

**MOTION PICTURE AND TELEVISION FUND (MPTF)
FINANCIAL ASSISTANCE POLICY FOR PATIENTS (FAP) SUMMARY
Samuel Goldwyn, Jr. Center for Behavioral Health (CBH)**

MPTF offers financial assistance to patients receiving medically necessary care in our Samuel Goldwyn, Jr. Center for Behavioral Health (CBH) facility. This policy only applies to charges listed on the hospital bill. Certain providers' charges are billed separately and do not qualify for financial assistance under this policy.

Financial assistance is available for patients receiving medically necessary care who meet the following situations:

- Underinsured patients – Patients with some form of third-party health coverage which is not sufficient to pay the current bill, may experience high out-of-pocket costs. If a patient demonstrates that the annual out-of-pocket medical costs incurred by the individual (or their family) exceed 10 percent of their current household income or household income in the prior 12 months, they are eligible for 100% financial assistance (charity care) for their portion of the bill.
- Uninsured patients – Patients with no third-party health coverage. If a patient demonstrates that their income for the prior 12 months is equal to or less than 400% of the Federal Poverty Level Guideline, they are eligible for 100% financial assistance (charity care).

In all cases, a validation must be completed to ensure that the patient's medical services are not covered by any federal or state governmental health care program, or other private insurance. Insured patients who opt for out-of-network services despite the availability of a transfer to an in-network facility are ineligible for financial assistance. No charitable discount can be applied to any account with an outstanding payer liability.

Instructions to Apply:

A free copy of the policy and application are available on <https://mptf.com/help-paying-your-bill/>

or in-person or by mail and for help completing the form contact Patient Business Services Office by calling 818-876-1076.

Complete an application and return it with proof of income and other supporting documentation to:

MPTF
23388 Mulholland Drive
Woodland Hills, CA 91364

Attn: PBS Mailstop 70

Acceptable Income Documents

- Last year's federal tax return or
- Pay stubs (2 months)

Other Supporting Documents

- Written documentation from all income sources
- Last 3 months of complete bank statements
- Receipts of high medical cost within last 12 months, if applicable
- Written explanation of current financial hardship
- Patient death certificate

Application Assessment:

The application and documentation will go through a review process to determine if policy guidelines have been met. Patients will receive written notice of the determination.

If the patient qualifies for financial assistance, they will receive 100% financial assistance (charity care).

If the patient does not qualify for a financial assistance, the patient may negotiate the terms of an extended payment plan or request a review of the PBS Manager's determination by sending a written request addressed to the MPTF Chief Financial Officer at Mail Stop 218, 23388 Mulholland Drive, Woodland Hills, CA 91364. The request must include all supporting information for the review.

Additional Help:

To obtain a free FAP application and view our hospital services pricing transparency go to <https://mptf.com/help-paying-your-bill/> or to request by mail contact our Patient Business Services Office in-person or call 818-876-1076.

Language Assistance is available at no cost. For help in your preferred language, call 818-876-1888 or visit our Admitting Office. Aids and services for persons with disabilities, such as documents in large print or other formats, are also available at no cost.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.