



[Primary Contact]
[Primary Contact Address 1]
[Primary Contact Address 2]
[Primary Contact City_ST_Zip]

Statement of Financial Condition

Section 1, Instructions:

In order to process your application, please make sure that you have completed **ALL** sections of this application, including the signature page and provide any proof of income that pertains to you.

Acceptable proof of income is as follows:

- Three most recent paycheck stubs
- Most current Tax Return Form
- Most current Schedule C Tax Form (for self-employed patients)
- Current Social Security Summary
- Current Unemployment Summary
- Current Disability Summary

An incomplete application will be returned and will not be processed until **all** required documents are received. Normal billing procedures will continue during this time.

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.

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Section 4, Family Income: If no income, see section 5.

Current Monthly Income	Patient	Spouse	Joint
Gross Pay	\$	\$	\$
Income from Business (if self-employed)	\$	\$	\$
Interest and Dividends	\$	\$	\$
From Real Estate and Person Property	\$	\$	\$
Social Security/Retirement Income	\$	\$	\$
From Alimony, support payments	\$	\$	\$
Other Income	\$	\$	\$
Total Monthly Income	\$	\$	\$

Assets only considered when applying for Charity Care

Assets	Patient	Spouse	Joint
Stocks and Bonds	\$	\$	\$
Money Market Accounts	\$	\$	\$
Brokerage Accounts	\$	\$	\$
Certificates of Deposit/Savings Accounts	\$	\$	\$
Total Monthly Income	\$	\$	\$

Section 5, Additional Information/ Means of Support

Please use this section to provide additional information that may be pertinent to your eligibility for a discount. If you do not receive any income, please explain your means of support.

Example: How are your paying for food, rent, or other bills?

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Section 6, Insurance Information:

Do you currently have health insurance coverage? Include Dependent Insurance if it differs:

Patient

Dependent

If yes, name of Insurance/Health Plan:

If yes, name of Insurance/Health Plan:

Identification Number:

Identification Number:

Subscriber/ Policy Holder Name:

Subscriber/ Policy Holder Name:

If you do not have active insurance, per Marshall's policy, we require you to apply for Medi-Cal and provide us with a determination letter. You can apply at www.coveredca.com or by calling the local Medi-Cal office at 530-642-7300. If Medi-Cal denies you, please pursue coverage through Covered California.

Section 7, Discount Payment/Charity care Application Checklist/Signatures

In order to prevent your application from being returned due to missing information, please review the check list below:

- Complete sections 1-7
- Include acceptable proof of income, refer to section 1 if you have any questions
- Include Medi-Cal determination letter. (If applicable)
- Federal Tax Income form in you have dependents over the age of 18
- Signature and date for applicant
- Signature and Date for spouse and significant other (If applicable)
- Signature for dependent over the age 18 (If applicable)

Signature of Applicant

Date

Signature of Spouse/Significant Other

Date

Signature of Dependent over the age of 18

Date

If you are over the age of 18 and being claimed on this application, we require your signature stating that you give permission you and any outstanding balance with Marshall for this discount as well as on the Charity Care determination letter will be sent out once the application is complete. If you decline to sign, you will not be eligible for this discount.

Attachment B

ATTENTION: If you need help in your language, please call 530-626-2618 or visit the main admitting desk located at 1100 Marshall Way Placerville, CA 95667. Their office hours are 7:00am-5:00pm. 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.

تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك ، فيرجى الاتصال بالرقم 530-626-2618 أو زيارة مكتب القبول الرئيسي الموجود في Marshall Way Placerville ، CA 1100 95667. ساعات عملهم هي 7:00 صباحا - 5:00 مساء. تتوفر أيضا مساعدات وخدمات للأشخاص ذوي الإعاقة ، مثل المستندات بطريقة برايل والطباعة الكبيرة والصوت وغيرها من الأشكال الإلكترونية الميسرة. هذه الخدمات مجانية.

ATTENTION: Si vous avez besoin d'aide dans votre langue, veuillez appeler le 530-626-2618 ou vous rendre au bureau d'admission principal situé au 1100 Marshall Way Placerville, CA 95667. Leurs heures de bureau sont de 7h00 à 17h00. Des aides et des services pour les personnes handicapées, comme des documents en braille, en gros caractères, audio et d'autres formats électroniques accessibles, sont également disponibles. Ces services sont gratuits.

ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, rufen Sie bitte 530-626-2618 an oder besuchen Sie den Haupteinlassschalter in 1100 Marshall Way Placerville, CA 95667. Die Bürozeiten sind von 7:00 bis 17:00 Uhr. Hilfsmittel und Dienstleistungen für Menschen mit Behinderungen, wie Dokumente in Brailleschrift, Großdruck, Audio und anderen barrierefreien elektronischen Formaten sind ebenfalls verfügbar. Diese Dienste sind kostenlos.

XIM: Yog hais tias koj xav tau kev pab nyob rau hauv koj hom lus, thov hu rau 530-626-2618 los yog mus ntsib lub ntsiab admitting desk nyob ntawm 1100 Marshall Way Placerville, CA 9567. Lawv chaw ua hauj lwm teev yog 7:00 am-5:00 pm. Aids thiab kev pab rau cov neeg uas muaj mob xiam oob qhab, xws li cov ntaub ntawv nyob rau hauv braille, loj print, audio, thiab lwm yam kev siv electronic formats kuj muaj. Cov kev pab no yog pub dawb xwb.

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया 530-626-2618 पर कॉल करें या 1100 मार्शल वे प्लेसरविले, सीए 95667 पर स्थित मुख्य प्रवेश डेस्क पर जाएं। उनके कार्यालय का समय सुबह 7:00 बजे से शाम 5:00 बजे तक है। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल में दस्तावेज़, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप भी उपलब्ध हैं। ये सेवाएं मुफ्त हैं।

注意: あなたの言語で助けが必要な場合は、530-626-2618に電話するか、1100 Marshall Way Placerville、CA 95667にあるメインの入場デスクにアクセスしてください。営業時間は7:00am-5:00pmです。点字、大活字、音声、その他のアクセシブルな電子形式の文書など、障害を持つ人々のため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。

주의: 귀하의 언어로 도움이 필요하면 530-626-2618로 전화하거나 1100 Marshall Way Placerville, CA 95667에 위치한 주 입학 데스크를 방문하십시오. 근무 시간은 오전 7:00-오후 5:00입니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식으로 된 문서와 같은 장애인을 위한 보조 도구 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

ATENÇÃO: Se você precisar de ajuda em seu idioma, ligue para 530-626-2618 ou visite o balcão de admissão principal localizado em 1100 Marshall Way Placerville, CA 95667. O horário de atendimento é das 7h00 às 17h00. Auxiliares e serviços para pessoas com deficiência, como documentos em braille, letras grandes, áudio e outros formatos eletrônicos acessíveis também estão disponíveis. Estes serviços são gratuitos.

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ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 530-626-2618 или посетите главную стойку приема, расположенную по адресу 1100 Marshall Way Placerville, CA 95667. Часы работы с 7:00 до 17:00. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы со шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

注意： 如果您需要语言方面的帮助，请致电 530-626-2618 或访问位于 1100 Marshall Way Placerville, CA 95667 的主接待处。他们的办公时间为上午 7:00 至下午 5:00。还提供针对残障人士的辅助工具和服务，如盲文、大字体、音频和其他无障碍电子格式的文件。这些服务是免费的。

注意： 如果您需要語言方面的說明，請致電 530-626-2618 或訪問位於 1100 Marshall Way Placerville, CA 95667 的主接待處。他們的辦公時間為上午 7:00 至下午 5:00。還提供針對殘障人士的輔助工具和服務，如盲文、大字體、音訊和其他無障礙電子格式的檔。這些服務是免費的。

ATENCIÓN: Si necesita ayuda en su idioma, llame al 530-626-2618 o visite el mostrador principal de admisión ubicado en 1100 Marshall Way Placerville, CA 95667. Su horario de oficina es de 7:00 a.m. a 5:00 p.m. 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.

ATTENTION: Kung kailangan mo ng tulong sa iyong wika, tumawag lamang sa 530-626-2618 o bisitahin ang main admitting desk na matatagpuan sa 1100 Marshall Way Placerville, CA 95667. 7:00am 5:00pm ang office hours nila. Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malaking print, audio, at iba pang mga naa access na mga format ng elektroniko ay magagamit din. Ang mga serbisyong ito ay libre.

CHÚ Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 530-626-2618 hoặc đến bàn tiếp nhận chính tại 1100 Marshall Way Placerville, CA 95667. Giờ làm việc của họ là 7:00 sáng - 5:00 chiều. Hỗ trợ và dịch vụ cho người khuyết tật, như tài liệu bằng chữ nổi, bản in lớn, âm thanh và các định dạng điện tử có thể truy cập khác cũng có sẵn. Các dịch vụ này là miễn phí.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 530-626-2618 կամ այցելել գլխավոր ընդունող գրասենյակը, որը գտնվում է Marshall Way Placerville, CA 95667 հասցեում: Նրանց գրասենյակային ժամերն են 7:00-5:00: Հասանելի են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված սարքեր եւ ծառայություններ, ինչպես բրեյլիով գտնվող փաստաթղթերը, մեծ տպաքանակը, աուդիո եւ այլ հասանելի էլեկտրոնային ձևաչափերը: Այս ծառայությունները անվճար են: