



**NORTHERN
INYO HEALTHCARE DISTRICT**

150 Pioneer Lane
 Bishop, California 93514
 (760) 873-5811 Voice
 (760) 872-2768 Fax

NOTICE OF AVAILABILITY OF CHARITY DISCOUNTS

It is the policy of the Northern Inyo Healthcare District to provide a reasonable amount of care without, or below charge to people who are uninsured or under insured, or an individual with high medical costs. Individuals within the annual income requirements established below may be eligible to receive free medical care.

Size of Family Unit	Poverty Income Guidelines
1	\$ 45,080
2	\$ 60,970
3	\$ 76,860
4	\$ 92,750
5	\$108,640
6	\$124,530
7	\$140,420
8	\$156,310

For family units with more than eight members, add \$15,890 for each additional member.

If you believe, you may be eligible, or if you would like more information or an application, contact the Credit and Billing Information Office, Monday – Friday 8:30a.m. - 4:00p.m. Telephone: (760) 873-2190.

Charity eligibility should be established for patients at the time of admission, or as soon after admission as possible. Accounts that have been assigned to a collection agent by the hospital are not eligible for Charity Care Discounts.

The Hospital will make a written determination of whether or not you are entitled to receive services at no charge within ten (10) business days of receipt of your completed application for charity care.