REHAB Hospital of the Pacific
Dedicated to Rebuilding Lives

SUBJECT: **Financial Assistance Policy** **ISSUED BY:** **Administration**

POLICY NO: **EXEC-P.2006** **DATE REVISED: 8/30/2016**
EFFECTIVE DATE: 9/26/2016

SUPERSEDES: Policy dated 2/13/2015
Approved by the Board of Directors on August 30, 2016

I. PURPOSE

Consistent with our mission and values, the REHAB Hospital of the Pacific ("REHAB") is committed to providing financial assistance to patients needing medically necessary rehabilitative healthcare services and are unable to pay based on their individual financial situation. The purpose of this policy is to establish a non-discriminatory, fair and uniform process for providing financial assistance to such patients.

This policy does not apply to:

- Services that are not considered medically necessary, as described in Section III.B. and
- Services that are provided by non-REHAB providers who may treat or provide services to patients at REHAB locations. Exhibit A of this policy lists non-REHAB providers who provide services at REHAB locations.

Terms of the policy are subject to change at any time at the discretion of REHAB.

II. DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Amounts Generally Billed: The charge amount generally collected from patients who have insurance covering such medically necessary care. Amounts generally billed is calculated based on the prospective method and determined based on the combined amount that would be received from Medicare and the Medicare beneficiary together for the service.

Family: A group of two or more people who reside together and who are related by birth, marriage, or adoption. If the patient claims an individual as a dependent on their U.S. income tax return, they may be considered a dependent for purposes of this policy.

Family Income:

- Includes income (before-tax basis) defined as earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;

- Includes income for all individuals included in the definition of "Family". Income for non-relatives, such as housemates, is excluded;
- Excludes noncash benefits (such as food stamps and housing subsidies); and
- Excludes capital gains or losses.

Family Liquid Assets:
- Includes resources which are in cash or payable in cash upon demand and
- Includes liquid assets for all individuals included in the definition of "Family". Liquid assets for non-relatives, such as housemates, are excluded.

Medical Indigence: Unable to pay a portion or all medical bills of which the total medical bills exceed 15% of the family income.

Medically Necessary: As defined by Medicare, "health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine" (https://www.medicare.gov/glossary/m.html, August, 2016).

Uninsured: Patient with no insurance or third party assistance to meet his/her payment obligations to healthcare providers.

Underinsured: Patient with some level of insurance or third-party assistance to meet payment obligations to healthcare providers but who may have out-of-pocket expenses that exceed his/her financial ability to pay.

III. POLICY

A. Guidelines

Financial assistance is only provided for medically necessary services for patients meeting eligibility requirements under this policy. Financial assistance is provided through free or discounted care based on family income.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with REHAB's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay. Patients may be assisted in finding other forms of payment prior to approval for financial assistance under this policy.

Uninsured individuals with the financial capacity to purchase health insurance may be encouraged to do so in order to assure access to healthcare services for the patient's overall personal health and well-being.

REHAB does not provide emergency medical care and does not have an emergency room nor does it have specialized capabilities that would make it appropriate to accept individuals who need stabilizing treatment for an emergency medical condition. Individuals requiring emergency medical care would be transferred to another facility in a manner that complies with 42 CFR 482.12(f)(2).

B. Eligible Services

The following healthcare services are eligible for financial assistance under this policy:

- Rehabilitative services provided by REHAB for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual; Services are based on the physician's and/or therapist's treatment plan which is based on medical necessity and functional gains and
- Eligible services include those performed by providers who are employed by REHAB as listed in Exhibit A.

The following services are not eligible for financial assistance under this policy:

- Services that are not medically necessary, including well-being services and
- Services that are provided by non-REHAB providers who may treat or provide services to patients at REHAB locations. Exhibit A of this policy lists non-REHAB providers who provide services at REHAB locations. Services performed by non-REHAB providers may be billed to patients separately.

C. Patient Eligibility

Patient eligibility determination shall not take into account age, gender, race, sexual orientation or religious affiliation.

All of the following three criteria must be met to be eligible for financial assistance under this policy:

1. Liquid Assets Test: Family liquid assets are equal to or less than $50,000;

2. Income Test: Patients with family income of 300% or less of the Federal Poverty Guideline for Hawaii in effect at the time of the determination (FPG) meet the Income Test criteria. Discounts are determined on a sliding scale as follows:

Family Income Level	Discount
At or below 200% of the FPG	100%
Above 200% but below 250% of FPG	75%
Above 250% but below 275% of FPG	50%
Above 275% but below 300% of FPG	25%

Patients with family income that exceeds 300% of the FPG are eligible to receive discounted rates for medical indigence where total medical bills exceed 15% of the family income. The discounted rates shall not be greater than the amounts generally billed.

3. Residency Test: Patient must be a U.S. citizen or a legal alien who is permanently residing in Hawaii.

Presumptive Financial Assistance Eligibility: In the event there is insufficient support to determine a patient's eligibility for financial assistance using the above three criteria, REHAB may use other sources to determine eligibility and discount amounts under this policy. Presumptive eligibility may be determined on the basis of the patient's specific circumstances that may include:

- Homelessness or receiving care from a homeless shelter;
- Eligibility in state, federal or local financial support programs, such as Women, Infants and Children programs (WIC), food stamps, subsidized school lunch programs, low income/subsidized housing; and
- Patient is deceased with no known estate.

D. Application and Review Process

The patient/patient's guarantor must complete the Application for Financial Assistance, (Exhibit B) and submit personal, financial and other information and documentation as requested by REHAB.

Patients identified as potentially eligible for Medicaid/Quest will be asked to apply and cooperate fully to provide the required information to complete the Medicaid/Quest application.

REHAB will review the submitted Application for Financial Assistance and supporting documentation and determine eligibility based on the criteria stated in Section III.C. Patient Eligibility.

The patient will be notified in writing of his/her eligibility determination. The term of financial assistance eligibility shall be for a six month period from the determination date. After six months, the patient must reapply for financial assistance under this policy. The need for financial assistance may be re-evaluated at any time additional information relevant to the eligibility determination becomes known.

Discounts as described above will be applied to the patient's outstanding balances as of the determination date and future balances for the six month period subsequent to the determination date. Patients eligible for financial assistance will not be required to pay

more than the amounts generally billed to patients with insurance covering such medically necessary care.

It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of medically necessary services. However, the determination may be done at any point in the collection cycle.

Information about this policy and assistance with completing the Application for Financial Assistance can be obtained from the Patient Financial Services department located at 226 North Kuakini Street, Honolulu, Hawaii 96817 or by phone at (808)544-3340.

E. Communication of the Financial Assistance Policy to Patients and the Community

REHAB will make reasonable efforts to communicate the availability of this policy and financial assistance prior to performing any Extraordinary Collection Activities (ECA). Notification of the availability of financial assistance shall be provided by various means which include, but are not limited to:

- Posting of conspicuous displays of notices in admitting and registration areas, Patient Financial Services and other public locations in the hospital facility as elected by REHAB;
- Patient bills will include standard language informing patients of the availability of financial assistance and how to obtain additional information;
- Information including the policy, Application for Financial Assistance and Financial Assistance Summary (Plain Language Summary) (Exhibit C) shall also be publicized on REHAB's internet website and be made available upon request and without charge, including via mail; and
- Such notices and summary information shall be distributed at other places within the community served by REHAB via REHAB's community outreach activities.

Reasonable efforts will be made to determine if a patient is eligible for financial assistance under this policy prior to engaging in ECA as follows:

- Four monthly billing statements will be provided to the patient/guarantor. Each statement will include standard language informing the patient/guarantor of the availability of financial assistance and how to obtain additional information and apply. The fourth monthly billing statement (last written notice) will describe the availability of financial assistance, identify the ECA that REHAB intends to initiate to obtain payment and include a deadline after which ECA may commence (which will be at least 30 days after the date of the last written notice). The Financial Assistance Summary (Plain Language Summary) will be provided with the fourth monthly billing statement;

- At least 30 days prior to initiation of ECA, attempt to notify the patient verbally about the availability of financial assistance and how to obtain additional information and apply; and
- Reasonable efforts will be reviewed by the Controller. ECA will not commence without prior approval by the Controller and determination that reasonable efforts were performed.

After the Controller determines reasonable efforts to determine financial assistance eligibility are made, REHAB may commence ECA including reporting non-payment to collection and/or credit reporting agencies and filing lawsuits. ECA will not commence prior to 120 days after the first monthly billing statement (post discharge billing statement) is provided.

After ECA commence, if REHAB is notified of the intent to apply for financial assistance under this policy by the patient/guarantor, REHAB will provide the Financial Assistance Summary (Plain Language Summary), Application for Financial Assistance and written notification of the deadline for submission of the completed Application for Financial Assistance. The deadline will be the later of 30 days from the date of the written notification or 240 days after the first monthly billing statement (post discharge billing statement). Upon receipt of a completed Application for Financial Assistance after ECA commence, such ECA will be suspended during the review process. If a completed Application for Financial Assistance is not received by the deadline detailed in the written notification, REHAB may continue ECA.

If financial assistance is approved and it is later discovered that a patient has received remuneration for injuries/illnesses that were treated by REHAB, the patient will be required to repay REHAB. For example, if a patient received financial assistance and subsequently receives a settlement for injuries sustained in an automobile accident and REHAB has treated the patient for those injuries, the patient will be responsible to pay his/her REHAB bill, and any financial assistance adjustments will be reversed.

ATTACHMENTS:

- Exhibit A – Physicians Whose Services Are, and Physicians Whose Services Are Not Covered Under This Policy
- Exhibit B – Application for Financial Assistance
- Exhibit C – Financial Assistance Summary (Plain Language Summary)

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EXHIBIT A

Physicians Whose Services Are, and Physicians Whose Services Are Not Covered Under This Policy

EXHIBIT A

List of REHAB Providers Whose Services Are Covered Under This Policy
As of 10/1/2026

- Oshiro, Shari Ann, MD

List of Non-REHAB Providers Who Provide Services at REHAB Locations Which Are Not Covered Under This Policy
As of 10/1/2026

- Ashman, Kenji, PA-C
- Badalucco, Laura, PA-C
- Bhatt, Ajay, MD
- Burdick, Daniel, MD
- Dadds, Ryan M., PA-C
- Gibson, Olivia, APRN
- Katahara, Patrick, PA-C
- Kollarova, Tamara, MD
- Kosut, Shephard, MD
- Lamport-Hughes, Nancy, Ph.D.
- Lee, Eugene M.C., MD
- Lu, Katrina, APRN-Rx
- Mun, Eluned, DNP, APRN-Rx
- Muraoka, Nicholas, DO
- Nakamura, Erin, PA-C
- Nishikawa, Owen, MD
- Nomura, Ryan YA, MD
- Oishi, Stephen M., MD
- Okada, Jeffrey, MD
- Panya, Matveh, PA-C
- Patel, Viren, MD
- Pien, Brian, MD
- Sandoval, Sanders, APRN-Rx
- Shin, Michael, MD
- Shinha, Takashi, MD
- Stearns, Fay, APRN-Rx
- Uyeno, Brent, MD
- Wang, Jordan SFT, MD
- Yamamoto, Kent S., MD
- Yeoh, Jeffrey KC, MD

EXHIBIT B

Application for Financial Assistance

REHAB Hospital of the Pacific
Dedicated to Rebuilding Lives

Aloha,

Consistent with our mission and values, the Rehabilitation Hospital of the Pacific (REHAB) is committed to providing financial assistance to patients needing medically necessary rehabilitative healthcare services and are unable to pay based on their individual financial situation. Our financial assistance program allows uninsured and underinsured patients meeting eligibility requirements to receive financial support to help pay for eligible medically necessary care.

REHAB's financial assistance program applies only to eligible services as described in our Financial Assistance Policy (FAP). Services that are provided by non-REHAB providers at REHAB locations are not eligible under our FAP and may be billed to patients separately.

For eligibility you must be a United States citizen or a legal alien who permanently resides in Hawaii. Your family's assets and income will be reviewed to see if they meet policy guidelines for awarding financial assistance. If they do, your REHAB bills will be discounted. The actual amount of the discount depends on your family income.

To apply, please fully complete this Application for Financial Assistance. You must attach recent documentation with your application to support your responses. The ***Financial Assistance – Documentation Checklist*** (attached) details the requested information.

Information that you share with us will be used only for the purpose of this application. It will be treated as confidential information.

Please submit your completed application and copies of supporting documentation to the Patient Financial Services department located on the first floor of REHAB Hospital or mail it to:

The Rehabilitation Hospital of the Pacific
ATTN: Patient Financial Services
226 North Kuakini Street
Honolulu, HI 96817

If you have any questions, please contact REHAB's Patient Financial Services at (808) 544-3340.

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Financial Assistance - Documentation Checklist

When submitting your application, please include copies of the following documents, as appropriate, which are required to support your Application for Financial Assistance:

- ☐ Driver's License, Birth Certificate and/or other picture ID or alien card;
- ☐ Most recent Federal and State income tax returns
- ☐ Documents which reflect your family's income, including:
  - Pay stubs or W-2's
  - Social security statements or award letters
  - Documents showing public assistance funded or award letters
  - Determination of Insured Status letter for unemployment benefits
  - Benefit award letter for worker's compensation
  - Monthly statement for pension/retirement benefits
  - Monthly statement for veteran's benefits
  - Benefit award letter for child support or alimony
  - Monthly statement for rental income
- ☐ Recent statements from other hospitals, physicians, laboratories, etc. showing amounts owed on family medical bills
- ☐ Documents showing your family's liquid assets, including:
  - Monthly statements from financial institutions showing balances, interest income, and dividends
  - Documents showing other family liquid assets
- ☐ Submitted Medicaid application from the State of Hawaii and approval/denial letter

If none of these documents are available, please provide a written explanation as to why such documents were not submitted with your completed application.

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APPLICATION FOR FINANCIAL ASSISTANCE

PATIENT INFORMATION

Patient Name:	Social Security#:	Date of Birth:	Patient/Guarantor Home Phone:
Guarantor Name:	Social Security#:	Date of Birth:	Patient/Guarantor Cell Phone:
Patient/Guarantor's Permanent Address:		U.S. Citizen: ☐ Yes ☐ No Patient/Guarantor Email:	

FAMILY MEMBERS IN HOUSEHOLD

Name:	**Relationship:**	**Date of Birth:**	**Social Security#:**
Name:	**Relationship:**	**Date of Birth:**	**Social Security#:**
Name:	**Relationship:**	**Date of Birth:**	**Social Security#:**
Name:	**Relationship:**	**Date of Birth:**	**Social Security#:**

EMPLOYMENT INFORMATION

Patient/Guarantor's Employer & Address:	Job Title:
Spouse's Employer & Address:	Job Title:

FAMLY LIQUID ASSETS: *List total liquid assets for all family members* (Must attach copies of supporting documents)

Bank/CU Checking Accts: $	Bank/CU Savings Accts: $	Money Market Accts: $	Cash on Hand: $
Investments (stocks/ bonds): $	Other (specify): $	Other (specify): $	Other (specify): $

FAMILY INCOME: *List total income for all family members* (Must attach copies of supporting documents)

Wages/salary: $	Social Security: $	Public Assistance/Unemployment: $	Worker's Comp: $
Pension/Retirement: $	Rental: $	Child Support/Alimony: $	Veteran's Benefit: $
Other (specify): $			

FAMILY MEDICAL EXPENSES: *List total expenses for all family members* (Must attach copies of supporting documents)

Provider (Hospital/Doctor/Lab):	Amount Owed: $	Type of service(s):	Mo/Yr of Svcs:
Provider (Hospital/Doctor/Lab):	Amount Owed: $	Type of service(s):	Mo/Yr of Svcs:
Provider (Hospital/Doctor/Lab):	Amount Owed: $	Type of service(s):	Mo/Yr of Svcs:

ADDITIONAL INFORMATION

Have you applied for Medicaid or other financial programs? ☐ Yes ☐ No If YES, date of application: _____

Results of application, please specify: _____

Are there any pending lawsuits, settlements, awards related to your services at REHAB? ☐ Yes ☐ No

Describe:

STATEMENT OF APPLICANT: I certify that the above information is true and accurate to the best of my knowledge. I understand that REHAB may verify any and all of the information provided. If any information proves to be false, I understand that I will not be eligible for financial assistance at REHAB and I will be liable for charges for services provided.

I agree to cooperate fully with REHAB by applying for any financial assistance (including applying for Medicaid/Quest) available to me to pay for my REHAB charges. I understand that all other insurance and third party sources of payment must be applied to charges before financial assistance will be applied. I will assign or pay to REHAB any amount covered for these charges from any source, such as a settlement, judgment or insurance.

I understand that this assistance covers only eligible medically necessary services provided by REHAB. Further, I understand that REHAB may revoke my financial assistance coverage at any time for any reason.

Printed Name: _____ Signature: _____ Application Date: _____ Relationship to Patient: _____

EXHIBIT C

Financial Assistance Summary
(Plain Language Summary)

Financial Assistance Summary

FINANCIAL ASSISTANCE PROGRAM

Consistent with our mission and values, the REHAB Hospital of the Pacific (REHAB) is committed to providing financial assistance to patients needing medically necessary rehabilitative healthcare services and are unable to pay based on their individual financial situation. Our financial assistance program allows uninsured and underinsured patients meeting eligibility requirements to receive financial support to help pay for eligible medically necessary care.

DO I QUALIFY FOR FINANCIAL ASSISTANCE?

To find out if you are eligible for financial assistance, please complete an Application for Financial assistance. We will review the information you provide to determine if you qualify for assistance under our program or if there are other governmental programs that we may assist you in applying for.

In general, REHAB provides full financial assistance for eligible services if:

- Your family liquid assets are equal to or less than $50,000; and
- Your family income is at or below 200% of the current Federal Poverty Guideline for Hawaii; and
- You are a U.S. citizen or legal alien who is permanently residing in Hawaii.

Other discounts may also be available under our program to assist with your medical costs.

HOW DO I APPLY OR FIND OUT MORE INFORMATION ABOUT FINANCIAL ASSISTANCE?

You can obtain our Financial Assistance Policy (FAP), Application for Financial Assistance or this summary free of charge either:

- ***IN PERSON*:** Patient Financial Services department located on the first floor of REHAB Hospital in Nuuanu, 226 North Kuakini Street
- ***OVER THE PHONE*:** Call a Patient Financial Services representative at (808) 544-3340 (Monday-Friday, 8:00AM to 4:30PM)
- ***ONLINE***: https://www.rehabhospital.org/how-does-billing-work
- ***BY EMAIL***: FAProgram@rehabhospital.org

QUESTIONS?

For questions about financial assistance, contact REHAB's Patient Financial Services at (808) 544-3340.

We can assist with completing the Application for Financial Assistance.
Please return your completed application and copies of supporting documents to the Patient Financial Services department at 226 North Kuakini Street, Honolulu, Hawaii 96817.

REHAB's financial assistance program applies only to eligible services as described in our FAP. Services that are provided by non-REHAB providers at REHAB locations are not eligible under our FAP and may be billed to patients separately.

Patients eligible for financial assistance will not be required to pay more than the amounts generally billed to patients with insurance covering such medically necessary care.