



# Financial Assistance for Patients – Healthcare Access Program (HAP)

The County of Santa Clara Health System (CSCHS) is committed to providing quality medical services regardless of a patient’s ability to pay.

Our Healthcare Access Program (HAP) offers emergency and other medically necessary services and supplies at low or no cost to qualified patients. Both uninsured patients and insured patients with high out-of-pocket medical expenses may qualify. Applicants will also be screened for Medi-Cal, Medi-Cal presumptive eligibility, Covered California, and other public healthcare coverage programs.

**A patient may be eligible for the HAP if they have family income below 650% of the Federal Poverty Level (FPL) AND fit into one of the following categories:**

a) The patient does not have health insurance (or another third-party source of payment for medically necessary services or supplies); **OR**

b) The patient has health insurance but has incurred annual out-of-pocket costs at CSCHS that are higher than 10% of the patient’s current family income or family income over the past 12 months, whichever is lower; **OR**

c) The patient has health insurance but they and/or their family members have paid annual out-of-pocket medical expenses that are higher than 10% of the patient’s family income.

650% of Federal Poverty Level (FPL) (2023)		
<i>Persons in family/ household</i>	<i>Monthly Income</i>	<i>Annual Income</i>
1	\$7,898	\$94,770
2	\$10,682	\$128,180
3	\$13,466	\$161,590
4	\$16,250	\$195,000
5	\$19,034	\$228,410
6	\$21,818	\$261,820
7	\$24,603	\$295,230
8	\$27,387	\$328,640
Please visit <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a> to find the FPL guidelines for larger households.		

**A patient who meets one of the above categories and whose family income is at or below 400% of the FPL is eligible for 100% discounted medically necessary services or supplies. A patient who is a Santa Clara County resident and whose family income is above 400% but below 450%, 550%, or 650% of the FPL is eligible for discounts of 70%, 50%, or 25%, respectively.**

## How To Apply for Financial Assistance

### Step 1: Complete the CSCHS Financial Assistance Application

The application is available online at <https://health.sccgov.org/healthcare-access-program>. Patients must make all reasonable efforts to provide CSCHS with a completed application and required documents within 180 days of being sent their first billing statement.

*(see next page)*

## Step 2: Collect All Required Supporting Documents

A patient needs to provide **one of each** of the following documents with their application:

- **Proof of identity** (for example: driver's license, passport, government-issued ID, work or school ID, or birth certificate plus other ID, such as gym or Costco membership);
- **Proof of income** (for example: recent pay stubs or income tax returns); and
- **Proof of residency** (for example: rental contract/lease, mortgage statement, utility bill, vehicle registration, driver's license, declaration of homelessness, or letter of support from a person with whom the applicant is living and proof of residency for that person).

Eligibility for some healthcare coverage programs may require additional documentation. If more documents are required, applicants will be instructed which documents to provide.

## Step 3: Submit Your Complete Application and Supporting Documents to CSCHS

Completed applications with all the required documents can be **faxed to 408-494-7848, delivered in person to the CSCHS Patient Access Department (770 S. Bascom Avenue, San José, CA 95128), or scanned and e-mailed to [HHSVCApp@hhs.sccgov.org](mailto:HHSVCApp@hhs.sccgov.org)**. Should you wish to e-mail CSCHS, we recommend that you encrypt your message to protect the privacy and security of your personal documents.

Eligible residents of Santa Clara County may qualify for the HAP on an ongoing, annual basis (except if they qualify for a third-party source of coverage for health insurance). Eligible non-County residents must apply for the HAP again each time they receive care from CSCHS. Patients may apply for both financial assistance and other healthcare coverage, such as Medi-Cal or Covered California, at the same time.

## **Need Assistance?**

To get the full financial assistance policy, more information, and **free help** applying for financial assistance and healthcare coverage, please contact the CSCHS Patient Access Department:

- **online** at <https://health.sccgov.org/healthcare-access-program>;
- **by phone** at (866) 967-4677 (8am to 5pm, Monday to Friday); or
- **in person** at 770 S. Bascom Avenue, San José, CA 95128 (8am to 4:30pm, Monday to Friday).

Patients may also get free guidance on medical billing and payment, as well as information about Covered California, Medi-Cal, and other health coverage options, by contacting the Health Consumer Alliance, a network of non-profit organizations. Visit <https://healthconsumer.org> or call (888) 804-3536.

For a list of CSCHS's services, please visit <https://www.scvmc.org/patients-visitors/services/shoppable-servicesestimate-potential-charges>. CSCHS complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender, or sex.