment, this policy describes the processes for identifying and securing all coverage available through private insurance and government programs, making the program available to uninsured or underinsured patients or residents, appealing eligibility determinations, and documenting program-related matters. It is the intent of this Policy to comply with all federal, state, and local laws, including statutes, regulations, ordinances, etc. If any law, current or future, conflicts with this Policy, the law will supersede the conflicting provision(s) of this Policy.

The Patient or Resident Financial Services Department has responsibility for general accounting policies and procedures. Included within this purpose is a duty to ensure the consistent timing, recording, and accounting treatment of transactions at JHRC. This includes the handling of patient or residents accounting transactions in a manner that supports the mission and operational goals of JHRC.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Scope

The Financial Assistance Policy will apply to all patients or residents who receive medically necessary services at JHRC. This Policy pertains to financial assistance provided by JHRC.

All requests for financial assistance from patients or residents, and patient or resident families shall be addressed in accordance with this Policy.

Definitions

Financial Assistance: Both full Charity Care and Discounts Payment Program as described in this Policy. Financial Assistance does not include:

- a) Bad Debt or uncollectible charges that the organization recorded as a revenue but wrote off due to a patient's or resident's failure to pay, or the cost of providing such a care to such patients or residents.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- b) The difference between the cost of care provided under Medi-Cal or other means-tested government programs or under Medicare and revenue derived therefrom.
- c) Contractual adjustments with any third-party payers.

Financially Qualified: A Financial Qualified patient or resident is defined as any patient or resident where Patient's or Resident's Family is at or below 400% of the FPL, including but not limited to:

- a) Self-Pay Patient or Resident.
- b) High Medical Costs Patient or Resident.
- c) An insured patient or resident with non-covered charges.

High Medical Costs patients or residents: A financially eligible High Medical Cost patient or resident is defined as follows:

- a) Not Self-Pay (has third party coverage).



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

b) Out-of-pocket medical expenses in the prior twelve (12) months exceed 10% of family income.

Family Income: Is determined consistent with the IRS definition of Modified adjusted Gross Income for the applicant and all members of the applicant's family.

Bad Debt: Bad debt results from services rendered to a patient who is determined by the JHRC, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.

Full Charity Care: Is full Financial Assistance to qualifying patients or residents that relieves the patient or resident and his or her responsible party of their entire financial obligation to pay for Medically Necessary Services. Charity Care does not reduce the amount, if any, that a third party may be required to pay for Medically Necessary Services.

Discount Payment Program: Is partial Financial Assistance to qualifying patients or residents and his or her responsible party of a portion of their financial obligation to pay for Medically Necessary Services as defined. Discounted care



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

does not reduce the amount, if any, that a third party may be required to pay for Medically Necessary Services provided to the patient or resident.

Self-Pay Patient and Resident: A financially eligible Self-Pay patient or resident is defined as follows:

- a) No third-party coverage.
- b) No Medi-Cal coverage, or patients or residents qualify but do not receive coverage for all services or for the entire stay.
- c) No compensable injury for purposes of government programs, workers' compensation, automobile insurance, or third-party liability as determined and documented by the JHRC
- d) Family income is at or below 400% of the Federal Poverty Level (FPL).

High Medical Cost Patient or Resident: High Medical Cost patient or resident:

A financially eligible High Medical Cost patient or resident is defined as follows:

- a) Not Self-Pay (has third party coverage).
- b) Family income at or below 400% of the Federal Poverty Level (FPL)



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

c) Out-of-pocket medical expenses in the prior twelve (12) months, exceed 10% of family income.

Medically Necessary Services: A Medically Necessary Service or treatment is one that is necessary to treat or diagnose a patient or resident could adversely affect the patient's or resident's condition, illness, or injury if it were omitted, and is not considered an elective service.

Distinct Part/Skilled Nursing Facility Level B(DP/NF-B) is a hospital-based facility, usually operated in a designed unit within a hospital.

Long-Term Care: Long-term care services is commonly measured by the need for assistance with "activities of daily living" (ADLs) such as eating, dressing, and bathing, and "instrumental activities of daily living" (IADLs) such as preparing meals and taking medication. The need for assistance may stem from physical disability, developmental disability (such as mental retardation), chronic illness (such as HIV/AIDS or cancer), severe injury progressive disease (such as multiple sclerosis), or the decrease in mobility and cognitive functioning that often comes with aging.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Patient or Resident Family: A) For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, or any age if disabled

B) or persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, and parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled

Payment Plan: Means monthly payments of agreed upon terms between the JHRC and the patient or resident/responsible party.

Reasonable Payment Plan: means monthly payments that are not more than 10% of the income of the patient's or resident's family for a month, excluding deduction for essential living expenses.

Monetary Asset: means an asset that is readily convertible to cash, such as bank accounts and publicly traded stock, but not an illiquid asset such as real property. A monetary asset does not include retirement or deferred compensation plans, and neither the first \$10,000 Asset, nor 50% of a



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Monetary Asset over the first \$10,000 will be counted in determining Financial Assistance eligibility based on a monetary asset.

Essential Living Expenses: means 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 or spousal support, transportation, and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning and extraordinary expenses.

Federal Poverty Level: (FPL) Is defined by the poverty guidelines updated periodically 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 FPL guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>

Application Period: A hospital shall not impose time limits for applying for charity care or discounted payments, nor deny eligibility based on the timing of a patient's application



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Plain Language Summary: Means a document that notifies patients, residents and other individuals that the JHRC offers financial assistance under the Financial Assistance Policy in accordance with federal and California law. This document is clear, concise and easy to understand. Additional information on the Plain Language Summary can be found in the Financial Assistance Policy.

Extraordinary Collection Action (ECA) – “A list of collections activities as defined by the IRS and Treasury that Hospitals may take against an individual (or other person responsible for payment of the patient’s or resident’s care) to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. Per IRC 1.501(r)-6 and Treasury Regulation 1.501(r)-6(b)(1). Certain sales of the patient’s or resident’s debt to another party are considered an ECA. The following actions taken by a hospital are also considered ECAs:

a) Foreclosing on real property



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- b) Attaching or seizing an individual's bank account or other personal property
- c) Commencing a civil action against an individual or writ of body attachment
- d) Causing an individual's arrest
- e) Garnishing wages

Policy

It is the policy of Jewish Home & Rehab Center to provide Financial Assistance to financially eligible patients or residents who require Medically Necessary Services, who are uninsured and have high medical cost. Patients or residents with demonstrated financial need may be eligible if they satisfy the definition of a Charity Care patient or resident or High Medical Cost patient or resident as defined in the sections above.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this Policy:

1. **Medi-Cal Patients or Residents with Share of Cost:** Medi-Cal patients or residents who are responsible for paying their share of cost are not eligible to apply for Financial Assistance to reduce the amount of share of cost owed. JHRC shall seek to collect these amounts from patients or residents.
2. Charity care may be denied if patients or residents are eligible for other funding sources such as a Medi-Cal, Covered California or public assistance programs and refuse or are unwilling to apply.
3. This policy excludes services which are not medically necessary.
4. Outside debt collection agencies and attorneys and the JHRC's internal collection practice will reflect this policy.
5. Financial assistance through discount payment and charity care programs is not a substitute for personal responsibility. It is the patient's or resident's responsibility to actively participate in the financial assistance screening



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

process and where applicable, contribute to the cost of their care based upon their ability to pay.

6. A patient or resident will not be eligible for Financial Assistance if the patient's or resident's responsible party provides false information about financial eligibility.

7. The Financial Assistance Policy, the Plain Language Summary and the Application Form are available by visiting:

<https://sfcjl.org/aboutcharitable.htm> or by calling the Patient Financial

Services voicemail line 415-469-2262 or by email businessoffice@sfcjl.org

Procedure

Patients or residents of JHRC shall be entitled to apply for Financial Assistance for all Medically Necessary Services. Uninsured or underinsured patients or residents who do not qualify for government sponsored healthcare benefits, Basic Health Care, or the Low-Income Health Program



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

may qualify for fully discounted medical care under the Charity Care Program. Eligibility for this program is based on family income limitations and high out-of-pocket medical expenses. Patients or residents are not entitled to Financial Assistance for (i) services that are not Medically Necessary; and (ii) physician services that are billed separately from JHRC.

Application Process

The JHRC shall make all reasonable efforts to obtain from the patients or residents or their responsible party information about whether private or public health insurance may fully or partially cover the charges for care rendered by the JHRC. A patient or resident who indicates at any time the financial inability to pay a bill for the JHRC services shall be evaluated for Financial Assistance. To qualify as an Uninsured Patient or Resident, the patient's or resident's responsible party must verify that they are not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients or residents should be encouraged to investigate their potential eligibility for



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

government program assistance if they have not already done so.

Eligibility Procedure

Eligibility alone is not an entitlement to financial assistance qualification under this Policy. The patient or resident must complete the Financial Assistance Application and provide all required documentation and the Patient and Resident Financial Services Department must complete a process of applicant evaluation and determine qualifications before charity care or discount payment may be extended to the patient or resident.

Failure to comply with the application process or provide required documents will be considered in the determination.

Willful failure by the patient or resident to cooperate will result in JHRC's inability to provide financial assistance. However, they may apply for the Flexible Payment Plan.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

The Charity Care Application Form: is used to determine a patient's or resident's ability to pay for services at JHRC and/or to determine a patient's or resident's possible eligibility for public assistance.

Factors considered when determining whether a resident or patient is qualified for financial assistance pursuant to this Policy may include:

- a) No insurance under any government coverage program, or other third-party insurer; or inadequate third-party insurance coverage.
- b) Family income based upon tax returns or recent pay stubs.

If the patient or resident or family has a pending application for another health coverage program while applying for financial assistance, then pending application for other health coverage programs shall not preclude eligibility for the JHRC Financial Assistance Program.

Items that are not considered in determining income include:

- a) Primary Residence



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

b) Retirement Funds

c) Primary Vehicle

Indigence: Income falls below 200% of the Federal Poverty Guidelines.

Requests for Financial Assistance shall be processed promptly, and JHRC shall notify the patient or resident in writing within thirty (30) to sixty (60) days of receipt of a completed application.

JHRC will not make a determination of eligibility on information it has reason to believe is false or unreliable or obtained through the use of coercive practices.

Presumptive Financial Assistance Eligibility

Presumptive Financial Assistance takes place when JHRC staff may assume a patient or resident will qualify for financial assistance based on information received by the facility, i.e., homelessness, etc. The Patient or Resident



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Financial Services Department will complete an internal Financial Assistance

Application for a patient or resident, to include:

The reason the patient or resident, or patient's or resident's responsible party, cannot apply on his/her own behalf; and

- a) The patient's or resident's documented medical or socio-economic reasons that stop the patient, resident or patient's or resident's responsible party, from completing the application.
- b) The Patient and Resident Financial Services Department documents that the patient or resident is homeless.
- c) It is verified that the patient or resident expired with no known estate or spouse.
- d) The patient or resident qualifies for a public benefit program including Social Security, Unemployment Insurance Benefits, Medi-Cal, County Indigent Health, AFDC, etc.
- e) The patient or resident meets another public benefit program's requirement that are similar to JHRC's Financial Assistance program.
- f) JHRC tried to get payment from the patient or resident and was not able



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

to do so.

- g) The patient or resident has not completed a Financial Assistance Application.
- h) The patient or resident does not respond to requests for documentation.
- i) Any other information required by the Financial Assistance Application.
- j) If the patient or resident does not or cannot respond to the application process, then the patient's or resident's account will be screened using the presumptive eligibility information outlined above to make an individual assessment of financial need. The above information helps JHRC make an informed decision on the financial need of a patient or resident by using the best estimates available if the patient or resident does not or cannot provide the requested information.

Financial Assistance policy, JHRC will not:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- a) send patient or resident accounts to collection agencies, debt buyers, or other assignees that are not a subsidiary or affiliate of JHRC.
- b) subject the patients or residents to further collection actions; or.
- c) include the patient's or resident's account in the facility's bad debt expense.

Eligibility Period

The Financial Assistance adjustment will be applied to all eligible patient or resident account balances, including those received before the application approval date. The financial assistance approval is good for 180 days after the approval is granted. For bills received after 180 days from when the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient or resident is seeking financial assistance to pay those bills.

Financial Assistance Determination



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

After a patient or resident submits a complete application and the required documentation, the JHRC will send a Notification Form. Eligibility Determination for Financial Assistance., to indicate the determination of approval or denial. The letter will include the following:

- a) A clear statement of the determination for patient's or resident's eligibility for financial assistance.
- b) Promptly determine eligibility for financial assistance,
- c) Notify the applicant in writing of eligibility and available assistance,
- d) Provide the basis for the determination,
- e) Suspend all collection actions (if applicable),
- f) Reverse all collection actions (if applicable),
- g) Provide a statement of amounts owed (if applicable).



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- h) If an Eligible Patient or Resident qualifies for Full Charity Care, JHRC provides them with a written notification that nothing more is owed. If an Eligible Patient or Resident qualifies for Discount Partial Charity Care, JHRC shall provide them with a billing statement indicating the amount owed as Eligible Patient or Resident.
- i) If the patient was ineligible for financial assistance, a clear statement explaining why the application was denied.
- j) If the patient was ineligible due to a service that was not medically necessary, the attending physician of the service will have attested to this prior to the denial.
- k) Contact information for the JHRC, including department, contact name and where the patient or resident may appeal the JHRC's decision.
- l) Information on the Department of Health Care Access and Information's (HCAI) Hospital Bill Complaint Program.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

m) Information on the Health Consumer Alliance.

Patients with Limited Information for Application: The absence of patient or resident financial data available to the JHRC does not preclude eligibility for financial assistance. During evaluation, all factors pertaining to a patient's or resident's clinical, personal and demographic situation, an alternative documentation (including information that may be provided by other charitable organizations), the JHRC may determine a patient or resident is eligible for financial assistance by making reasonable assumptions regarding the patient's or resident's income.

Handling of Incomplete Applications: The JHRC may consider a patient's or resident's failure to provide reasonable and necessary documentation in making its financial assistance determinations. However, the JHRC will act reasonably and make the best determination it can with the available information. When a patient or resident submits an incomplete application, JHRC shall promptly notify the patient or resident with a written notice that



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

describes the additional information and/or documentation required for the Application and include contact information for Application processing. If the patient subsequently completes the Application with required information , then the Application will be considered complete.

Change in Circumstances

If at any time information relevant to the eligibility of the patient or resident changes, the

patient or resident may update the documentation related to income and provide JHRC with the updated information. It is the patient's or resident's responsibility to notify JHRC of the updated information. JHRC will consider the patient's or resident's changed circumstances in determining eligibility for Financial Assistance. JHRC may reverse previously applied discounts if it learns



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

of information which it believes supports a conclusion that information previously provided was inaccurate.

Disputes and Appeals

A patient or resident may seek review of any decision by the JHRC in the event of a dispute over the application of the Financial Assistance Policy.

In the event of a dispute regarding eligibility for Financial Assistance, patients or residents have the right to appeal the decision (see Appendix D).

Patients or residents must provide a written appeal outlining the reasons they believe the determination was incorrect.

The Director of Patient and Resident Financial Services of JHRC is responsible for reviewing all appeals and making a final determination.

This authority may be delegated by the Director of Patient and Resident Financial Services. The final determination must be communicated to the



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

patient or resident in writing submitted within 30 days.

Disputes or appeals should be submitted by calling Patient Financial Services at the voicemail line 415-469-2262, email businessoffice@sfcjl.org or mailed to the following address:

Jewish Home & Rehab Center

Attn: Patient and Resident Financial Services Department

302 Silver Avenue San Francisco, CA 94112

Calculation Discount

This policy permits non-routine waiver of a patient's or resident's out-of-pocket medical costs based on an individual determination of financial need in accordance with the criteria set forth below.

This policy excludes routine waiver of deductibles, co-payments and / or coinsurance imposed by the insurance companies for patients or residents whose family income is greater than 400% of the Federal Poverty Level. This policy applies



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

to JHRC inpatient services.

Completion of a financial assistance application provides the documentation necessary for JHRC to determine if the patient or resident has income sufficient to pay for services. Documentation is useful in determining the qualifications of financial assistance. However, a completed financial assistance application is not required for JHRC to determine it has sufficient patient or resident financial information from which to make a financial assistance qualification decision.

Financial Assistance Levels

Basics for Calculation amounts Charged to Patients or Residents

There is a limit to the amount a patient or resident who is eligible for Financial Assistance may be charged. The patient or resident may not be charged more than the Amount Generally Billed (AGB) to Medicare, as determined by the JHRC in good faith, for medically necessary care. JHRC does not bill or expect payment of gross charges from individuals who



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

qualify for financial assistance under this Policy.

Full Charity Care and Discount Payment: are based on Household Income.

Documentation of Household Income include:

- a) recent pay stubs
- b) or income tax returns
- c) or other documents

The discount amount is based on the percentages in the following tables:

Eligibility for 100% Charity Care

- a) Patients or residents without third party coverage and income at or below 200% of the FPL will be extended a 100% discount on services provided.
- b) Eligibility consists of a review of the patient's or resident's income.
- c) The Financial Assistance Application should be completed for all



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

patients or

d) residents requesting charity care.

e) Criteria and process to determine a patient's or resident's eligibility for a 100% discount are as follows:

1. The patient's or resident's family income is verified not to exceed 200% of FPL with the most recently filed Federal tax return or recent paycheck stubs. First \$10,000 of monetary assets (liquid assets) is excluded. 50% of all monetary assets (liquid assets) above \$10,000 are excluded.
2. Retirement accounts and IRS-defined deferred-compensation plans (both qualified and non-qualified are not considered monetary assets and are excluded from consideration..
3. Assets above the statutorily excluded amounts will be considered exceeding allowable assets and may result in the denial of charity care discounts.
4. High Medical Cost patients or residents with third party (underinsured) coverage who are below 200% of the FPL with medical costs more than



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

10% of the patient's or resident's family annual income will be extended with a 100% discount on services provided.

5. Eligibility for discounted payments or charity care shall be determined at any time the hospital is in receipt of information specified in paragraph (1). A hospital shall not impose time limits for applying for charity care or discounted payments, nor deny eligibility based on the timing of a patient's application.
6. Patients or residents who are covered by insurance but exhaust their benefits either before or during their stay at the facility and have a family income at or below 200% of the federal poverty.
7. This includes charges for non-covered Medically Necessary Services, denied days or denied stays. Treatment Authorization Requests (TAR) denials and any lack of payment for non-covered Medically Necessary Services provided to Medi-Cal patients or residents are also included.
8. Medicare patients and residents who have Medi-Cal coverage of their co-insurance and/or deductibles, for which Medi-Cal does not make payment



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

and Medicare does not ultimately provide bad debt reimbursement are also included.

9. Some Medi-Cal plans offer coverage for a limited or restricted list of services. If a patient or resident is a Medi-Cal recipient, any charges for days or services not covered (e.g., when the patient or resident is not safe to discharge) should be written off as charity care. The Treatment Authorization Request (TAR) will record the reason for denial. This does not include any Share of Cost (SOC) amounts, as SOCs are determined by the state to be an amount that the recipient must pay before the patient or resident is eligible for Medi-Cal.

Examples of charity care to Medi-Cal beneficiaries may include, but not be limited to:

- a) Medi-Cal pending accounts.
- b) Medi-Cal denials
- c) Charges related to days exceeding a length-of-stay limit.
- d) Out-of-state Medicaid claims with “no payment”



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

e) Line-item denials.

The total amount of the charges not covered must be written off to Financial Assistance.

Billing timelines, medical records, missing invoices, or eligibility issues are excluded for Financial Assistance.

Special Circumstances

- a) Patients or residents who expire while admitted to JHRC and have no source of funding or responsible party or estate may be eligible for Financial Assistance even if a Financial Assistance application has not been completed. All such cases must be reviewed by the Director of the Patient and Resident Financial Services or designee(s) on a case-by-case basis.
- b) Homeless patients or residents without a payment source may be eligible for Financial Assistance if they do not have a job, mailing address, residence, including temporary residence, or insurance. However, all other county,



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

state, or government programs must be considered as part of enrollment screening. All such cases must be reviewed by the Director of Patient or Resident Financial Services or designee (s) on a case-by-case basis.

- c) The Director of Patient and Resident Financial Services and Chief Financial Officer may, under unusual circumstances, extend charity care to individuals who would not otherwise qualify for charity care under this Policy. When such an award is made, the unusual circumstances justifying the award of charity care will be documented in writing and maintained in a segregated file in the Patient or Resident Financial Services Department.

Eligibility for Discount Partial Charity Care for Patients or Residents with no Third-Party Coverage (Self-Pay)



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

a) Patients or residents who have family incomes at or below 200% of the FPL – but who do not qualify for 100% discount under this Policy – will nonetheless qualify for a partial payment so long as they are uninsured and require medically necessary care, or have high medical cost.

b) Patients or residents with no third-party coverage with family income between 200.1% and 400% of the FPL are eligible for a partial discount.

Exhibit B

c) The Financial Assistance Application Form should be completed for all patients and residents requesting the Financial Assistance and Discount Payment Program.

d) Family income will be verified with either the recent file Federal tax return or recent paycheck stubs.

This Policy does not waive or alter any contractual provisions or rates



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

negotiated by and between JHRC and a third-party payer and will not provide discounts to a non-contracted third-party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.

Eligibility for Discount Partial Charity Care for High Medical Cost Patients or Residents with Third-Party Coverage

High Medical Cost patients or residents with third-party coverage whose family income is between 200.1% and 400% of the FPL with high medical costs are eligible for a partial discount.

Patients and residents are required to provide proof of payment of medical cost. Proof of payment may be verified.

The Financial Assistance Application Form should be completed for all patients and residents requesting Charity Care and Discount Payment Program. High Medical Cost patients and residents need to be evaluated



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

monthly to accurately account for medical cost for the last twelve (12) months.

A patient's and resident's family income will be verified with either recent Federal tax return or recent paycheck stubs to confirm that the patient's or residents' family income is between 200.1% and 400% of FPL.

Eligibility will be based on the patient's or resident's family income qualification only.

If a non-contracted third-party payer (who has not otherwise negotiated a discount off JHRC standard rates) has paid an amount equal to or more than the maximum governmental program payment, JHRC would consider the difference as a discount payment, and write off the difference, excluding deductibles.

If payment received is less than the acceptable maximum governmental program payment, JHRC can collect from the patient or resident the difference between the third-party payment and the acceptable governmental program payment.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

This policy does not waive or alter any contractual provisions or rates negotiated by and between JHRC and a third-party payer and will not provide discounts to a non-contracted third-party payer or other entities that are legally responsible for making payment on behalf of a beneficiary, covered person, or insured.

For patients or residents with no third-party coverage whose incomes are above 400%

of the FPL, please refer to the Uninsured Discount Section.

Miscellaneous

Accounting for and Tracking Financial Assistance Data: Approved financial assistance, along with any write-offs as a result of applying AGB amounts, shall be classified and recorded as charity care, because, by definition, charity care is "demonstrated inability to pay". The amount of charity care provided will be reported separately in the monthly financial statements.

PFS will be responsible for maintaining the following data monthly:



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- Number of applications for financial assistance received.
Number of individuals granted financial assistance.
- Number of appeals received.
- Percentage of appeals reviewed with a reversed decision; and
- Number of completed applications not processed within 30 days of receipt.

Finance shall calculate the cost associated with the services approved for financial assistance for disclosure in the annual financial statements and tax return.

Payment Plans: Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per the Policy on Billing and Collections for the JHRC.

Billing and Collection: JHRC may employ reasonable collection efforts to obtain payment from patients or residents. Information obtained during the



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

application process for Financial Assistance may not be used in the collection process, either by the JHRC or by any collection agency/attorneys engaged by the JHRC. General collection activities may include issuing patient or resident statements, phone calls, and referral of statements that have been sent to the patient, resident or guarantor.

The Patient Financial Services department must develop procedures to confirm that patient or resident questions and complaints about bills are researched and corrected where appropriate, with timely follow-up with the patient or resident. The JHRC or collection agencies/attorneys will not engage in any collection actions (as defined by the Policy on Billing and Collections. Copies of the Policy on Billing and Collections may be obtained free of charge on the JHRC website at <https://sfcjl.org/about-charitable.htm>, by calling 415-469-2262, or within the financial services office.

Amount Generally Billed (AGB):



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

In accordance with Internal Revenue Code 1.501(r)-5 JHRC has adopted the prospective Medicare method for amounts generally billed; however, patients or residents who are eligible for 100% discount are not financially responsible for more than the amounts generally billed because eligible patients or residents do not pay any amount.

Equal Opportunity:

JHRC is committed to upholding all applicable federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military services, or any other classification protected by the federal, state, and local laws.

Confidentiality:

JHRC staff will uphold the confidentiality and individual dignity of every patient or resident. JHRC will meet all HIPAA requirements for handling personal health information.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Availability of Financial Assistance Information

Languages: Such information shall be provided in English and will be translated for patients or residents/responsible party who speak other languages.

During Admission and Discharges:

- a) **Written Notice to Patients and Residents:** Each patient or resident who is admitted shall receive a Plain Language Summary of the Financial Assistance Program (see Appendix A). Additionally, a Financial Assistance Program Acknowledgement notice will be given to each patient or resident. The notice shall be provided at the time of discharge, or when the patient or resident leaves the facility. If the patient or resident leaves the facility without receiving notice, the JHRC shall mail the notice to the patient or resident within 72 hours of providing medically necessary care.
- b) **Financial Assistance Counselors:** Patients or residents who may be



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Uninsured shall be assigned financial counselors, who will visit the patient in person at the facility. Financial counselors shall give such patients or residents a Financial Assistance application, as well as contact information for the Patient Financial Services personnel who can provide additional information about this Financial Assistance policy and assist with the application process.

- c) **Government Program Applications Provided at Discharge:** At the time of discharge, JHRC shall provide all Uninsured Patients or Residents with applications for Medi-Cal or any other potentially applicable government program.

Information Provided to Patients and Residents at Other Times:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- a) **Billing Statements:** JHRC shall bill patients and residents in accordance with the Policy of Billing and Collections. Billing Statements to patients or residents shall include Appendix A , which contains a Plain Language Summary of the Financial Assistance Program, a phone number for patients and residents to call with questions about Financial Assistance, and the website address where patients and residents can obtain additional information about Financial Assistance. A Notice of Rights is included in Exhibit 6.
- b) **Upon Request:** JHRC shall provide patients or residents with paper copies of the Financial Assistance Policy, the application for Financial Assistance, and the Plain Language Summary of the Financial Assistance policy and without charge.
- c) **Notice to Accompany Bills to Potentially Eligible Patients or Residents:**



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Each billing statement that is sent to patients or residents who have not provided proof of third-party coverage at the time care is provided or upon discharge must include a statement of charges for services rendered by JHRC and the Notice of High Medical Cost.

Publication of Financial Assistance Information

Public Posting: JHRC shall post copies of the Financial Assistance Policy, the application for Financial Assistance (see Appendix B), the Plain Language Summary of the Financial Assistance Policy (see Appendix A), and the Help Paying Your Bill notice (see Appendix E) shall be clearly and conspicuously posted in locations that are visible to the patients or residents in the following areas: (1) Patient and Resident Financial Services Department; (2) Admissions Office and any other location in the facility where there is a high volume of patient or resident traffic.

1. Website:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

The Financial Assistance Policy, the Financial Assistance Application (see Appendix B), and a Plain Language Summary (see Appendix A) of the Financial Assistance Policy shall be placed in a conspicuous location on JHRC' internet website, with a link to the policy itself. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance. The JHRC website shall include the information required by 22 California Code of Regulations section 96051.11.

2. **Mail:** Patients or Residents may request a copy of the Financial Assistance Policy, application for Financial Assistance and Plain Language Summary be sent by mail, at no cost to the Patient or Resident.

Medical Necessity/Clinical Determinations: The evaluation of the necessity for medical treatment of any patient or resident will be based upon clinical judgment, regardless of insurance or financial arrangements will



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

occur only after an appropriate

medical screening examination has occurred, and necessary stabilizing services have been provided in accordance with all applicable state and federal laws.

Refunds on Charity Care Accounts: The JHRC will reimburse patients or residents for amounts they paid in excess of the amount due pursuant to this Policy, including any interest paid, at the rate of ten percent (10%) per annum. If the amount due to the patient or resident is less than \$5.00 (, the JHRC is not required to reimburse the patient or resident pay interest. The JHRC shall refund the patient or resident within 30 days.

All notices will also include the following statement:

Hospital Bill Complaint Program: Patients or Residents that believe they



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

have been wrongly denied financial assistance may file a complaint with

the State of California's Hospital Bill Complaint Program. To

HospitalBillComplaintProgram.hcai.ca.gov

More Help: For patients or residents that need help paying a bill, there

are free consumer advocacy organizations that will help patients or

residents understand the billing and payment process. Patients or

Residents may call the Health Consumer Alliance at 888-804-3536 or go to

healthconsumer.org for more information.

Submission to HCAI

JHRC will submit its Financial Assistance policy to the California Department



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

of Health Care Access and Information (HCAI). Information can be located on the HCAI website.

Review/Revision:

This Policy will be reviewed periodically and updated as required by changes in the operations and/or laws, rules, and regulations.

One can find the Poverty Guidelines and its ratios by clicking on this link:

<https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>

Sliding Scale

Uninsured Patients or Residents



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

JHRC shall limit expected payment for services it provides to a patient at or below 400 percent of the federal poverty level, eligible under its discount payment policy to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater. If the hospital provides a service for which there is no established payment by Medicare or Medi-Cal, JHRC shall establish an appropriate discounted payment as follows:

Household Income	Discount Off of Amount Generally Billed	Patient or Resident Responsibility
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JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

200% or below of the Federal Poverty Level	100% discount	Zero
200.1% - 300 of the Federal Poverty Level	75% discount	25% Amount Generally Billed
300.1% - 350% of the Federal Poverty Level	50% discount	50% Amount Generally Billed
350.1% - 400% of the Federal Poverty Level	25% discount	75% Amount Generally Billed
400.1% or Higher of the Federal Poverty Level	Not covered under the Financial Assistance Policy	Not covered under the Financial Assistance Policy

Patients or Residents with Commercial Insurance or Non-Contracted Managed Care Plans and High Medical Costs



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Financial Assistance Category	Patient or Resident Criteria	Available Discount
High Medical Cost Charity Care (for Insured Patients or Residents).	<p>1. Patient or Resident is underinsured with a family income at/or below 200% on the recent FPL</p> <p>And</p> <p>2. Medical expenses incurred at the facility in the past twelve (12) months exceed 10% of the patient's or resident's family income.</p>	A Write off of the Patient or Resident's responsibility amount for Medically Necessary Care.

REFERENCES:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Internal Revenue Code section 501(r). Title 26 Code of Federal Regulations

1.501(r)-7

California Health and Safety Code section 124700 through 127446

Title 22 California Code of Regulations Sections 96051 through 96051.37

Office of General, Department of Health and Human Services (“OIG”) guidance regarding financial assistance to uninsured and underinsure patients or residents, and IRS regulations.

Any implementation regulations and agency guidance regarding any of the foregoing.

Policy on Billing and Collections for JHRC.

APPENDICES:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Appendix A – Plain Language Summary

Appendix B – Confidential Financial Letter and Application

Appendix D – Financial Assistance Appeal Form

Appendix E – Help Paying your Bill

Appendix G – Notice of Assignment to Collection Agency

REGULATORY OVERSIGHT:

California Department of Health Care Access and Information (hereinafter “HCAI”) is charged with adopting guidelines for identifying, assessing, and reporting charity care services; and conducting onsite assessments as necessary to ensure that reported data is collected in compliance with the guidelines it sets. Calif. Health & Safety Code § 128740(d).

The State Department of Health is responsible for enforcing the Hospital Fair Pricing Policies provisions. Calif. Health & Safety Code § 127401.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Appendix A

Plain Language Summary

As a non-profit organization, Jewish Home & Rehab Center (JHRC) provides financial assistance to uninsured and under-insured patients or residents that may not have sufficient financial resources to pay for services.

This handout is intended to aid in understanding the financial assistance options available to qualified patients and residents, the application process and your payment options for services rendered at Jewish Home & Rehab Center (JHRC). Your JHRC bill will not include services you may receive during your stay from physicians, ambulance companies, and other providers that may bill you separately. If you wish to seek assistance with paying your bills from these other providers, you will need to contact them directly.

Payment Options

JHRC has many options to assist you with payment of your bill:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- **Medi-Cal & Government Program Eligibility:** You may be eligible for a government-sponsored health benefit program. JHRC has staff available to assist you with applying for government programs such as Medi-Cal. Please contact The Patient and Resident Financial Services Department at (415) 469-2262 or by email businessoffice@sfcjl.org if you would like additional information about government programs or need assistance with applying for such programs.

Medi-Cal: <http://www.dhcs.ca.gov/Pages/default.aspx>

- **Covered California:** You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Please contact The Patient and Resident Financial Services Department at (415) 469-2262 or by email businessoffice@sfcjl.org
- Covered California: <https://www.coveredca.com>



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- **Payment Plans:** Patient or resident accounts balances are due upon receipt.

Patients or residents may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services Department can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low-income uninsured patients or residents and certain income-eligible patients or residents with high medical costs. The payment plan is negotiated between the JHRC and the patient or resident.

The following is a summary of the eligibility criteria for financial assistance and the application process for patients and residents who wish to seek financial assistance.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Financial Assistance Eligibility Requirements:

- Patients or residents who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical care and have a family income at or below 400% of the federal poverty level.
- Patients or residents who are covered by insurance but have family income at or below 400% of the federal poverty level; and medical expenses for themselves that exceed 10% of the patient's family income.

Application process:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

During the application process, you will be asked to provide information regarding the number of people in your household, your monthly income, and other details that will assist JHRC with determining your eligibility for financial assistance. You may be asked to provide a pay stub or tax records to assist JHRC in verifying your income.

The application specifies certain information that is required to be submitted with the application. This information may be independently verified by JHRC to ensure its completeness and accuracy. Notice of approval or denial of an application shall generally be sent to the patient within 30 days of receipt of application.

Assignment

to JHRC of all insurance payments, including liability settlements, is required up to the amount of gross charges on a patient's bill.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Denials of financial assistance may be appealed. Appeals must include an appeal letter from the patient, resident or party with financial responsibility requesting re-evaluation. The appeal must also include any supporting documents that may prove inability to pay that were not part of the initial consideration. Appeals will be referred and reviewed by the Director of Patient Financial Services within thirty (30) days of being received. If the Director of Patient Financial Services feels additional input is needed in making a determination, the Chief Financial Officer will be asked to review and assist with the determination.

Period that Approved Financial Assistance Will Be Provided

Once a patient or resident has been approved for financial assistance, the patient or resident will be deemed to have approval for services rendered by for six months subsequent to initial approval date, except as follows:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

- There is a change in financial status. After six months, the patient will be required to reapply for financial assistance, and the appropriate verifications of information will need to be made.

- In JHRC's reasonable estimation, patient can afford to purchase insurance coverage through the Covered California Health Insurance Exchange and the period for which such coverage can be obtained is less than six months from the time financial assistance is granted by JHRC, only the timeframe that is non-covered will be approved.

If a patient or resident is granted financial assistance on a portion of their bill, and the patient or resident subsequently does not pay their remaining portion of the bill, JHRC will not reverse the amount of financial assistance granted.

Charge Limitation



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

JHRC will utilize the Prospective Medicare methodology to determine the Amounts Generally Billed (AGB) for inpatient and outpatient accounts when determining patient liability for individuals who qualify for financial assistance. The billed amount will not exceed the AGB. This document (The Plain Language Summary) summarizes the JHRC FAP and is not intended to represent a complete explanation of the FAP. Our financial counselors can be reached Monday through Friday from 9:00 am to 5:00 pm at (415) 469-2262 and are available to assist patients with the financial assistance application process.

Notice of Availability of Financial Estimates



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

You may request a written estimate of your financial responsibility for health care services received at JHRC. Requests for estimates must be made during business hours. The estimate will provide you with the amount JHRC will require the patient and resident to pay for health care services. Estimates are based on the average length of stay and services provided for the patient and resident's diagnoses and are not a guarantee to provide services at a fixed cost. JHRC cannot make estimates for other providers. A patient or resident's financial responsibility may be more or less than the estimate based on the actual medical services the patient and resident receives.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

with the Hospital Bill Complaint Program. Go to www.HospitalBillComplaint.hcai.ca.gov for more information.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to <https://healthconsumer.org> for more information. Please contact Patient Financial Services for further information.

Price Transparency

Healthcare cost transparency is important to help consumers make informed decisions about their care. We post a list of standard charges. Please visit the following website below for more information: <https://sfcjl.org/about-admission-information.htm>



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

If you have any questions, please contact the Patient and Resident Financial Services Department at (415)469-2262 or by email businessoffice@sfcjl.org.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

APPENDIX D

Jewish Home & Rehab Center

Financial Assistance Appeal Form

Request for Re-Evaluation on Financial Assistance Denial

General Information Date:

Name of Patient:

Date of Birth:

Address: City, State, Zip Code:

Phone Number:

Guarantor Name (if different than patient):

302 SILVER AVENUE, SAN FRANCISCO, CA 94112 | 415.334.2500

Patient Financial Services | 415.469.2262 | Businessoffice@sfcjl.org

A beneficiary of Jewish Home & Senior Living Foundation and the San Francisco-based Jewish Community Federation.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Relationship:

Date of Birth:

Guarantor Address:

City, State, Zip Code:

Phone Number:

Please provide the reasons for your appeal of the Financial Assistance Denial. Your appeal letter must include supporting documents that demonstrate your inability to pay, which were not considered initially. Submit your appeal letter and supporting documents either by person or by mail to the following address:

Jewish Home & Rehab Center

302 Silver Avenue San Francisco, CA 94112

Attn: Patient and Resident Financial Services Department

302 SILVER AVENUE, SAN FRANCISCO, CA 94112 | 415.334.2500

Patient Financial Services | 415.469.2262 | Businessoffice@sfcjl.org

A beneficiary of Jewish Home & Senior Living Foundation and the San Francisco-based Jewish Community Federation.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

You will receive a decision on your appeal within thirty (30) days of receipt of your complete submission.

Assistance with Bill Payment

Free consumer advocacy organizations, such as the Health Consumer Alliance, can help you understand the billing and payment process. For more information, call 888-804-3536 or visit www.healthconsumer.org.

If you have any questions, please contact one of our Patient Financial Services representatives at (415) 469-2262.

Hospital Bill Complaint Program



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

The Hospital Bill Complaint Program is a state initiative that reviews hospital decisions regarding financial assistance eligibility. If you believe you were wrongly denied financial assistance, you may file a complaint at www.HospitalComplaintProgram.hcai.ca.gov.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Help Paying Your Bill

Help Paying your Bill

The Jewish Home & Rehab Center (JHRC) is committed to providing financial assistance to qualified patients or residents. The Program is available to those with income below 400% of the Federal Poverty Level.

How to Apply

You may apply for Financial Assistance in one of 3 ways:

- 1) Obtaining and filling out the application form that is available from our Patient Financial Services, located on the 2nd Floor of the Rosenberg building
- 2) By calling the Patient Financial Services phone line at (415) 469-2262 to speak with a representative who may assist you with completing the application
- 3) Via the JHRC website <https://sfcjl.org/about-charitable.htm>

Hospital Bill Complaint Program

If you were denied financial assistance and you believe you should have been accepted, you may file a complaint with the State of California's Hospital Bill Complaint Program.

Go to:

<https://hcai.ca.gov/affordability/hospital-fair-billing-program/hospital-bill-complaint-program/>

for more information and to file a complaint.

More Help

There are free consumer advocacy organizations that will help you understand the billing and payment process.

You may call the Health Consumer Alliance at 888-804-3536 or go to: <https://healthconsumer.org/> for more information.

Please contact Patient Financial Services for further information.

Alternative Format Accessibility

This document is available in large print on our website: <https://sfcjl.org/about-charitable.htm>

Other Language

This document and the application for financial assistance or charity care are available in several other languages in addition to English on our website: <https://sfcjl.org/about-charitable.htm>



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

Appendix G

Notice of Assignment to Collection Agency

Date: _____

Patient/Resident/Responsible Party Name: _____

Patient/Resident/Responsible Address: _____

RE: Account Balance:

Patient/Resident Name:

Account Number:

Admission ID#:

Date of Service:

Thank you for choosing JHRC. As of the date of this Notice of Assignment to Collection Agency, JHRC has not received payment of the amount due that is set forth above. This Notice of Assignment to a collection agency is to notify you that the patient or resident account identified above is being assigned to a collection agency identified below. The collection agency may attempt to contact you in writing or by telephone concerning the amount that remains outstanding.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Health Insurance on File: [Insurance Name"]

1. Original Notice of Financial Assistance sent on [DATE]
2. Latest Notice of Outstanding balance sent on [DATE]
3. A Financial Assistance application sent on [DATE] (if applicable)

For more information, to obtain an itemized bill for the services provided on the above dates of service, for the amount owed. Please contact Patient Financial Services at our voicemail line (415)469-2262 or by email businessoffice@sfcjl.org

Currently, The Jewish Home & Rehab Center will be assigning the outstanding balance to Wilson, Salamoff LLP for collections.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance

JHRC is committed to providing financial assistance to qualified low-income patients or residents who have insurance that requires the patient to pay a significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patients or residents who wish to seek Financial Assistance. The following categories of patients or residents are eligible for Financial Assistance:

- Patients or residents who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level.
- Patients or residents who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; and (ii) medical expenses for themselves or their family (incurred at the JHRC in the past 12 months) that exceed 10% of the patient's or resident's family income.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

- Patients or residents who are covered by insurance but exhaust their benefits either before or during their stay at the JHRC and have a family income at or below 400% of the federal poverty level.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complain Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and file a complaint.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process.

You may call the Health Consumer Alliance at 888-804-3536 or go to <https://healthconsumer.org> for more information. Please contact Patient Financial Services for further information.