IMPORTANT INFORMATION ABOUT FINANCIAL ASSISTANCE

Financial Help May Be Available

This notice is available in English. Para español, llame (760)876-5501.

Southern Inyo Hospital offers financial assistance programs to help patients who cannot afford to pay for their hospital care. You may qualify for FREE care or DISCOUNTED care if you meet certain income requirements.

IMPORTANT: THERE ARE NO TIME LIMITS FOR APPLYING. You can apply for financial assistance at ANY time - even after you receive a bill, even after making payments, even after collection activities have started, and even after a judgment has been entered against you.

WHO MAY QUALIFY?

You may qualify if:

- You do not have health insurance (you are self-pay), OR
- You have high medical costs even with insurance, AND
- Your family income is at or below 400% of the federal poverty level

High Medical Costs Defined: Your annual out-of-pocket costs at this Hospital exceed 10% of your family income in the current year or prior 12 months, or your medical debt from this Hospital exceeds 10% of your family income. Out-of-pocket costs include unreimbursed expenses such as deductibles, copays, coinsurance, and amounts owed for prior services. This includes costs from emergency services, which cannot be denied based on ability to pay under EMTALA.

No Asset Test: We only consider your income, not your savings, property, or other assets when determining eligibility for charity care and discount payment programs. Exception: For patients eligible for Medicare Part A or Part B who seek assistance with Medicare cost-sharing obligations, we may consider certain assets as permitted under California Health and Safety Code Section 127405(c). Asset consideration, if applicable, will be clearly explained during the application process.

WHAT PROGRAMS ARE AVAILABLE?

Two separate programs are available to help you. You may be eligible for BOTH programs:

1. CHARITY CARE - Free or Reduced-Cost Care

Based on your family income, you may receive:

- 100% FREE care (income 0-200% of federal poverty level)
- 75% discount (income 201-300% of federal poverty level)

- 50% discount (income 301-400% of federal poverty level)

2. DISCOUNT PAYMENT - Limited Charges

If you qualify (income at or below 400% of federal poverty level), your charges will be limited to Medicare or Medi-Cal rates (whichever is greater), which are typically much lower than standard hospital charges.

CURRENT FEDERAL POVERTY LEVELS (2026)

You may qualify if your household income is at or below these amounts:

- Family of 1: $63,840 per year ($5,320 per month)
- Family of 2: $86,560 per year ($7,213 per month)
- Family of 3: $109,280 per year ($9,107 per month)
- Family of 4: $132,000 per year ($11,000 per month)

For families with more than 4 members, add $5,680 per year ($473 per month) for each additional family member.

WHAT DO YOU NEED TO APPLY?

To apply for financial assistance, please provide:

- Recent pay stubs OR your most recent tax return
- Information about your health insurance (if you have any)

Free Application Assistance: The hospital will provide FREE, in-person assistance to help you complete your application and gather required documentation at no charge. This assistance is available in multiple languages and includes help understanding eligibility requirements, completing forms, and obtaining necessary documents. You may also designate a representative or advocate to assist you with the application process. Assistance is available during regular business hours and by appointment.

Application Processing: Applications are processed within 30 calendar days of receipt of a complete application. If we need additional information, we will contact you in writing within 10 business days and suspend the 30-day processing timeline until the information is received. You will have at least 30 days to provide additional information before your application is denied for incompleteness.

Collections Protection: If you submit a complete financial assistance application or request an application, all collection activities (including reporting to credit bureaus, filing lawsuits, and placing liens) will stop immediately while your application is being processed. If you are found eligible for any level of financial assistance, collection activities cannot resume for the covered amounts. If you are found ineligible, you will receive written notice and have at least 30 days to appeal before collection activities

resume. The hospital will not report medical debt for these hospital services to credit bureaus at any time if you are a financially qualified patient.

OTHER PROGRAMS THAT MAY HELP

You may also be eligible for:

- Medi-Cal (California's Medicaid program)
- Covered California (health insurance marketplace)
- Medicare (if you are 65+ or have certain disabilities)
- California Children's Services
- County health programs

HOW TO GET HELP

For Financial Assistance Applications:

Phone: (760) 876-5501

Business Hours: Monday- Friday 8:00 a.m. to 4:30 p.m.

Hospital Website: www.sihd.org

Get Applications and Information Online:

Hospital Website: www.sihd.org

Price List: https://www.sihd.org/wp-content/uploads/2026/04/Top-Services-provided-by-Southern-Inyo-Healthcare-District.pdf

Free Help Understanding Your Bill:

Health Consumer Alliance: 1-888-804-3536 or visit https://healthconsumer.org

Visit Us In Person:

- Billing Office: 380 N. Whitney, Lone Pine, CA 93545
- Admissions Office: 501 E. Locust Street, Lone Pine, CA 93545
- Emergency Department: 501 E. Locust Street, Lone Pine, CA 93545

HOSPITAL BILL COMPLAINT PROGRAM

If you have questions or concerns about your hospital bill or financial assistance, you may contact:

- Department of Health Care Access and Information (HCAI)
  - Hospital Fair Billing Program

- **Phone:** 1-800-841-4555 (HCAI Hospital Complaint Hotline)
- **Website:** https://hcai.ca.gov/complaints/ (HCAI Hospital Complaint Portal)

SHOPPABLE SERVICES – COMPARE PRICES BEFORE YOUR VISIT

Southern Inyo Hospital maintains a list of shoppable services — common services for which you can plan ahead and compare prices. You can find this list at: **https://www.sihd.org/price-transparency/**. If you have questions about pricing for specific services, please contact us at (760) 876-5501.

EMERGENCY PHYSICIANS

Emergency physicians who provide services at this hospital are also required by law to provide discount payment to eligible patients under California Health and Safety Code Section 127452. Under their discount payment policies, emergency physicians must limit charges for uninsured patients or patients with high medical costs at or below 400% of the federal poverty level. This hospital is not responsible for emergency physician billing practices.

This notice is provided in accordance with California Health and Safety Code Section 127410 and the Hospital Fair Pricing Act.

Effective Date: 06/30/2026