



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

Statement of Financial Condition

Marshall Medical Center (“Marshall”) and its affiliated hospitals and clinics provide Discounted Payment and Charity Care services to Financially Qualified Patients. Marshall determines Discounted Payment and Charity Care eligibility based on a patient’s income, availability of other coverage/insurance, and whether the patient has incurred High Medical Costs. Pending applications with another health coverage program preclude eligibility from Marshall’s Discounted Payment and Charity Care Program.

Patients may request Discounted Payment and Charity Care services by submitting this Application: (1) by mail to Marshall Medical Center, P.O. Box 872, Placerville, CA 95677; or (2) online by visiting the following website: <https://www.marshallmedical.org/patients-visitors/patient-information/financial-assistance>. For more information, patients may contact Marshall’s financial counselors (1) in person at the main admitting desk located at 1100 Marshall Way, Placerville, CA 95667; (2) by calling (530) 626-2618; (3) by e-mailing hpfc@marshallmedical.org; or (4) online at www.marshallmedical.org.

Financially Qualified Patients

Only Financially Qualified Patients are eligible for Marshall’s Discounted Payment and Charity Care Program. Financially Qualified Patients are patients that have a family income that does not exceed 450 percent of the Federal Poverty Level and either:

- (1) Whose injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or their insurance as determined and documented by the hospital; or
- (2) High Medical Costs which include:
 - a. annual out-of-pocket costs incurred by the individual at Marshall that exceed the lesser of 10 percent of the patient’s current family income or family income in the prior 12 months. Out-of-pocket costs means any expenses for medical care that are not

reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing;

- b. annual out-of-pocket costs that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months. Out-of-pocket costs means any expenses for medical care that are not reimburse by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing; or
- c. a lower level determined by Marshall in accordance with Marshall's Charity Care policy.

Application Instructions:

In order to process your application, please make sure that you have provided the required information including the signature page and provide any proof of income that pertains to the assistance you are requesting. An incomplete application will be returned and will not be processed until required documents are received. Normal billing procedures will continue during this time.

Discounted Payment Program

Marshall's Discounted Payment assistance limits health care charges that a Financially Qualified Patient is expected to pay to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater.

Charity Care Program

Marshall's Charity Care assistance are free health care services that are provided without expectation of payment from Financially Qualified. Patients who do not have insurance coverage or are unable to obtain insurance coverage and unable to pay are eligible for this discount.

If you do not have active insurance and are applying for Charity Care, we require that you apply for Medi-Cal. 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.

Proof of Income

When applying for Discounted Payment or Charity Care assistance provide the following documents as Proof of Income (if married, please provide documents for both patient and spouse):

- Three most recent paycheck stubs within a 6-month period before or after the patient received their first bill; or
- Federal and state tax returns documenting the patient's income for the year the patient was billed and/or the prior year.

Patient's applying for Discounted Payment may receive less financial assistance than what may be available to them under Marshall's Charity Care Program.

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:

Signatures:

Remember! To prevent your application from being returned due to missing information:

- Did you attach your Proof of Income?
- Did you remember to sign the application?
- If married, did your spouse sign?
- If applying for Charity Care, did you apply for Medi-Cal?

If you are including a dependent who is over 18 years of age who is not disabled in this application, we require their signature stating that they have given you permission to have their outstanding balance with Marshall included in this request for Discounted Payment or Charity Care. A Discounted Payment or Charity Care determination letter will be sent by Marshall once the application is complete.

Signature of Applicant

Date

Signature of Spouse/Significant Other

Date

Signature of Dependent over the age of 18

Date

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.

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.

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： 如果您需要语言方面的说明，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、音讯和其他无障碍电子格式的档。这些服务是免费的。

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 բրեյլով գտնվող փաստաթղթերը, մեծ տպաքանակը, աուդիո և այլ հասանելի էլեկտրոնային ձևաչափերը: Այս ծառայությունները անվճար են: