



KAPI'OLANI  
PALI MOMI  
STRAUB  
WILCOX

**Title:** Patient Financial Assistance (Charity) Program  
**Department:** Revenue Cycle Management  
**Effective Date:** 04/2021 **Reviewed:**  
**Previous Version(s):** 02/2005, 10/2012, 03/2013, 08/2015, 04/2016, 8/2017  
**Replaces:**

## Policy

*\*\*The reader is cautioned to refer to the Central Document Database for the most current version of this document and not rely on any printed version.\*\**

**Approval Signature:** David Okabe

**Name:** David Okabe **Title:** Executive Vice President & Chief Financial Officer

**Approval Signature:** Steve Robertson

**Name:** Steve Robertson **Title:** Executive Vice President & CIO

**Approval Signature:** Will Burke

**Name:** William V. Burke **Title:** Vice President, Revenue Management

*Approved by the KMCWC Board of Directors on December 2, 2020  
Approved by the PMMC Board of Directors on November 18, 2020  
Approved by the SMC Board of Directors on November 12, 2020  
Approved by the WMC Board of Directors on December 17, 2020*

### Scope:

This document applies to all organizations affiliated with Hawai'i Pacific Health (HPH) entities, including Hawai'i Pacific Health Medical Group (HPHMG), Kapi'olani Medical Center for Women & Children (KMCWC), Pali Momi Medical Center (PMMC), Straub Medical Center (SMC), Wilcox Medical Center (WMC), and Kaua'i Medical Clinic (KMC). This policy does not apply to any non-HPH providers who may treat or provide services to patients at an HPH location. Appendix D of this policy lists non-HPH providers who provide services at HPH locations.

### Statement:

It is the policy of Hawai'i Pacific Health, and its affiliated organizations, in response to its philosophy and mission, to provide services for all persons, regardless of age, sex, race, religion, origin, or ability to pay.

The purpose of this document is to establish fair and consistent guidelines for providing financial assistance to patients with inadequate or no means of payment for emergency and medically necessary services received from Hawai'i Pacific Health affiliated organizations.

### Definitions:

**Gross Income:** All household income from whatever source derived, including—but not limited to—income not subject to federal or state taxes.

**Uninsured:** Patients with no insurance or third-party assistance to help remunerate their financial responsibility to health care providers.

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### Definitions (cont.):

<i>Underinsured:</i>	Patients who carry insurance or have third-party assistance to help pay for medical services, but who accrue or have the likelihood of accruing out-of-pocket expenses which exceed their financial ability to pay.
<i>Medically Necessary:</i>	For the purpose of this policy, medical necessity is defined as per the American Medical Association <a href="https://www.ama-assn.org">https://www.ama-assn.org</a>  <i>“Medically necessary services are those health care services that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider.”</i>
<i>Emergency Medical Care:</i>	Care or treatment for emergency medical conditions as defined by the Emergency Medical Treatment and Active Labor Act (EMTALA).
<i>Resident:</i>	Every individual domiciled in the State, and every other individual whether domiciled in the State or not, who resides in the State. To "reside" in the State means to be in the State for other than a temporary or transitory purpose. (Definition from HRS-1). For purposes of this policy, an individual must be a Hawai'i state resident for at least 30 days to be considered eligible for financial assistance.
<i>Amounts Generally Billed (AGB):</i>	The amount generally billed to insured patients for emergent or medically necessary care.
<i>Presumptive Eligibility:</i>	The process by which the hospital uses external sources of data to determine eligibility for financial assistance.
<i>Family:</i>	As defined by the U.S. Census Bureau, a family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people are considered as members of one family <a href="https://www.census.gov">https://www.census.gov</a>
<i>Medically Indigent:</i>	Persons with family incomes that exceed 400% of current Federal Poverty Guidelines for the state of Hawai'i, who are unable to pay some or all of their medical bills because their medical bills exceed 15% of combined family income and liquid assets.

### Policy:

#### **I. Program Guidelines**

- A. It is the policy of HPH to offer financial assistance to patients who are uninsured or underinsured, subject to the terms of this policy.
- B. All individuals presenting at an emergency department of an HPH affiliate for examination or treatment for a medical condition will be provided a medical screening exam and care for any medical emergency conditions consistent with HPH EMTALA policies, without regard to ability to pay.

## **HPH: Patient Financial Assistance (Charity) Program**

- C. Financial assistance is provided only for services determined to be medically necessary care and after patients have been found to meet financial criteria. HPH offers free and discounted care based on family size and income.
- D. Charity care is not considered an alternative option to payment and patients may be assisted in finding other means of payment or financial assistance before approval for charity care.
- E. Uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so in order to ensure health care accessibility and overall well-being.

### **II. Patient Eligibility**

- A. Applicants are eligible for financial assistance if family income falls at or below 400% of current Federal Poverty Guidelines (FPG) for the state of Hawaii.
- B. Applicants with family income levels that exceed 400% of FPG with patient balances that exceed 15% of combined family income and liquid assets are considered medically indigent and eligible for financial assistance. Patients must disclose all forms of income and assets.
- C. This policy applies to residents of the state of Hawai'i. Non-residents are excluded from financial assistance eligibility except for emergency care. Hawai'i Pacific Health, at its sole discretion, may waive this exclusion upon review of the facts and circumstances of each case.
- D. Applicants must complete the HPH application process, including any required steps to secure third party funding.
- E. Patients must meet all eligibility criteria to be considered eligible for financial assistance.

### **III. Presumptive Eligibility**

- A. HPH recognizes that some patients may be unable to complete a financial assistance application, comply with requests for documentation, or are otherwise unresponsive to the application process. In the absence of complete documentation, HPH may utilize other sources of information to make an individual assessment of financial need.
- B. HPH may consider patients presumptively eligible in two ways as follows:
  - 1. In circumstances where insufficient documentation is available to determine eligibility based on income, HPH may use other information sources to determine financial assistance eligibility. These circumstances include:
    - a. Patient is homeless.
    - b. Patient is eligible for other state, federal, or local assistance programs, such as food stamps, subsidized housing, welfare, or Quest/Medicaid coverage.
    - c. Patient is eligible for Crime Victims Fund or Sexual Assault Treatment Center grant funding assistance. This assistance would be considered one-time assistance, covering any patient responsibility after Crime Victims Fund or SATC program assistance.
    - d. Patient is deceased without an estate.
    - e. Patient has filed for bankruptcy.
  - 2. HPH may employ data analytics using publicly available data and data from external data providers to identify patients eligible for financial assistance.

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- a. External data may include credit scores and demographic data from credit reporting agencies, public assistance program enrollment data, and other data available from public agencies.
  - b. The information returned using data analytics will constitute adequate documentation of financial need under this policy.
- C. Patients granted presumptive eligibility will not be notified of their qualification.
- D. Whether or not a patient is presumptively qualified for charity care, they may complete a financial assistance application. The results of the paper application process will take precedence in the final determination of any financial assistance.

### IV. Discount Amounts

- A. For income levels at 200% or less of Federal Poverty Guidelines for the state of Hawaii, eligible patients receive 100% discount (free care).
- B. For income levels greater than 200% and less than or equal to 400% of Federal Poverty Guidelines, eligible patients receive 85% discount on current balances.
- C. Patients who qualify for financial assistance will not be required to pay more than amounts generally billed (AGB) to individuals receiving care at Hawai'i Pacific Health facilities, who have insurance covering such care.
1. HPH uses the "look back" method, described in IRS 501(r) -5(b)(3) final rule to determine AGB.
  2. The amount generally billed to individuals who have insurance is established as a percentage discount based on discounts allowed to Medicare fee-for service and Medicare Advantage plans, Medicaid and Medicaid Managed Care plans, and all private commercial health insurers who paid claims to Hawai'i Pacific Health hospital facilities in the past calendar year. HPH calculates AGB for each covered facility, and uses a single, system-wide AGB percentage that does not exceed the lowest facility's AGB amount. Appendix B includes the current AGB calculation.
  3. HPH calculates AGB annually and will adjust the discount policy percentages as needed to ensure that financial assistance patient payment policy percentages are greater than or equal to AGB percentages.
  4. HPH will ensure that total payment from patients who qualify for financial assistance does not exceed AGB. Any deposits or prepayments from qualified patients shall not exceed AGB, and any payments received in excess of AGB from qualified patients will be refunded.
  5. HPH may increase approved discount amounts to ensure that amounts billed to patients do not exceed AGB.
- D. Patients who qualify for financial assistance due to medical indigence will receive 85% discount on current balances.
- E. When determining presumptive eligibility, qualifying accounts will receive a 100% discount on current balances.
1. For presumptive eligibility, data analytics and other information sources outlined above are the basis of determination in place of income and FPL information.

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### V. Services

- A. Services covered by this policy include emergency care and medically necessary services.
- B. Exclusions from financial assistance include the following:
  1. Any elective services (either invasive or non-invasive), including cosmetic plastic services that are not medically necessary. (Special self-pay package rates have been developed to address the needs of patients seeking elective procedures, not medically necessary but desired. These rates will not be considered charity.)
  2. Drugs and supplies that are sold on a retail basis are excluded from this program. All other drugs and supplies provided to the patient during the course of treatment in the hospital and/or the clinic are eligible for financial assistance.
  3. Investigational or experimental treatment and/or procedures may be considered for charity care if recommended by the treating physician as the clinical standard of care.

### VI. Application Process

- A. To apply for financial assistance, patients must submit a complete application including supporting documentation by mail to the HPH business office address specified on the application or in person to the HPH Financial Services departments located at HPH hospitals.

The Financial Assistance Policy, a plain language summary and financial assistance application are available at no charge.

- At the following HPH facility website(s): [www.hawaiipacifichealth.org/faprogram](http://www.hawaiipacifichealth.org/faprogram)

- Written requests can be sent to:

[billing@hawaiipacifichealth.org](mailto:billing@hawaiipacifichealth.org)

or

Hawai'i Pacific Health – Customer Service  
888 South King St.  
Honolulu, HI 96813

- Request by phone:  
**(808) 522-4013** on O'ahu,  
or (866)-266-3935 from Neighbor Islands  
M-F between 8:00 am and 4:30 pm
- Paper copies are also available at the following locations:
  - Admission areas
  - Emergency Room

Straub Medical Center  
Admitting  
888 S. King Street  
Honolulu, HI 96813

Pali Momi Medical Center  
Financial Services Department  
98-1079 Moanalua Road  
Aiea, HI 96701

## HPH: Patient Financial Assistance (Charity) Program

Kapi'olani Medical Center for Women & Children  
Financial Services  
Ground Floor-Lobby  
1319 Punahou Street  
Honolulu, HI 96826

Wilcox Medical Center  
Financial Services  
3-3420 Kuhio Highway  
Lihue HI 96766-1098

Kaua'i Medical Clinic  
Patient Services  
3-3420 Kuhio Highway Suite B  
Lihue HI 96766-1098

- B. Patients identified as being potentially eligible for Medicaid/Quest will be asked to apply and will be expected to cooperate fully in providing all required information. Financial assistance eligibility determination shall be made after Medicaid/Quest acceptance or denial.
- C. The patient or guarantor must complete the application, sign and date it, and return it with one or more of the following items for documentation:
1. Current W-2,
  2. Most recent federal income tax transcript, including Schedule C if self-employed,
  3. Proof of denial for assistance,
  4. Most current past 3 month pay stubs, or
  5. Welfare agency statement showing coverage status
- Or**
6. A statement explaining why the above are not available.
  7. Upon review, if HPH determines that the above supplied information is incomplete or insufficient to document income, HPH may request for additional documentation including the following:
    - a. Social security award letter and 1099 forms
    - b. General excise tax forms
    - c. VA or pension benefits letters
    - d. Unemployment or workers compensation benefit letters
    - e. Rental or real estate income documentation
    - f. Checking and savings account statements
    - g. Documentation of alimony or child support
    - h. Statement of support letters

## **HPH: Patient Financial Assistance (Charity) Program**

- D. Once a patient has been approved for financial assistance by one of the entities within the HPH system, the same criteria (discount percentage) shall also be applied to any other patient balances that the patient may have at other HPH entities.
- E. For paper applications, the terms and condition of eligibility for financial assistance shall be set for six months from the last statement date or the date of the application, whichever is later. This will cover all dates of service within the approved range. All exceptions outside of the approved date range will be reviewed by the Financial Aid Committee. After six months, the patient will be required to reapply for financial assistance through the application process with qualifying proof of documentation.
- F. For presumptive eligibility, the terms and conditions of eligibility for financial assistance shall apply to the encounter evaluated by the data analytics.

### **VII. Communication of Financial Assistance Availability**

- A. HPH will communicate the availability of the Financial Assistance as part of any collection efforts.
- B. HPH will make reasonable efforts to determine eligibility for financial assistance under this policy prior to engaging in any Extraordinary Collection Activities (ECAs). Reasonable efforts include the following:
  - 1. Reasonable efforts will be reviewed by the System Director of Revenue Cycle Management. Engaging in ECAs will proceed only with prior approval of the System Director after reasonable efforts have been confirmed.
  - 2. ECAs may start only after 120 days from when the first post discharge patient statement was provided.
  - 3. At least 30 days prior to initiating any ECAs, HPH shall take the following steps:
    - a. Provide the patient written notice that describes availability of financial assistance, lists potential ECAs that may be taken to obtain payment, and provides a deadline after which ECAs may be initiated. A plain language summary of the financial assistance policy will be provided with this notice.
    - b. Attempt to notify the patient orally about the financial assistance policy and how to apply.
    - c. Upon receipt of a financial assistance application, HPH or its authorized business partners will discontinue ECAs while the application is in process.
- C. After making reasonable efforts to determine financial assistance eligibility as described above, HPH or its authorized business partners may initiate the ECAs of filing suit and/or reporting non-payment to credit reporting agencies to obtain payment for care.
- D. If a patient has an outstanding balance for previously provided care, HPH may engage in the ECA of deferring, denying or requiring payment of the outstanding balance only if the following steps are taken.
  - 1. HPH provides the patient with a financial assistance application and a plain language summary of the financial assistance policy.
  - 2. HPH provides written notice that describes the availability of financial assistance and provides a deadline after which the application will no longer be accepted for previously provided care. This deadline shall be either 30 days from the written notice or 240 days after the first post discharge bill was issued, whichever is later.

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3. HPH makes reasonable effort to orally notify the patient about the financial assistance policy and how to apply.
4. HPH expedites processing any applications received for previously provided care.

<b>Standard / Reference &amp; Year:</b> ACA
<b>Action:</b> <input type="checkbox"/> New <input type="checkbox"/> Reviewed <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Consolidated:
<b>Author(s) (Department(s)/Title(s)):</b> Revenue Cycle
<b>Required Reviewer(s) (Department(s)/Title(s)):</b> Board of Directors



**Poverty Guidelines**

The following listings are updated annually. For the most current listings please follow this link: <https://aspe.hhs.gov/poverty-guidelines>

Example Listing:

<b>2024 POVERTY GUIDELINES FOR HAWAII</b>	
<b>PERSONS IN FAMILY/HOUSEHOLD</b>	<b>POVERTY GUIDELINE</b>
<b>For families/households with more than 8 persons, add \$6,190 for each additional person.</b>	
<b>1</b>	<b>\$17,310</b>
<b>2</b>	<b>\$23,500</b>
<b>3</b>	<b>\$29,690</b>
<b>4</b>	<b>\$35,880</b>
<b>5</b>	<b>\$42,070</b>
<b>6</b>	<b>\$48,260</b>
<b>7</b>	<b>\$54,450</b>
<b>8</b>	<b>\$60,640</b>

**Hawai'i Pacific Health Amounts Generally Billed (AGB) Calculation for  
Hawai'i Pacific Health Facilities**

The following listings are updated annually. For the most current listings please follow this link <https://www.hawaiipacifichealth.org/media/6950/amounts-generally-billed-agb.pdf>

Example listing:

Facility	Effective	AGB Rate
Kapi'olani Medical Center for Women & Children	3/31/2024	40%
Pali Momi Medical Center	3/31/2024	32%
Straub Medical Center	3/31/2024	32%
Wilcox Medical Center	3/31/2024	35%

**Discrimination is Against the Law**

Hawai'i Pacific Health facilities comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hawai'i Pacific Health facilities do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hawai'i Pacific Health facilities:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you believe that the Hawai'i Pacific Health facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Kapi'olani Medical Center for Women & Children  
 Patient Relations Coordinator  
 1319 Punahou Street  
 Honolulu, HI 96826  
 (808) 983-6067  
 Pali Momi Medical Center  
 Patient Relations Coordinator  
 98-1079 Moanalua Road  
 Aiea, Hawaii 96701  
 (808) 485-4330  
 Straub Medical Center  
 Patient Relations Coordinator  
 888 S. King Street  
 Honolulu, Hawai'i 96813  
 (808) 522-4765

Wilcox Medical Center  
 Patient Safety & Quality Services Coordinator  
 3-3420 Kuhio Hwy  
 Lihue, HI 96766-1099  
 (808) 245-1261  
 Kauai Medical Clinic  
 Patient Safety & Quality Services Coordinator  
 3-3420 Kuhio Hwy, Ste B  
 Lihue, HI 96766-1098  
 (808) 245-1261

You can file a grievance in person or by mail or email. If you need help filing a grievance, these individuals are also available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
 200 Independence Avenue, SW Room 509F HHH Building  
 Washington, D.C. 20201  
 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**Proficiency of Language Assistance Services**

ATTENTION: If you speak [language], language assistance services, free of charge, are available to you. Call 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan ti 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelok wōñān. Kaalok 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Momi*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Mom*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Mom*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe. E kelepona iā 1-808-983-6000 (*Kapi'olani*), 1-808-486-6000 (*Pali Mom*), 1-808-522-4000 (*Straub*), 1-808-245-1100 (*Wilcox*), 1-808-245-1500 (*Kaua'i Medical Clinic*).

**Non-HPH Providers Not Covered by the HPH Financial Assistance Policy**

Providers Subject to Hawai'i Pacific Health's Financial Assistance Policy:

- Hawai'i Pacific Health Medical Group (HPHMG) Providers
- Kaua'i Medical Clinic (KMC) Providers
- Straub Medical Center Providers
- Pali Momi Medical Center (PMMC) Providers

Providers include physicians and others who may provide separately billable services.

**Which Doctors are not covered under our Financial Assistance Policy?**

Physicians working at each facility who are **not** covered under the FAP are identified in the Provider List, by name and the hospital facility where they practice. This list can be found at the following link on the HPH Financial Assistance Program website:

[https://www.hawaiipacifichealth.org/media/17607/hph\\_provider-exclusion-list.pdf](https://www.hawaiipacifichealth.org/media/17607/hph_provider-exclusion-list.pdf)

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The following listings are updated annually. If you do not see a physician listed here and want to verify whether that person is currently covered under the HPH FAP, please call Customer Service on O'ahu (808) 522-4013, on Kaua'i (808) 245-1119, or toll free at (866) 266-3935.