



Centered Care Wellness

Better Outcomes. Better Care. A Healthier You.

Charity Care Policy

Effective Date: September 8, 2025

Approved By: CEO and Board of Directors

I. Purpose

This policy outlines the guidelines for providing free or reduced-cost medically necessary services to uninsured patients who are unable to pay. Centered Care Wellness (CCW), a 501(c)(3) nonprofit, is committed to health equity and improving access to care for underserved and vulnerable populations.

II. Scope

Applies to all medically necessary services provided by CCW, including:

- Chronic Care Management (CCM)
- Remote Patient Monitoring (RPM)
- Medication Adherence Management (MAM)
- Telehealth and behavioral health services

III. Eligibility Criteria

To qualify for charity care, applicants must:

- Be uninsured (no private insurance, Medi-Cal, or Medicare)
- Reside in California
- Have a gross annual income at or below 300% of the Federal Poverty Level (FPL)
- Provide documentation of financial hardship, if income exceeds 300% FPL

IV. Sliding Scale Discounts

Income Level (% FPL)	Discount Provided
0% – 150%	100% (Free Care)
151% – 200%	80% Discount
201% – 250%	60% Discount
251% – 300%	40% Discount

Over 300%	Case-by-case
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V. Application Process

1. Patient Inquiry: Patients may request financial assistance during intake or billing.
2. Required Documents:
 - Proof of income (e.g., tax return, pay stubs)
 - Proof of California residency
 - Financial hardship statement (if applicable)
3. Processing: Applications reviewed within 10 business days by Finance.
4. Notification: Decisions communicated in writing.
5. Appeals: Must be submitted in writing within 30 days of denial.

VI. Patient Rights and Protections

- Approved applicants will not be referred to collections or reported to credit bureaus for balances covered by this policy.
- Patient information will be safeguarded in compliance with HIPAA.
- Eligibility is valid for one year unless circumstances change.

VII. Communication and Outreach

- Policy and application forms will be provided in English and Spanish, available online and in print.
- Intake and billing staff will be trained to identify and inform patients eligible for assistance.

VIII. Oversight and Reporting

- CCW's leadership will maintain application records and track utilization of the policy.
- Annual impact reports will be shared with the Board of Directors.

Questions or Assistance:

Finance Department

Centered Care Wellness

 ceo@centeredcarewellness.org

 (510) 379-9799

 www.centeredcarewellness.org

Charity Care Application Form

Please complete all fields and attach the required documentation. Submit the completed form to the Finance Department at Centered Care Wellness.

Applicant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City, State, ZIP: _____

Do you reside in California? Yes No

Are you currently uninsured? Yes No

Household and Income Information

Total number of people in household: _____

Monthly Household Income (gross): \$_____

Income Sources (check all that apply):

Employment Unemployment Disability Retirement/Pension Other:

Required Documentation

Please attach the following:

- Proof of income (recent pay stubs or tax return)
- Proof of California residency (utility bill, lease, etc.)
- Financial hardship explanation (if applicable)

Certification

I certify that the above information is true and correct to the best of my knowledge. I understand that providing false information may result in denial of financial assistance.

Signature: _____ Date: _____

Printed Name: _____