

I. POLICY STATEMENT

The purpose of City of Hope National Medical Center (“COHNMC”) Charity Care Policy is to assure that care is accessible to the maximum number of people possible within the resources available at COHNMC. Meeting the needs of uninsured and underinsured patients is an important element in COHNMC’s commitment to the community. This policy was adopted to provide eligible patients with medically necessary healthcare services provided by COHNMC in accordance with the applicable federal rules.

II. ELIGIBLE PATIENTS

To qualify for charity care at COHNMC, an individual must submit a complete application and fulfill the following requirements: (1) meet the criteria for care at COHNMC for a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation; (2) meet all financial requirements for charity care and is unable to pay his or her self-pay balances; (3) have a Gross Family Income at or below 600% of the Federal Poverty Level (certain assets are excepted) .; and (4) be a legal resident of the United States, as confirmed by passport, social security card and/or election validation] documentation. Other criteria beyond Federal Poverty Guidelines may also be considered.

III. SERVICES COVERED

Charity care covers medically necessary services directly related to an eligible patient’s treatment for a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation. Charity care covers Medical Center and Medical Foundation charges, including retail pharmacy, for services that occur at the Duarte Main Campus or Arcadia Radiation Oncology locations. Charity care does not cover services provided at any other City of Hope locations.

IV. HOW TO APPLY

Applicants must complete a Charity Care Financial Evaluation Form, with the assistance of Financial Support Services Counselors, and submit various documents to substantiate financial circumstances and proof of income.

- Paper copies of the Charity Care Policy, the Charity Care Financial Evaluation Form and the Plain Language Summary are available upon request and without charge by mail or visiting in person at City of Hope National Medical Center, 1500 E. Duarte Road, Duarte, CA 91010
- Requests to be pre-screened for COHNMC’s charity care program may be made by calling the Patient Financial Services office at 626-218-2736.
- The Charity Care Policy, the Charity Care Financial Evaluation Form and the Plain Language Summary may be downloaded from the COHNMC website:
<https://www.cityofhope.org/patients/making-your-first-appointment/helping-you-with-insurance-billing-and-legal-information>

IV. AVAILABLE TRANSLATION OF DOCUMENTS

COHNMC is committed to using the primary languages of the major ethnic and cultural communities who utilize COHNMC in all materials used in connection with the “Charity Care Policy.” Printed information will be available in English, Spanish and Mandarin language and in other language where in the primary language of the residents of the community served by COHNMC represents 5% or 1,000, whichever is less of the population of individuals likely to be affected or encountered by COHNMC. Translated versions will be made available upon request. Translators in COHNMC’s Employee Translation Service will be used to support a variety of language needs.