



# 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

## **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](mailto:ceo@centeredcarewellness.org)

 (510) 379-9799

 [www.centeredcarewellness.org](http://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: \_\_\_\_\_