

96051.2 Eligibility Determination Letters

(a)

Upon determination of a patient's eligibility for the discount payment program and/or charity care program, a hospital shall issue a letter to the patient, which includes all the following information: (1) A clear statement of the hospital's determination of the patient's eligibility for the discount payment program and/or charity care program. (2) If the patient was denied eligibility for discount payment and/or charity care, a clear statement explaining why the patient was denied discount payment, charity care, or both. (3) If the patient was approved for discount payment or charity care, a clear explanation of the reduced bill and instructions on how the patient may obtain additional information regarding a reasonable payment plan, if applicable. (4) Name of the hospital office, contact name, and contact information where the patient may appeal the hospital's decision. (5) Information on the Hospital Bill Complaint Program, as outlined in section 96051.3. (6) Information on Health Consumer Alliance, including the following statement: 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 healthconsumer.org for more information.

(1)

A clear statement of the hospital's determination of the patient's eligibility for the

discount payment program and/or charity care program.

(2)

If the patient was denied eligibility for discount payment and/or charity care, a clear statement explaining why the patient was denied discount payment, charity care, or both.

(3)

If the patient was approved for discount payment or charity care, a clear explanation of the reduced bill and instructions on how the patient may obtain additional information regarding a reasonable payment plan, if applicable.

(4)

Name of the hospital office, contact name, and contact information where the patient may appeal the hospital's decision.

(5)

Information on the Hospital Bill Complaint Program, as outlined in section 96051.3.

(6)

Information on Health Consumer Alliance, including the following statement: 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 healthconsumer.org for more information.