

**HOW TO GET NO-COST OR LOW-COST MEDICAL CARE AT COUNTY HOSPITALS
(INPATIENT AND OUTPATIENT)**

YOU CAN GET NEEDED MEDICAL CARE, AT NO-COST OR AT LOW-COST under one of the No-Cost or Low-Cost programs listed below. You do not need to pay in advance, and you must be unable to pay the full cost of your medical care. You must have charges which Medi-Cal, Medicare, private insurance or other medical benefits won't cover.

You must be a Los Angeles County resident and provide acceptable proof of address under most of these programs. If you are not a County resident, you may still be able to receive a discount on the medical care you receive at County hospitals or hospital based clinics under the Out-of-County Discount Payment Plan described on the other side of this page.

ABILITY-TO-PAY PLAN (ATP): ATP will help you pay for all types of care at County hospitals and hospital based clinics, including inpatient and outpatient hospital care, emergency room visits, tests and medicines.

HOW TO APPLY FOR ATP: Ask for a financial screening appointment at one of the County hospitals listed on the other side. You may be able to see an ATP worker on the day you receive hospital care; but, you may have to wait.

HOW ATP CAN HELP YOU: The ATP worker will tell you what you must pay, if anything. The amount you pay is based on your income. You can get inpatient care at no cost if after deductions, your monthly income is less than:

INPATIENT**

\$616 for a family of one;	\$1,116 for a family of four;
\$766 for a family of two;	\$1,276 for a family of five;
\$951 for a family of three;	\$1,431 for a family of six.

** Based on Medi-Cal Maintenance Need.

If your income after deductions is over the amounts in the chart, you will pay a reduced amount for each hospital stay up to one month.

For care in the hospital based clinics the ATP worker will tell you what you must pay, if anything, for each visit during the year. The amount you pay is based on the amount of your income. You can get outpatient, emergency care, and medicine at no cost if after income deductions, your monthly income is less than:

OUTPATIENT**

\$ 901 for a family of one;	\$1,401 for a family of four;
\$1,001 for a family of two;	\$1,601 for a family of five;
\$1,201 for a family of three;	\$1,701 for a family of six.

** Based on Medi-Cal Maintenance Need.

If your income after deductions is over the amounts in the chart, you will pay a reduced amount for each visit.

General Relief patients always get care at no-cost under ATP.

HOW OFTEN YOU MUST APPLY FOR ATP: For inpatient hospital care, you must apply each time you go into a County hospital. Your application is good for a stay of up to one month. For outpatient County hospital based clinic care, you need only apply once each year.

If you appear to be eligible for Medi-Cal, you must complete the Medi-Cal application and cooperate in the process before you are able to apply for ATP. If you appear to be eligible for Medi-Cal but do not want to apply, you will not be able to apply for ATP. However, you may use the Pre-Payment Plan for outpatient services, including emergency care, (See below).

You must use any medical benefits you have, such as private insurance or outpatient Medicare, before you can use ATP. ATP will cover your "deductible" for private insurance, but doesn't cover your Medicare deductible or coinsurance or your Medi-Cal share of cost.

WHAT TO BRING TO YOUR ATP APPOINTMENT: The ATP worker will ask you questions about your family size, your income, and your income deductions. Try to bring the papers and documents listed below. But don't worry if you don't have some or all of these. The ATP worker can accept your sworn statement as proof. You may be asked to bring additional papers after your appointment.

- A. Address and Identity:** Bring a document that shows where you live and who you are. Examples are a Driver's license, DMV ID card, utility bill, rent receipt, or a current letter mailed to you at your address.
- B. Income:** Bring documents that show your family's monthly income. Examples are current pay stubs, tax returns, and unemployment insurance or disability insurance statements.
- C. Deductions:** Bring proof of payment for medical insurance for family members with whom you live, childcare costs and child or spousal support payments you make.

NOTE: If your income or family size changes, you must report those changes by calling the facility where you first applied.

IF YOU DISAGREE WITH YOUR ATP AMOUNT: There is an appeals process. That process begins with you completing and returning the Appeals Section of the Determination form within 10 days of determination.

If you miss the ATP appointment (or if we deny your application and you do not successfully appeal), we will bill you for the full cost of your care. However, you still have a chance to pay a low-cost fee for County hospital based clinic care under the Pre-Payment Plan we describe below.

PRE-PAYMENT PLAN: This plan can only be used for outpatient care at County hospitals. If you pay within seven days of choosing Pre-Payment, you do not have to prove your income or family size. This plan does not cover medications. For each outpatient visit you pay:

\$80 at County Hospital Outpatient Clinics & Multi-Service Ambulatory Care Centers, except Emergency Room visits. (\$60 for prenatal services for first seven visits, remaining prenatal visits at no charge.)	\$120 at County Hospital Emergency Rooms. \$400 at Outpatient Surgery Clinics.
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OUTPATIENT REDUCED-COST SIMPLIFIED APPLICATION (ORSA):

ORSA will help you pay for outpatient medical care at County hospitals, including emergency room visits, clinic visits, tests and medicines. You may also use ORSA for care at County Comprehensive Health Centers (CHC), Health Centers (HC) and Multi-Service Ambulatory Care Centers (MACC) clinics.

WHO IS ELIGIBLE FOR ORSA? If you have low income and do not have health insurance or a program that pays for outpatient medical care, you may be eligible for ORSA. You must be a Los Angeles County resident and provide acceptable proof of address to receive ORSA.

If you appear to be eligible for Medi-Cal, you must complete the Medi-Cal application and cooperate in the process before you are able to apply for ORSA. If you appear to be eligible for Medi-Cal but do not want to apply, you will not be able to apply for ORSA. However, you may use the Pre-Payment Plan (See above).

Under ORSA you can get care at no cost if you now get General Relief or if, after income deductions, your monthly income is at or below 133 1/3 % of the Federal Poverty Level (FPL) which, in 2008, is equal to \$1,156 per month for a family of one.

HOW TO APPLY FOR ORSA: Ask any County hospital or clinic financial staff about ORSA. Most people will only have to provide information about family size, income and some of your expenses.

You will have to sign a form stating that the information is true. When you apply, you will not have to prove your income or expenses but you will need to prove that you live in Los Angeles County.

A random number of patients using ORSA will be asked later for papers that prove some or all of their income and expenses. Also, a credit check may be done. If we ask you within 6 months of the time you apply to show proof of the information on your ORSA application you must provide it. If you do not provide proof when we ask for it, you may have to pay for the full cost of your outpatient medical care.

Your ORSA is good for one (1) year. At the end of one (1) year, you will

have to apply again.

You can apply for ORSA within one (1) year of the time you receive outpatient medical care. If it has been longer than one year since you received care and you still have a bill that has not been paid, you should ask to apply for ATP to cover that bill. There are exceptions to the one-year rule if you are applying for ORSA because your Medi-Cal was denied.

After your application is approved you will get a copy of your ORSA agreement. You need to bring this agreement with you every time you come for outpatient medical care at a County hospital based clinic or any other County clinic. You also need to bring your clinic card with you.

WHAT ORSA COVERS: ORSA covers outpatient medical care, tests, and medicines at no-cost or low-cost at the locations listed below. You cannot use ORSA for inpatient medical care.

IF YOU DISAGREE WITH YOUR ORSA AMOUNT: There is an appeals process. That process begins with you completing and returning the Appeals Section of the Determination form within 10 days of determination.

CHILD DELIVERY PLAN: This plan covers labor and delivery services for pregnant women at County hospitals. Under this plan each mother must pay \$2,000 within seven days after she leaves the hospital but

she doesn't have to apply for Medi-Cal. However, each mother must apply for Medi-Cal for her baby.

KIDNEY DIALYSIS, TUBERCULOSIS AND POST-POLIO PLANS:

Special low-cost plans cover these services. Apply for them at the hospital and hospitals' outpatient clinics.

OUT-OF-COUNTY DISCOUNT PAYMENT PLAN: * This plan offers a discount on medical care services received at County hospitals and hospital based clinics to patients who are not Los Angeles County residents. Out-of-county patients with income up to 350 percent of the Federal Poverty Level (FPL) can get a 5% discount on medical care received but they will not have to pay more than what Medi-Cal would pay for the same type of services received. For example, the 350% FPL for a family of one for the year 2008 is \$3,035 per month. Apply for this program at one of the County hospitals listed below.

* **Out-of-County Discount Payment Plan is only available at County hospitals.**

NO EXTRA COST MEDICINES: All hospital outpatient clinic patients can get medicines at no extra cost for emergency and public health services. In other cases, medication is included in ATP or ORSA payment amounts.

Please ask a financial worker to explain your payment choices and the rules for the different programs. They will be glad to help you.

**WHERE TO APPLY: ABILITY TO-PAY PLAN (ATP)
County Hospitals Inpatient and Outpatient
AND ORSA
County Hospitals Outpatient**

Harbor/UCLA Medical Center * Patient Financial Services 1000 West Carson St. Bldg. 3-South Torrance 90509 (310) 222-3012	LAC+USC Medical Center * 1100 N. State St., Clinic Tower – Billing Inquiry 1St Floor Los Angeles 90033 (323) 226-6361	Olive View/UCLA Medical Center * 14445 Olive View Dr. 2nd Floor, Room 2D142 Sylmar 91342 (818) 364-4587	Rancho Los Amigos National Rehabilitation Center * 7601 E. Imperial Hwy. Bldg.602 Downey 90242 (562) 401-7320
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* Out of County Discount Payment Plan only available at County hospitals
* ORSA is also available at the hospitals' outpatient clinics. See ORSA flyer

**WHERE TO INQUIRE AND/OR APPLY: OUTPATIENT REDUCED-COST SIMPLIFIED APPLICATION (ORSA)
Hospitals' Outpatient, Multi-Service Ambulatory Care Centers, Comprehensive Health Centers & Health Centers**

Antelope Valley Health Center 335-B E. Ave. K-6 Lancaster 93535 (661) 723-4511	Glendale Health Center 501 N. Glendale Ave. Glendale 91206 (818) 500-5785	Lake Los Angeles Clinic 16921 E. Avenue 0, Space G Lake Los Angeles 93535 (661) 945-8442	Mid Valley Comp. Health Center. 7515 Van Nuys Blvd. Van Nuys 91405 (818) 947-4000
Bellflower Health Center 10005 E. Flower St. Bellflower 90706 (562) 804-8112	H. C. Hudson Comp. Health Center. 2829 South Grand Ave. Los Angeles 90007 (213) 744-3689 (213) 744-3821 (after 5:00 p.m.)	La Puente Health Center 15930 Central Ave. La Puente 91744 (626) 855-5300	San Fernando Health Center 1212 Pico St. San Fernando 91340 (818) 837-6969
Dollarhide Health Center 1108 N. Oleander Compton 90220 (310) 763-2244	H.H. Humphrey Comp. Health Center 5850 So. Main St. Los Angeles 90003 (323) 846-4287	Little Rock Community Clinic 8201 Pearlblossom Hwy. Little Rock 93543 (661) 945-8381	South Valley Health Center 38350 40th St. East Palmdale 93550 (661) 272-5050
El Monte Comp. Health Center 10953 Ramona Boulevard El Monte 91731 (626) 579-8412	Harbor/UCLA Family Health Center 1403 West Lomita Blvd., 2nd Floor Harbor City, 90710 (310) 534-7600	Long Beach Comp. Health Center. 1333 Chestnut Ave. Long Beach 90813 (562) 599-2153	Wilmington Health Center 1325 Broad Ave. Wilmington 90744 (310) 518-8800
E. R. Roybal Comp. Health Center. 245 So. Fetterly Ave. Los Angeles 90022 (323) 780-2340	High Desert Multi-Service Ambulatory Care Center 44900 North 60th St West Lancaster 93536 (661) 945-8440	Martin Luther King, Jr. Multi-Service Ambulatory Care Center 12021 So. Wilmington Ave. Los Angeles 90059 (310) 668-3564	

HOW TO GET NO-COST OR LOW-COST MEDICAL CARE AT COUNTY COMPREHENSIVE HEALTH CENTERS (CHC)/ HEALTH CENTERS (HC) AND MULTI-SERVICE AMBULATORY CARE CENTERS (MACC)

YOU CAN GET NEEDED MEDICAL CARE, AT NO-COST OR AT LOW-COST under one of the No-Cost or Low-Cost programs listed below.

You do not need to pay in advance, and you must be unable to pay the full cost of your medical care. You must have charges which Medi-Cal, Medicare, private insurance or other medical benefits won't cover.

You must be a Los Angeles County resident and provide acceptable proof of address under these programs.

OUTPATIENT REDUCED-COST SIMPLIFIED APPLICATION

(ORSA): ORSA will help you pay for outpatient medical care at County hospitals, Comprehensive Health Centers, Health Centers and Multi-Service Ambulatory Care Centers, including emergency room visits, clinic visits, tests and medicines.

WHO IS ELIGIBLE FOR ORSA? If you have low income and do not have health insurance or a program that pays for outpatient medical care, you may be eligible for ORSA. You must be a Los Angeles County resident and provide acceptable proof of address to receive ORSA.

If you appear to be eligible for Medi-Cal, you must complete the Medi-Cal application and cooperate in the application process before you are able to apply for ORSA. If you appear to be eligible for Medi-Cal but do not want to apply, you will not be able to apply for ORSA. However, you may use the Pre-Payment Plan (See next column).

Under ORSA you can get care at no cost if you now get General Relief or if, after income deductions, your monthly income is at or below 133 1/3 % of the Federal Poverty Level (FPL) which, in 2008, is equal to \$1,156 per month for a family of one. If your income is higher, you may be able to receive lower cost care.

HOW TO APPLY FOR ORSA: Ask any County hospital or clinic financial staff about ORSA. Most people will only have to provide information about family size, income and some of your expenses.

You will have to sign a form stating that the information is true. When you apply, you will not have to prove your income or expenses but you will need to document that you live in Los Angeles County.

A random number of patients using ORSA will be asked later for papers that prove some or all of their income and expenses. Also, as part of this process a credit check may be done. If we ask you within 6 months of the time you apply to show proof of the information on your ORSA application you must provide it. If you do not provide proof when we ask for it, you may have to pay for the full cost of your outpatient medical care.

Your ORSA is good for one (1) year. At the end of one (1) year, you will have to renew.

You can apply for ORSA within one (1) year of the time you receive outpatient medical care. If it has been longer than

one year since you received care and you still have a bill that has not been paid, you should ask clinic financial staff to apply for Ability-To-Pay (ATP) to cover that bill. There are exceptions to the one-year rule if you are applying for ORSA because your Medi-Cal was denied.

After your application is approved, you will get a copy of your ORSA agreement. You need to bring this agreement with you every time you come for outpatient medical care at a County hospital based clinic or any other County clinic. You also need to bring your clinic card with you.

US Citizenship and Immigration Services (USCIS) will not consider you a public charge if you are eligible for ORSA.

WHAT ORSA COVERS: ORSA covers outpatient medical care, tests, and medicines at no-cost or low-cost at the locations listed on the other side of this page. You cannot use ORSA for inpatient medical care.

IF YOU DISAGREE WITH YOUR ORSA AMOUNT: There is an appeals process. That process begins with you completing and returning the Appeals Section of the Determination form within 10 days of the determination.

PRE-PAYMENT PLAN: This plan can only be used for outpatient care at County hospitals, Comprehensive Health Centers, Health Centers and Multi-Service Ambulatory Care Centers. If you pay within seven days of choosing Pre-Payment, you do not have to prove your income or family size. This plan does not cover medications. For each outpatient visit you pay:

\$60 at Health Centers or at Comprehensive Health Centers except Urgent Care Center visits.	<i>(\$60 for prenatal services for first seven visits, remaining prenatal visits at no charge.)</i>
\$80 at County Hospital Outpatient Clinics and Multi-Service Ambulatory Care Centers, except Emergency Room visits.	\$80 at Comprehensive Health Center's Urgent Care Center.
	\$120 at County Hospital Emergency Rooms.
	\$400 at Outpatient Surgery Clinics.

KIDNEY DIALYSIS, TUBERCULOSIS AND POST-POLIO

PLANS: Special low-cost plans cover these services. Apply for them at the outpatient clinic where the treatment is given.

NO EXTRA COST MEDICINES: All outpatient clinic patients can get medicines at no extra cost for emergency and public health services. In other cases, medication is included in ORSA payment amounts, but not in the Pre-Payment Plan.

Please ask a financial worker to explain your payment choices and the rules for the different programs. They will be glad to help you.

WHERE TO APPLY: OUTPATIENT REDUCED-COST SIMPLIFIED APPLICATION (ORSA)**County Hospitals Outpatient**

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Multi-Service Ambulatory Care Centers, Comprehensive Health Centers & Health Centers

Antelope Valley Health Center 335-B E. Ave. K-6 Lancaster 93535 (661) 723-4511	Glendale Health Center 501 N. Glendale Ave. Glendale 91206 (818) 500-5785	Lake Los Angeles Clinic 16921 E. Avenue 0, Space G Lake Los Angeles 93535 (661) 945-8442	Mid Valley Comp. Health Center 7515 Van Nuys Blvd. Van Nuys 91405 (818) 947-4000
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1 (800) 378-9919 TOLL FREE INFORMATION LINE