

I. POLICY STATEMENT

The purpose of City of Hope’s (“COH”) Financial Assistance Policy is to ensure that care is accessible to the maximum number of people possible within the resources available at COH. Meeting the needs of uninsured and underinsured patients is critical to COH’s commitment to the community. This policy was adopted to provide eligible patients with medically necessary healthcare services provided by COH in accordance with the applicable federal rules.

II. ELIGIBLE PATIENTS

To qualify for Financial Assistance at COH, an individual must first submit a complete application (evaluation form). Eligibility is based on a patient’s unique circumstances including but not limited to: (1) a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation; (2) income and assets; (3) and ability to pay self-pay balances. Patients will receive a decision in writing and may appeal eligibility decisions. If a patient’s circumstances change, an application may be resubmitted at any time.

III. SERVICES COVERED

Financial Assistance covers medically necessary services directly related to a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation. Financial Assistance pays for services provided by COH Medical Center, COH Medical Foundation (Southern California locations), and related prescriptions.

IV. FINANCIAL ASSISTANCE

If a patient is accepted for Financial Assistance, the patient will receive free coverage for applicable services and prescriptions for one year. After a year, patient eligibility is reassessed. There is no sliding discount scale. Patients receive all covered services at a 100% discount and will not be charged or receive a bill. Although not applicable because patients receive free care when covered under the financial assistance program, COH is required by law to share that qualifying patients will not be charged more than amounts generally billed for emergency or other medically necessary services.

V. HOW TO APPLY

Patients may apply for financial assistance at any time before, during, or after treatment. Applicants must complete a Financial Assistance 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 Financial Assistance Policy, the Financial Assistance 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, 1500 E. Duarte Road, Duarte, CA 91010.
- Requests to be pre-screened for COH’s Financial Assistance program may be made by calling the Financial Clearance Services office at (844) 936-4673.
- COH patients can initiate the application process on the patient portal.
- The Financial Assistance Policy, the Financial Assistance Financial Evaluation Form and the Plain Language Summary may be downloaded from the COH website:

<https://www.cityofhope.org/patients/for-patients-and-visitors/helping-you-with-insurance-billing-and-legal-information>

VI. AVAILABLE TRANSLATION OF DOCUMENTS

Financial assistance information is available in other language translations. COH is committed to using the primary languages of the major ethnic and cultural communities who utilize COH in all materials used in connection with the Financial Assistance Policy. Printed information will be available in English, Spanish and Traditional Chinese, and in other language(s). Translated versions of the relevant materials will be made available upon request. Translators in COH's Employee Translation Service will be used to support a variety of language needs.