

**Sonoma County Fire District
Emergency Medical Services
FINANCIAL HARDSHIP/
COMPASSIONATE CARE POLICY**

PURPOSE:

To establish a Sonoma County Fire District (SCFD) policy that allows the modifying of EMS charges based on current year Department of Health and Human Service Poverty guidelines.

SCOPE:

As authorized by Health and Safety Code sections 13917 and 13919, this policy pertains to all patients treated or transported by the Sonoma County Fire District.

Each patient may request one (1) hardship modification per consecutive twelve (12) month period.

SCFD is committed to non-discrimination. This policy applies to all patients without regard for the person's sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status.

PREFACE:

EMS charges may be waived, reduced, or a payment plan established, based upon financial hardship, as determined by SCFD. These procedures will ensure a just and fair evaluation of a hardship waiver request and will establish an audit trail for future use.

PROCEDURES:

- 1) *No one will EVER be denied necessary medical transport service due to either their inability to pay or a lack of insurance.*
- 2) Every effort will be made to collect from insurance for payment; after insurance makes payment, the District will attempt to collect remaining balance from patient.
- 3) SCFD will address cases of financial hardship on an individual basis.
- 4) Patients who are unable to pay their co-pays, deductibles, who are uninsured, unemployed, homeless, or for other reasons unable to make payments may request a financial hardship review of their EMS charges. Patients, or their designee, shall complete the SCFD "Financial Hardship/Compassionate Care Program Application Form". The form may be requested from Wittman Enterprises, LLC by calling (800) 906-6552, by mail to Wittman Enterprises, LLC P.O. BOX 269110, Sacramento, CA 95826, or downloaded from the SCFD Website:
www.sonomacountyfd.org

- 5) The completed Financial Hardship/Compassionate Care Program application and supporting documentation shall be submitted to Wittman Enterprises.
- 6) When complete, the Financial Hardship/Compassionate Care Program Application Form and supporting documents will be forwarded to the SCFD Board of Directors (or their appointed designee) to make a final decision. The Board of Directors (or their appointed designee) may waive all charges, reduce the charges, establish a payment plan, or deny the request. All final resolutions will be noted on the form.
- 7) SCFD will render a decision on the financial hardship/compassionate care request within 45 days of receipt of the complete application and supporting documentation. No collection activities will progress while an account is under review for hardship/compassionate care consideration.
- 8) If approved for modification, a copy of all documentation will be made and will be held in SCFD files for a period of five years. The original form will be transmitted to the billing company authorizing the modification or elimination of the patient's charges. SCFD will notify the patient in writing as to the final disposition of the Hardship Waiver.
- 9) SCFD will consider **200%** of the current HHS Poverty Guidelines as a guideline in granting a hardship waiver.
- 10) After a final decision has been rendered on the hardship application, SCFD will gather patient demographic information from the patient care report and document this for tracking and reporting purposes. This information will not be considered while the hardship application is under review. The board of directors will receive an annual report that details the past year's hardship activities, including demographic trends.