

CHARITY CARE PROGRAM APPLICATION

The Ventura County Health Care Agency (VCHCA) is committed to providing the highest quality healthcare and emergency services to members of our diverse community. Our mission is to provide excellent comprehensive, cost-effective, compassionate healthcare throughout Ventura County.

The VCHCA hospitals, Ventura County Medical Center (VCMC) and Santa Paula Hospital (SPH), and hospital clinics offer a Charity Care Program for hospital, ambulatory care and urgent care services to patients who meet the eligibility and asset tests described below, pursuant to Health & Safety Code sections 127400 through 127446.

Charity Care Program

PROGRAM AVAILABILITY LOCATIONS MARKED WITH ●

Program Number	% of the Federal Poverty Level	Charity Care Program at FQHC Clinics	Charity Care Program at Non-FQHC Clinics	Charity Care Program at VCMC & SPH
1	0% to 100%	NOT AVAILABLE	●	●
2	100.01% to 138%	NOT AVAILABLE	●	●
3	138.01% to 150%	NOT AVAILABLE	●	●
4	150.01% to 200%	NOT AVAILABLE	●	●
5	200.01% to 400%	NOT AVAILABLE	●	●
6	greater than 400%	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE

Who is Eligible:

- The patient does not have third party coverage from a health insurer, health care service plan, Medicare or Medi-Cal as determined and documented by the VCHCA; or
- The patient has incurred annual out-of-pocket medical costs at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months, or annual out-of-pocket medical expenses that exceed 10 percent of the patient's family income; and
- The patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by VCHCA; and
- The patient's family income does not exceed 400% of the Federal Poverty Level; and
- The patient has monetary assets of less than \$10,000.00 Monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans (the patient's first \$10,000 of monetary assets, and 50 percent of the patient's monetary assets in excess of \$10,000, shall not be considered in determining eligibility).

To Apply Please Submit Documents Below:

- Proof of income such as a W-2 form, paycheck stub or tax return.
- Personal/family bank and credit card account information (if any).
- Estimate of household income and living expenses.
- Current medical bill information (if available).
- Identification (driver's license, identification card, or passport).

If you need assistance with our Charity Care Program policy requirements and/or the application, our staff will be happy to assist you. We provide Bilingual and Interpretation Services.

Our commitment to value the diversity of all persons and to be respectful and inclusive of everyone is facilitated by engaging and educating our community, to improve the overall health of everyone in our County. We at Ventura County Health Care Agency look forward in serving you.