



## **MOTION PICTURE AND TELEVISION FUND (MPTF) FINANCIAL ASSISTANCE POLICY FOR PATIENTS (FAP) ONE PAGE SUMMARY**

MPTF offers financial assistance to patients receiving medically necessary care in the following situations:

- Under insured patients – Patients with some form of third party health coverage which is not sufficient to pay the current bill. If a patient demonstrates that the annual out-of-pocket medical costs incurred by the individual (or their family) exceed 10 percent of their (or their family income) in the prior 12 months, they are eligible for financial assistance.
- 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 350% of the Federal Poverty Level Guideline, they are eligible for financial assistance.

The patient will be instructed to complete and return the financial assistance application to the Patient Business Services (PBS) Manager. The contact information is MPTF PBS Manager, Mail Stop #70, 23388 Mulholland Drive, Woodland Hills, CA 91364., phone: 818-876-1076, fax: 818-876-1298. A free copy of the application is available at <https://www.mptf.com/help> .

Along with the financial assistance application the patient must provide the following information:

- The preferred income documentation is the most recent year's federal tax return. Any patient unable to provide their most recent federal tax return may provide either of the two items of documentation listed below.
- Most recent employer pay stubs
- Written documentation from other income sources

If the patient is eligible for financial assistance, they will receive 100% financial assistance. 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 Director, Finance, Mail Stop 218, 23388 Mulholland Drive, Woodland Hills, CA 91364. The request must include all supporting information for the review

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. Certain services performed by non-MPTF providers cannot be discounted by MPTF.



<b>Department: Patient Business Services</b>	<b>Effective: 3/17</b>
<b>Policy Name: Hospital Financial Assistance Policy for Patients</b>	<b>Revised: 12/16, 3/17, 7/17, 10/17</b>
<b>Policy Number: 106</b>	<b>Reviewed: 3/17, 7/17</b>
<b>Department Manager/Director: Manager, Admitting</b>	<b>Approved by Governing Body: 3/17</b>
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**TITLE:** FINANCIAL ASSISTANCE POLICY FOR HOSPITAL PATIENTS (FAP)

**PURPOSE:**

To establish guidelines for providing financial relief to patients who have received medically necessary care and are unable to establish partial payments or pay their balances. The policy establishes consistent and equitable guidelines, based on Federal Poverty Guidelines (FPG), for the financial assistance application process and provides procedures for income verification documentation. This policy does not apply to residential, long-term or dementia care services.

**POLICY:**

The Motion Picture Television Fund (MPTF) offers financial assistance to patients receiving medically necessary care in the following situations:

- Under insured patients – Patients with some form of third party health coverage which is not sufficient to pay the current bill. If a patient demonstrates that the annual out-of-pocket medical costs incurred by the individual (or their family) exceeds 10 percent of their (or their family income) in the prior 12 months, they are eligible for financial assistance.
- 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 350% of the FPG, they are eligible for financial assistance.

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. No charitable discount can be applied to any account with an outstanding payer liability.

Contracted services performed by non-MPTF providers that are separately billed by the contracted provider cannot be discounted by MPTF. The patient will be advised to contact those providers regarding their discount policies. See appendix A for a list of providers covered by this policy and those that are not covered.



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**PROCEDURE:**

Patients will be notified of MPTF's FAP by the admitting department staff during the admission process. A plain language summary of the FAP will be included in each patient's admissions package. Patient may notify MPTF verbally or in writing that they are unable to pay an amount due at time of service or upon receipt of billing. The patient will be offered a copy of the FAP and a financial assistance application. In addition, for patients who are uninsured or apply for review under this policy, MPTF will provide applications to potential federal, state or county health insurance programs that the patient may be qualified to apply for.

The patient will be instructed to complete and return the financial assistance application to the Patient Business Services (PBS) Manager. The contact information is MPTF PBS Manager, Mail Stop #70, 23388 Mulholland Drive, Woodland Hills, CA 91364., phone: 818-876-1076, fax: 818-876-1298.

Along with the financial assistance application, the patient must provide the following information:

- The preferred income documentation is the most recent year's federal tax return. Any patient unable to provide their most recent federal tax return may provide either of the two items of documentation listed below.
- Most recent employer pay stubs
- Written documentation from other income sources

The PBS Manager will review the application to determine if the policy guidelines have been met. If the patient is eligible for financial assistance, they will receive 100% financial assistance. The PBS Manager will notify the patient of the determination, document the patient account, and apply the charity adjustment of 100% of the outstanding balance using the appropriate adjustment code. MPTF utilizes the look back method of Medicare allowable claims for the previous 12 months as the maximum charge calculation for the FAP policy.



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If after review of all documentation the patient does not qualify for a financial assistance, the PBS Manager will notify the patient and set up an acceptable payment plan. MPTF and the patient may negotiate the terms of an extended payment plan. A patient may request a review of the PBS Manager's determination by sending a written request addressed to the MPTF Director, Finance, Mail Stop 218, 23388 Mulholland Drive, Woodland Hills, CA 91364. The request must include all supporting information for the review. Results of the review will be provided to the patient. If the PBS Manager's determination is upheld, and if the patient fails to pay for the services received as arranged, the PBS department will proceed with further collection activity in accordance with the MPTF collections policy.

Resources:

California Health & Safety Code Sections 127400 -127446  
[www.leginfo.ca.gov/calaw.html](http://www.leginfo.ca.gov/calaw.html)

Federal Poverty Level Guidelines  
[www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty)

Attachments:

1. Appendix A
2. Application for Hospital Charity

**Motion Picture & Television Fund  
Hospital Financial Assistance Policy (FAP)  
Appendix A**

**Providers Covered by FAP:**

**Diagnostic Services**

Diagnostic Laboratories and  
Radiology Services

A Trident USA Health Services Company  
2820 N Ontario Street  
Burbank, CA 91504

**Therapy Services**

UCLA EIMG Rehab Services

UCLA Health

Susan Farnworth, M.S. CCC-SLP

**Providers Not Covered by FAP:**

**Cardiovascular Diseases**

Cohen, Benjamin J., MD

Interventional Cardiology  
23101 Sherman Pl Ste 110  
West Hills, CA 91307

Ehrich, Marc, MD

18370 Burbank Blvd Ste 707  
Tarzana, CA 91356

Farshi, Ramin, MD

23101 Sherman Place  
Suite 110  
West Hills, CA 91307

Jamali, Amer H., MD

Interventional Cardiology Medical Group, Inc.  
23101 Sherman Pl Ste 110  
West Hills, CA 91307

Marr, Kendall C., MD

23101 Sherman Place  
Suite 500  
West Hills, CA 91307

Sharma, Naveen, MD

Rely Radiology  
1620 Northwest Blvd., Suite 202  
Coeur d Alene, ID 83814

**Clinical Psychology**

Kibrick, Stephen A., PhD

163 Saddlebow Road, Suite 1  
Bell Canyon, CA 91307

**Dentistry**

Wong, Robert C., DDS

23111 Ventura Blvd., Suite 103  
Woodland Hills, CA 91364

**Motion Picture & Television Fund  
Hospital Financial Assistance Policy (FAP)  
Appendix A**

**Providers Not Covered by FAP:**

**Family Medicine**

Kaiser, Scott A., MD

23388 Mulholland Drive, MS #200  
Woodland Hills, CA 91364

Madan, Aarti, MD

Westside Health Center MS #360  
23388 Mulholland Drive  
Woodland Hills, CA 91364

Makhijani, Meena S., DO

Age Well - MS 260  
23388 Mulholland Drive  
Woodland Hills, CA 91364

**Gastroenterology**

Herr, Stephen L., MD

7301 Medical Center Dr Ste 201  
West Hills, CA 91307

Matthew, Jonathan S., MD

7301 Medical Center Dr Ste 201  
West Hills, CA 91307

**General Surgery**

Biderman, Philip, MD

13320 Riverside Dr Ste 110  
Sherman Oaks, CA 91423

**Hematology Oncology**

Goldstein, Mark L., MD

6850 Sepulveda Boulevard  
Suite 211  
Van Nuys, CA 91405

Rossman, Stanley H., MD

6850 Sepulveda Blvd Ste 211  
Van Nuys, CA 91405

**Hospice & Palliative Care**

Axelrode, Stephen G., DO

Palliative Care MS #280  
23388 Mulholland Drive  
Woodland Hills, CA 91364

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**Providers Not Covered by FAP:**

**Internal Medicine**

Garb, Keith S., MD

UCLA Faculty Practice Group  
Jack Skirball HC - MS 21  
23388 Mulholland Dr  
Woodland Hills, CA 91364

Humayun, Saeed, MD

UCLA Entertainment Industry Medical Group  
23388 Mulholland Drive, MS 260  
Woodland Hills, CA 91364

**Involuntary Detention**

Nanda, Nitin, MD

Asana-Heritage Telemedicine Network  
26135 Mureau Road, Suite 101  
Calabasas, CA 91302

Raja, Rekha, DO

26135 Mureau Road, Suite 101  
Calabasas, CA 91302

**Nephrology**

Guziel, Lawrence P., MD

7230 Medical Center Dr Ste 205  
West Hills, CA 91307

**Neurology**

Olshansky, Adel, MD

7320 Woodlake Ave  
Suite 250  
West Hills, CA 91307

Savur, Vivek M., MD

7320 Woodlake Avenue  
Suite 250  
West Hills, CA 91307

Sengupta, Veena V., MD

7320 Woodlake Ave Ste 250  
West Hills, CA 91307

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**Providers Not Covered by FAP:**

**Ophthalmology**

Davidorf, Jonathan M., MD

7320 Woodlake Ave Ste 190  
West Hills, CA 91307

Keating, Patrick D., MD

6325 Topanga Cyn. Blvd., Suite 430  
Woodland Hills, CA 91367

**Orthopedic Surgery**

Bhagia, Umesh T., MD

ARC Orthopedic Group  
7230 Medical Center Drive Suite 605  
West Hills, CA 91307

Fields, Robert H., MD

Center for Orthopaedic Specialists  
7301 Medical Center Drive  
Suite 400  
West Hills, CA 91307

Nadel, Kevin A., MD

Center for Orthopaedic Specialists  
7301 Medical Center Drive  
Suite 400  
West Hills, CA 91307

**Otolaryngology**

Namazie, Ali R., MD

4955 Van Nuys Boulevard  
Suite 505  
Sherman Oaks, CA 91403-1829

**Podiatry**

Weitzbuch, Sanford J., DPM

23501 Park Sorrento #216  
Calabasas, CA 91302



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**Providers Not Covered by FAP:**

**Psychiatry**

Jacobs, Roland W., MD

Post Office Box 459  
Arroyo Seco, NM 87514

Nanda, Nitin, MD

Asana-Heritage Telemedicine Network  
26135 Mureau Road, Suite 101  
Calabasas, CA 91302

Nie, Pei-Huey, MD

Asana Integrated Medical Group  
26135 Mureau Rd., Suite 101  
Calabasas, CA 91302

Pillai, Dharmapalan V., MD

Asana Integrated Medical Group  
26135 Mureau Road, Suite 101  
Calabasas, CA 91302

Puga, Serena, MD

Asana-Heritage Telemedicine Network  
26135 Mureau Rd. Suite 101  
Calabasas, CA 91302

Rabin, John A., MD

Asana Integrated Medical Group  
26135 Mureau Rd., Suite 101  
Calabasas, CA 91302

Raja, Rekha, DO

26135 Mureau Road, Suite 101  
Calabasas, CA 91302

**Psychology**

Siso, Ronit, PSYD

Asana Integrated Medical Group  
26135 Mureau Rd., Suite 101  
Calabasas, CA 91302

**Motion Picture & Television Fund  
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**Providers Not Covered by FAP:**

**Radiology**

Bertagnolli, Reono, MD

Rely Radiology  
1620 Northwest Blvd., #202  
Coeur d Alene, ID 83814

Cohen, Loren E., MD

Rely Radiology  
1620 Northwest Blvd., #202  
Coeur d Alene, ID 83814

Collins, James I., MD

Rely Radiology  
1620 Northwest Blvd., Suite 202  
Coeur d Alene, ID 83814

Huang, Benjamin T., MD

Rely Radiology  
1620 Northwest Blvd., Suite 202  
Coeur d Alene, ID 83814

Johnson, Micheal, DO

Rely Radiology Group  
1620 Northwest Blvd., #202  
Coeur d Alene, ID 83814

Lampropoulos, Constantina, MD

Rely Radiology  
1620 Northwest Blvd., #202  
Coeur d Alene, ID 83814

Meyermann, Mark W., DO

Rely Radiology  
1620 Northwest Blvd., #202  
Coeur d Alene, ID 83814

Patel, Pratul M., MD

Rely Radiology  
1620 Northwest Blvd., #202  
Coeur d Alene, ID 83814

Takahashi, Guy H., MD

Rely Radiology  
1620 Northwest Blvd., #202  
Coeur d Alene, ID 83814

**Rheumatology**

Weidmann, Charles E., MD

15243 Vanowen St., Suite 306  
Van Nuys, CA 91405

**Urology**

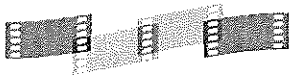
David, Richard D., MD

5522 Sepulveda Blvd.  
Sherman Oaks, CA 91411

**Vascular Surgery**

Rafidi, Fuad F., MD

18840 Ventura Blvd Ste 100A  
Tarzana, CA 91356



**MPTF**

MOTION PICTURE &  
TELEVISION FUND

**APPLICATION FOR HOSPITAL CHARITY**

(Answers to the following questions should reflect financial information of both the applicant and the applicant's significant other, if married, separated, or in a domestic partnership.)

Patient Account Number(s) \_\_\_\_\_

Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Family Size \_\_\_\_\_

**OTHER INFORMATION**

MEDICAL INSURANCE – Please provide a photocopy the patient's medical insurance cards.

Primary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

2<sup>nd</sup> Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Prescription Drug Plan \_\_\_\_\_ Policy# \_\_\_\_\_

Other Coverage \_\_\_\_\_



**MPTF**  
 MOTION PICTURE &  
 TELEVISION FUND

**INCOME**

PENSION, SOCIAL SECURITY, RENTAL INCOME, DIVIDENDS, INTEREST INCOME, ALIMONY, ETC. –  
 Please list all income sources for each family member below. You must also provide proof of  
 income by submitting a copy of your most recent year’s federal tax return. If unable to provide  
 federal tax return, provide most recent employer pay stubs (last 3 months) or written  
 documentation from other income sources.

1. Name on Check \_\_\_\_\_ Issued by \_\_\_\_\_

Amount \_\_\_\_\_ per \_\_\_\_\_

2. Name on Check \_\_\_\_\_ Issued by \_\_\_\_\_

Amount \_\_\_\_\_ per \_\_\_\_\_

3. Name on Check \_\_\_\_\_ Issued by \_\_\_\_\_

Amount \_\_\_\_\_ per \_\_\_\_\_

4. Name on Check \_\_\_\_\_ Issued by \_\_\_\_\_

Amount \_\_\_\_\_ per \_\_\_\_\_

I hereby certify that I have answered the foregoing questions to the best of my ability, without  
 any mental reservations whatsoever, that the facts therein stated are true and I understand  
 that any misrepresentation of this information will disqualify me for charity care at MPTF Acute  
 Psychiatric Hospital.

I hereby authorize MPTF to communicate with responsible relatives, to secure information  
 regarding income, to contact financial institutions for financial data, and to contact any other  
 agency or persons regarding my financial status.

I further agree to notify MPTF of any change in my financial situation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse/Partner \_\_\_\_\_ Date \_\_\_\_\_

Return completed application and documents to the hospital at the address on your bill.