

POLICY TITLE Dental Financial Assistance	POLICY NUMBER NW.CB.002
ACCOUNTABLE DEPARTMENT Charity Care, Community Benefits	EFFECTIVE DATE January 1, 2026
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1.0 Policy Statement.

Kaiser Foundation Health Plan of Northwest (KFHPNW) is committed to providing programs that support access to dental care for people with low incomes. This commitment includes providing dental financial assistance to qualified low income uninsured and underinsured patients when the ability to pay is a barrier to accessing emergency and necessary dental care.

2.0 Purpose.

This policy describes the requirements for qualifying for and receiving dental financial assistance for emergent and necessary dental services through the Dental Financial Assistance (DFA) program. The DFA program includes charity dental care (full) and discounted dental care (partial) assistance.

3.0 Scope.

This policy applies to employees who are employed by or contracted with the following entities and their subsidiaries (collectively referred to as "KFHPNW"):

- Kaiser Foundation Health Plan of the Northwest (KFHPNW); and
- Permanente Dental Associates, P.C. (PDA)

4.0 Definitions.

See *Appendix A – Glossary of Terms*.

5.0 Provisions.

KFHPNW maintains the DFA program to lessen financial barriers to receiving emergency and necessary dental services for eligible patients regardless of a patient's age, disability, gender, race, religious affiliation or immigration status, sexual orientation, national origin, and whether the patient has dental coverage.

5.1 Services That Are Eligible and Not Eligible Under the DFA Policy.

5.1.1 Eligible Dental Services.

DFA may be applied to certain necessary dental services provided at KFHPNW facilities, or by KP dental providers.

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Note: Assistance for covering the cost of emergent and medically necessary hospital and non-hospital services, prescriptions (including dental prescriptions written by KP providers) and pharmacy supplies are covered under KP's Medical Financial Assistance (MFA) program. See www.kp.org/helppaybills.

5.1.2 Non-Eligible Dental Services.

DFA will not be applied to dental services that are not considered emergent or necessary as determined by a KP dental provider.

5.1.2.1 Dental Services Provided Outside of KFHPNW Facilities.

The DFA policy applies only to services provided at KFHPNW facilities, or by KFHPNW dental providers. Even upon referral from a KFHPNW dental provider, all other services are not eligible for DFA.

5.2 Program Information and Applying for DFA.

Information about the DFA program, including policy copies, application forms, instructions, and policy summaries, is available for free in electronic format or hard copy. Patients can apply for DFA prior to or up to 12 months after their care. Sources of program information and ways to apply for DFA include:

a. Online.

Patients can view and download electronic copies of program information from the DFA website at kp.org/dfa.

b. In Person.

Program information is available and completed applications can be delivered in person at any KP dental office.

c. By Telephone.

Counselors can provide information, check DFA eligibility, and help patients apply for DFA. Call:

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1-503-813-2000, or 1-800-813-2000, or TTY: 711

d. By Mail.

Patients can request information and apply for DFA by mailing a complete application to:

Kaiser Permanente DFA Program
500 NE Multnomah Street, Suite 100
Portland, Oregon 97232
Attn: Financial Counseling Department

e. By Fax.

Completed applications can be faxed to 1-877-829-3547.

5.3 Information Needed to Apply for DFA.

Complete personal, financial, and other information is needed to check a patient's financial status to see if they qualify for the DFA program. A patient's financial status is checked each time they apply for assistance.

5.3.1 Providing Financial Information.

Patients must include household size and income information with their DFA application. However, sending income documents to verify financial status is optional unless KP specifically asks for them.

5.3.1.1 Verifying Financial Status without Income Documentation.

If a patient doesn't provide income documents, their financial situation will be checked using other sources. If these sources can't confirm their financial situation, the patient might be asked to provide their recent paystubs or tax returns. The patient can also send other income documents mentioned in the DFA program application. If the patient gets approved for DFA, they will get a written notice and can choose to decline DFA or give income documents to ask for more help.

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5.3.1.2 Verifying Financial Status with Income Documentation.

If a patient does provide income documents, their financial status will be based on the information provided. Income documentation submitted by patients for DFA eligibility determinations will not be used for collection activities.

5.3.2 Providing Complete Information.

DFA eligibility is determined once all requested personal, financial, and other information is received. If a patient doesn't send all the needed information, they will be informed in person, by mail, or by phone. The patient has 30 days to send the missing information from the date they were informed. DFA might be denied if the information is incomplete.

5.3.3 Requested Information Not Available.

If a patient doesn't have the information asked for in the program application, they can contact KFHP/H to talk about other information they can use to show they qualify.

5.3.4 No Income Information Available.

A patient can provide basic financial information (like income and where it comes from) and explain their financial situation if:

- Their financial situation can't be checked using other sources.
- The asked-for income information isn't available.
- No other documents can show they qualify.

Basic financial information is needed if the patients is

- Homeless or gets care from a homeless clinic.

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- Has no income, doesn't get a formal pay stub from their job (except if self-employed), gets cash gifts, or didn't have to file taxes last year.

5.3.5 Patient Cooperation.

A patient needs to try their best to give all the requested information. If they don't provide what is requested, their situation might still be reviewed to decide if they qualify.

5.4 Prequalified.

The patient is considered prequalified and will get DFA for all eligible services if they meet any of the following conditions:

- Enrolled in a or likely eligible for a government health coverage program like Medicaid, Medicare Low Income Subsidy Program (LIS), or subsidized coverage from the Health Benefit Exchange.
- Enrolled in a government public assistance program like Women, Infants and Children programs, Supplemental Nutrition and Assistance programs, low-income household energy assistance programs, or free/reduced cost lunch programs.
- Living in low-income or subsidized housing.

5.5 Program Eligibility Criteria.

A patient with a gross household income less than or equal to 400% of the Federal Poverty Guidelines (FPG) is eligible for DFA. Assets are not considered income.

5.5.1 Household Size and Income.

Income requirements apply to the members of the household
A patient's family or household means:

- a) For persons 18 years of age and older, spouse, domestic partner, and dependent children under 21 years of age, or any age if disabled, whether living at home or not. However, for persons 18 to 20 years of

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age, family members also include parent, caretaker relatives, and parents or caretaker relatives' other dependent children under 21 years of age or any age if disabled.

- b) For persons under 18 years of age, parent, caretaker relatives, and other children under 21 years of age or any age if disabled.

5.5.2 Discount Schedule.

A patient who meets eligibility requirements will get a sliding scale discount on their costs for eligible KP dental services. The DFA discount is based on where the patient's household income falls within the Federal Poverty Level (FPL) guidelines:

Federal Poverty Guidelines Percentages			Financial Assistance Discount
From		To	
0%	-	200%	100% Discount (Full)
201%	-	300%	75% Discount (Partial)
301%	-	350%	50% Discount (Partial)
351%	-	400%	25% Discount (Partial)

If a patient is approved for partial DFA, the remaining balance is required to be paid in full, or the patient has an option to set up an interest-free payment plan.

5.6 Denials and Appeals

5.6.1 Denials.

If a patient applies for the DFA program and doesn't meet the eligibility criteria, they will be informed in writing that their request is denied.

5.6.2 How to Appeal an DFA Denial.

Patients who are denied DFA or think they qualify for more help can appeal the decision. Patients should appeal if they:

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- Haven't provided income documentation before, or
- Their household income has changed.

Instructions for appealing are in the DFA denial and approval letters and on the DFA website. Appeals are checked by the VP, Central Patient Access and Balance Collections. Patients will be told in writing about the result of their appeal. All appeal decisions are final.

5.7 Award Structure.

The DFA discount is applied to unpaid bills for eligible KP dental services from the date given in the award letter through the eligibility period assigned by KP (see section 5.7.2 Award Eligibility Period). As a courtesy, DFA will also be applied to unpaid bills for eligible KP dental services received 12 months prior to the date the patient was approved for DFA.

5.7.1 Basis of Award.

The DFA discount is applied to the patient's costs based on whether the patient has dental care coverage and their household income.

5.7.1.1 Eligible Patient without Dental Care Coverage (Uninsured).

Eligible uninsured patient receives DFA on the patient cost of all eligible services after all applicable discounts.

5.7.1.2 Eligible Patient with Dental Care Coverage (Insured).

Eligible insured patients receive DFA on the patient cost for all eligible services. They need to provide documents like an Explanation of Benefits (EOB) to show what the insurance didn't cover. They must also appeal any denied claims with their insurance and provide proof of the denial.

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5.7.1.2.1 Payments Received from Insurance Carrier.

Eligible insured patients must give KFHP/H any payments they get from their insurance for services provided by KFHP/H.

5.7.1.3 Reimbursements from Settlements.

KFHPNW pursues reimbursement from third party liability / personal insurance protection settlements, payers, or other legally responsible parties, as applicable.

5.7.2 Award Eligibility Period.

The DFA eligibility period starts from the date in the award letter and lasts up to 180 days for eligible follow-up services.

5.7.3 Award Revoked or Amended.

KFHPNW may revoke, or amend an DFA award, in certain situations, at its discretion. Situations include:

5.7.3.1 Fraud, Theft, or Financial Changes.

A case of fraud, misrepresentation, theft, changes in a patient's financial situation, or other circumstances which undermines the integrity of the DFA program.

5.7.3.2 Other Payment Sources Identified.

Dental coverage or other payment sources identified after a patient receives an DFA award causes the charges for eligible services to be re-billed retroactively. If this occurs, the patient is not billed for that portion of a bill (1) for which the patient is personally responsible and (2) which is not paid by their dental coverage or other payment source.

5.7.3.3 Change in Household Income.

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A patient who experiences a change in household income will be asked to reapply to the DFA program.

5.8 Collection Actions

5.8.1 Collection of Unpaid Bills for KP Dental Services.

Unpaid bills for KP dental services are due within 30 days of receipt of the initial bill from KP. To prevent further collection activity:

- Full payment must be received and processed.
- A DFA application has been submitted and is in-progress or DFA has been approved.
- A payment plan has been established and is in good standing.

5.8.2 Reasonable Notification Efforts.

KFHPNW or a debt collection agency acting on its behalf, makes reasonable efforts to notify patients with past due or unpaid bills for KP dental services about the DFA program. Reasonable notification efforts include:

5.8.2.1 Written Notice of Unpaid Bills.

Providing one written notice within 180 days of first bill from KP informing the party responsible for the unpaid bills for KP dental services that DFA is available for those who qualify.

5.8.2.2 Written Notice of Allowable Collections Actions.

Providing written notice with the list of collection actions that KFHPNW or a debt collection agency intends to initiate for payment of unpaid bills for KP dental services, and the deadline for such actions, which is no earlier than 30 days from written notice.

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5.8.2.3 Verbal Notification.

Attempting to notify the responsible party for unpaid bills for KP dental services verbally about the DFA policy and how to obtain assistance through the DFA application process.

5.8.2.4 Determine DFA Eligibility Upon Request.

Determining DFA eligibility upon request, before past due or unpaid bills for KP dental services are transferred to a debt collection agency.

5.8.3 Advancing Patient Debt to Debt Collection Agency.

Unpaid bills for KP dental services may be considered for bad debt adjustment and placement with a debt collection agency after active collections and notification efforts occur and it has been 180 days since initial billing.

5.8.3.1 Authority to Advance Patient Debt.

Patient debt is advanced to Debt Collection Agency under the authority of the VP, Central Patient Access and Balance Collections.

5.8.3.2 Assignment to Collections Vendor for Follow Up.

Some parties responsible for unpaid bills for KP dental services are assigned to collection vendor for follow up activities (e.g. address validation) prior to pursuing bad debt collection activities.

5.8.4 Collection Actions Suspended.

KFHPNW does not conduct or permit debt collection agencies to conduct on its behalf, collection actions against a patient if the patient:

- Has active DFA for follow-up services, or

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- Has initiated a DFA application after collection actions have begun. Collection actions are suspended until a final eligibility determination is made.

5.8.5 Allowable Collection Actions.

5.8.5.1 Final Determination of Reasonable Efforts.

Prior to initiating any collection actions, the VP, Patient Access and Balance Collections ensures the following:

5.8.5.1.1 Reasonable Efforts to Notify Patient.

Completion of reasonable efforts to notify the patient of the DFA program, and

5.8.5.1.2 Reasonable Time for Patient to Apply.

The patient has been provided at least 240 days from the first billing statement to apply for DFA.

5.8.5.1.3 Reporting to Consumer Credit Agencies or Credit Bureaus.

KFHPNW or a debt collection agency acting on its behalf, may report adverse information to consumer credit reporting agencies or credit bureaus only for consolidated unpaid bills for KP dental services greater than \$500.

5.8.6 Prohibited Collection Actions.

KFHPNW does not perform, allow, or allow debt collection agencies to perform, the following actions under any circumstance:

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- Sell the responsible party's debt for unpaid bills for KP dental services to a third party.
- Foreclosure on property or seizure of accounts.
- Request warrants for arrest.
- Request writs of body attachment.
- Judicial or civil actions such as wage garnishment, attach individual bank account or other personal property, or residential liens.

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Appendix A – Glossary of Terms

Debt Collection Agency

A person or organization that, by direct or indirect action, conducts or practices collections or attempts to collect a debt owed, or alleged to be owed, to a creditor or debt buyer.

Dental Financial Assistance (DFA)

KP's DFA program combines full and partial charity care / discount programs to provide financial assistance to eligible patients who are unable to pay for all or part of their necessary dental services. Individuals are required to meet program criteria for assistance to pay for some or all the patient cost of care.

Eligible Patient

An individual who meets the eligibility criteria described in this policy, whether the patient is (1) uninsured; (2) receives dental coverage through a public program (e.g., Medicaid); (3) is insured by a dental plan other than KFHPNW; or (4) is covered by KFHPNW.

External Data Sources

Third-party vendors used to review a patient's personal information to assess financial need by utilizing a model based on public record databases which assess each patient based on the same standards to calculate a patient's financial capacity score.

Federal Poverty Guidelines (FPG)

The levels of annual income for poverty as determined by the United States Department of Health and Human Services and are updated annually in the Federal Register.

Homeless

A status descriptor for the living situation of a person, as described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.

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- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit or is fleeing a domestic violence situation with no subsequent residence identified and the person lacks the resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified, and the person lacks the financial resources and social support networks needed to obtain housing.

KP

Includes Kaiser Foundation Health Plan of the Northwest, Permanente Dental Association, and their respective subsidiaries, except Kaiser Permanente Insurance Company (KPIC).

Necessary Dental Services

Include care, treatment, or dental services ordered or provided by a KFHPNW dental provider that are needed for the prevention, evaluation, diagnosis, or treatment of a dental condition, are not mainly for the convenience of the patient or dental care provider. Note: Assistance covering the cost of emergent and medically necessary medical services, prescriptions and pharmacy supplies (including dental prescriptions written by KP providers) is covered under KP's Medical Financial Assistance (MFA) program.

Patient Cost

The portion of charges that are billed to a patient for care received at KP dental offices that are not reimbursed by insurance or a publicly funded dental care program.

Underinsured

An individual who, despite having dental coverage, finds that the obligation to pay insurance premiums, copayments, coinsurance, and deductibles is such a significant

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financial burden that the patient delays or does not receive necessary dental services due to the out-of-pocket costs.

Uninsured

An individual who does not have dental insurance or federal- or state-sponsored financial assistance to help pay for necessary dental services.