# **KAISER PERMANENTE**

# **Medical Financial Assistance Policy Summary**

Kaiser Permanente's Medical Financial Assistance program provides financial assistance for qualifying patients who need help paying for emergency or medically necessary care they receive in a Kaiser Permanente facility or by a Kaiser Permanente provider. Patients must fill out an application to apply and must meet the eligibility requirements listed below to qualify.

## Who is eligible for Financial Assistance and what are the requirements?

The program helps low-income, uninsured, or underserved patients who need help paying for all or part of their medical care. Patients are eligible for Financial Assistance when their Family Income is at or below 350% of the Federal Poverty Guidelines (FPG). Evaluation of other criteria may be required. Patients should consult with a Patient Financial Advisor to determine eligibility and for assistance applying. Patients who have experienced a catastrophic event may be eligible under special circumstances, regardless of household income.

Patients who are eligible for medical financial assistance will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care to patients with insurance (AGB, as defined by IRS Section 501(r)).

#### What does the program cover?

The Medical Financial Assistance program covers medically necessary care provided at a Kaiser Permanente medical office, hospital, or pharmacy, or provided by a Kaiser Permanente physician or Kaiser Permanente provider. The types of services not covered are premiums and dues; optical and hearing aids; and cosmetic, non-urgent, and venture services.

#### Is there language assistance?

Interpreters are available to you at no cost. The medical financial assistance application, policy, and this policy summary may be available in your language. For more information, call 1-800-464-4000 or visit our website at kp.org/mfa/ncal.

#### ¿Se ofrece asistencia con el idioma?

Hay intérpretes disponibles sin costo para usted. Es posible que la solicitud para recibir asistencia financiera para los gastos médicos, la póliza y este resumen de la póliza estén disponibles en su idioma. Para obtener más información, llame al 1-800-464-4000 o consulte nuestro sitio web en kp.org/ mfa/ncal.

## 是否提供語言協助?

可免費為您提供口譯服務。醫療財務援助申請、政策和本政策摘 要均可用您的語言提供。詳情請撥打800-464-4000或瀏覽網站 kp.org/mfa/ncal °

## Does Kaiser Permanente have a Financial Assistance policy?

You may request your free copy of Kaiser Permanente's Medical Financial Assistance policy by calling 1-866-399-7696, mailing P.O. Box 30006, Walnut Creek, CA 94598, or visiting our website at **kp.org/mfa/ncal**.

#### Need help?

For help or questions about the medical financial assistance application process, please call 1-866-399-7696, or speak to a Patient Financial Advisor within the Patient Financial Advisors Department at any Kaiser Permanente hospital.

# How do I apply?

Please request an application from any of the following sources:

- Kaiser Permanente hospital Admitting Department
- Patient Financial Advisor within the Patient Financial Advisors Department at any Kaiser Permanente hospital
- Call 1-866-399-7696
- By mail (at no cost) at P.O. Box 30006, Walnut Creek, CA 94598
- Download an application through the Kaiser Permanente Community website at **kp.org/mfa/ncal**

Please mail completed applications (including all required documentation and information specified in the application instructions) to: P.O. Box 30006, Walnut Creek, CA 94598.

We will review submitted applications only once they are complete, and we will determine whether you are eligible according to the Kaiser Permanente Medical Financial Assistance Policy. We will not consider incomplete applications, but will notify applicants and provide an opportunity to send in the missing documentation or information by the required deadline.



