

Community Hospital of San Bernardino Financial Assistance Application Form Instructions

This is an application for financial assistance at a *CommonSpirit Health* facility.

CommonSpirit Health provides financial assistance to people and families who meet certain income requirements. You may qualify for free care or discounted care based on your family size and income, even if you have health insurance. Assistance is provided for those patients whose family income is lower than 500% of the Federal Poverty Level Guidelines. Information on the Federal Poverty Level Guidelines can be found at <http://aspe.hhs.gov/poverty-guidelines>.

What does financial assistance cover? The hospital financial assistance covers appropriate hospital- based services provided by CommonSpirit Health depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations. For patients applying only for discount payment or Charity Care, the hospital may only request recent paystubs or income tax returns for documentation of income. Patients that only apply for discount payment may receive less financial assistance than what may be available to them under the charity care program.

A Patient awarded charity care shall receive a 100% discount on amounts owed. A patient awarded discounted care shall receive a reduction to their amount owed. You as the patient do not need to indicate which program you are applying for. CommonSpirit Health will award you the highest discount you qualify for.

If you have questions or need help completing this application: You may obtain help for any reason, including disability and language assistance at: (909) 806-1304

In order for your application to be processed, you must:

- Provide us information about your family**
- Provide us information about your family's gross monthly income (income before taxes and deductions)**
- Provide documentation for family income**
- Attach additional information if needed**
- Sign and date the form**

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number, it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA."

Mail or fax completed application with all documentation to: Community Hospital of San Bernardino, 1805 Medical Center Dr., San Bernardino, CA 92412, Fax: 909-887-4164. Be sure to keep a copy for yourself.



To submit your completed application in person: Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 30 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.



**Community Hospital of San Bernardino
Financial Assistance Application Form – Confidential**

We want to help. Please submit your application promptly!

You may receive bills until we receive your information.

*Please fill out all information completely. If it does not apply, write "NA."
Attach additional pages if needed.*

**SCREENING
INFORMATION**

Do you need an interpreter? **Yes** **No** *If Yes, list preferred language:*

Has the patient applied for Medicaid? **Yes** **No**

Does the patient receive state public services such as food stamps or WIC (Women, Infants, and Children)?
 Yes **No**

Is the patient currently homeless? **Yes** **No**

Is the patient's medical care related to a car accident or work injury? **Yes** **No**

List of Dignity Health or CommonSpirit Health hospital(s) where you were treated:

PLEASE NOTE

- We cannot guarantee that you will qualify for financial assistance, even if you apply.
- Once you send in your application, we may check all the information and may ask for additional information or proof of income.

PATIENT AND APPLICANT INFORMATION

Patient first name		Patient middle name		Patient last name
Date of Birth		Patient Account Numbers:		Patient Social Security Number (optional*)
Person Responsible for Paying Bill	Relationship to Patient	Birth Date		Social Security Number (optional*)
<hr/> Mailing Address <hr/> City State Zip Code				Main contact number(s) () _____ () _____ Email Address: _____

Employment status of person responsible for paying bill

- Employed** (date of hire: _____)
 Unemployed (how long unemployed: _____)
 Self-Employed
 Student
 Disabled
 Retired
 Other (_____)

FAMILY INFORMATION

List family members in your household, including you. A patient's "Family" includes:

- For persons 18 years of age and older - a spouse, domestic partner, and dependent children under 21 years of age, or any age if disabled, whether living at home or not.
- For persons under 18 years of age, or for a dependent child 18 to 20 years of age - a parent, caretaker relatives, and other dependent children under 21 years of age, or any age if disabled, of the parent or caretaker relative.

FAMILY SIZE _____

Attach additional page if needed

Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Also applying for financial assistance?
					Yes/No
					Yes/No
					Yes/No
					Yes/No
					Yes/No
					Yes/No

All adult family members' income must be disclosed. Sources of income include, for example:

- Wages - Unemployment - Self-employment - Worker's compensation - Disability - SSI
- Child/spousal support - Work study programs (students) - Pension - Retirement account distributions
- Other (*please identify:* _____)

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INCOME INFORMATION

***REMEMBER:** You must include proof of income with your application.*

You must provide information on your family's income. Income verification is required to determine financial assistance.

All family members 18 years old or older must disclose their income. Please provide proof for every identified source of income.

Examples of proof of income include:

- Most recent tax return, including schedules if applicable; or
- Current pay stubs (6 months).

Other documentation that is helpful but not required include:

- A "W-2" withholding statement; or
- Written, signed statements from employers or others; AND
- Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or
- Approval/denial of eligibility for unemployment compensation.
- Proof/evidence of state disability eligibility.

If you have no proof of income or no income, please attach an additional page with a signed statement explaining how you support basic living expenses (such as housing, food, and utilities).

ASSET INFORMATION

Asset verification is helpful to determine financial assistance, but not required.

Examples of helpful Asset Information include:

- Current bank statements (showing most recent 3 months)
 - Checking Account(s)
 - Savings Account(s)
- Investments, including stocks and bonds
- Trust funds
- Money Market Account(s)
- Mutual funds
- Other investment funds that will not incur a penalty if funds are withdrawn.

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, excessive medical expenses, seasonal or temporary income, or personal loss.

PATIENT AGREEMENT

I understand that CommonSpirit Health may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

- I certify that the information I have provided is true and accurate to the best of my knowledge.
- I will independently or with the assistance of hospital personnel apply for ANY and ALL Assistance which may be available through federal, state, local government and private sources to help pay this healthcare bill.
- I understand that if I do not cooperate with CommonSpirit Health in providing requested information, my application may be denied.
- I understand that the information which I submit is subject to verification by CommonSpirit Health, including credit reporting agencies and subject to review by Federal and/or State agencies and others as required.
- I understand that additional information may be requested in order to qualify for assistance.

If you receive payment from an insurance company, workers compensation plan, or any other third party, you agree to inform the hospital of any such payment. The hospital retains its right to collect the original, full billed charges should a third party provide you with payment for the hospital's services.

Signature of Person Applying

Date

California Hospital Fair Billing Program

ATTENTION:

If you need help in your language, please call (909) 806-1304 or visit the financial counselor office. The office is open 8am-4:30pm and located at Community Hospital of San Bernardino, 1805 Medical Center Drive, San Bernardino, CA 92411. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Community Hospital of San Bernardino

1805 Medical Center Drive, San Bernardino, CA 92411 | Financial Counseling (909) 806-1304
Patient Financial Services 909-806-1281 | <https://www.dignityhealth.org/socal/locations/san-bernardino/patients-and-visitors/for-patients/billing-payment-financial-services/financial-assistance>

PAUNAWA: (Tagalog)

Kung kailangan mo ng tulong sa iyong wika, pakiusap tawag (909) 806-1304 o bisitahin ang opisina ng pinansyal na tagapayo. Bukas ang opisina nang 8am-4:30pm at matatagpuan ito sa Community Hospital of San Bernardino, 1805 Medical Center Drive, San Bernardino, CA 92411. Available din ang mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumentong nasa braille, malaking print, audio, at iba pang maaaring makuhang elektronikong format. Libre ang mga serbisyong ito.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ.

Եթե ձեր լեզվի հետ կապված օգնության կարիք ունեք, խնդրում ենք զանգահարել (909) 806-1304 կամ այցելել ֆինանսական խորհրդատուի գրասենյակը: Գրասենյակը բաց է՝ 8am-4:30pm և գտնվում է Community Hospital of San Bernardino, 1805 Medical Center Drive, San Bernardino, CA 92411: Հասանելի են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են Բրայլի լեզվով փաստաթղթերը, խոշոր տառատեսակը, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայություններն անվճար են:

ВНИМАНИЕ:

Если вам нужна помощь на вашем языке, пожалуйста позвони (909) 806-1304, или посетите офис финансового консультанта. Наш офис работает с 8am до 4:30 pm и расположен в Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 Также доступны вспомогательные средства и услуги для лиц с инвалидностью, например, документы, напечатанные шрифтом Брайля, крупным шрифтом, в аудио- и других доступных электронных форматах. Эти услуги являются бесплатными.

注意：

如果您需要您语言的帮助，请致电，(909) 806-1304 或亲临财务顾问办公室。办公室已开放8:00 – 下午4:30，并位于 Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411。残障人士还可获得辅助工具和服务，如盲文文件、大字文件、音频文件以及其他无障碍电子格式资料。此类服务均 免费。

주의 사항:

귀하의 언어로 도움이 필요하시면 전화주세요, (909) 806-1304. 또는 금융상담실을 방문하.

세요사무실은 오전 8시부터 오후 4시 30분까지 열려있습니다 그리고 위치는 Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

UA TIB ZOO MLOOG:

Yog koj xav tau kev pab ua koj hom lus, thov hu rau (909) 806-1304 los yog mus ntsib tus kws pab tswv yim txog nyiaj txiag. Lub chaw ua haujlwm qhib 8 teev sawv ntxov-4:30 teev tsaus ntuj thiab nyob ntawm Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 Cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv nyob rau hauv daim ntawv Braille, luam ntawv loj, suab, thiab lwm yam khoom siv hluav taws xob siv tau kuj muaj. Cov kev pabcuam no pub dawb.

LƯU Ý:

Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi (909) 806-1304 hoặc đến văn phòng tư vấn tài chính. Văn phòng mở cửa từ 8 giờ sáng - 4 giờ 30 chiều và tọa lạc tại Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 Các hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử để tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

ATTENTION:

Si vous avez besoin d'aide dans votre langue, veuillez appeler (909) 806-1304 ou visitez le bureau du conseiller financier. Le bureau est ouvert de 8h à 16h30 et situé au Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 Des aides et des services pour les personnes handicapées, comme des documents en braille, en gros caractères, audio et autres formats électroniques accessibles, sont également disponibles. Ces services sont gratuits.

注意 :

如果您需要您語言的協助，請致電 (909) 806-1304，或前往財務顧問辦公室。辦公室的開放時間為上午 8 點至下午 4:30，地址為 Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411。也為殘疾人士提供輔助工具和服務，例如點字、大字體、音訊和其他無障礙電子格式的文件。這些服務是免費的。

ACHTUNG:

Wenn Sie Hilfe in Ihrer Sprache benötigen, rufen Sie bitte an (909) 806-1304 oder besuchen Sie die Finanzberatungsstell. Das Büro ist von 8:00 bis 16:30 Uhr geöffnet und befindet sich unter: Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 Es stehen auch Hilfsmittel und Dienstleistungen für Menschen mit Behinderungen zur Verfügung, z. B. Dokumente in Blindenschrift, Großdruck, Audio und anderen barrierefreien elektronischen Formaten. Diese Dienste sind kostenlos.

ATENCIÓN:

Si necesita ayuda en su idioma, llame (909) 806-1304 o visite la oficina del asesor financiero. La oficina está abierta de 8 am a 4:30 pm y está ubicada en Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

ご注意 :

あなたの言語でサポートが必要な場合は、お電話ください (909) 806-1304 または家計相談室までお越しください。オフィスの営業時間は午前 8 時から午後 4 時 30 分までで、所在地は次のとおりです Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 点字、大きな活字、音声、その他のアクセス可能な電子形式の文書など、障害のある人向けの支援やサービスも利用できます。これらのサービスは無料です。

ध्यान दें:

यदि आपको अपनी भाषा में सहायता चाहिए तो कृपया कॉल करें (909) 806-1304 या वित्तीय परामर्शदाता कार्यालय पर जाएँ. कार्यालय सुबह 8 बजे से शाम 4:30 बजे तक खुला रहता है Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल में दस्तावेज़, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं.

تنبیه:

أو زيارة مكتب المستشار المالي. المكتب مفتوح من الساعة 8 806-1304 (909) إذا كنت بحاجة إلى تلقي المساعدة بلغتك، يُرجى الاتصال على Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 صباحًا حتى 4:30 مساءً ويقع في تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والطباعة الكبيرة 92411 Bernardino, CA 92411 والصوت وغيرها من التنسيقات الإلكترونية التي يمكن الوصول إليها. هذه الخدمات مجانية

ਪਿਆਨ ਦਿਓ:

ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਕਿਰਪਾ ਕਰਕੇ (909) 806-1304 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿੱਤੀ ਕਾਊਂਸਲਰ ਦਫਤਰ 'ਤੇ ਵਿਜ਼ਿਟ ਕਰੋ। ਦਫਤਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 4:30 ਵਜੇ ਤਕ ਖੁੱਲ੍ਹਾ ਹੈ ਅਤੇ Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 'ਤੇ ਸਥਿਤ ਹੈ। ਅਯੋਗ ਲੋਕਾਂ ਲਈ ਸਹਾਇਕ-ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡਾ ਪ੍ਰਿੰਟ, ਔਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

توجه:

اگر به کمک به زبان خودتان نیاز دارید، لطفاً با 806-1304 (909) تماس بگیرید یا به اداره مشاور مالی مراجعه کنید. این اداره از ساعت 8 صبح تا 4:30 بعدازظهر باز است و در Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 واقع شده است. لوازم کمکی و خدمات ویژه افراد دارای معلولیت مثل اسناد به خط بریل، چاپ بزرگ، قالب صوتی و سایر قالب‌های الکترونیکی با دسترسی آسان نیز موجود است. این خدمات رایگان است.

โปรดทราบ:

หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดติดต่อหมายเลข(909) 806-1304 หรือเข้าไปที่สำนักงานที่ปรึกษาทางการเงิน สำนักงานเปิดทำการเวลา 8:00-16:30 น. และตั้งอยู่ที่ที่อยู่ Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411 มีความช่วยเหลือและบริการให้สำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์ เอกสารตัวอักษรขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์เพื่อช่วยการเข้าถึงอื่น ๆ ให้ใช้งานได้ด้วยเช่นกัน บริการเหล่านี้สามารถใช้ได้ฟรี

ជូនចំពោះ:

ប្រសិនបើអ្នកត្រូវការជំនួយភាសារបស់អ្នក សូមទូរសព្ទទៅ (909) 806-1304 ឬចូលទៅកាន់ការិយាល័យវិប្បិក្សា ហិរញ្ញវត្ថុ។ ការិយាល័យបើកដំណើរការពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 4:30 រសៀល និងមានទីតាំងនៅ Community Hospital of San Bernardino, 1805 Medical Center Drive , San Bernardino, CA 92411។ ជំនួយ និងសេវាសម្រាប់ជនពិការ ដូចជាឯកសារអក្សរស្នាម ការបោះពុម្ពអក្សរធំៗ អូឌីយ៉ូ និងទម្រង់អេឡិចត្រូនិកដែលអាចចូលប្រើ បានផ្សេងទៀតក៏មានផងដែរ។ សេវាទាំងនេះមិនគិតថ្លៃទេ។