



# Rancho Los Amigos National Rehabilitation Center

## FINANCE ADMINISTRATION

### POLICY AND PROCEDURE

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**SUBJECT: PATIENT INFORMATION BROCHURES**

**Policy No.:** 201.4  
**Supersedes:**  
**Revision Date:** January 2000  
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**I. PURPOSE:**

To promote patient awareness of their financial responsibility for charges incurred at County Healthcare Facilities; each hospital implemented a Patient Fee Statement.

Other information brochures concerning Non-Emergency Treatment Requirements, California Children's Services, the Medi-Cal Program, Reduced Cost Health Plan (ATP), and an introduction to the Outpatient Clinic are available to the patients.

**II. POLICY:**

At the time of admission, each patient is given an explanation of the fee system, and the Board approved rate letter. In addition, an inpatient packet which includes:

- Valuables
- Patient Right & Responsibility
- Non-Emergency Treatment
- Orthotic Letter
- Lost & Found
- Information regarding Physician billing group.
- Patient Satisfaction Survey
- Advance Directive Brochure
- Consent
- ATP Information Sheet
- Handbook

REFERENCE: DHS - REVENUE MANAGEMENT INTERIM PROCEDURAL  
POLICY MEMO #58

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EFFECTIVE DATE:  
APPROVED BY:

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES  
Reviewed: January 2000