NORTHERN INYO HEALTHCARE DISTRICT

Financial Assistance and Charity Care Policy
Owner: Director of Revenue Cycle Department: Revenue Cycle
Scope: District Wide
Original approval date: 02/15/2017
Last Review date: 06/18/2025
Final Approval: NIHD Board of Directors

PURPOSE:

To ensure low-income, uninsured, and under-insured patients' and families' financial capacity does not prevent them from seeking or receiving care. Northern Inyo Healthcare District (NIHD) provides medically necessary financial assistance and charity care to all eligible patients pursuant to the guidance in this policy. This Financial Assistance and Charity Care Policy is designed to satisfy the requirements of Section 501(r) of the Internal Revenue Code, California Health & Safety Code sections 127400-127466 et seq., and the Department of Health and Human Services Office of Inspector General guidance regarding financial assistance to uninsured and underinsured patients.

This policy is intended to:

- Define the forms of available Financial Assistance and the associated eligibility criteria;
- Establish the processes that patients shall follow in applying for Financial Assistance and the process the hospital will follow in reviewing applications for Financial Assistance;
- Provide a means of review in the event of a dispute over a Financial Assistance determination;
- Provide administrative and accounting guidelines to assist with identifying, classifying, and reporting Financial Assistance;
- Establish the process that NIHD shall follow to provide patients an estimate of financial responsibility for services; and,
- Define the discounts available to patients for hospital inpatient and outpatient services performed at NIHD.

This policy is not intended to waive or alter any contractual provisions or rates negotiated by and between NIHD and a third-party payer, nor is it intended to provide discounts to a non-contracted third-party payer or other entities that are legally responsible for making payment on behalf of a beneficiary, covered person, or insured.

DEFINITIONS:

Covered Services: Covered Services are all services that are deemed medically necessary. Those services that are "Elective Services Requiring Prior Administrative Approval," as defined below, are not Covered Services.

Emergent Care: Emergent Care is any service deemed life-threatening or potentially resulting in loss of limb or disability if care is delayed. Typically, service starts in the Emergency Department, and the patient is not discharged until Emergency Care is rendered.

Elective Services Requiring Prior Administrative Approval: Due to their unique nature, certain non-emergent services require administrative approval before admission and treatment. Typically, patients seeking complex, specialized, or high-cost services—such as experimental procedures, transplants, or cosmetic procedures—must obtain administrative approval before receiving care.

Patients requesting these services are not eligible for Full Charity Care, Discounted Care, Catastrophic Charity Care, or High Medical Cost Charity Care unless the hospital administration grants an exception. Exceptions will only be considered for Inyo County residents.

Northern Inyo Healthcare District (NIHD) will establish a process for Inyo County residents to apply for prior administrative approval. If an eligible patient receives a service requiring prior approval without obtaining it, they will qualify for Discounted Care or High Medical Cost Charity Care if eligible. Otherwise, they will receive an Uninsured Patient Discount.

Uninsured Patient: An Uninsured Patient is a patient who has no source of payment for any portion of their medical expenses, including, without limitation, commercial or other insurance, government-sponsored healthcare benefit programs or third-party liability, or whose benefits under insurance have been exhausted prior to the admission. Patients without coverage may be screened for eligibility for state and federal governmental programs.

Primary Language of NIHD Service Area: The primary language of the NIHD local population is English.

Patient's Family: A Patient's Family includes the patient and persons 18 years of age and older, a spouse, domestic partner, as defined in Section 297 of the California Family Code, and dependent children under 21 years of age, whether living at home or not. For persons under 20 years of age, a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative**.** Disabled family members over the age of 18.

Family Income: Family income is annual family earnings from the prior 12 months or prior tax year, as shown by recent pay stubs or income tax returns, less payments made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family income, taking into consideration current earning rates.

High Medical Costs: Includes either of the following:

- Annual out-of-pocket costs incurred by the individual at the hospital that exceeds the lesser of 10 percent of the patient's current family income or family income in the prior 12 months.
- Annual out-of-pocket expenses that exceed 10 percent of the patient's family income if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.
- Out-of-pocket costs and expenses mean any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

Federal Poverty Guidelines: The measure of income levels published annually by the United States Department of Health and Human Services and is used by hospitals to determine eligibility for financial assistance. These guidelines are available at https://aspe.hhs.gov/topics/poverty-economicmobility/poverty-guidelines.

2025 Federal Poverty Level (FPL) Guidelines

	100 % Full Charity Care	90 % Discount	80 % Discount	70 % Discount	60 % Discount	55 % Discount
Family Size (Household)	**Annual 100% FPL**	**Annual 200% FPL**	**Annual 250% FPL**	**Annual 300% FPL**	**Annual 350% FPL**	**Annual 400% FPL**
1	$15,060	$30,120	$37,650	$45,180	$52,710	$60,240
2	$20,440	$40,880	$51,100	$61,320	$71,540	$81,760
3	$25,820	$51,640	$64,550	$77,460	$90,370	$103,280
4	$31,200	$62,400	$78,000	$93,600	$109,200	$124,800
5	$36,580	$73,160	$91,450	$109,740	$128,030	$146,320
6	$41,960	$83,920	$104,900	$125,880	$146,860	$167,840
7	$47,340	$94,680	$118,350	$142,020	$165,690	$189,360
8	$52,720	$105,440	$131,800	$158,160	$184,520	$210,880
For each additional member	$5,380	$10,760	$13,450	$16,140	$18,830	$21,520

POLICY:

Financial Assistance is available to eligible patients who receive Covered Services and follow applicable procedures (such as completing applications and providing required information).

Financial Assistance: The term Financial Assistance refers to Full Charity Care, Discounted Care, Special Circumstance Charity Care, Catastrophic Charity Care, High Medical Cost Charity Care, Uninsured Patient Discount, and Extended Payment Plan.

A. **Full Charity Care:** Full Charity Care is free care, which is a *complete* write-off of the hospital's undiscounted charges for Covered Services. Full Charity Care is available to patients whose Family Incomes are at or below 100% of the most recent Federal Poverty Income guidelines.

B. **Discounted Care:** Discounted Care is any charge for care that is reduced but not free, which is a *partial* write-off of undiscounted charges for Covered Services. NIHD shall provide a 40%—90% discount on services that are not already discounted to patients whose Family Incomes are between 101% and 400% of the most recent Family Federal Poverty Income Guidelines.

C. **Special Circumstances Charity and Discounted Care**: NIHD may choose to approve financial help based on a fair and honest review of a patient's situation. This includes looking at things like the patient's income, family size, local cost of living, and how large their medical

bills are. The decision is made using reasonable and consistent ways to assess financial need. Special Circumstances Charity Care allows Uninsured Patients who do not meet the Financial Assistance criteria outlined in sections A or B above or who are unable to follow specified hospital procedures to receive a complete or partial write-off of the hospital's undiscounted charges for Covered Services with the approval of the NIHD Chief Financial Officer ("CFO"), or designee. The hospital must document the decision, including why the patient did not meet the regular criteria. The following is a non-exhaustive list of some situations that may qualify for Special Circumstances Charity Care:

a. *Bankruptcy:* Patients who are in bankruptcy or recently completed bankruptcy (i.e., discharge of debtor);
b. *Indigent Patients*: patients without a payment source if they do not have a job, mailing address, residence, or insurance.
c. *Deceased:* Deceased patients without insurance, an estate, or third-party coverage.
d. *Medicare:* Income-eligible Medicare patients may apply for Financial Assistance for denied stays, denied days of care, non-covered services, and Medicare cost shares;
e. *Medi-Cal:* Income-eligible Medi-Cal patients may apply for Financial Assistance for denied stays, denied days of care, non-covered services, and share of cost. Persons eligible for programs such as Medi-Cal but whose eligibility status is not established for the period during which the medical services were rendered may apply for Financial Assistance.

D. Catastrophic Charity Care: Catastrophic Charity Care is a partial write-off of an eligible Uninsured Patient's financial responsibility for Covered Services applied when an Uninsured Patient's financial responsibility exceeds 30% of their Family Income. Patients eligible for Catastrophic Charity Care will receive a complete write-off of their undiscounted charges for Covered Services that exceed 30% of their Family Income.

*[Uninsured Patient's financial responsibility for undiscounted charges for Covered Services] - [Family Income * 30%] = Catastrophic Charity Care write-off.*

E. High Medical Cost Charity Care (for Insured Patients): High Medical Cost Charity Care for Insured Patients ("High Medical Cost Charity Care") is a complete write-off of the hospital's undiscounted charges for Covered Services. High Medical Cost Charity Care is not available for patients receiving already discounted services (e.g., package discounts for cosmetic services). This discount is available to insured patients who meet the following criteria:

a. The patient's Family Income is less than 400% of the Family Federal Poverty Income guidelines; The Patient has High Medical Costs as defined in this Policy.; and
b. The patient's insurer has not provided a discount on the patient's bill (i.e., the patient is responsible for paying undiscounted charges).

F. Uninsured Patient Discount: The Uninsured Patient Discount is an adjustment of 30% of the hospital's undiscounted charges for Covered Services taken when an Uninsured Patient is billed for the services rendered. The Uninsured Patient Discount does not apply to patients who qualify for charity care or receive services that are already discounted. Patients who are responsible for a hospital bill not covered or discounted by any insurance or governmental program or whose benefits under insurance have been exhausted prior to admission are eligible for an Uninsured Discount if the patient or the patient's guarantor verifies that they are not aware of any right to insurance or government program benefits that would cover or discount the bill. In this case, insurance includes but is not limited to any HMO, PPO, indemnity coverage, or consumer-directed health plan.

G. **Extended Payment Plan**: On any Discounted Care, Uninsured Patient Discounts, or High Medical Cost Charity Care, the hospital will allow payments of the discounted price over time. The hospital and the eligible patient may negotiate the terms of the payment plan and take into consideration the patient's family income and essential living expenses. Suppose the hospital and the patient cannot agree on the payment plan. In that case, the hospital must use the statutory formula to create a reasonable payment plan, defined as monthly payments that are not more than 10 percent of a patient's family monthly income, excluding deductions for essential living expenses.

H. **Caps on Patient Liability**: NIHD shall limit expected payments for eligible patients, whose Family Income is at or below 400% of the federal poverty level, for services to the highest amount the hospital would expect, in good faith, to receive from Medicare or Medi-Cal, whichever is greater. If the hospital provides a service for which there is no established payment by Medicare or Medi-Cal, the hospital shall establish an appropriate discounted payment. Consistent with Section 501(r)(5) of the Internal Revenue Code, this amount is always lower than the amount generally billed.

PROCEDURES:

A. Applying for Financial Assistance:

a. A patient who indicates the financial inability to pay a bill for Covered Service shall be evaluated for Financial Assistance.

b. The NIHD standardized "*Financial Assistance Application*" form will document each patient's overall financial situation. This application shall be available in the primary language(s) of the NIHD service area. Documents and information required to consider eligibility are Income tax returns (preferred) or paycheck stubs, or for complete 100% charity care, unemployment/disability payment stubs. Any information obtained as part of the Financial Assistance Application shall not be used for collection activities.

c. If an application for Financial Assistance is received but incomplete, NIHD will contact the patient outlining what is missing from the application. Suppose the additional information is not received within a reasonable time frame. In that case, NIHD will send a denial letter to the patient stating that the application was incomplete and the missing information was not received.

B. Financial Assistance Determination:

a. **Determination Process:**

i. NIHD will consider each applicant's Financial Assistance Application and grant financial assistance where the patient meets eligibility requirements and has received (or will receive) Covered Service(s).

ii. Eligibility for discounted payments or charity care may be determined at any time the District is in receipt of the information specified in section A of this procedure.

iii. All open accounts shall be considered for Charity Care and/or discounted payment once the Financial Assistance Application has been approved or denied.

iv. NIHD will not make Discounted Care *Financial Assistance Application* approval contingent upon a patient applying for governmental program assistance.

v. NIHD will require Full Charity Care patients to apply for assistance from the governmental program, and the application will be pending until proof of determination has been submitted.

vi. Many applicants are not aware that they may be eligible for assistance through Medi-Cal, County Medical Services Program (CMSP), Victims of Crime, California Children Services, or Covered California.

vii. NIHD can assist individuals in determining if they are eligible for any governmental or other assistance.
viii. Where administrative approval is required, the hospital will consider the request for service in a timely fashion and respond to it in writing.

b. **Uncooperative Patients and Non-Compliant Patients:**
   i. *Uncooperative and Non-compliant patients* are defined as unwilling to disclose any financial information as requested for Full charity or discounted care determination during the application process. In these cases, the account will not be processed as charity care. The patient will be advised that unless they comply and provide the information, no further consideration will be given for charity care processing, and standard accounts receivable follow-up will begin.

c. **Presumptive Eligibility**
   i. NIHD understands that certain patients may be unable to complete a Financial Assistance application, comply with requests for documentation, or otherwise be non-responsive to the application process. As a result, there may be circumstances under which a patient's qualification for Financial Assistance may be established without completing the formal assistance application. Under these circumstances, NIHD may utilize other information sources to assess financial need and determine whether the individual is eligible for financial assistance. This information will enable NIHD to make an informed decision on the financial needs of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.
   ii. NIHD uses an automated financial screening tool that produces a fair, balanced, real-time determination of a patient's charity potential and propensity to pay. NIHD Credit and Billing Department will have access to this service with credit information pulled from Experian to be used to help determine if a patient is eligible for charity care/financial assistance. The Credit and Billing Department is authorized to access the patient's credit information for the sole purpose of determining eligibility for charity care/financial assistance. This information is strictly confidential and will be used only by Credit and Billing Department, the Revenue Cycle Management Director, and the CFO in conjunction with the charity care/financial assistance policy of NIHD to determine eligibility.

C. Notice of Determination:

a. **Timeline for determining eligibility:** While it is desirable to determine the amount of financial assistance for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent; in other cases, further investigation is required to determine eligibility. In some cases, a patient eligible for Financial Assistance may not have been identified before initiating external collection action. NIHD's external collection agency shall be made aware of this policy so that the agency knows to refer back to the hospital patient accounts that may be eligible for Financial Assistance

b. **Notification Letter:** Once a Full Charity Care, Discounted Care, Catastrophic Charity Care, or High Medical Cost Charity Care determination has been made, a "Charity Notification Letter" will be sent to each applicant advising them of the NIHD decision.

c. **Dispute Resolution:** In the event of a dispute over the application of this policy, a patient may seek review from the hospital by notifying the NIHD CFO, Compliance Officer (760) 873-2022, or designee at (760) 873-2097, of the basis of any dispute and the desired relief. Written communication should be submitted within thirty (30) days of

the patient's notice of the circumstances giving rise to the dispute. The CFO or designee shall review the concerns and inform the patient of any decision in writing.

D. **Communication of Financial Assistance Availability**:
   a. **Information Provided to Patients:** During preadmission or registration (or as soon thereafter as practicable), NIHD shall offer patients:
      i. information regarding the charity care and discount policy, including a Discharge Notice.
      ii. the NIHD standardized financial assistance application.
      iii. Any and all applications for Coverage that the patient may qualify for, such as Medi-Cal, County Medical Services Program, Victims of Crime, California Children Services, or Covered California.

   If the patient cannot receive this information at the time of service, it shall be provided during the discharge process. If the patient is not admitted, this information shall be provided when the patient leaves the facility. If the patient leaves the facility without receiving this information, the hospital shall mail it to the patient within 72 hours of providing services.

   b. **Postings and Other Notices:** Information about Financial Assistance shall also be provided through clearly and easily seen posted notices in locations that are visible to the public, including but not limited to the emergency department, billing office, admitting office, and other hospital outpatient service settings. This information shall also be available at https://www.nih.org/help-paying-my-bill/.
   c. **Applications Provided at Discharge:** If not previously provided, NIHD shall provide uninsured patients with applications for Medi-Cal, County Medical Services Program, California Children's Services, and/or Covered California.
   d. **Notification to Uninsured Patients of Estimated Financial Responsibility:** Except in the case of emergency services, NIHD is required by law to provide all uninsured patients a good faith estimate of financial responsibility for hospital services. Estimates shall be written and provided during regular business hours. Estimates shall provide the patient with an estimate of the amount the NIHD will require the patient to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the patient by the hospital, based upon the average length of stay and services provided for the patient's diagnosis.
   e. **Reimbursement of Excess Payment:** The hospital shall reimburse the patient or patients any amount actually paid in excess of the amount due including interest. Interest owed by the hospital to the patient shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure (7% for a Local Government Entity) beginning on the date payment by the patient is received by the hospital. However, a hospital is not required to reimburse the patient or pay interest if the amount due is less than five dollars ($5.00). The hospital shall refund the patient within 30 days.

E. **Other:**
   a. **Billing and Collections Policy:** A separate Billing and Collections Policy describes actions NIHD may take in the event of nonpayment.
   b. **Where to Obtain Copies:** This Financial Assistance Policy, the Financial Assistance application, and the Billing and Collections Policy are available by calling Patient Financial Services at (760) 873-2097 and requesting a copy by mail or email, or for downloading online at https://www.nih.org/help-paying-my-bill/. Copies of policies and the application are also available in the Admissions areas and the Credit and Billing Office of Northern Inyo Healthcare District. English and Spanish translations are available at all locations.

c. **Languages:** All notices and communications provided shall be available in English and any other language representative of 5% of the service population and a manner consistent with all applicable federal and state laws and regulations.
d. **Recordkeeping:** Records relating to financial assistance must be readily accessible. NIHD must maintain information regarding the number of uninsured patients who have received service, the number of financial assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number denied, and the reasons for the denial. In addition, notes relating to each financial assistance application and approval or denial should be entered into the patient's account.
e. **No Misrepresentation:** NIHD or its agents shall not misrepresent this policy to its patients or its patients' guarantors in any way.
f. **Emergency Physicians:** An emergency physician, as defined in California Health and Safety Code §127450, who provides emergency medical services at NIHD is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.
g. **Submission to HCAI:** NIHD shall upload copies of this Financial Assistance Policy to the Department of Health Care Access and Information, or "HCAI." The policy shall be submitted in the manner and frequency prescribed by HCAI.
h. **Patient Confidentiality:** All patient financial information obtained for the purposes of determining charity care, patient discounts, and billing and collections are required to be kept in strict confidence. Disclosure of such information is limited to those participating in the evaluation of a patient's eligibility for financial assistance. Unauthorized disclosure of a patient's confidential financial information is strictly prohibited and subject to disciplinary action to be determined by the CFO.
i. **Contact for Information and Assistance:** Additional information from the Credit and Billing Department by:

    ➢ Calling (760) 873-2097

    ➢ Emailing Credit.Billing@nih.org

    ➢ Visiting the Credit and Billing Information Office at Northern Inyo Hospital at 150 Pioneer Lane, Bishop, CA 93514

j. **Shoppable Services.** The link to our Patient Price Estimator can be found at

    https://nih.patientsimple.com/guest/#/index

k. **Hospital Bill Complaint Program**. The patient or patient's authorized representative may file a complaint through the Department's Hospital Bill Complaint Program online patient complaint portal by visiting the Department's website at HospitalBillComplaintProgram.hcai.ca.gov, or by mail to the Department of Health Care Access and Information, Hospital Bill Complaint Program, located at 2020 West El Camino Avenue, Suite 1101, Sacramento, CA 95833.
l. **Help Paying Your Bill.** There are free consumer advocacy organizations that will help you understand the billing and payment process. Call the Health Consumer Alliance at (888) 804-3536 or go to healthconsumer.org for more information.
m. **Help in Your Language.** If you need help in your language, please call (760) 873-2097, email Credit.Billing@nih.org, or visit the Credit and Billing Information Office at Northern Inyo Hospital. The office is open 8:30 a.m. – 4 p.m. at 150 Pioneer Lane in Bishop. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats, are also available. These services are free.

n. **Postings.** A posting titled “Help Paying Your Bill” shall be updated annually with eligibility for discounts, the current FPL and discounts, “How to Apply” notice, “Hospital Bill Complaint Program” required statement, as section titled “More Help” with information about the Health Consumer Alliance, and information on how a patient with a disability may access the notice in an accessible alternative format.

Responsible Department
Implementation, training, and monitoring compliance with this policy and procedure are the responsibilities of Revenue Cycle.

Renewal/Review
This policy and procedure shall be reviewed at planned intervals and evaluated as necessary, but at least every two years, to determine whether they comply with current recommendations, guidelines, mandates, statutes, practices, and NIHD operations. If changes are required, they will be updated as needed.

A copy of the published Financial Assistance Policy and all amended or revised Policies shall be provided to the State of California Department of Health Care Access and Information or “HCAI” (f/k/a the Office of Statewide Health Planning and Development) in accordance with HCAI state filing procedures.

REFERENCE:
1. California Health and Safety Code Section 127400-127446.
1. CA AB 1020
2. Title 22 of the California Code of Regulations (CCR) section 96040-96051.37, et seq.)
3. IRC 501-R
4. California Senate Bill 1061 (SB 1061)
5. Hospital Fair Pricing Act (AB 774)
6. Fair Debt Collection Practices Act (FDCPA)
7. Fair Credit Reporting Act (FCRA)
8. No Surprises Act
9. Medicare CMS Manual 15: The Provider Reimbursement Manual.

RECORD RETENTION AND DESTRUCTION:
Maintain all patient accounting files for fifteen (15) years.

CROSS REFERENCE POLICIES AND PROCEDURES:
1. Billing and Collections
2. Price Transparency
3. Credit Balance Refund Processing
4. Prompt Pay Discounts
5. InQuiseek - #600 Financial Policies

ATTENTION: If you need help in your language, please call (760) 873-5811 or visit the Compliance Office. The office is open 8 AM to 4 PM and located at 150 Pioneer Lane in Bishop, CA. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

Arabic

انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، يرجى الاتصال على **TTY 711 ،5811-873 (760)** أو زيارة **مكتب الامتثال**. المكتب مفتوح من **الساعة 8 صباحًا حتى 4 مساءً** ويقع في **Pioneer Lane 150 في بيشوب، كاليفورنيا**. تتوفر أيضًا وسائل مساعدة وخدمات للأشخاص ذوي الإعاقة، مثل المستندات بطريقة **برايل**، الطباعة الكبيرة، الصوت، وغيرها من التنسيقات الإلكترونية القابلة للوصول. هذه الخدمات **مجانية**.

Armenian

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Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք (760) 873-5811 կամ այցելել Compliance Office: Գրասենյակը բաց է 8 AM to 4 PM և գտնվում է 150 Pioneer Lane in Bishop, CA Առկա են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլյան փաստաթղթերը, մեծ տառատեսակները, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայություններն ԱՆՎՃԱՐ են

Cambodian

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ (760) 873-5811 ឬចូលទៅកាន់ការិយាល័យអនុលោមភាព។ ការិយាល័យបើកពីម៉ោង 8 ព្រឹកដល់ម៉ោង 4 ល្ងាច ហើយមានទីតាំងនៅ 150 Pioneer Lane ក្នុង Bishop, CA ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្ទាប ការបោះពុម្ពធំ សំឡេង និងទម្រង់អេឡិចត្រូនិកដែលអាចចូលប្រើបានផ្សេងទៀតក៏មានផងដែរ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

Chinese

注意：**如果您需要**语言帮助，请致电 (760) 873-5811 **或**访问合规办公室。合规办公室的办公时间为上午 8 **点至下午** 4 **点**，**位于加利福尼**亚州毕夏普市先锋巷 150 **号。我**们还为残障人士提供辅助工具**和服**务，如盲文文件、大字体文件、音频文件和其他无障碍电子格式文件。这些服务都是免费的。

FARSI

توجه: اگر به کمک به زبان خود نیاز دارید، لطفاً با شماره **TTY 711 ،5811-873 (760)** تماس بگیرید یا به **دفتر انطباق** مراجعه کنید. این دفتر از **ساعت ۸ صبح تا ۴ بعدازظهر** باز است و در **Pioneer Lane ۱۵۰ در بیشاپ، کالیفرنیا** واقع شده است. همچنین، کمک‌ها و خدماتی برای افراد دارای معلولیت در دسترس است، مانند **اسناد به خط بریل، چاپ بزرگ، فایل‌های صوتی، و سایر قالب‌های الکترونیکی قابل دسترس**. این خدمات **رایگان** هستند.

Hindi

ध्यान दें: अगर आपको अपनी भाषा में मदद की ज़रूरत है, तो कृपया (760) 873-5811 पर कॉल करें या कंप्लायंस ऑफ़िस जाएँ। यह ऑफ़िस सुबह 8 बजे से शाम 4 बजे तक खुला रहता है और बिशप, CA में 150 पायनियर लेन पर स्थित है। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूपों में दस्तावेज़ भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं।

Hmong

CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau (760) 873-5811 lossis mus ntsib Chaw Ua Haujlwm Ua Raws Cai. Lub chaw haujlwm qhib thaum 8 teev sawv ntxov txog 4 teev tsaus ntuj thiab nyob ntawm 150 Pioneer Lane hauv Bishop, CA. Cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv nyob rau hauv daim ntawv Braille, luam ntawv loj, suab, thiab lwm yam khoom siv hluav taws xob siv tau kuj muaj. Cov kev pabcuam no pub dawb.

Japanese
ATTENTION: 日本語でのサポートが必要な場合は、(760) 873-5811 までお電話いただくか、コンプライアンス・オフィスまでお越しください。オフィスの営業時間は午前8時から午後4時までで、場所はカリフォルニア州ビショップの150 Pioneer Laneです。点字、大活字、音声、その他の利用しやすい電子形式の文書など、障害をお持ちの方のための補助およびサービスもご利用いただけます。これらのサービスは無料。

Korean
주의: 해당 언어로 도움이 필요하면 (760) 873-5811로 전화하거나 규정 준수 사무실을 방문하세요. 사무실은 오전 8시부터 오후 4시까지 운영되며 캘리포니아주 비숍의 150 파이오니어 레인에 있습니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

Laotian
ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ກະລຸນາໂທຫາ (760) 873-5811 ຫຼືໄປຢ້ຽມຢາມຫ້ອງການປະຕິບັດຕາມ. ຫ້ອງການແມ່ນເປີດ 8 ໂມງເຊົ້າຫາ 4 ໂມງແລງ ແລະຕັ້ງຢູ່ທີ່ 150 Pioneer Lane ໃນ Bishop, CA. ການຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ, ການພິມຂະໜາດໃຫຍ່, ສຽງ ແລະຮູບແບບອີເລັກໂທຣນິກອື່ນໆທີ່ສາມາດເຂົ້າເຖິງໄດ້. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າ.

Punjabi
ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ (760) 873-5811 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਪਾਲਣਾ ਦਫ਼ਤਰ 'ਤੇ ਜਾਓ। ਦਫ਼ਤਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 4 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ ਅਤੇ ਬਿਸ਼ਪ, CA ਵਿੱਚ 150 ਪਾਇਨੀਅਰ ਲੇਨ 'ਤੇ ਸਥਿਤ ਹੈ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Russian
ВНИМАНИЕ: Если вам нужна помощь на вашем языке, пожалуйста, позвоните по телефону (760) 873-5811 или посетите офис по соблюдению нормативных требований. Офис открыт с 8 утра до 4 вечера и находится по адресу 150 Pioneer Lane в Бишопе, штат Калифорния. Для людей с ограниченными возможностями предоставляются вспомогательные средства и услуги, например, документы, напечатанные шрифтом Брайля, крупным шрифтом, в аудио- и других доступных электронных форматах. Эти услуги бесплатны.

Spanish
ATENCIÓN: Si necesita ayuda en su idioma, llame al (760) 873-5811 o visite la Oficina de Cumplimiento. La oficina está abierta de 8 AM a 4 PM y se encuentra en 150 Pioneer Lane en Bishop, CA. También hay disponibles ayudas y servicios para personas con discapacidad, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

Tagalog
PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa (760) 873-5811 o bisitahin ang Compliance Office. Ang opisina ay bukas 8 AM hanggang 4 PM at matatagpuan sa 150 Pioneer Lane sa Bishop, CA. Mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, Malaki Available din ang print, audio, at iba pang naa-access na electronic format. Ang mga serbisyong ito ay libre.

Vietnamese
LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi (760) 873-5811 hoặc đến Văn phòng Tuân thủ. Văn phòng mở cửa từ 8 giờ sáng đến 4 giờ chiều và tọa lạc tại 150 Pioneer Lane ở Bishop, CA. Các dịch vụ hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác cũng có sẵn. Các dịch vụ này miễn phí.