

07/01/2023

Dear SAMPLE:

We are sending you this letter because you received one or more medical bills from the County of Santa Clara Health System and those bills were sent to collections between October 28, 2018 and December 31, 2021. **You may be eligible to receive a full or partial discount on your bill(s) and/or a refund of amounts you paid.**

The amount of financial assistance you may be eligible for depends on your household income and when your bill(s) were sent to collections.

This offer to re-evaluate your medical bill(s) is the result of a recent settlement agreement in the lawsuit titled *Hepner v. County of Santa Clara*, Case No. 19CV357560, in the Santa Clara Superior Court.

Please complete the enclosed form so that we can determine your eligibility for financial assistance.

**PLEASE NOTE: You must complete and return the enclosed form by 09/04/2023 to let us know that you are interested in applying for financial assistance. You will then have until 02/01/2024 to submit required documents to verify your income, identity, and residency.** If you do not submit your verifying documents within that time, your application for financial assistance will be marked as incomplete and will be denied.

You can mail, fax, or e-mail us your completed application form and verifying documents. Please see the instructions on the enclosed form for details.

If you have any questions about this letter or need help with the application form, please contact the Patient Access Department by phone at 1-408-494-7850 or 1-888-524-3317 (TTY: 711) (8am to 4:30pm, Monday to Friday), or by e-mail at [FinancialAssistance@hhs.sccgov.org](mailto:FinancialAssistance@hhs.sccgov.org).

You can also call the Health Consumer Alliance, a network of community-based legal services, that will help you understand this process without cost, at 1-888-804-3536.

Sincerely,

County of Santa Clara Health System  
Patient Access Department

*Enclosures*

## Will I Qualify For Financial Assistance?

If you complete and submit the enclosed application along with the required verifying documents on time, we will determine whether you are eligible for full or partial financial assistance. This eligibility determination will be based on your family income and size, according to the following Federal Poverty Level-based standards that depend on the time your bill(s) went to collections.

**Income** means your total gross family income in the year(s) your medical bill(s) went to collections.

**Family size** includes you, your spouse or domestic partner, and dependent children under age 21, whether living at home or not, in the year(s) your medical bill(s) went to collections.

Time Period Your Bill(s) Went to Collections	Maximum Income Level to be Eligible for Full Discount of Bill, by Family Size	Maximum Income Level to be Eligible for Partial Discount of Bill, by Family Size
October 28, 2018 to June 30, 2020	<p style="text-align: center;"><b>2018 (138% of FPL)</b></p> <p style="text-align: center;">1 Person: \$16,753 2 Persons: \$22,715 3 Persons: \$28,677 4 Persons: \$34,638</p> <p style="text-align: center;"><b>2019 (138% of FPL)</b></p> <p style="text-align: center;">1 Person: \$17,236 2 Persons: \$23,336 3 Persons: \$29,435 4 Persons: \$35,535</p> <p style="text-align: center;"><b>2020 (138% of FPL)</b></p> <p style="text-align: center;">1 Person: \$17,609 2 Persons: \$23,791 3 Persons: \$29,974 4 Persons: \$36,156</p>	<p style="text-align: center;"><b>2018 (350% of FPL)</b></p> <p style="text-align: center;">1 Person: \$42,490 2 Persons: \$57,610 3 Persons: \$72,730 4 Persons: \$87,850</p> <p style="text-align: center;"><b>2019 (350% of FPL)</b></p> <p style="text-align: center;">1 Person: \$43,715 2 Persons: \$59,185 3 Persons: \$74,655 4 Persons: \$90,125</p> <p style="text-align: center;"><b>2020 (350% of FPL)</b></p> <p style="text-align: center;">1 Person: \$44,660 2 Persons: \$60,340 3 Persons: \$76,020 4 Persons: \$91,700</p>
July 1, 2020 to December 31, 2021	<p style="text-align: center;"><b>2020 (400% of FPL)</b></p> <p style="text-align: center;">1 Person: \$51,040 2 Persons: \$68,960 3 Persons: \$86,880 4 Persons: \$104,800</p> <p style="text-align: center;"><b>2021 (400% of FPL)</b></p> <p style="text-align: center;">1 Person: \$51,520 2 Persons: \$69,680 3 Persons: \$87,840 4 Persons: \$106,000</p>	<p style="text-align: center;"><b>2020 (650% of FPL)</b></p> <p style="text-align: center;">1 Person: \$82,940 2 Persons: \$112,060 3 Persons: \$141,180 4 Persons: \$170,300</p> <p style="text-align: center;"><b>2021 (650% of FPL)</b></p> <p style="text-align: center;">1 Person: \$83,720 2 Persons: \$113,230 3 Persons: \$142,740 4 Persons: \$172,250</p>

*The Federal Poverty Level amounts for all years and family sizes can be viewed online at:*  
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>