Community Hospital
of the Monterey Peninsula
Montage Health

APPLICATION FOR SPONSORED CARE OR DISCOUNT PAYMENT PROGRAM

This is an application for the Sponsored Care and Discount Payment programs.

To be considered for financial assistance, a completed application must be submitted to our office along with proof of family income. Refer to number 11 on the application for the required documents.
Please be sure to attach required documentation as indicated on the application.

This program is the payer of last resort and should only be accessed after all other means of payment have been exhausted. Hospital enrollment counselors will be available to assist patients with the application process for government-sponsored health benefit plans, health benefit coverage through the California Health Benefit Exchange, Medi-Cal, Medicare, and other available programs. Applying for these programs will be encouraged but **will not be a requirement** to be considered for Sponsored Care. any.
If you apply and are deemed eligible by Community Hospital for Sponsored Care or the Discount Payment Program, you will be notified of the discount amount for which you have been approved. This program does not cover fees and charges from other providers (including physicians) for which Community Hospital does not bill, nor does not cover transportation costs (i.e. ambulance).

If you have questions regarding the completion of your application, please call us at any of these numbers:

For information **prior** to care or services contact the clinical department where you are seeking services.

For information **during** care contact Patient Access (831) 625-4910

For information **after** care contact Patient Business Services (831) 625-4922

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 - HospitalBillComplaint.hcai.ca.gov for more information and to file a complaint.

Community Hospital
of the Monterey Peninsula
Montage Health

APPLICATION TO DETERMINE SPONSORED CARE OR DISCOUNT

PAYMENT PROGRAM ELIGIBILITY

This application is to be completed by the parent, legal guardian, or applicant (if independent and age18 or older or an emancipated minor) in order to determine if the applicant is eligible for Community Hospital 's Sponsored Care or Discount Payment Program. The term "applicant" means the patient for whom Community Hospital provided or will provide medical services. Please type or print clearly.

APPLICANT INFORMATION

1. Name of applicant (Last, first, middle): _____
2. Any other name the applicant is known by: _____
3. Date of birth (Month, day, year): _____
4. Social Security number: _____
5. Residence address Number and street (do not use P.O BOX):

   _____

   Number and Street (do not use P.O. Box) City State Zip
6. Mailing address (if different from residence)

   _____

   Number and Street or P.O. Box City State Zip

7. Daytime phone number:_____
8. Evening phone number: _____
9. What is your preferred language? _____
9.
10. Type of service provided or requested: _____
11. The Sponsored Care and Discount Payment programs require submission of **one** the following documents for proof of income:
    - Recent tax returns: from the year the patient was first billed or the prior 12 months. If you do not have a copy of your tax return, you download the from https://www.irs.gov/individuals/get-transcript or by calling 800-908-9946.
    - Recent pay stubs (within 6 months before or after the billing date or application submission
    - Other reasonable documentation that reflects the patient's financial situation

B. PARENT/LEGAL GUARDIAN INFORMATION (Applicants age 18 or older or

emancipated minors skip items 13 through 18)

12. Name(s) of parent or legal guardian:_____Relationship: _____
13. Residence address:

_____

Number and Street (do not use P.O. Box City State Zip

14. Mailing address (if different from residence)

_____

Number and Street (do not use P.O. Box City State Zip

15. Daytime phone number: _____
16. Evening phone number: _____
17. Cell phone number: _____

C. HEALTH INSURANCE INFORMATION

18. Does the applicant have Medi-Cal? If yes, what is the applicant's Medi-Cal ID number?
19. Does the Applicant have other health insurance, including but not limited to:
    - Third Party insurance coverage
    - Eligibility or active coverage with the California Health Benefit Exchange

_____ Initial here	I am applying for the hospital's Sponsored Care or Discount Payment Program as indicated above. I understand that failure to provide requested information may result in denial of my application.
_____ Initial here	I certify that I have read and understand the information on this application.
_____ Initial here	I certify that the information I have given on this form is true and correct.
_____ Initial here	I give my permission for Community Hospital of the Monterey Peninsula to contact any healthcare provider regarding my medical care and treatment.
_____ Initial here	I understand that soft credit inquiry may be done to verify information..

Additional comments: _____

_____

_____

_____

_____ _____

Applicant's Signature Today's Date

English
ATTENTION: If you need help in our language, please call (831) 625-4910 for Patient Access or Patient Business Services at (831) 625-4922, or visit the Patient Business Services office 23625 Holman Hwy, Monterey, CA 93942. The office is open from 8:00 am to 4:30 pm Monday through Friday. 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.

Spanish
ATENCIÓN: Si necesita ayuda en nuestro idioma, llame al (831) 625-4910 para Acceso para Pacientes o a Servicios Administrativos de Pacientes al (831) 625-4922, o visite la oficina de Servicios Administrativos de Pacientes en 23625 Holman Hwy, Monterey, CA 93942. La oficina está abierta de 8:00 a.m. a 4:30 p.m. de lunes a viernes. También están disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

Chinese (Simplified)
注意： 如果您需要使用您的语言获得帮助， 请致电（831） 625-4910 病人接待部门或（831）625-4922 患者事务服务部门，也可以前往患者事务服务办公室地址：23625 Holman Hwy, Monterey, CA 93942。办公室开放时间为周一至周五上午8:00至下午4:30。 此外， 我们也为残障人士提供辅助服务，例如，盲文文件、大字版、音频资料以及其他无障碍电子格式文件。 这些服务均免费提供。

Chinese (Traditional)
注意： 如閣下需要以閣下所使用的語言獲取協助， 請致電（831） 625-4910 病人接待部或（831）625-4922 病人事務服務部， 亦可親臨病人事務服務辦事處地址：23625 Holman Hwy, Monterey, CA 93942。辦事處開放時間為星期一至星期五上午八時至下午四時三十分。 此外， 本院亦為殘疾人士提供輔助服務，例如點字文件、大字版、錄音資料及其他無障礙電子格式文件。 上述服務全屬免費。

Vietnamese
CHÚ Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của chúng tôi, vui lòng gọi số (831) 625-4910 để liên hệ Bộ phận Tiếp nhận Bệnh nhân hoặc Bộ phận Dịch vụ Kinh doanh dành cho Bệnh nhân theo số (831) 625-4922 hoặc đến văn phòng Dịch vụ Kinh doanh dành cho Bệnh nhân tại 23625 Holman Hwy, Monterey, CA 93942. Văn phòng mở cửa từ 8:00 sáng đến 4:30 chiều từ Thứ Hai đến Thứ Sáu. Các phương tiện hỗ trợ và dịch vụ cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi (braille), cỡ chữ lớn, bằng âm thanh và các định dạng điện tử dễ tiếp cận khác, cũng có sẵn.Các dịch vụ này đều miễn phí.

Korean

알림: 저희 언어 지원이 필요하실 경우 환자 접근 서비스 (831) 625-4910번 또는 환자 업무 서비스 (831) 625-4922번으로 전화하시거나, 23625 Holman Hwy, Monterey, CA 93942에 위치한 환자 업무 서비스 사무실을 찾아주세요. 사무실 업무 시간은 매주 월~금 오전 8시부터 오후 4시 30분입니다. 점자 문서, 대형 활자본, 오디오 또는 기타 접근 가능한 전자 형식 등 장애인을 위한 지원 및 서비스도 제공 가능합니다. 해당 서비스는 무상 제공합니다.

Armenian
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեզ օգնություն է անհրաժեշտ մեր լեզվով, խնդրում ենք զանգահարել (831) 625-4910 հեռախոսահամարով՝ հիվանդների մուտքի համար կամ (831) 625-4922 հեռախոսահամարով՝ հիվանդների բիզնես ծառայությունների համար, կամ այցելել Հիվանդների բիզնես ծառայությունների գրասենյակ՝ 23625 Holman Hwy, Monterey, CA 93942 հասցեով: Գրասենյակը բաց է 8:00-ից մինչև 16:30-ը երկուշաբթիից-ուրբաթ օրերին: Հասանելի են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, ինչպիսիք են Բրայլի գրերով, խոշոր տառերով փաստաթղթերը, աուդիո և այլ հասանելի էլեկտրոնային ձևաչափերով փաստաթղթերը: Այս ծառայություններն անվճար են:

Russian
ВНИМАНИЕ! Если вам нужна помощь на нашем языке, позвоните по номеру (831) 625-4910, чтобы получить доступ или бизнес-услуг для пациентов, позвоните по телефону (831) 625-4922 или посетите офис бизнес-услуг для пациентов по адресу 23625 Holman Hwy, Monterey, CA 93942. Офис работает с 8:00 до 16:30 с понедельника по пятницу. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, напечатанные шрифтом Брайля, крупным шрифтом, аудио и в других доступных электронных форматах. Эти услуги предоставляются бесплатно.

Tagalog
PAUNAWA: Kung kailangan mo ng tulong sa aming wika, mangyaring tumawag sa (831) 625-4910 para sa Access ng Pasyente o Patient Business Services Mga Serbisyo Tungkol sa Pasyente sa (831) 625-4922, o bisitahin ang Tanggapan ng Mga Serbisyo Tungkol sa Pasyente 23625 Holman Hwy, Monterey, CA 93942. Bukas ang tanggapan mula 8:00 ng umaga hanggang 4:30 ng hapon Lunes hanggang Biyernes. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malalaking imprenta, audio, at iba pang naa-access na elektronikong format. Libre lamang ang mga serbisyong ito.

Arabic
تنبيه: في حال الاحتياج إلى المساعدة بلغتنا، يُرجى الاتصال بالرقم التالي (831) 625-4910 لخدمات تمكين وصول المرضى للرعاية الصحية (Patient Access) على الرقم التالي (831) 625- (Patient Business Services) أو خدمات الأعمال التجارية المتعلقة بالمرضى 4922، أو يمكنك زيارة مكتب خدمات الأعمال التجارية المتعلقة بالمرضى الكائن في Holman Hwy، Monterey، CA 93942. ساعات عمل المكتب من الساعة 8 صباحًا حتى الساعة 4:30 مساءً، من الاثنين إلى الجمعة. كما يتوفر لدينا مساعدات وخدمات للأشخاص ذوي الإعاقة مثل الوثائق المكتوبة بطريقة برايل وتلك المكتوبة بخط كبير، والوثائق الصوتية، وغيرها من الصيغ الإلكترونية الميسرة. وهذه الخدمات مجانية.

Persian (Farsi)
توجه: اگر به زبان ما به کمک نیاز دارید، لطفاً برای دسترسی بیمار با شماره (831) 625-4910 یا برای خدمات بازرگانی بیماران با شماره (831)625-4922 مراجعه 23625 Holman Hwy, Monterey, CA 93942 تماس بگیرید، یا به دفتر خدمات بازرگانی بیماران در کنید. دفتر از دوشنبه تا جمعه از ساعت ۸:۰۰ صبح تا ۴:۳۰ بعدازظهر باز است. وسایل و خدماتی برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ درشت، نسخه صوتی و سایر قالب‌های الکترونیکی قابل‌دسترس نیز موجود هستند. این خدمات رایگان هستند.

Cambodian(Khmer)

សូមសម្គាល់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់យើង សូមទូរស័ព្ទទៅលេខ (831) 625-4910
សម្រាប់ជំនួយអ្នកជំងឺ ឬសេវាកម្មអាជីវកម្មអ្នកជំងឺតាមលេខ (831) 625-4922
ឬចូលទៅកាន់ការិយាល័យសេវាកម្មអាជីវកម្មអ្នកជំងឺ 23625 Holman Hwy, Monterey, CA 93942។
ការិយាល័យបើកពីម៉ោង 8:00 ព្រឹក ដល់ 4:30 ល្ងាច ថ្ងៃច័ន្ទ ដល់ សុក្រ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ
ដូចជាឯកសារជាអក្សរស្ទាប ការបោះពុម្ពអក្សរធំ សំឡេង
និងទម្រង់អេឡិចត្រូនិចផ្សេងទៀតក៏មានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

Hmong
CEEB TOOM: Yog koj xav tau kev pab cuam txog yam lus, thov hu rau (831) 625-4910 rau lub Chaw Txais Neeg Mob los yog Chaw Pab Cuam Txog Nyiaj Txiag Rau Neeg Mob ntawm (831) 625-4922, los yog mus ntsib tau ntawm lub chaw ua hauj lwm Pab Cuam Txog Nyiaj Txiag Rau Neeg Mob nyob ntawm 23625 Holman Hwy, Monterey, CA 93942 Lub chaw ua hauj lwm no qhib sij hawm 8:00 sawv ntxov txog 4:30 tav su Hnub Monday txog Hnub Friday. Kuj muaj cov kev pab cuam thiab cov khoom siv rau cov neeg muaj kev xiam oob qhab, xws li cov ntaub ntawv ua cov ntawv rau neeg dig muag (braille), ntawv luam loj, ntaub ntawv suab, thiab lwm hom ntaub ntawv hluav taws xob uas nkag tau yooj yim. Cov kev pab cuam no yog pub dawb tsis sau nqi.

Punjabi
ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਸਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਰੀਜ਼ ਪਹੁੰਚ ਜਾਂ ਮਰੀਜ਼ ਕਾਰੋਬਾਰੀ ਸੇਵਾਵਾਂ ਲਈ (831) 625-4910 'ਤੇ (831) 625-4922 'ਤੇ ਕਾਲ ਕਰੋ, ਜਾਂ ਮਰੀਜ਼ ਵਪਾਰ ਸੇਵਾਵਾਂ ਦਫ਼ਤਰ, 23625 Holman Hwy, Monterey, CA 93942 ਵਿਖੇ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 4:30 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Japanese
注意：日本語でのサポートをご希望の場合は、患者様窓口の(831) 625-4910、または Patient Business Services 患者様業務サービス部の(831) 625-4922にお電話ください。または直接患者様業務サービス部にお越しください所在地：23625 Holman Hwy, Monterey, CA 93942。 営業時間は月曜日から金曜日の午前8時から午後4時30分までです。 点字、大きな文字、音声、その他の電子形式など、障がいをお持ちの方へのご支援やサービスもご利用いただけます。 これらのサービスはすべて無料です。

Hindi
ध्यान दें: यदि आपको हमारी भाषा में सहायता चाहिए, तो कृपया रोगी एक्सेस के लिए (831) 625-4910 पर या रोगी बिज़नेस सर्विसेज़ के लिए (831) 625-4922 पर कॉल करें, या 23625 Holman Hwy, Monterey, CA 93942 स्थित रोगी बिज़नेस सर्विसेज़ (Patient Business Services) कार्यालय में जाएँ। कार्यालय सोमवार से शुक्रवार तक सुबह 8:00 बजे से शाम 4:30 बजे तक खुला रहता है। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल, बड़े प्रिंट, ऑडियो में दस्तावेज़, और अन्य सुलभ इलेक्ट्रॉनिक फॉर्मेट, भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं।