

Plain Language Summary
of
Patient Financial Assistance Policy (FAP)

Martin Luther King, Jr. Community Healthcare (MLKCH) is a private, nonprofit hospital providing high-quality, general acute care to residents of South Los Angeles. MLKCH is committed to establishing a national model of patient-centered care using technology, data, and innovation to affect population health improvements in safety-net communities. MLKCH's charitable mission is expressly demonstrated through its Financial Assistance Policy (also called the "FAP"), which is summarized here. The first and foremost responsibility of MLKCH is to see that its patients receive compassionate, timely, and appropriate medical care with consideration for patient privacy, dignity, and informed consent.

We are dedicated to ensuring that compassionate, quality care is extended to all, regardless of their ability to pay. MLKCH's FAP helps to make medically necessary services available to members of its community. This includes people who don't have health insurance and can't pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that is not covered by insurance. Depending on circumstances, income and family size, some patients will not be required to pay for services; others may be asked to make partial payment.

What is Covered?

For emergency and medically necessary services at MLKCH, we provide financial assistance to eligible patients on a sliding fee scale basis, with discounts based on ability to pay.

Who is eligible?

Patients whose family income is 450% or less of the Federal Poverty Guidelines may be eligible for assistance through MLKCH. Free care is available for an uninsured patient whose family income is 300% or less of Federal Poverty Guidelines. Discounted care is available for an uninsured patient whose family income is above 300% and up to and including 450% the of Federal Poverty Guidelines. Patients who qualify for discounted care are charged 9% (i.e., a 91% discount) of gross charges.

Because it will benefit you, if you are uninsured, we do ask that you apply for Medi-Cal. If you are having services performed at MLKCH, we can help you with the Medi-Cal application process. During open enrollment, you may be able to obtain coverage under Covered California.

Nondiscrimination

Financial assistance is based on individual financial need. In determining financial need, MLKCH does not consider age, gender, marital status, race, color, creed, ethnicity, social or immigrant status, national origin, sexual orientation, gender identity or expression, religious affiliation, disability, veteran or military status, or any other basis prohibited by applicable federal, state, or local law.

What does the FAP cover?

The FAP covers only emergency and medically necessary health services provided at MLKCH. Generally, a service is medically necessary when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Excluded from this definition are unique services where medically efficacious alternative therapies are available.

Examples of non-medically necessary services include:

1. Cosmetic and/or plastic surgery services
2. Infertility services
3. Vision Correction
4. Proton Therapy
5. Robotic procedures
6. Orthotics/Prosthetics
7. Surrogate pregnancy
8. Other services that are primarily for patient comfort and/or patient convenience.

However, MLKCH may grant financial assistance for elective services in particular situations in its sole discretion.

Some care at MLKCH is provided by doctors or other healthcare professionals who are from an external vendor to MLKCH. Accordingly, patients of MLKCH may receive bills from those vendors separately from bills from MLKCH itself. Nonetheless, this Policy applies to all care provided at MLKCH, including through those external providers.

Amounts Generally Billed (AGB)

An individual who is eligible for financial assistance under MLKCH’s FAP will not be charged more than the “Amounts Generally Billed” (AGB) for emergency or other medically necessary care to individuals who have insurance covering such care, in accordance with applicable law.

Plain Language Summary of Patient Financial Assistance Policy (FAP)

How to Apply

To apply for financial assistance, a FAP application must be filed with MLKCH's Financial Assistance Office. MLKCH's FAP application and a copy of its full FAP are available to all patients without charge. Financial Counselors are available to help apply for financial assistance.

Request program information electronically

MLKCH's FAP application and a copy of its full FAP are available on MLKCH's website at www.mlkch.org/hospital-bills. They can also be obtained by calling MLKCH's Financial Counseling office at 424-338-8300, or 1-800-348-9439 (toll-free), to request electronic or paper copies. If you wish to receive copies via email, please be prepared to provide an email address that the documents can be sent to when calling.

Obtain program information or assistance in person

Paper copies of MLKCH's FAP application and a copy of its full FAP are available at Martin Luther King, Jr. Community Hospital, Admissions - Financial Counseling Department, 1680 E. 120th Street., Los Angeles, CA 90059. Paper copies are also made available in the emergency room and admissions areas and are offered as part of the intake or discharge process.

Request program information or assistance by telephone

Financial assistance staff is available by telephone to provide information, determine FAP eligibility, assist a patient applying for FAP and provide copies of MLKCH's FAP application and its full FAP. Financial assistance counselors can be reached at: 424-338-8300, or 1-800-348-9439 (toll-free), Monday – Friday, 7:30 am – 7:00 pm. Assistance is available by phone in English and Spanish.

Request program information by U.S. postal mail

Copies of MLKCH's FAP application and its full FAP can be requested by mail. Requests can be mailed to:

MLKCH Financial Counseling
1680 E. 120th Street
Los Angeles, CA 90059

Other languages

Copies of the FAP, FAP application form, and Plain Language Summary of the FAP are available in English and Spanish. Other languages are also available. For more information, call (424) 338-8300 or speak to a financial assistance staff member.

Plain Language Summary of Patient Financial Assistance Policy (FAP)

Policy

For additional information, please refer to MLKCH's full FAP. This Plain Language Summary is intended to summarize MLKCH's FAP, but the FAP at all times prevails over this Plain Language Summary (e.g., in the event of a discrepancy).