Financial assistance policy

Encompass Health Rehabilitation Hospital of Murrieta
35470 Whitewood Road
Murrieta, CA 92563
951.246.6500
ehc.rehab/MurrietaFA

PURPOSE

This policy outlines the circumstances under which the hospital will provide free or discounted emergency or other medically necessary care to eligible patients who are unable to pay for their care, as determined by the hospital in accordance with the eligibility criteria and other terms specified in this policy. Patients are expected to cooperate with the hospital's procedures for obtaining Financial Assistance, securing insurance or other forms of payment, and contributing to the cost of their care based on their ability to pay.

This policy applies to emergency or medically necessary care provided by the hospital. This policy does not apply to care delivered by physicians or other healthcare providers who bill "privately" (separate from the hospital). Refer to the hospital website for additional information about physicians and other healthcare providers providing care within the hospital.

This policy does not apply to care that is not emergency or medically necessary care, including elective services or items that are solely for the comfort or convenience of a patient.

Financial Assistance does not apply to amounts that are covered by insurance, governmental programs or other funding sources (which may include, but are not limited to, workers' compensation, automobile or other liability insurance, crime victims' compensation funds, and litigation recoveries). To be eligible for free care, a patient is expected to apply for and comply with all processes related to seeking assistance from other insurers and/or third-party sources of payment (including all applicable governmental programs) as requested by hospital staff.

A patient will be ineligible for Financial Assistance if the patient, or his or her representative, provides false information or falsified documentation.

©2025:Encompass Health Corporation:1363233

Definitions

Covered Services – emergency or medically necessary care provided by the hospital. Covered Services do not include services that are not emergency or medically necessary care, or care that is provided by physicians or other healthcare providers who bill “privately.”

Emergency or medically necessary care – services that are necessary and appropriate to sustain life or to prevent serious deterioration in the health of the patient from injury or disease. Medically necessary will be determined by the treating physician.

Family – For patients 18 years of age and older, family includes spouse, domestic partner, dependent children under the age of 21, whether living at home or not and dependent children of any age if disabled. For patients under 18 years of age, or patients who are 18-20 years of age and are a dependent child, family includes parent, caretaker relatives, any children under 21 years of age of the parent or caretaker relative and children of any age if disabled.

Financial Assistance – free or discounted emergency or other medically necessary care provided to eligible patients for Covered Services under the terms of this policy.

Homelessness – An individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable situation.

Patient – the individual receiving medical treatment and/or, in the case of an unemancipated minor or other dependent, the parent, legal guardian or other person (guarantor) who is financially responsible for the patient.

Uninsured – a patient who does not have health insurance coverage.

Underinsured – a patient who is not uninsured, but whose out-of-pocket medical expenses exceed his or her financial ability to pay.

POLICY

Subject to the terms of this policy, Financial Assistance is provided to eligible patients who are uninsured or underinsured.

Eligibility for Financial Assistance, and the amount of Financial Assistance that will be provided, are based on an individualized assessment by the hospital of a patient’s financial need, generally determined by measuring the patient’s gross family income against the Federal Poverty Guidelines as specified in the Financial Assistance Discount Guidelines which can be found on the hospital’s website. The Financial Assistance Discount Guidelines are adjusted annually to reflect changes in the Federal Poverty Guidelines.

©2025:Encompass Health Corporation:1363233

Patients who qualify for assistance are eligible for income based, sliding scale discounts for emergency and other medically necessary care.

1. Patients whose family income is equal to or less than 200% of the Federal Poverty Guidelines are eligible for free emergency and medically necessary care.
2. Patients whose family income is between 201% and 300% of the Federal Poverty Guidelines are eligible for a 75% discount for emergency and other medically necessary care
3. Patients whose family income is between 301% and 400% of the Federal Poverty Guidelines are eligible for a 50% discount for emergency and other medically necessary care

Patients are presumed to be eligible for free care, without completing an application, in the following circumstances:

1. Homelessness
2. Deceased with no estate
3. Recent Medicaid coverage, i.e. coverage within three (3) months of admission or discharge.

Information used to determine presumptive eligibility includes, but is not limited to, documentation from a social worker or case manager regarding homelessness, letter and death certificate from executor explaining patient's estate is insolvent, proof of Medicaid eligibility through the state's online portal.

A patient determined to be eligible for discounted Financial Assistance will not be billed more than the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater.

A patient determined to be eligible for discounted Financial Assistance will be offered a no interest, extended payment plan with payment terms negotiated by the hospital and the patient, taking into consideration the patient's family income and essential living expenses. If the hospital and the patient cannot agree on the payment plan, the hospital will offer a payment plan that does not exceed 10% of the patient's monthly family income, excluding deductions for essential living expenses.

If a patient is determined to be eligible for Financial Assistance, qualification will remain intact for medically necessary services provided in the same calendar year without completing an additional application.

If a patient is underinsured and is determined to be eligible for Financial Assistance, discounts will only apply to the balance due from the patient after insurance payments and other third-party payment sources have been applied to the account.

For purposes of this policy, "income" includes, but is not limited to, revenue from the following sources (before taxes):

- Wages
- Tips

©2025:Encompass Health Corporation:1363233

- Payments from Social Security
- Retirement benefit payments
- Unemployment compensation
- Worker's compensation
- Veterans' benefits
- Public assistance
- Alimony
- Child support
- Pensions
- Regular insurance or annuity payments
- Investment income

To apply for Financial Assistance, a complete Financial Assistance Application is required. A complete Financial Assistance Application is inclusive of, but not limited to, disclosure of family size, employment information, income, outstanding financial obligations, and supporting documents (such as recent tax returns or pay stubs), as detailed in the Financial Assistance Application and the associated instructions. If documentation proving income is not available, patients may call the hospital finance department at the phone number listed above to discuss other evidence demonstrating eligibility. Undocumented residents (non-U.S. citizens living as residents in the U.S.) and patients who are without a home address may apply for Financial Assistance. Failure to provide the required information and documentation in a timely manner may result in ineligibility for Financial Assistance.

Complete Financial Assistance Applications should be submitted to the hospital at the address listed above. A hospital finance representative will review the application for completeness. Financial Assistance determinations must be approved by the Facility Controller. The hospital will notify patients in writing of the decision on their eligibility under this policy. In the event of an eligibility dispute, a patient may seek review from the Chief Executive Officer at the address or phone number listed above.

Copies of this policy, a plain language summary of this policy, the Financial Assistance Application, and the associated instructions are available free of charge upon request by writing to the address above. These documents can be found in the admitting/registration areas of the hospital and may also be downloaded at hospital's website.

All patients will be offered a plain language summary of the Financial Assistance Policy during discharge or intake.

Billing statements will contain a written conspicuous notice informing patients about the availability of financial assistance, a telephone number where they may receive more information, as well as website address where the Financial Assistance Policy, application and plain language summary may be found.

Further information about this Financial Assistance Policy and assistance with the application process are available by calling Hospital Phone Number, or in person during normal business hours or by appointment from a hospital finance representative.

©2025:Encompass Health Corporation:1363233

When a patient does not qualify for Financial Assistance under this policy but has special circumstances, other discounts may be available that are not part of this Financial Assistance Policy. In these situations, hospital staff will review all available information (including but not limited to documentation of income, and other resources, amount of outstanding medical bills and other financial obligations) and make a case-by-case determination of the patient's eligibility for other potential discounts.

The hospital, and any third parties acting on its behalf, do not engage in extraordinary collection actions such as lawsuits, liens, foreclosures, wage garnishment or reporting adverse information to credit agencies.

For additional information, please see the Billing and Collections Policy, which may be downloaded from hospital website. Copies are also available upon request, free of charge, by mail and in admitting/registration areas of the Hospital.

NONDISCRIMINATION & EMERGENCY MEDICAL CARE

Hospital does not have a dedicated emergency department. The hospital will appraise emergencies, provide initial treatment, and refer or transfer an individual to another hospital/facility, when appropriate, without discrimination and without regard to whether the individual is eligible for Financial Assistance.

Hospital will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that an individual pay before receiving initial treatment for emergency medical conditions or permitting debt collection activities that interfere with hospital's appraisal and provision, without discrimination, of such initial treatment.

©2025:Encompass Health Corporation:1363233