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Policy on Financial Assistance for Sutter Hospitals (Charity Care)

PURPOSE

The purpose of this policy is to establish guidelines for Financial Assistance (Charity Care) available at Sutter hospital facilities and to outline the process for determining eligibility for Financial Assistance.

POLICY

It is policy to provide patients with understandable written information regarding Financial Assistance to provide income-based Financial Assistance (Charity Care) to qualified patients. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a hospital's bill. This policy does not create an obligation for the hospital to pay for such physicians' or other medical providers' services. In California, an emergency physician who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level. Sutter provides, without discrimination, examination, medical screening and care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)) to individuals regardless of their eligibility under the Policy on Financial Assistance for Sutter Hospitals (Charity Care), within the capabilities and capacity of the facility. Sutter will not engage in any actions that discourage individuals from seeking treatment for emergency medical conditions.

SCOPE

This policy applies to Sutter Health and any legal entity for which Sutter Health is the sole member or directly or indirectly controls at least 51% of the voting power (herein referred to as "Sutter").

DEFINITIONS

Complex/Specialized Services: means services that Sutter hospital determines are complex and specialized (e.g., transplants, experimental and investigational services) as well as certain elective services that are typically excluded from coverage under health plan coverage agreements (e.g., cosmetic procedures).

Federal Poverty Level (FPL): means the measure of income level published annually by the United States Department of Health and Human Services (HHS) and is used by hospitals for determining eligibility for Financial Assistance.

Financial Assistance: means to provide full charity care and high medical cost charity care (as outlined in section A.1 Eligibility).

Hospital Services: “means all services that a hospital is licensed to provide, including emergency and other medically necessary care (excluding Complex/Specialized Services).

Insured Patient: means a patient who has a third-party source of payment for a portion of their medical expenses, but excludes patients who are covered by Medi-Cal/Medicaid.

Patient Responsibility: means the amount that an Insured Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

Primary Language of Hospital's Service Area: means a language used by the lesser of 1,000 people or 5% of the community served by the hospital based upon the most recent community health needs assessment performed by hospital.

Uninsured Patient: means a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

PROCEDURE

A. ELIGIBILITY

1. **Eligibility Criteria:** During the application process set forth in sections B and C below, hospitals shall apply the following eligibility criteria for Financial Assistance:

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
FULL CHARITY CARE	Patient is an Uninsured Patient with a family income (as defined below) at or below 400% of the most recent FPL	Full write off of all charges for Hospital Services.
HIGH MEDICAL COST CHARITY CARE (for Insured Patients)	<ol style="list-style-type: none"> 1. Patient is an Insured Patient with a family income (as defined below) at or below 400% of the most recent FPL; and 2. Medical expenses for themselves or their family (incurred at the hospital or paid to other providers in the past twelve (12) months exceed 10% of the patient's family income. 	A write off of the Patient Responsibility amount for Hospital Services.

2. **Calculating Family Income:** To determine a patient's eligibility for Financial Assistance, the hospital shall first calculate the patient's Family income, as follows:
 - a. **Patient Family:** The patient family shall be determined as follows:
 - i. **Adult Patients:** For patients over 18 years of age, the patient family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
 - ii. **Minor Patients:** For patients under 18 years of age, the patient family includes their parent{s}, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.
 - b. **Proof of Family Income:** Patient shall only be required to provide recent pay stubs or tax returns as proof of income when submitting an application. Family Income is annual earnings of all members of the patient family from the prior 12 months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date family income. Sutter may validate income by using external presumptive eligibility service providers, provided that such service only

determines eligibility using only information permitted by this policy.

- c. **Calculating Family Income for Expired Patients:** Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of family income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance

- 3. **Calculating Family Income as a Percentage of FPL:** After determining family income, hospital shall calculate the family income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the FPL for a family of three is \$20,000, and a patient's family income is \$60,000, the hospital shall calculate the patient's family income to be 300% of the FPL. Hospitals shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.

- 4. **Special Circumstance – Benefits Exhausted During Inpatient Stay:** When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the patient's stay because the patient exhausted their benefits during the stay, the hospital should collect from the patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A hospital shall not pursue from the patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the patient's share of cost or co-insurance. A patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the patient is eligible for Financial Assistance, the hospital shall write off all charges for services that the hospital provided after the patient exceeded the benefit cap.

- 5. **Medi-Cal/Medicaid Denied Patient Days and Non-covered Services:** Medi-Cal/Medicaid patient are eligible for charity care write-offs related to denied charges and non-covered services. These Treatment Authorization Request (TAR) denial and any lack of payment for non-covered services provided to Medi-Cal/Medicaid patients are to be classified as charity, excluding share of cost identified in Section A.6b below.

- 6. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Financial Assistance is not available under this policy:

- a. **Uninsured Patient seeks Complex/Specialized Services:** Generally, Uninsured Patients who seek Complex/Specialized Services (e.g. transplants, experimental or investigational procedures), and seek to receive Financial Assistance for such services, must receive administrative approval from the individual responsible for finance at the Hospital (or designee) prior to the provision of such services in order to be eligible for Financial Assistance. Hospitals shall develop a process for patients to seek prior administrative approval for services that

require such approval. Elective services that are normally exclusions from coverage under health plan coverage agreements (e.g., cosmetic procedures) are not eligible for Financial Assistance.

- b. **Medi-Cal/Medicaid Patients with Share of Cost:** Medi-Cal/Medicaid patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of share of cost owed. Hospitals shall seek to collect these amounts from the patients.
- c. **Patient declines covered services:** An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from Sutter, or a patient refuses to transfer from a Sutter hospital to an in-network facility) is not eligible for Financial Assistance
- d. **Insured Patient does not cooperate with third-party payer:** An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.
- e. **Payer pays patient directly:** If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.
- f. **Information falsification:** Hospitals may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.
- g. **Third party recoveries:** If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.
- h. **Professional (physician) Services:** Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in **Attachment A**. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

B. APPLICATION PROCESS

1. Each hospital shall make all reasonable efforts to obtain from the patient or their representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the hospital to a patient. A patient who indicates at any time the financial inability to pay a bill for Hospital Services shall be evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that they are not aware of any right to insurance or government program benefits

that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.

2. Patients may request assistance with completing the application for financial assistance in person at the Sutter Hospital listed on **Attachment G**, over the phone at 855-398-1633, through the mail or via the Sutter website (www.sutterhealth.org).
3. Patients who wish to apply for Financial Assistance shall use the Sutter standardized application form, the application for financial assistance (see **Attachment B**).
4. Patients should mail applications for Financial Assistance to Sutter, P. O. Box 619010, Roseville, CA 95661-9998 Attn: Charity Care Application.
5. Patients should complete the application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within two hundred and forty 240 days of the date the hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

C. FINANCIAL ASSISTANCE DETERMINATION

1. The hospital will consider each applicant's application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.1 and has received (or will receive) Hospital Service(s) (see **Attachment C**).
2. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
 - a. The hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e. Covered California) or the Hawaii Health Benefit Exchange (i.e. Hawaii Health Connector).
 - b. If a patient applies, or has a pending application, for another health coverage program at the same time that they apply for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.
3. Once a full charity care or high medical cost charity care determination has been made, a notification form (see **Attachment D**) will be sent to each applicant advising them of the hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one (1) year after the hospital issues the notification form to the patient. After one (1) year, patients must re-apply for Financial Assistance.
5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

D. DISPUTES

A patient may seek review of any decision by the hospital to deny Financial Assistance by notifying the individual responsible for finance at the hospital or designee, of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The individual responsible for finance at the hospital or designee shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

1. **Languages:** This policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language(s) of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.
2. **Information Provided to Patients During the Provision of Hospital Services:**
 - a. **Preadmission or Registration:** During preadmission or registration (or as soon thereafter as practicable) hospitals shall provide all patients with a copy of **Attachment E**, which includes a plain language summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services. Hospitals shall identify the department that patients can visit to receive information about, and assistance with applying for, Financial Assistance.
 - b. **Financial Assistance Counselors:** Patients who may be Uninsured Patients shall be assigned financial counselors, who shall visit with the patients in person at the hospital. Financial counselors shall give such patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy, and assist with the application process.
 - c. **Emergency Services:** In the case of emergency services, hospitals shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.
 - d. **Applications Provided at Discharge:** At the time of discharge, hospitals shall provide all patients with a copy of **Attachment E**, which includes a plain language summary of the Financial Assistance policy and all Uninsured Patients with applications for Medi-Cal/Medicaid and California Children's Services or any other potentially applicable government program.
3. **Information Provided to Patients at Other Times:**
 - a. **Billing Statements:** Hospitals shall bill patients in accordance with the Policy on Billing and Collections for Sutter Health Hospitals. Billing statements to patients shall include **Attachment E**, which contains a plain language summary of the Financial Assistance policy, a phone number for patients to call

with questions about Financial Assistance, and the website address where patients can obtain additional information about Financial Assistance including the Financial Assistance Policy, a plain language summary of the policy, and the application for Financial Assistance. A summary of your legal rights is included in **Attachment F**, and also included on the patient's final billing statement.

- b. **Contact Information:** Patients may call 1-855-398-1633 or contact the hospital department listed on **Attachment G** to obtain additional information about Financial Assistance and assistance with the application process.
- c. **Upon Request:** Hospitals shall provide patients with paper copies of the Financial Assistance Policy, the application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. **Publicity of Financial Assistance Information**

- a. **Public Posting:** Hospitals shall post copies of the Financial Assistance Policy, the application for Financial Assistance, and the plain language summary of the Financial Assistance Policy in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including, but not limited to the waiting rooms, billing offices, and hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for services.
- b. **Website:** The Financial Assistance Policy, application for Financial Assistance, and plain language summary shall be available in a prominent place on the Sutter website (www.sutterhealth.org) and on each individual hospital's website. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
- c. **Mail:** Patients may request a copy of the Financial Assistance Policy, application for Financial Assistance and plain language summary be sent by mail, at no cost to the Patient.
- d. **Advertisements/Press Releases:** As necessary and on at least an annual basis, Sutter will place an advertisement regarding the availability of Financial Assistance at hospitals in the principal newspaper(s) in the communities served by Sutter, or when doing so is not practical, Sutter will issue a press release containing this information, or use other means that Sutter concludes will widely publicize the availability of the policy to affected patients in our communities.
- e. **Community Awareness:** Sutter will work with aligned organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

F. MISCELLANEOUS

1. Recordkeeping:

Records relating to Financial Assistance must be readily accessible. Hospitals must maintain information regarding the number of Uninsured Patients who have received services from the hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.

2. Payment Plans:

Patients may be eligible for a payment plan. Payment plan shall be offered and negotiated per the Policy on Billing and Collections for Sutter Health Hospitals.

3. Billing and Collections:

Hospitals may employ reasonable collection efforts to obtain payment from Patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by the hospital or by any collection agency engaged by the hospital. General collection activities may include issuing patient statements, phone calls, and referral of statements have been sent to the patient or guarantor. Affiliates and revenue cycle departments must develop procedures to ensure that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Hospital or collection agencies will not engage in any extraordinary collection actions (as defined by the Policy on Billing and Collection for Sutter Health Hospitals). Copies of the Policy on Billing and Collection for Sutter Health Hospitals may be obtained free of charge on the Sutter website at www.sutterhealth.org, by calling 855-398-1633, or within the hospital patient registration, patient financial services offices and the emergency department.

4. Submission to OSHPD:

Sutter hospitals will submit Financial Assistance policies to the Office of Statewide Planning and Healthcare Development (OSHPD). Policies can be located on the [OSHPD website](#).

5. Amounts Generally Billed:

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

REFERENCE

Internal Revenue Code section 501(r)

26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7

California Health and Safety Code section 124700 through 127446

This policy is intended to be read with the Sutter Health Billing and Collection Policy (Finance Policy 14-227).

ATTACHMENTS

Attachment A – Providers Covered and Not Covered by Policy

Attachment B – Application for Financial Assistance

Attachment C – Financial Assistance Calculation Worksheet

Attachment D – Notification Form Sutter Health Eligibility Determination for Charity Care

Attachment E – Important Billing Information for Patients

Attachment F – Notice of Rights

Attachment G – Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Attachment A

Providers Covered and Not Covered by Policy

The providers listed at <http://www.sutterhealth.org/communitybenefit/financial-assistance.html> are covered under this Policy.

The providers listed at <http://www.sutterhealth.org/communitybenefit/financial-assistance.html> that are NOT covered under this Policy

Attachment B
APPLICATION FOR FINANCIAL ASSISTANCE

PATIENT NAME _____ SPOUSE _____
ADDRESS _____ PHONE _____
ACCOUNT# _____ SNN _____
(PATIENT) (SPOUSE)

FAMILY STATUS: List any spouse, domestic partner, or children under the age of 21.

If patient is a minor, list all parents, caretaker relatives, and siblings under 21

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed, Name of Business: _____

Spouse Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed, Name of Business: _____

CURRENT MONTHLY INCOME

Patient Other Family

Gross Pay (before deductions)
Add: Income from Operating Business (if Self-Employed) _____

Add: Other Income:
Interest and Dividends _____

From Real Estate or Personal Property _____

Social Security _____

Other (specify): _____

Alimony or Support Payments Received _____

Subtract: Alimony, Support Payments Paid _____

Equals: Current Monthly Income _____

Total Current Monthly Income (add Patient + Spouse) _____

Income from above _____

FAMILY SIZE

Total Family Members _____

(Add patient, parents (for minor patients), spouse and children from above)

	Yes	No
Do you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have other Insurance that may apply (such as an auto policy)?	<input type="checkbox"/>	<input type="checkbox"/>
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Were your injuries caused by a third party (such as during a car accident or slip and fall)?	<input type="checkbox"/>	<input type="checkbox"/>
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By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financing discount, I understand that I may be required to provide proof of the information I am providing.

_____ (Signature of Patient or Guarantor)	_____ (Date)
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_____ (Signature of Spouse)	_____ (Date)
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Attachment C **FINANCIAL ASSISTANCE CALCULATION WORKSHEET**

Patient Name: _____ Patient Account #: _____

Sutter Health Affiliate: _____

Special Considerations/Circumstances: _____

	Yes	No
Does Patient have Health Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medi-Cal/Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

If the patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a charity care or discount payment program, neither application shall preclude eligibility for the other program.

Does Patient have other insurance (i.e. auto medpay)?	<input type="checkbox"/>	<input type="checkbox"/>
Was Patient injured by a third party?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Self-Pay?	<input type="checkbox"/>	<input type="checkbox"/>

Charity/Financial Assistance Calculation:

Total Combined Current Monthly Income (From Statement of Financial Condition) \$ _____

Family Size (From Statement of Financial Condition) _____

Qualification for Charity Care/Financial Assistance (circle one): Full; High Medical Cost; Catastrophic

(Identify using eligibility guide)

No Eligibility

Catastrophic Charity Write-off Calculation (complete section only if patient qualifies for catastrophic charity w/o):

A. Patient Liability (total charges unless another discount has been applied) \$ _____

B. Annual Income \$ _____

C. Patient Liability as Percent of Annual Income. \$ _____

D. Is Line A divided by Line B greater than .30 (30%)? Yes ☐ No ☐

E. If no, patient is not eligible for this type of write-off \$ _____

F. If yes, multiply Line B by 30 % to identify the patient liability amount \$ _____

G. If yes, Subtract line F from Line A to identify the write-off amount \$ _____

Total Amount of Recommended Charity Write-offs(s): \$ _____

Worksheet Completed by:

Phone:

Approved by:

Date:

Attachment D

**NOTIFICATION FORM
SUTTER HEALTH
ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE**

Sutter Health has conducted an eligibility determination for financial assistance for:

_____ PATIENTS NAME	_____ ACCOUNT NUMBER	_____ DATE(S) OF SERVICE
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The request for financial assistance was made by the patient or on behalf of the patient on _____. This determination was completed on _____.

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made:

Your request for financial assistance has been approved for services rendered on _____.

After applying the financial assistance reduction, the amount owed is \$_____.

Your request for financial assistance is pending approval. However, the following information is required before any adjustment can be applied to your account:

Your request for financial assistance has been denied because:

REASON:

Granting of financial assistance is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance or provided incomplete or inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant Financial Assistance and hold the you and/or third parties responsible for the hospital's charges.

If an application has been submitted for another health coverage program at the same time that you submit an application for Financial Assistance, neither application shall preclude eligibility for the other program.

If you have any questions on this determination, please contact:

Patient Financial Services
855-398-1633

Attachment E

Important Billing Information for Patients Financial Assistance Plain Language Summary

Thank you for choosing Sutter Health. This handout is designed to help our patients understand the Financial Assistance that is available to eligible patients, the application process for Financial Assistance, and your payment options. Your hospital bill will not include any bill for services you may receive during your hospital stay from physicians, anesthesiologists, clinical professionals, ambulance companies, and other providers that may bill you separately for their services. If you wish to seek assistance with paying your bills from these other providers, you will need to contact the providers directly.

Emergency Services: If you received emergency services at the hospital, you will receive a separate bill for the emergency room physician. Any questions pertaining to the emergency room physician's services should be directed to the physician. An emergency room physician, as defined in Section 127450 of the Health and Safety Code, who provides emergency medical services in a hospital that provides emergency care is required by law to provide discounts to uninsured patients or insured patients with high medical costs who are at or below 350% of the federal poverty level.

Payment Options: Sutter Health has many options to assist you with payment of your hospital bill.

Payment Plans: Patient account balances are due upon receipt. Patients may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient.

Medi-Cal/Medicaid & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. Sutter Health has staff available to assist you with applying for government programs like Medi-Cal/Medicaid. Please contact Patient Financial Assistance at (855) 398-1633 if you would like additional information about government programs, or need assistance with applying for such programs. This facility also contracts with organizations that may assist you further with applying for government assistance, if needed.

Covered California: You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Contact the hospital financial assistance department at (855) 398-1633 for more detail and assistance to see if you qualify for health care coverage through Covered California.

Summary of Financial Assistance (Charity Care): Sutter Health is

committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following are categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located within the Patient Access/Registration Departments at the Hospital or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application by speaking with a representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration and Patient Financial Services offices as well as at www.sutterhealth.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Notice of Availability of Financial Estimates: You may request a written estimate of your financial responsibility for hospital services. Requests for estimates must be made during business hours. The estimate will provide you with an estimate of the amount the hospital will require the patient to pay for health care services, procedures, and supplies that are reasonably expected to be provided by the hospital. Estimates are based on the average length of stay and services provided for the patient's diagnosis. They are not promises to provide services at fixed costs. A patient's financial responsibility may be more or less than the estimate based on the services the patient actually receives.

The hospital can provide estimates of the amount of hospital services only. There may be additional charges for services that will be provided by physicians during a patient's stay in the hospital, such as bills from personal physicians, and any anesthesiologists, pathologists, radiologists, ambulance companies or other medical professionals who are not employees of the hospital. Patients will receive a separate bill for these services.

If you have any questions about written estimates, please contact Patient Access at 855-398-1637. If you have any questions, or if you would like to pay by telephone, please contact the Patient Financial Services at 855-398-1633.

Attachment F

Notice of Rights

Thank you for selecting Sutter Health for your recent services. Enclosed please find a statement of the charges for your hospital visit. **Payment is due immediately.** You may be entitled to discounts if you meet certain financial qualifications, discussed below, or if you submit payment promptly.

Please be aware that this is the bill for hospital services only. There may be additional charges for services that will be provided by physicians during your stay in the hospital, such as bills from physicians, and any anesthesiologists, pathologists, radiologists, ambulance services, or other medical professionals who are not employees of the hospital. You may receive a separate bill for their services.

Summary of Your Rights: State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov.

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area. Please contact Patient Financial Services office at 855-398-1633 for a referral.

Sutter Health has agreements with external collection agencies to collect payments from patients. Collection Agencies are required to comply with the hospital's policies. Collection Agencies are also required to recognize and adhere to any payments plans agreed upon by the hospital and the patient.

Financial Assistance (Charity Care): Sutter Health is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other

providers in the past 12 months) that exceed 10% of the patient's family income.

- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located at located within the Patient Access/Registration Departments at the Hospital, or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application by speaking with a representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration or Patient Financial Services offices, as well as at sutterhealth.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Health Insurance/Government Program Coverage/Financial Assistance: If you have health insurance coverage, Medicare, Medi-Cal/Medicaid, California Children's Services, or any other source of payment for this bill, please contact Patient Financial Services at 855-398-1633. If appropriate, Patient Financial Services will bill those entities for your care.

If you do not have health insurance or coverage through a government program like

Medi-Cal/Medicaid or Medicare, you may be eligible for government program assistance. Patient Financial Services can provide you with application forms, and assist you with the application process.

If you have received an award of Financial Assistance from the Hospital that you believe covers the services that are the subject of this bill, please contact Patient Financial Services at 855-398-1633.

California Health Benefit Exchange: You may be eligible for health care coverage under Covered California. Contact the hospital Business Services for more detail and assistance to see if you qualify for health care coverage through Covered California.

Contact Information: Patient Financial Services is available to answer questions you may have about your hospital bill, or would like to apply for Financial Assistance or government program. The telephone number is 855-398-1633. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

Attachment G

Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Alta Bates Summit Medical Center

Patient Access/Registration

Ashby Campus

2450 Ashby Avenue
Berkeley, CA 94705
510-204-4444

Herrick Campus

2001 Dwight Way
Berkeley, CA 94704
510-204-4444

Merritt Peralta Institute (MPI)

3012 Summit Street, 5th Floor
Oakland, CA 94609
510-652-8000

Summit Campus

350 Hawthorne Avenue
Oakland, CA 94609
510-655-4000

Summit Campus (South Pavilion)

3100 Summit Street
Oakland, CA 94609-3412
510-655-4000

<http://www.altabatessummit.org>

California Pacific Medical Center

Patient Access/Registration

California Campus

3700 California Street
San Francisco, CA 94118
415-600-6000

Pacific Heights Campus

2333 Buchanan Street
San Francisco, CA 94115
415-600-6000

Davies Campus
Castro and Duboce
San Francisco, CA 94114
415-600-6000

Van Ness Campus
1101 Van Ness Avenue
San Francisco, CA 94109
415-600-6000

Mission Bernal Campus
3555 Cesar Chavez St.
San Francisco, CA 94110
415-647-8600

<http://www.cpmc.org>

Eden Medical Center

Patient Access/Registration

Eden Campus
20103 Lake Chabot Road
Castro Valley, CA 94546
510-537-1234

<http://www.edenmedicalcenter.org>

**Kahi Mohala, A Behavioral
Healthcare System**

Patient Access/Registration

91-2301 Fort Weaver Road
Ewa Beach, HI 96706
808-671-8511

<http://www.kahimohala.org>

Memorial Medical Center

Patient Access/Registration

1700 Coffee Road
Modesto, CA 95355
209-526-4500

<http://www.memorialmedicalcenter.org>

Memorial Hospital, Los Banos

Patient Access/Registration

520 I Street
Los Banos, CA 93635
209-826-0591

<http://www.memoriallosbanos.org>

Menlo Park Surgical Hospital

Patient Access/Registration

570 Willow
Road Menlo
Park, CA
94025 650-
324-8500

<http://www.pamf.org/mpsh>

Mills-Peninsula Health Services

Patient Access/Registration

1501 Trousdale Drive
Burlingame, CA 94010
(650) 696-5400

<http://www.mills-peninsula.org>

Novato Community Hospital

Patient Access/Registration

180 Rowland Way
Novato, CA 94945
415-897-3111

<http://www.novatocommunity.org>

Stanislaus Surgical Hospital

Patient Access/Registration

1421 Oakdale Road
Modesto, CA 95355
209-572-2700

<https://stanislaussurgical.com>

Sutter Amador Hospital

Patient Access/Registration

200 Mission Blvd.
Jackson, CA 95642
209-223-7500

<http://www.sutteramador.org>

Sutter Auburn Faith Hospital

Patient Access/Registration

11815 Education Street
Auburn, CA 95602
530-888-4500

<http://www.sutterauburnfaith.org>

Sutter Coast Hospital

Patient Access/Registration

800 East Washington Blvd.
Crescent City, CA 95531
707-464-8511

<http://www.suttercoast.org>

Sutter Davis Hospital

Patient Access/Registration

2000 Sutter Place
(P.O. Box 1617)
Davis, CA 95617
530-756-6440

<http://www.sutterdavis.org>

Sutter Delta Medical Center

Patient Access/Registration

3901 Lone Tree Way
Antioch, CA 94509

925-779-7200

<http://www.sutterdelta.org>

**Sutter Lakeside Hospital and
Center for Health**

Patient Access/Registration

5176 Hill Road East
Lakeport, CA 95453
707-262-5000

<http://www.sutterlakeside.org>

**Sutter Maternity & Surgery Center
of Santa Cruz**

Patient Access/Registration

2900 Chanticleer Avenue
Santa Cruz, CA 95065-1816
831-477-2200

<http://www.suttersantacruz.org>

Sutter Medical Center, Sacramento

Patient Access/Registration

2825 Capitol Avenue
Sacramento, CA 95816
916-887-0000

Sutter Center for Psychiatry

Patient Access/Registration

7700 Folsom Blvd.
Sacramento, CA 95826
916-386-3000

<http://www.suttermedicalcenter.org>

Sutter Roseville Medical Center

Patient Access/Registration

One Medical Plaza
Roseville, CA 95661

916-781-1000

<http://www.sutterroseville.org>

Sutter Santa Rosa Regional Hospital

Patient Access/Registration

30 Mark West Springs Road
Santa Rosa, CA 95403
707-576-4000

<http://www.suttersantarosa.org>

Sutter Solano Medical Center

Patient Access/Registration

300 Hospital Drive
Vallejo, CA 94589
707-554-4444

<http://www.suttersolano.org>

Sutter Surgical Hospital - North Valley

Patient Access/Registration

455 Plumas Boulevard
Yuba City, CA 95991
530-749-5700

<http://www.suttersurgicalhospitalnorthvalley.org>

Sutter Tracy Community Hospital

Patient Access/Registration

1420 N. Tracy Boulevard
Tracy, CA 95376-3497
209-835-1500

<http://www.suttertracy.org>

7 c 1



Elizabeth Austen <austen.betty@gmail.com>

Re: Crisis Care Mobile Unit - Stakeholder outreach

1 message

Elizabeth Austen <austen.betty@gmail.com>

Thu, Sep 22, 2022 at 2:39 AM

To: Kira Gunther <kira@indigoproject.net>

Cc: Shiann Hogan <shogan@co.del-norte.ca.us>, Ardavan Davaran <ardavan@indigoproject.net>, Roberta Chambers <roberta@indigoproject.net>

Hi Kira,

I am available on any Monday you would like to talk. How does Monday the 26th at 10am work for you?

Elizabeth Austen

On Wed, Sep 21, 2022 at 2:23 PM Kira Gunther <kira@indigoproject.net> wrote:

Hi Beth:

Thank you so much for following up! I think we may have gotten our wires crossed. We were awaiting your approval to reach out, but I realize that request was embedded deep in the email.

We would very much like to schedule a time to talk. Perhaps you can send some times you are available in the next weeks? Between 10 and 2 is available on many days.

Best,

Kira

On Wed, Sep 21, 2022 at 10:36 AM Elizabeth Austen <austen.betty@gmail.com> wrote:

Hi Shiann,

Just a heads up that I did not hear from the Indigo project yet. Were they still wanting to talk to me?

Thanks,

Beth

On Tue, Aug 16, 2022 at 5:32 PM Shiann Hogan <shogan@co.del-norte.ca.us> wrote:

Hi Elizebeth and members of the Healthcare District,

The County of Del Norte has applied for and received a Round 2 Planning Grant through the Behavioral Health Community Infrastructure Program (BHCIP). The purpose of the Round 2 Planning Grant is to engage in a community needs assessment and develop a subsequent action plan in order to design and implement culturally responsive crisis response services that respond to the unique challenges of the County. The services to be designed are intended to serve transition age youth, support those with co-occurring disorders or instances where substance misuse may play a role in the crisis, and divert individuals from the criminal justice system into behavioral health services.

We have contracted with the Indigo Project to support this work, and we believe your experiences and perspectives would be invaluable. A member of the Indigo Project, cc'd here, is hoping to schedule time to

- Describe the current planning effort;*
- Hear about your experiences and perspectives regarding the County's current crisis response; and*
- Learn about your hopes and concerns about future implementation of a crisis system in Del Norte County.*

If it is ok, a member of the Indigo Project will follow-up with you directly to schedule time to speak with you.

--

Shiann Hogan

Program Manager

Department of Health and Human Services
Behavioral Health Branch
455 K Street
Crescent City, CA 95531
(707) 464-7224 ext 2853
Fax: (707) 465-4272
shogan@co.del-norte.ca.us

Our Mission..."is to respectfully promote the health, safety, self-sufficiency and well being of children, families and individuals creating hope for the future."

Electronic Privacy/Confidentiality Notice: This e-mail and any attachments contains information that is, or may be covered by, the Electronic Communication Privacy Act, Title 18 U.S.C 2510-2521, and may also be confidential and proprietary in nature and is for the sole use of the intended recipient(s). As the intended recipient(s), this disclosure may be protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. If you have received this e-mail in error, contact the sender indicating you received this communication in error and then immediately delete and destroy all copies of the message.

--
Kira Gunther, MSW
kira@indigoproject.net
Indigoproject.net



Steve Hendricks

7 D 1

From: Doris Hendricks <dnhcd@delnortehealth.com>
Sent: Thursday, September 8, 2022 11:51 AM
To: Steve Hendricks
Subject: Fwd: Re: Swim Lesson Sponsorship

----- Original Message -----

From: michael young <mjy17413@gmail.com>
To: Ashley Taylor <ataylor@crescentcity.org>
Cc: Doris Hendricks <dnhcd@delnortehealth.com>
Date: September 8, 2022 12:43 PM
Subject: Re: Swim Lesson Sponsorship

Ashley:

Our next Board meeting is September 27. The issue of private lessons for special need children will be on the agenda.

Mike

Doris, please include on 9/27 agenda.

Sent from my iPhone

On Sep 8, 2022, at 9:57 AM, Ashley Taylor <ataylor@crescentcity.org> wrote:

Hi Mike,

I just wanted to follow up on this email and see if this is something the Healthcare District would be willing to consider at their next board meeting. We have a family who has specifically reached out to us about this. Let me know if you would like to discuss further.

Ashley Taylor

Director of Economic Development & Recreation

City of Crescent City

377 J Street

Crescent City, CA 95531

Office: 707-464-7483 x 238

Work Cell: 707-458-4131

ataylor@crescentcity.org

From: Ashley Taylor

Sent: Tuesday, August 16, 2022 8:15 AM

To: michael young <mjy17413@gmail.com>

Cc: Alissa Garcia <agarcia@crescentcity.org>; Eric Wier <ewier@crescentcity.org>

Subject: Swim Lesson Sponsorship

Good morning, Mike,

Quick update, I wanted to let you know that we've started the free Recreation Swim as of this last Saturday, and it sounded like it went well, and word has spread quickly about the free period being offered. 😊 We're also preparing to offer the Senior Passes beginning September 1st and will start advertising that here in the next week. There's already a lot of buzz and excitement around these two sponsored activities and we're very appreciative that the Healthcare District has chosen to provide them to the community.

On a separate note, we've had some instances come up recently regarding participants in our swim lessons who are needing to be enrolled in private lessons due to the group setting not being a conducive environment for them to learn in. These are usually individuals with cognitive differences or behavioral challenges, and private lessons are a way for us to still provide them this service, but in a setting where overstimulation isn't impeding on their ability to participate in the lesson. We wanted to check in with the Healthcare District to see if there would be any flexibility in allowing the swim lesson sponsorship funding to also be applied to these private lessons, in the instance they are being used to accommodate individuals who would normally be taking advantage of the free group lessons, but because of their disability or behavioral challenges are unable to do so. These happen on rare occasion, but we do want to be able to offer the same service to individuals who are not able to participate in the group setting and would like to see if that is something the Healthcare District would like to extend.

Thank you all, as always. These sponsorships are a huge benefit to the community and we're incredibly appreciative.

Ashley Taylor

Director of Economic Development & Recreation

City of Crescent City

377 J Street

Crescent City, CA 95531

Office: 707-464-7483 x 238

Work Cell: 707-458-4131

ataylor@crescentcity.org

Doris Hendricks

Executive Secretary

Del Norte Healthcare District

dnhcd@delnortehealth.com

707-464-9494

Secretary Report**September, 2022**

One of the Big Ass Fans in the lobby has not been working. Northridge Electric has been trouble shooting with the company back east for me. They will need to replace some parts and I have had this approved by Chair Caldwell.

I have an appointment scheduled Monday with the appraiser from our insurance company to do appraisals on the two buildings.

Chris Norden from the California Special District Assoc. will be in Del Norte County on Wednesday of next week and asked if we could meet. I said yes and informed him of our board meeting Tuesday night if he would like to attend.

9.a.



Spectrum
REACH

Presented to
Del Norte Healthcare District
SEPTEMBER
2022



Executive Overview

Spectrum Reach's exclusive TV planning tool utilizes our entire world of data intelligence to create the most effective campaigns that reach targeted audiences like never before.

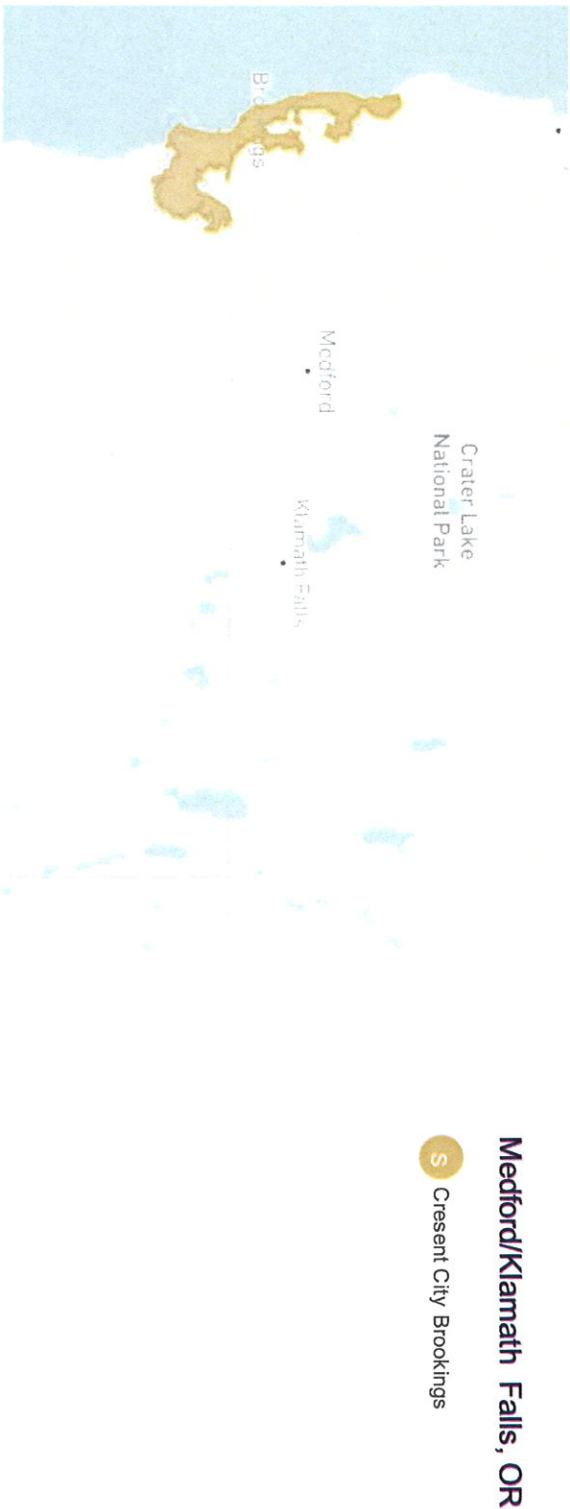
Market	Audience	Goals
 <p>Market/Ad Zone in your chosen geographic location</p>	 <p>Selected attributes that best describe your ideal customer you're trying to reach</p>	 <p>Budget/Impression goals & flight dates</p>

Targeted Ad Zone(s)	Audience Overview	Estimated Impressions
1 in Medford/Klamath Falls, OR	2 attribute(s) selected	496,994 Total Impressions between October 03 - December 31



Market - Medford/Klamath Falls, OR

Spectrum Reach uses multiple, robust data sources to create your optimized media plan with an ideal distribution of impressions across the dates and zones you've selected in order to reach your targeted audience most effectively





Audience

Understanding the background and behavior of your ideal target customer is key to constructing the most effective media plan

Standard Demographics

▶ Age : 18+

Propensity

▶ Household

Lifestyle/Membership:
Health Interest

Soft Audience Size



Selected audience is 18% of market universe.



Proposal

Multiple robust data sources were used to create your optimized media plan to best achieve your business goals. Spectrum Reach uses these data sources to create an ideal distribution of impressions across the dates and zones you've selected in order to reach your audience most effectively.

Optimized Schedule

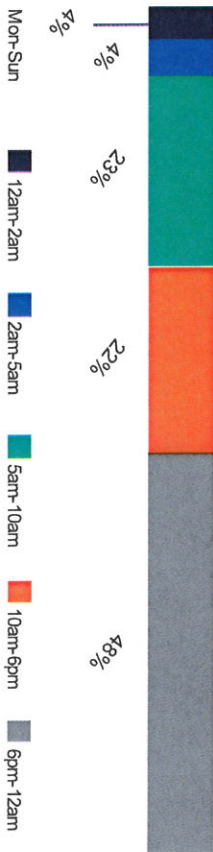
*Offer and rates expire on 09/19/2022.

- ▶ Cost: \$14,999.00 ▶ Spots: 19,938
- ▶ Flight Dates: 10/03/22 - 12/31/23

TOTALS:

- ▶ Cost: \$14,999.00 ▶ Spots: 19,938
- ▶ Estimated Total Impressions: 496,994 ▶ CPM: \$30
- ▶ Reach: 6,945 ▶ % of Subscribers Reached: 100% ▶ Frequency: 72x

Distribution of Budget



Note: Numbers shown are estimates and may be rounded meaning they may not equate to 100%.

Agreement

Proposal ID: OP00000000423689

Client Name: Del Norte Healthcare District

Spectrum Reach Signature: _____

Client Signature: _____

Either signature on this order form, or delivery to Charter Communications Operating, LLC ("Spectrum Reach") of any advertisement, advertising content or other materials of or on behalf of an advertiser or agency (each, a "Client") for distribution, shall constitute Client's agreement to the Spectrum Reach Terms and Conditions, available at spectrumreach.com/termsandconditions and incorporated into this order form as if fully set forth herein, as applicable and as may be amended from time to time.

Network Summary

With estimated impressions, spots, and allocated cost

10/03/22 - 12/17/23



Impressions

103,083

Spots

3,874

Cost

\$2,130.75



Impressions

84,780

Spots

1,530

Cost

\$3,000.00



Impressions

82,467

Spots

3,465

Cost

\$2,259.75

Network

Impressions

Spots

Cost



TLC

55,882

1,591

\$2,672.25



HALL

43,158

1,952

\$2,015.25



NSBA

32,833

705

\$504.50



TVL

22,113

1,449

\$431.25



CMT

16,236

1,368

\$378.00



GOLF

15,902

1,114

\$404.00













ESP2

11,628

612

\$153.00



Network	Impressions	Spots	Cost
 MAG	9,860	580	\$293.00
 TNT	4,984	56	\$112.00
 E!	4,536	756	\$225.00
 AMERICA	4,096	256	\$128.00
 Lifetime	1,965	393	\$196.50
 FBN	1,508	58	\$43.50
 NFLN	900	60	\$15.00
 PAR	630	30	\$15.00
 TRAV	430	86	\$21.50
 VICE	3	3	\$0.75



Impressions Summary

Estimated Impressions by Daypart

Dayparts	Impressions	Spots	Cost
M-Su 12m-2a	41,895	1,764	\$525.00
M-Su 2a-5a	33,816	1,848	\$525.00
M-Su 5a-10a	99,992	7,175	\$3,397.75
M-Su 10a-6p	139,641	5,533	\$3,369.50
M-Su 6p-12m	181,650	3,618	\$7,181.75



Ad Zone Summary

Ad Zones - With projected impressions, spots, and allocated cost

Ad Zone	Impressions	Spots	Cost
Crescent City Brookings	496,994	19,938	\$14,999.00



Broadcast Monthly Billing Breakout

Monthly Cost, Spots, and Estimated Impressions by Ad Zone

10/03/22 - 12/17/23

Ad Zone	Oct'22	Nov'22	Dec'22	Jan'23	Feb'23	Mar'23
Crescent City Brookings						
Cost	\$999.50	\$999.75	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Spots	868	878	888	1,485	1,392	1,370
Impressions	26,356	26,438	26,520	35,271	32,484	32,576
TOTALS						
Cost	\$999.50	\$999.75	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Spots	868	878	888	1,485	1,392	1,370
Impressions	26,356	26,438	26,520	35,271	32,484	32,576



Ad Zone	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23
Crescent City Brookings						
Cost	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Spots	1,598	1,478	1,536	1,435	1,380	1,402
Impressions	38,393	36,520	33,508	36,344	34,872	34,184
TOTALS						
Cost	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Spots	1,598	1,478	1,536	1,435	1,380	1,402
Impressions	38,393	36,520	33,508	36,344	34,872	34,184



Ad Zone	Oct'23	Nov'23	Dec'23
Crescent City Brookings			
Cost	\$1,000.00	\$1,000.00	\$999.75
Spots	1,520	1,373	1,335
Impressions	37,611	34,645	31,272
TOTALS			
Cost	\$1,000.00	\$1,000.00	\$999.75
Spots	1,520	1,373	1,335
Impressions	37,611	34,645	31,272



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Executive Overview

Spectrum Reach's exclusive TV planning tool utilizes our entire world of data intelligence to create the most effective campaigns that reach targeted audiences like never before.

		
Market	Audience	Goals
Market/Ad Zone in your chosen geographic location	Selected attributes that best describe your ideal customer you're trying to reach	Budget/Impression goals & flight dates

Targeted Ad Zone(s)

1 in Medford/Klamath Falls, OR

Audience Overview

4 attribute(s) selected

Estimated Impressions

526,232 Total Impressions between
October 03 - December 31



Market - Medford/Klamath Falls, OR

Spectrum Reach uses multiple, robust data sources to create your optimized media plan with an ideal distribution of impressions across the dates and zones you've selected in order to reach your targeted audience most effectively





Audience

Understanding the background and behavior of your ideal target customer is key to constructing the most effective media plan

Standard Demographics

- ▶ Age: 45+
- ▶ Home Owner: Home Owner
- ▶ Income: \$50,000+

Propensity

- ▶ Household Lifestyle/Membership: Health Interest

Soft Audience Size



Selected audience is 5% of market universe.



Proposal

Multiple robust data sources were used to create your optimized media plan to best achieve your business goals. Spectrum Reach uses these data sources to create an ideal distribution of impressions across the dates and zones you've selected in order to reach your audience most effectively.

Optimized Schedule

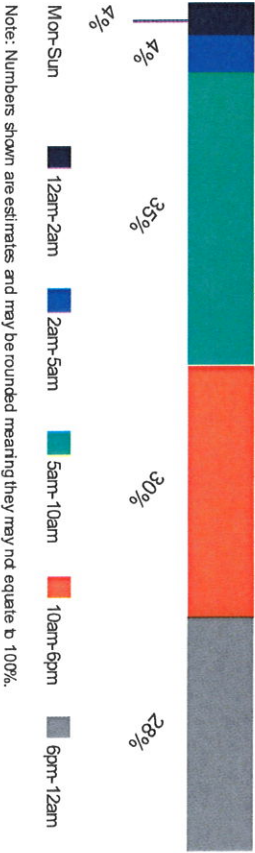
**Offer and rates expire on 09/19/2022.*

▶ Cost: \$14,997.50 ▶ Spots: 22,549
▶ Flight Dates: 10/03/22 - 12/31/23

TOTALS:

▶ Cost: \$14,997.50 ▶ Spots: 22,549
▶ Estimated Total Impressions: 526,232 ▶ CPM: \$28
▶ Reach: 7,087 ▶ % of Subscribers Reached: 102% ▶ Frequency: 74x

Distribution of Budget



Agreement

Proposal ID: OP00000000423690

Client Name: Del Norte Healthcare District

Spectrum Reach Signature: _____

Client Signature: _____

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Network Summary

With estimated impressions, spots, and allocated cost

10/03/22 - 12/17/23



Impressions

103,971

Spots

3,440

Cost

\$2,375.00

Network



FBN

Impressions

2,142

Spots

\$2,998.50

Cost

Spots

2,699

Spots

\$1,574.25

Cost

Cost



NSBA



MTV



GOLF



FOOD



CNN



TVL



Impressions

89,451

Spots

2,142

Cost

\$2,998.50

Spots

2,699

Spots

\$1,574.25

Cost

Cost



Impressions

62,785

Spots















2,699

Cost

\$1,574.25

Cost



Network	Impressions	Spots	Cost
 MAG	12,852	756	\$414.00
 HLN	11,934	918	\$459.00
 ESPN2	11,628	612	\$153.00
 CMT	9,180	612	\$153.00
 HGTV	8,789	178	\$634.75
 FS1	5,232	612	\$153.00
 TNT	4,984	56	\$112.00
 E!	4,536	756	\$225.00
 APL	3,447	249	\$77.25
 TLC	3,200	64	\$160.00
 ESPN	3,168	48	\$84.00
 VICELAND	995	143	\$35.75
 NFLN	900	60	\$15.00
 FOX NEWS	600	12	\$12.00



Network
nick NICK

Impressions
18

Spots
2

Cost
\$1.00



Impressions Summary

Estimated Impressions by Daypart

Dayparts	Impressions	Spots	Cost
M-Su 12m-2a	39,357	1,689	\$525.00
M-Su 2a-5a	37,644	1,680	\$525.00
M-Su 5a-10a	161,613	8,139	\$5,250.00
M-Su 10a-6p	177,149	7,974	\$4,540.00
M-Su 6p-12m	110,469	3,067	\$4,157.50



Ad Zone Summary

Ad Zones - With projected impressions, spots, and allocated cost

Ad Zone	Impressions	Spots	Cost
Crescent City Brookings	526,232	22,549	\$14,997.50



Broadcast Monthly Billing Breakout

Monthly Cost, Spots, and Estimated Impressions by Ad Zone

10/03/22 - 12/17/23

Ad Zone	Oct'22	Nov'22	Dec'22	Jan'23	Feb'23	Mar'23
Crescent City Brookings						
Cost	\$999.00	\$999.00	\$999.75	\$1,000.00	\$1,000.00	\$1,000.00
Spots	952	908	955	1,833	1,564	1,596
Impressions	27,116	27,916	27,288	38,464	34,180	34,964
TOTALS						
Cost	\$999.00	\$999.00	\$999.75	\$1,000.00	\$1,000.00	\$1,000.00
Spots	952	908	955	1,833	1,564	1,596
Impressions	27,116	27,916	27,288	38,464	34,180	34,964



Ad Zone	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23
Crescent City Brookings						
Cost	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Spots	1,769	1,568	1,628	1,868	1,604	1,596
Impressions	41,256	39,139	36,655	40,215	35,972	35,954
TOTALS						
Cost	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Spots	1,769	1,568	1,628	1,868	1,604	1,596
Impressions	41,256	39,139	36,655	40,215	35,972	35,954



Ad Zone	Oct'23	Nov'23	Dec'23
Crescent City Bookings			
Cost	\$1,000.00	\$1,000.00	\$999.75
Spots	1,805	1,584	1,319
Impressions	40,084	35,204	31,825
TOTALS			
Cost	\$1,000.00	\$1,000.00	\$999.75
Spots	1,805	1,584	1,319
Impressions	40,084	35,204	31,825



DEL NORTE HEALTHCARE DISTRICT

P.O. BOX 2034, 550 East Washington Blvd., Ste 400, Crescent City, CA
PH (707) 464-9494 FAX (707) 465-6424

9. b .

July 28, 2022

Del Norte County Board of Supervisors

Attn: Clerk of the Board

981 H Street

Crescent City, CA. 95531

Re: Rationale for review of tax-exempt status of Sutter Health and Affiliated Corporations

Dear Del Norte County Board of Supervisors:

We would like to formally express our concern about the loss of tax revenues to the county that results from Sutter Coast Hospital's tax exemption and the evidence which indicates Sutter Coast Hospital is not operating exclusively for charitable purposes. Historically, Sutter has reported millions of dollars in net profits from Sutter Coast Hospital yet has refused to conduct open meetings and share profit/cost data.

Attached is a letter that our board sent to your board in September 2016. This letter details our concern. Since our submission of that letter, Sutter Health was sued by the California Attorney General for allegations of price fixing and conspiracy to create and maintain a monopoly. Sutter agreed to settle that lawsuit for nearly \$600 million.

Specifically, we ask that the Board of Supervisors submit a request to the California Board of Equalization to conduct a review of Sutter Coast's tax exemption status.

Please contact us if you have questions or need clarification.

Sincerely,

Del Norte Healthcare District Board of Directors

Kevin Caldwell, M.D.

Michael Young

Elizabeth Austen

Tonya Pearcey, R.N.

Juan Santillan

September 5, 2016

RATIONALE FOR REVIEW OF TAX EXEMPT STATUS OF SUTTER HEALTH AND AFFILIATED CORPORATIONS

Summary: The tax code requires all non-profit public benefit corporations to organize and operate exclusively for charitable purposes. Evidence that Sutter Coast and Sutter Health are not operating exclusively for charitable purposes includes the following:

- Refusal to comply with records requests from elected leaders
- False claims regarding hospital operations
- Refusal to release data on public health needs
- False claims regarding hospital profits
- Retaliation against dissenting physicians
- Charges for care exceeding market rates
- Large increases in executive salaries following statewide merger
- Multiple false statements on federal filings
- Failure to abide by governing documents
- Apparent violation of California non-profit law

Background: Sutter Coast Hospital was incorporated in Del Norte County in 1985. Today, Sutter Coast Hospital remains a locally owned and governed corporation. Sutter Health is the “corporate member” of Sutter Coast Hospital, and controls the appointment of the majority of the hospital Board. In 1985, when Sutter Coast Hospital was granted a charitable tax exemption, it controlled its own cash reserves. In 1996, Sutter Health changed Sutter Coast’s Articles of Incorporation, mandating Sutter Coast contribute to the “financial strength of Sutter Health.” In 1997, Sutter Health wrote a new bylaws provision for Sutter Coast, granting Sutter Health the authority to transfer “excess cash” (cash in excess of two weeks operating expenses) from Sutter Coast Hospital to Sutter Health. Sutter Coast Hospital has been profitable every year since 1985, except for years 2011 to 2013, when Sutter Coast was operating without a Chief Financial Officer, in violation of hospital bylaws and California law.

Sutter Coast Hospital and Sutter Health are classified as tax exempt public benefit charities. The tax code requires Sutter Health and Sutter Coast Hospital to operate *exclusively* for charitable purposes.¹

¹ http://oag.ca.gov/sites/all/files/agweb/pdfs/charities/publications/guide_for_charities.pdf: “Under the federal tax law definition and to qualify for tax-exempt charitable status, the organization must be organized and operated exclusively for an “exempt” purpose. Exempt purposes are religious, charitable,” “In addition to these requirements, federal tax law also requires that there must be no “private” inurement or improper private benefit to anyone in a position of control over the charitable organization,” (p. 1)

Impact of Sutter Coast Hospital's and Sutter Health's tax exemptions on revenues:

Tax exemptions for Sutter Coast Hospital and Sutter Health equate to billions of dollars in uncollected revenue. In 2014, Sutter Coast's audited value was \$37.8 million, and net income was \$10.8 million.² Sutter Health's 2014 assets exceeded \$14 billion, with cash and short term investments exceeding \$4 billion.³ In 2012, Sutter Health's annual profits were \$735 million, with total yearly income of \$791 million.⁴

Evidence that Sutter Coast Hospital is not operating exclusively for charitable purposes:

(1) The Del Norte County Board of Supervisors has formally requested Sutter Coast Hospital's financial records and meeting minutes, in order to help resolve community concern over hospital operations. The Sutter Coast Hospital Board of Directors, which includes two Sutter Health executives, refused these official record requests.

(2) Multiple false statements by Sutter Health executives regarding the operations of Sutter Coast Hospital, including the following examples:

Former Sutter Coast Hospital CEO Linda Horn claimed that downsizing the hospital to Critical Access status, thereby raising prices on Medicare patients, was a financial necessity.⁵ Ms. Horn, and Sutter Coast's self-funded "independent" study both claimed that without Critical Access, the hospital would lose millions of dollars a year.⁶ After claiming that without Critical Access, Sutter Coast would be "operating at a loss,"⁷ the hospital reported \$14 million in profits for combined years 2014 and 2015, *without* Critical Access designation. Ms. Horn also provided false information on hospital census numbers, erroneously claiming the beds which would be closed under Critical Access designation "have sat empty for years."⁸

(3) At the May 2016 meeting of the Del Norte Healthcare District, a Sutter executive confirmed there were two versions of the Sutter Coast Hospital Strategic Options Study—the "public" version and Sutter's "private" version. The Del Norte Healthcare District requested the private version, in order to further its mission of addressing unmet health care needs. Sutter Coast CEO Mitch Hanna refuses to release the "private" version, even though Sutter Coast funded the study with tax exempt money. Sutter did release a

² http://www.suttercoast.org/about/2014_financials.pdf (p. 7)

³ <http://www.sutterhealth.org/about/financials/Sutter-Health-Financials-2014.pdf> (p. 2)

⁴ <http://www.sutterhealth.org/about/financials/Sutter-Health-Financials-2013.pdf> (p. 3)

⁵ Sutter Health/Sutter Coast Hospital "NewsPlus" by Linda Horn, vol. 7, 12/6/13 (p. 1)

⁶ Strategic Options Study for Sutter Coast Hospital, public version, 11/5/13 (p. 1)

⁷ Sutter Health/Sutter Coast Hospital "NewsPlus" by Linda Horn, vol. 7, 12/6/13 (p. 1)

⁸ *Ibid.*, volume 8, 1/17/14 (p. 3)

"public" version of the study, the findings of which were discredited in a unanimous resolution by ten local elected officials.⁹

(4) Former Sutter Coast CEO Linda Horn claimed 2008 was the last year Sutter Coast was profitable.¹⁰ IRS filings show otherwise--Sutter Coast reported profits exceeding \$7 million in combined years 2009 and 2010.¹¹

(5) Sutter Coast Hospital has retaliated against local physicians who voiced concern over hospital practices harmful to patient care.¹² Two of three physicians subject to Sutter Coast's retaliatory conduct have left Del Norte County, worsening the region's chronic physician shortage. Retaliation against health care whistleblowers is not a charitable purpose, and is specifically prohibited under California Health and Safety Code 1278.5.

(6) Sutter Health's statewide prices for healthcare are well above market rates.¹³ CVT, California's largest self-funded public schools trust, reported charges for care at Sutter facilities were 60% above statewide averages, adding that Sutter hospitals represent seven of the ten most expensive hospitals in California.¹⁴ Carpenter's Health and Welfare Trust determined that use of Sutter facilities in California wasted \$5,000,000 per year in trust funds.¹⁵ Sutter's above market charges for care are harming government, businesses, unions, and individuals throughout California.

According to Stanford University's Alain Enthoven, "*Sutter put themselves in a monopoly position by building a network with 'must have' hospitals and then using that market power to drive higher prices everywhere. The high prices for Sutter damage all of us by raising the general level of prices, taking competitive pressure off of other providers.*"¹⁶ Sutter's use of hospitals which operate in monopoly markets (such as Sutter Coast Hospital) to raise healthcare prices statewide is not a charitable purpose.

(7) Following its statewide hospital merger, whereby community owned hospitals were merged into multi-hospital corporations, Sutter Health's top executives more than doubled their own salaries. Between 2007 (pre-merger) and 2012 (post-merger), Sutter Health CEO Pat Fry's compensation increased from \$2.3 million to \$6.4 million per year.¹⁷ In

⁹ Resolution 2015-055, Del Norte County Board of Supervisors and City Council of Crescent City

¹⁰ Sutter Health/Sutter Coast Hospital "NewsPlus" by Linda Horn, volume 7, p. 1 (12/6/13)

¹¹ IRS Form 990 for Sutter Coast Hospital, tax years 2009 and 2010, available at guidestar.org

¹² Letters to California Attorney General and Del Norte County District Attorney, from three physicians with practices in Del Norte County, available on request

¹³ <http://www.latimes.com/business/hiltzik/la-fi-hiltzik-california-hospitals-20160613-snap-story.html>

¹⁴ California Value Trust letter to members, Dec. 2013

¹⁵ Carpenter's Health and Welfare Trust Fund for California, Board of Trustees, 12/2/13

¹⁶ Personal communication with Professor A. Enthoven, May 27, 2014, used with permission

¹⁷ IRS Form 990 for Sutter Health, tax years 2007 and 2012, from Guidestar.org

2012, compensation to Sutter Health Board members and key employees totaled \$47,937,117. Under California law, a public benefit corporation may not be organized for the private gain of any person.¹⁸

(8) Sutter Coast's IRS Forms 990 contains numerous false statements, including misrepresentations that the hospital was operating with a CFO (when it was not), that the hospital Board of Directors had reviewed the 990 prior to filing (which it had not), that no changes were made to governing documents (when over 1,300 changes to hospital bylaws had been made), and that no Director had a business relationship with another Director (when an employer-employee relationship existed between two Directors). Sutter Coast's Form 990 also represents that the hospital documented its meetings, when in fact the SCH Board carried out official business during executive session, when no record was kept.

Sutter Health provided false information on Medicare applications, including misrepresentation of hospital ownership, the lack of a CFO, and the number of interested Directors. For example, Sutter Health claimed in a November 2013 Medicare application that John Gates had been CFO of Sutter Coast Hospital since 1/1/12.¹⁹ Numerous hospital documents contradict that statement, including Board meeting minutes from 2012, in which hospital Directors voiced concern that a CFO should be hired.

(9) Sutter Health and the Board of Directors of Sutter Coast Hospital have violated hospital governing documents. Examples include implementation of patient care policies without physician input (for which Sutter Coast was cited by the Joint Commission²⁰), operating without a Chief Financial Officer, and refusal to allow a hospital Director unrestricted access to hospital financial records. California law provides every non-profit Director with the absolute right to inspect and copy all books, records, and financial documents of the corporation.²¹

(10) From July 2011 until December 5, 2013, Sutter Coast Hospital operated without its own CFO, in violation of hospital bylaws and California Corporations Code 5213, which require Sutter Coast Hospital to employ its own CFO.²²

Sutter Coast Hospital operates a closed Board room, refuses official record requests, retaliates against dissension, violates governing documents,

¹⁸ http://oag.ca.gov/sites/all/files/agweb/pdfs/charities/publications/guide_for_charities.pdf, p. 2

¹⁹ **Sutter Coast Hospital Medicare Revalidation Application, signed by John Gates 11/8/13**

²⁰ Joint Commission report on Sutter Coast Hospital, survey June, 2013, p. 8

²¹ California Corporations Code 6334: "Every director shall have the absolute right at any reasonable time to inspect and copy all books, records and documents of every kind and to inspect the physical properties of the corporation of which such person is a director."

²² Source: <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=corp&group=05001-06000&file=5210-5215>

falsifies federal forms, charges patients above market rates, and appears to have violated state and federal law.

Sutter Coast Hospital and Sutter Health are public benefit charities. Both corporations were granted the privilege of a tax exemption, which confers specific obligations. Yet both corporations withhold data needed to improve public health and refuse to honor record requests from elected officials. Such refusals prevent verification of compliance with applicable law.

The tax code prohibits non-profit corporations from operating for the benefit of any individual with control over the corporation. Following Sutter Health's statewide merger, top executive compensation nearly tripled.²³

Review of Sutter Health's and Sutter Coast Hospital's tax exemptions will require **inspection of internal corporate documents** and the collaboration of elected leaders and oversight agencies.

Please contact me with questions or requests for references to this document. As a former Director and current Chief of Surgery of Sutter Coast Hospital, I have personal knowledge and additional documents to support this review.

Gregory J. Duncan, M.D.
1200 Marshall St.
Crescent City, CA 95531
(707) 465-1126 (office)
(707) 951-9203 (cell)

Cc: Dale Trigg, District Attorney, Del Norte County
Cc: The Honorable Kamala Harris, California Attorney General
Cc: Tania Ibanez, Esq., Office of the California Attorney General
Cc: Cheryl Johnson, Esq., Office of the California Attorney General

²³ Sutter Health IRS Form 990 for 2007 and 2012. CEO compensation rose from \$2.3 million to \$6.4 million per year during the five year period before and after Sutter's statewide merger

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1279 2nd St. Suite A
Crescent City, CA 95531
(707) 464-7790

PROPOSAL FOR ELECTRICAL WORK

Contract Requirements for Service and Repair or Home Improvement

TO: Del Norte Healthcare District; Attn: Doris Hendricks

CC: Oscar Fontenot

JOB: Exterior Lockable Outlet Installation at 550 E. Washington Blvd, Crescent City, CA 95531

Dear Doris,

We hereby propose to furnish all material, labor, required submittals, tools and equipment necessary for the completion of electrical work as stated under the "Description of Project and Materials to Be Installed" for either a Service and Repair, Home Improvement Contract, or Estimated Contract Price.

- ☐ A **"Service and Repair contract"** means an agreement between a contractor, whether a general contractor or a specialty contractor, who is licensed and a customer, homeowner, or tenant (also referred to as "Buyer") for the performance of a home improvement as defined in Section 7151, that conforms to the following requirements:
 - a) The contract amount is seven hundred fifty dollars (\$750.00) or less.
 - b) The prospective buyer initiated contact with the contractor to request the work.
 - c) The contractor does not sell the buyer goods or services beyond those reasonable necessary to take care of the particular problem that caused the buyer to contact the contractor.
- ☐ **"Home Improvement Contract"** is estimated by a time and material basis followed by the estimated contract amount in dollars and cents (over \$750.00). Remember, "contract" means to "agree". Home improvement is the repairing, remodeling, altering, converting, modernizing or adding to residential Property. The set labor rate is computed in increments of every half hour to hourly basis. The actual contract amount of a time and materials contract will not be less than the amount quoted below, however, may also not exceed the estimated contract amount without written authorization from the buyer.
- ☒ **"Estimated Contract Price"** is estimated by a time and material basis followed by the estimated contract amount in dollars and cents (over \$750.00). Remember, "contract" means to "agree" to the repairing, remodeling, altering, converting, modernizing or adding to Commercial or Industrial Property. The set labor rate is computed in increments of every half hour to hourly basis. The actual contract amount of a time and materials contract will not be less than the amount quoted below, however, may also not exceed the estimated contract amount without written authorization from the buyer.

Description of Project and Materials to be Used and Equipment to Be Installed is as follows:

- Install one (1) lockable 120 Volt 20 Amp outlet for car charging on east end of building next to existing pedestal.
- Many Northridge Electric, LLC manufacturing partners and suppliers have advised that until further notice they reserve the right to amend the delivery date, the price, the scope or quantity of supply and/or other terms and conditions set out in their offer or quotation to the extent affected by the COVID-19 pandemic. Please be advised that Northridge Electric, LLC considers any COVID-19 related changes imposed by manufacturers and suppliers as outside its reasonable control and subject to Force Majeure provisions.
 - Please initial here to acknowledge: _____

All material is guaranteed to be as specified or equal, and the above work to be performed in accordance with the drawings and specification submitted or received for the above work, and completed in a timely manner, also known as the "Agreed Consideration for the Work" or "Contract Amount" for the sum of:

One Thousand, Four Hundred Eighty-One Dollars & Thirty-One Cents
(\$1,481.31)

Payment is to be made: ☐ 10% Deposit Required \$_____ Then Balance Due Upon Completion
☒ 100% Paid on Day of Completion
☐ 70% Due Upon Completion of Rough with A Balance Due (30%) At Completion of Finish
☐ Monthly Draws

_____ The law requires that the contractor offer you any parts that were replaced during the proposed work.
 If you would like to keep your original parts, please initial here.

_____ If you do not want the parts, please initial here authorizing the contractor to take replaced parts.

Disposal of any fluorescent lamps and/or fixtures will be an additional charge of \$5.85 per lamp and/or fixture, due to the Mercury content.

☐ YES Please mark "YES" if you would like Northridge Electric to dispose of lamps and/or fixtures.
☐ NO Please mark "NO" if you would like to dispose of them yourself.

"The work is Completed" means that all of the conditions that caused the buyer to contact the contractor for service and repairs have been fully corrected and, if applicable, the building department has accepted and approved the corrective work.

"Change Order Requests" are any alteration or deviation from the above specifications involving extra costs and will be executed only upon written orders. Change Orders, also referred to as "extras" will become an additional charge over and above the original proposal. These additions and/or changes must be signed or acknowledged by both parties. Please note: Even if the Contractors fails to comply with all "Change Order" requirements, that the customer or homeowner may still have to pay for the additional work.

"Your Rights to Cancel Before Work Begins" means that you, the buyer, have the right to cancel this contract until 1) you receive a copy of this contract signed and dated by you and the contractor; and 2) before the contractor starts the work. However, even if the work has begun you, the buyer, may still cancel the contract by mailing, faxing or delivering a written notice to the contractor at the contractor's place of business within three business days for any of the following reasons: 1) You may cancel the contract if you did not initiate contact with the contractor to request the work, and 2) if the contractor sold you goods or services beyond those reasonably necessary to take care of the particular problem that caused you to contact the contractor. The cancellation of work should include your name, address, date and reason for the cancellation of contract. If work has already begun, you must make available to the contractor at your residence, any material and/or equipment delivered to you under this contract in substantially as good condition as you received it. If you fail to make the goods available to the contractor, or if you agree to deliver the goods to the contractor and fail to do so, then you remain liable for any performance of all obligations for labor and materials under the contract.

All agreements are contingent upon strikes, accidents, weather, or delays beyond our control. Contractor is to carry all necessary insurance for above work including General Liability Insurance and Workers' Compensation Insurance.

"Certificate of General Liability Insurance" & "Workers Compensation Insurance" - Contractor is insured for General Liability Insurance through Rockingham Casualty / Western Valley Insurance Association, Inc. located at 1090 3rd Street, Crescent City, CA 95531. You may call the insurance carrier at 707-465-5999 to check the contractor's insurance coverage information. Commercial General Liability Insurance can protect against third-party bodily injury and accidental property damage. It is not intended to cover the work the contract performs. Northridge Electric is self-insured and also carries Workers' Compensation insurance for all employees through Clear Spring Property & Cas Co. / Orr & Associates Insurance Services located at 28780 Single Oak Drive, Ste. 255, Temecula, CA 92590. You may call the insurance carrier at 800-311-3081.

Contractors are required by law to be licensed and regulated by the Contractors State License Board, which has jurisdiction to investigate complaints against contractors if a complaint regarding a patent act or omission is filed within four years of the date of the alleged violation. Any questions concerning the contractor may be referred to the Registrar, Contractors State License Board, P.O. Box 26000, Sacramento, CA 95826.

"Finance Charges" for past due invoices are subject to a Finance Charge of 2% each month on the total amount owed. To avoid Finance Charges please pay promptly.

"Notice to Owner or Buyer". "Under the California Mechanics' Lien Law, any contractor, subcontractor, laborer, supplier, other person or entity who helps to improve your property, but is not paid for his or her work or supplies, has a right to place a lien on your home, land, or property where the work was performed, and to sue you in court to obtain payment." This means that after a court hearing, your home, land, and property could be sold by a court officer and the proceeds of the sale used to satisfy what you owe. This can happen even if you have paid your contractor in full if the contractor's subcontractors, laborers, or supplies remain unpaid. A Lien Release Notice must be furnished to the consumer on request after payment is made.

Advanced notice, if possible, of the projected start date would be appreciated so that proper scheduling and ordering of material can be made. Under some circumstances we require three weeks notice before any work can commence.

This proposal may be withdrawn by us if not accepted within 30 days.

Respectfully submitted,



08-29-2022

Date _____

Scott Kinikin, Office Manager of Northridge Electric

ACCEPTANCE OF PROPOSAL (BUYER)

The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Accepted by _____
Signature

Date _____

Please Print Name

“Warning to buyer: if you sign the contract which accompanies this notice, you will be putting up your home as security. This means that your home could be sold without your permission and without any court action if you miss any payment required by this contract. Please refer to Page 3, Paragraph 3 regarding California Mechanic’s Lien Law.

“State law requires anyone who contacts to do construction work to be licensed by the Contractors State License Board in the licenses category in which the contractor is going to be working, if the total price of the job is \$500.00 or more (including labor and materials).”

“Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractors State License Board may be unable to assist you with a complaint. Your only remedy against an unlicensed contractor may be in civil court, and you may be liable for damages arising out of any injuries to the contractor or his or her employees.”

“You may contact the Contractors State License Board to find out if this contractor has a valid license. The Board has complete information on the history of licensed contractors, including any possible suspensions, revocations, judgments, and citations. The Board has offices throughout California. Please check the government pages of the White Pages for the office nearest you or call 1-800-321-CSLB for more information.”

“ARBITRATION OF DISPUTES”

NOTICE: By signing the contract that accompanies this notice, you are agreeing to have any dispute arising out the matters included in the Arbitration of Disputes provision decided by a neutral arbitration as provided by California Law and you are giving up any rights you might possess to have the dispute litigated in a court or jury trial. You are also giving up your judicial rights to discovery and appeal, unless those rights are specifically included in the Arbitration of Disputes Provision. If you refuse to submit to arbitration after agreeing to this provision, you may be compelled to arbitrate under the authority of the business and professions code or other applicable laws. Your agreement to this arbitration provision is voluntary.

**Northridge Electric
1279 2nd Street, Suite A
Crescent City, CA 95531
707-464-7790**



COUNTY OF DEL NORTE

BOARD OF SUPERVISORS
981 "H" Street, Suite 200
Crescent City, CA 95531
Phone: 707-464-7214

Date: May 31, 2022

Re: 2022 Conflict of Interest Code

Dear Sir/Madam:

The Political Reform Act requires that every local government agency must review their conflict of interest code biennially, that is every two (2) years – on even numbered years. A conflict of interest code informs public officials, governmental employees, and consultants what financial interests they must disclose on their Form 700, the Statement of Economic Interests Form.

To help you better understand what this entails please refer to the following two enclosures:

1. 2022 Conflict of Interest Code Biennial Notice Instructions for Local Agencies
2. 2022 Local Agency Biennial Notice

The Board of Supervisors is your "code reviewing body" so if you need to amend your conflict of interest code, the amended code must be forwarded to the Board of Supervisors for approval within ninety (90) days. Your amended code is not effective until it has been approved.

Please read the instructions, complete and return the Notice as instructed. **If you have further questions, or if you're not sure whether or not your conflict of interest code needs to be amended, please contact the Fair Political Practices Commission (FPPC).**

Sincerely,

Kylie Goughnour
Clerk of the Board
Del Norte County Board of Supervisors

2022 Conflict of Interest Code Biennial Notice Instructions for Local Agencies

The Political Reform Act requires every local government agency to review its conflict of interest code biennially. A conflict of interest code tells public officials, governmental employees, and consultants what financial interests they must disclose on their Statement of Economic Interests (Form 700).

By **July 1, 2022**: The code reviewing body must notify agencies and special districts within its jurisdiction to review their conflict of interest codes.

By **October 3, 2022**: The biennial notice must be filed with the agency's code reviewing body.

The FPPC has prepared a 2022 Local Agency Biennial Notice form for local agencies to complete or send to agencies within its jurisdiction to complete before submitting to the code reviewing body. The City Council is the code reviewing body for city agencies. The County Board of Supervisors is the code reviewing body for county agencies and any other local government agency whose jurisdiction is determined to be solely within the county (e.g., school districts, including certain charter schools). The FPPC is the code reviewing body for any agency with jurisdiction in **more than one county** and will contact them.

The Local Agency Biennial Notice is not forwarded to the FPPC.

If amendments to an agency's conflict of interest code are necessary, the amended code must be forwarded to the code reviewing body for approval within 90 days. An agency's amended code is not effective until it has been approved by the code reviewing body.

If you answer yes, to any of the questions below, your agency's code probably needs to be amended.

- Is the current code more than five years old?
- Have there been any substantial changes to the agency's organizational structure since the last code was approved?
- Have any positions been eliminated or re-named since the last code was approved?
- Have any new positions been added since the last code was approved?
- Have there been any substantial changes in duties or responsibilities for any positions since the last code was approved?

If you have any questions or are still not sure if you should amend your agency's conflict of interest code, please contact the FPPC. Additional information including an online webinar regarding how to amend a conflict of interest code is available on [FPPC's website](https://www.fppc.ca.gov).

2022 Local Agency Biennial Notice

Name of Agency: _____

Mailing Address: _____

Contact Person: _____ Phone No. _____

Email: _____ Alternate Email: _____

Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.

This agency has reviewed its conflict of interest code and has determined that (*check one BOX*):

☐ **An amendment is required. The following amendments are necessary:**

(*Check all that apply.*)

- ☐ Include new positions
- ☐ Revise disclosure categories
- ☐ Revise the titles of existing positions
- ☐ Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions
- ☐ Other (*describe*) _____

☐ **The code is currently under review by the code reviewing body.**

☐ **No amendment is required.** (If your code is over five years old, amendments may be necessary.)

Verification (to be completed if no amendment is required)

This agency's code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions are reported. The code includes all other provisions required by Government Code Section 87302.

Signature of Chief Executive Officer

Date

All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please return this notice no later than **October 3, 2022**, or by the date specified by your agency, if earlier, to:

(PLACE RETURN ADDRESS OF CODE REVIEWING BODY HERE)

PLEASE DO NOT RETURN THIS FORM TO THE FPPC.

RESOLUTION NO: 2022-

**A RESOLUTION OF THE DEL NORTE HEALTHCARE DISTRICT
SETTING FORTH ITS CONFLICT-OF-INTEREST CODE**

The Board of Directors (the Board) of the Del Norte Healthcare District (the "District") resolves as follows:

WHEREAS, The Political Reform Act (Government Code § 81300) requires local government agencies to adopt and promulgate conflict-of-interest codes.

NOW THEREFORE BE IT RESOLVED, that the District, subject to approval by the Code Reviewing Body, establishes the following Conflict-of-Interest-Code as follows:

Section 1. Government Code § 81300 requires local government agencies to adopt and promulgate conflict-of-interest codes. California Government Code § 87302 and Title 2 California Code of Regulations § 18730 each contain the terms the standard conflict-of-interest code, those sections, and any duly adopted amendments to them, are hereby incorporated by reference as this district's agency's code. This code and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the Del Norte Healthcare District (District).

Individuals holding designated positions shall file their statements of economic interests online with the California Fair Political Practice Commission or with the District, which, if filed with the District, the District will make the statements available for public inspection and reproduction. (Gov. Code § 81008) All statements filed with the District will be retained by the District.

The Members of the Board of Directors are NOT covered by the conflict-of-interest code because they must file under Government Code Section 87200 and, therefore, are listed for informational purposes only.

Section 2. Severability.

If any section, subsection, subdivision, paragraph, sentence, clause, phrase or word in this Resolution is for any reason held to be unconstitutional or otherwise invalid, such holding shall not affect the validity of the remaining provisions of this Resolution. The Board hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause, phrase or word of this Resolution regardless of the unconstitutionality or invalidity of any other section, subsection, subdivision, paragraph, sentence, clause, phrase or word herein.

Section 3. Effective Date.

Pursuant to Government Code § 87303 this resolution shall become effective immediately upon

its approval by the Reviewing Body.

Section 4. Implementation.

The Board of Directors hereby authorizes and directs the District Board's Chair to take any action and sign any documents necessary to implement this Resolution.

Section 5. Execution.

The Chair and Secretary are authorized to subscribe this resolution where indicated below to evidence its approval by the Board of Directors.

AYES:

NOES:

ABSTAIN:

ABSENT:

Kevin Caldwell M.D., Chair

Attest:

Elizabeth Austen, Secretary

APPENDIX A DESIGNATED POSITIONS

The District employs one part-time administrative assistant that carries out, but does not influence, board policies. There is no General Manager nor any Finance & Administration Services Manager. The Treasurer is exempt because that person is required to report as a member of the Board of Directors.

<u>Designated Position</u>	<u>Assigned Disclosure Categories</u>
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None	
Consultants/New Positions	

*Consultants/new positions shall be included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

An individual holding one of the above listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe that their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

APPENDIX B DISCLOSURE CATEGORIES

Category 1: Investments and business positions in business entities and income, including receipt of gifts, loans, and travel payments, from, sources that are contractors engaged in the performance of work or services of the type utilized by the District, or that manufacture, sell or provide supplies, machinery, services or equipment of the type utilized by the District.

Category 2: Interests in real property located in whole or in part within the District's jurisdiction or within two miles of any property owned or used by the District.

Category 3: Investments, business positions in business entities, and sources of income, including receipt of gifts, loans and travel payments, from entities that provide services and supplies of the type utilized by the designated position's division or department.

Certification of Code Reviewing Body Approval

Pursuant to Government code § 87303, the Del Norte County Board of Supervisors, in its authority as Code Reviewing Body, hereby approves the Conflict-of-Interest Code of the Del Norte Healthcare District.

Dated:

_____, Chair

ATTEST:

Clerk