

**CERTIFICATION AND AGREEMENT REGARDING  
COMMUNITY SERVICE OBLIGATION**

**PARTICIPATING HEALTH INSTITUTION (“Borrower”):**

**NAMES OF FINANCED FACILITIES:**

**MEDI-CAL CONTRACT(S):**    / YES    / NO

**IF NO, EXPLAIN:**

**Bond Issue Description:**

1.    **General Assurance:** Pursuant to California Government Code Section 15459, the Borrower hereby certifies that the services of the facility will be made available to all persons residing or employed in the area served by the facility.
  
2.    **Compliance Requirements:** As part of its assurance under Government Code Section 15459, the Borrower agrees to the following conditions:
  - (a)    To advise each person seeking services at the facility as to the person's potential eligibility for Medi-Cal and Medicare benefits or benefits from other governmental third-party payers.
  
  - (b)    To make available to the Authority and to any interested person a list of physicians with staff privileges at the facility, which includes all of the following:
    - (1) Name.
    - (2) Specialty.
    - (3) Language spoken.
    - (4) Whether the physician takes Medi-Cal and Medicare patients.
    - (5) Business address and phone number.
  
  - (c)    To inform in writing on a periodic basis all practitioners of the healing arts having staff privileges in the facility as to the existence of the Borrower's community service obligation. Such notice to practitioners shall contain a statement, as follows:

“This facility has agreed to provide a community service and to accept Medi-Cal and Medicare patients. The administration and enforcement of this agreement is the responsibility of the California Health Facilities Financing Authority and this Facility.”

- (d) To post notices in the following form, which shall be multilingual where the Borrower serves a multilingual community, in appropriate areas within the facility, including, but not limited to, admissions offices, emergency rooms, and business offices:

**“NOTICE OF COMMUNITY SERVICE OBLIGATION**

This facility has agreed to make its services available to all persons residing or employed in this area. This facility is prohibited by law from discriminating against Medi-Cal and Medicare patients. Should you believe you may be eligible for Medi-Cal or Medicare, you should contact our business office (or designated person or office) for assistance in applying. You should also contact our business office (or designated person or office) if you are in need of a physician to provide you with services at this facility. If you believe that you have been refused services at this facility in violation of the community service obligation you should inform (designated person or office) and the California Health Facilities Financing Authority.”

- (e) To provide copies of the notice specified in paragraph (d) for posting to all welfare offices in the county where the facility is located.

**3. Medi-Cal Exceptions:**

All references to Medi-Cal shall be deemed deleted from section 2 above if, and to the extent any, of the following conditions exist:

- (a) The facility is of a type and in a geographic area subject to Medi-Cal contracting and, following good faith negotiations, the Borrower has not been awarded a Medi-Cal contract;
- (b) The facility is not of a type which provides services for which Medi-Cal payments are available; or
- (c) The facility is, or is a part of, (1) a multi-level facility and the health facility component of the facility is of a size and type designed primarily to serve the health care needs of the residents of the multi-level facility, or (2) a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code.

Notwithstanding the foregoing, nothing in this Section 3 shall relieve the Borrower of its obligations, if any, under California Health and Safety Code Section 1317 (relating to the provision of emergency services and care).

**4. Compliance Reports:**

The Borrower agrees to make available to the Authority and to the public upon request an annual report substantiating compliance with the requirements of Government Code Section 15459. The annual report shall set forth sufficient information and verification thereof to indicate the Borrower's compliance. The report shall include at least the following:

- (a) By category for inpatient admissions, emergency admissions, and where the facility has a separate identifiable outpatient service:
  - (1) The total number of patients receiving services.
  - (2) The total number of Medi-Cal patients served.
  - (3) The total number of Medicare patients served.
  - (4) The total number of patients who had no financial sponsor at the time of service.
  - (5) The dollar volume of services provided to each patient category listed in the above bullets (1), (2) and (3).
- (b) Where appropriate, the actions taken pursuant to Section 15459.2 of the California Government Code and the effect the actions have had on the data specified in paragraph (a).
- (c) Any other information which the Authority may reasonably require.

**5. Notices:**

Notices to the Authority required or permitted by this Agreement shall be given to the Authority addressed as follows: California Health Facilities Financing Authority, 901 P Street, Room 313, Sacramento, California 95814, or at such other or additional address as may be specified in writing by the Authority.

**6. Term of Agreement:**

This agreement shall terminate when the loan is no longer outstanding under the terms of the loan agreement or similar agreement securing the loan.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Received and Acknowledged:

**California Health Facilities Financing Authority**

By: \_\_\_\_\_  
Executive Director

**(HOSPITAL)  
CERTIFICATE OF VERIFICATION  
RE: PHYSICIAN DATA**

I,           (NAME OF OFFICIAL \*)          , certify as follows:

1. I am the           (TITLE OF OFFICIAL)           of           (HOSPITAL)          , a California nonprofit public benefit corporation (the “Corporation”) and I am authorized to execute this Certificate on its behalf.
2. Attached hereto is the information for           (HOSPITAL)           containing specific physician data pursuant to Government Code Section 15459.1(b).
3. I certify the accuracy and completeness of the data as submitted to the California Health Facilities Financing Authority.

Date: \_\_\_\_\_

\_\_\_\_\_  
(OFFICIAL SIGNATURE)  
\_\_\_\_\_  
(TYPED NAME & TITLE OF OFFICIAL)  
\_\_\_\_\_  
(HOSPITAL)  
\_\_\_\_\_

\* Chief Financial Officer, Chief Executive Officer or General Counsel