



## Charity Care/Financial Assistance or Discount Payment Program Application Form Instructions

This is an application for either financial assistance (also known as charity care) or the Discount Payment Program at SoHum Health.

**Federal and state law requires all hospitals to provide 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. To view our financial assistance policy and slide scale guidelines, please go to [www.shchd.org](http://www.shchd.org) and click on the "Help Paying Your Bill" link.

**What does financial assistance cover?** The medical financial assistance covers medically necessary care provided by one of our hospital or clinics within our family of organizations depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

**If you have questions or need help completing this application:** Our financial assistance policies, information about the programs, and the application materials are available on our website or via phone. You may obtain help for any reason, including disability and language assistance. Translated written documents available upon request.

Here's how to contact us: <https://sohumhealth.org/about/contact/>  
Customer Service Representatives at: 1-877-673-0903 or 1-707-923-3921  
Monday-Friday 8:00 am to 5:00 pm

In order for your CHARITY/FINANCIAL ASSISTANCE application to be processed, you must:

- **Complete all sections**
- **Provide us information about your family**  
Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- **Provide us information about your family's gross monthly income (income before taxes and deductions) to include pay stubs and tax returns..**  
(see financial assistance application Income Section for more examples)
- **Attach additional information if needed**
- **Sign and date the financial assistance 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, your Social Security number may be used to identify you or used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA."

**Mail completed application with all documentation to:** SoHum Health Billing Office at 733 Cedar St in Garberville, CA 95542. Be sure to keep a copy for yourself.

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

**Understand that if you are only applying for the DISCOUNT PAYMENT PROGRAM, you may receive less financial assistance than what may be available to you under the Charity Care/Financial Assistance program.**

**To submit your completed application in person:** Take to the SoHum Patient Financial Services office at 733 Cedar St in Garberville, CA. We will notify you of the final determination of eligibility and appeal rights, if applicable, between 14 and 30 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.

**We want to help. Please submit your application promptly. You may continue to receive billing statements until we receive your completed application and required documentation unless prohibited by California state charity care laws.**

## Confidential Financial Assistance Application

Patient Name	Date of service #	MR# or account
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### RESPONSIBLE PARTY

Name		Marital Status	Social Security Number
Street Address, City, State, Zip		How long at this address	Home Phone
Employers Name and Address (If Unemployed –How Long)			Business Phone
Position / Title	Monthly Income – Gross	Monthly Income – Net	Length of Current Employment

### SPOUSE

Name			Social Security Number
Employer Name and Address			Business Phone
Position/Title	Monthly Income – Gross	Monthly Income – Net	Length of Current Employment

## DEPENDENTS

Name & Year of Birth of all persons in household ( <i>use back of form if needed</i> )	Total Number of Persons in Household	Do Any Other Persons Contribute? Yes/No If Yes, Amount:
<b>Proof of income attached:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Three most recent paystubs</li><li><input type="checkbox"/> Tax return</li></ul>		To my knowledge, the information provided is true. <b>PATIENT/GUARANTOR SIGNATURE</b> <hr/> <b>DATE</b> <hr/>

**I am applying for the following program(s):**

- ☐ **Charity Care (Emergency Dept/inpatient only)**
- ☐ **Sliding Fee Scale (Clinic only)**
- ☐ **Discounted or Extended payment plan (Full application required)**

**Southern Humboldt Community Healthcare District**  
**Financial Assistance Documentation**

### **Patients that are employed or on unemployment**

- **Current Driver's License or I.D.**
- **Proof of income**
  - o **Three (3) most recent pay stubs or most recent income tax return for all working members of the family**
  - o **Most recent Social Security statement**
  - o **If receiving unemployment, the most recent unemployment documentation**
  - o **Worker's Compensation**
- **Determination Aids**
  - o **Verification of income**

- Mortgage or rent statement
- Any outstanding Medical or Dental bills

### **Patients that are unemployed not receiving unemployment**

- Current Driver's License or I.D
- Copy of all expenses
- A signed letter may be required if living with a friend or relative that is providing a place to stay and or giving living assistance
- Verification of income
- Any outstanding Medical or Dental bills

# Notice of Availability of Language Assistance Services

## English

ATTENTION: If you need help in your language, please call 877-673-0903 or visit the Patient Financial Services office. The office is open 9:00am-5:00pm Monday through Friday and located at 733 Cedar St, Garberville CA 95542. 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.

## 1. Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ

Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 877-673-0903 կամ այցելել the Patient Financial Services office.: Գրասենյակը բաց է 9:00am-5:00pm Monday through Friday և գտնվում է 733 Cedar St, Garberville CA 95542: Առկա են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլյան փաստաթղթերը, մեծ տառատեսակները, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայություններն ԱՆՎՃԱՐ են

## 2. Chinese

注意：如果您需要使用您的母语获得帮助，请拨打877-673-0903或访问the Patient Financial Services office.。该办公室的开放时间为9:00am-5:00pm Monday through Friday，位于733 Cedar St, Garberville CA 95542。我们还免费提供给残障人士的辅助服务和设施，例如盲文文件、大字体打印、音频以及其他可访问的电子格式文件。

## 3. Farsi

the Patient Financial Services office. یرید ۸۷۷ ۶۷۳ ۰۹۰۳ یمک ذکە بان به برگ : یاد  
[9:00am-5:00pm M-F] ۷ 733 Cedar St Garberville CA 95542  
ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ درشت، صوت موقعیت دارد. کمک  
های الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان است. و سایر فرمت

## 4. Hindi

कृपया ध्यान दीजिये: यदि आपको अपनी भाषा में सहायता की ज़रूरत है तो, कृपया कॉल करें 877-673-0903 या हमारे कार्यालय में पधारें the Patient Financial Services office. हमारा कार्यालय खुला है 9:00am-5:00pm Monday through Friday और यह यहां स्थित है 733 Cedar St, Garberville CA 95542 शारीरिक रूप से अक्षम वयिक्तयों के लिए-ब्रेल लिपि में दस्तावेज, बड़े आकार के प्रिंट, ऑडियो और अन्य इलेक्ट्रॉनिक फॉर्मेट, जिन तक उनकी आसानी से पहुँच हो, सहायता और सेवा के रूप में उपलब्ध हैं। ये सभी सेवाएं निःशुल्क हैं।



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## 5. Lu Mien

YAH SE MAM DIEN DIEN: If yah doh mei mah dien dien dien lep, jio mei 877-673-0903 mo nha mo the Patient Financial Services office.. YAH SE MAM DIEN DIEN DIEN lep, reh mei 9:00am-5:00pm Monday through Friday mui si mo mo la. Ki sien kieu mui mo 733 Cedar St, Garberville CA 95542. YAH poh ceng kiu ngo mui doh ngo mo documents in braille, large print, audio, giu kieu ngo poh ceng kieu mui mo lai. YAH se mam de lai.

## 6. Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ 877-673-0903 ਜਾਂ the Patient Financial Services office.

|| ਦਫ਼ਤਰ 9:00am-5:00pm Monday through Friday ਖੁੱਲ੍ਹਾ ਹੈ ਅਤੇ

ਸਥਿਤ ਹੈ 733 Cedar St, Garberville CA 95542। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਦਸਤਾਵੇਜ਼ਾਂ ਵਿੱਚ ਬਰੇਲ, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ

ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

## 7. Tagalog

ATENSYON: Kung ikaw ay nangangailangan ng tulong sa iyong lenggwahe, maaring tumawag sa 877-673-0903 o bumisita sa the Patient Financial Services office.. Ang opisina ay bukas 9:00am-5:00pm Monday through Friday at matatagpuan sa 733 Cedar St, Garberville CA 95542. Mga tulong at serbisyo para sa mga may kapansanan, tulad ng mga dokumento sa braille, malaking printa, audio, at iba pang magagamit na mga elektronikong format ay meron din. Ang mga serbisyonang ito ay libre.

## 8. Laotian ( ລາວ )

ຂໍໃສ່ໃຈ: ຖ້າທ່ານ ຕ້ອງການຄວາມຊ່ວຍເຫຼືອພ້ອມທັງພາສາຂອງທ່ານ, ກະລຸນາໃບຫາ [877-673-0903] ຫຼື ໄປເຂົ້າໄປຍັງ

the Patient Financial Services office..

ຫ້ອງການແມ່ເຫຼືອໃນ 9:00am-5:00pm Monday through Friday ແລະ ເຫຼືອທີ່ 733 Cedar St, Garberville CA 95542. ການຊ່ວຍເຫຼືອ ແລະ ການໃຫ້ບໍລິການ ນໍາສາມາດ ນຸ່ມການ,

ເຊັ່ນການສອນໃນຕົວອັກສອນພິມ (Braille), ການພິມພິມຂະໜາດໃຫຍ່, ສຽງ, ແລະ ຮູບແບບເອເລັກໂຕຣນິກຕ່າງໆ ທ່ານສາມາດເຂົ້າໄດ້. ການບໍລິການເຫຼົ່ານີ້ແມ່ນຈະບໍ່ເສຍຄ່າ.

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## 9. Thai (ไทย)

**โปรดทราบ:** หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 877-673-0903 หรือไปยัง the Patient Financial Services office. สำนักงานเปิดทำการระหว่าง 9:00am-5:00pm Monday through Friday และตั้งอยู่ที่ 733 Cedar St, Garberville CA 95542 ความช่วยเหลือ และ บริการสำหรับคนพิการ เช่น เอกสารเป็นอักษรเบรลล์ การพิมพ์ขนาดใหญ่เสียง และรูปแบบอิเล็กทรอนิกส์ที่คุณสามารถเข้าถึงได้ , บริการเหล่านี้ฟรี.

## 10. Hmong (Hmoob)

CEEB TOOM: Yog tias koj xav tau kev pab hais txog koj hom lus, thov hu rau 877-673-0903 los sis mus ntsib the Patient Financial Services office.. Lub chaw hauj lwm qhib. 9:00am-5:00pm Monday through Friday thiab nyob ntawm 733 Cedar St, Garberville CA 95542 dua li ntawd lawm tseem muaj kev pab thiab cov kev pab cuam rau cov neeg muaj kev tsis taus, xws li cov ntaub ntawv ua hom ntawv rau neeg dig muag (Braille), luam ua tus ntawv loj, ua suab lus thiab lwm yam ntawv hauv tshuab siv hluav taws xob. Cov kev pab cuam no yog muab pab dawb xwb.

## 11. Cambodia (ខ្មែរ)

**សូមយកចិត្តទុកដាក់ថា:** ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាខ្មែរ កុំភ័យ មន្ទីរសេវាហិរញ្ញវត្ថុ 877-673-0903 ឬទៅកាន់ទីតាំងផ្ទាល់នៅ the Patient Financial Services office.។ ការិយាល័យបើក 9:00am-5:00pm Monday through Friday ហើយមានទីតាំងនៅ 733 Cedar St, Garberville CA 95542 ។ ជំនួយ និសេសភាពសម្រាប់ជនពិការ ដូចជា ឯកសារជាអក្សរស្នាម ការបោះពុម្ពធំ សំឡេងនិងទម្រង់អេឡិចត្រូនិកដែលអាចចូល លេប្រើបានផ្សេងទៀតក៏មានផងដែរ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

## 12. Vietnamese ( Tiếng Việt )

**LƯU Ý:** Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 877-673-0903 hoặc truy cập the Patient Financial Services office.. Văn phòng mở cửa 9:00am-5:00pm Monday through Friday và tọa lạc tại 733 Cedar St, Garberville CA 95542. 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 dễ tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

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### **13. Russian**

**ВНИМАНИЕ:** Если вам нужна помощь на вашем языке, позвоните по телефону 877-673-0903 или посетите the Patient Financial Services office.. Часы работы офиса 9:00am-5:00pm Monday through Friday и он расположен по адресу 733 Cedar St, Garberville CA 95542. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, напечатанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

### **14. Ukrainian**

**УВАГА:** якщо вам потрібна допомога вашою мовою, зателефонуйте 877-673-0903 або відвідайте the Patient Financial Services office. Офіс відкритий 9:00am-5:00pm Monday through Friday і розташований за адресою 733 Cedar St, Garberville CA 95542. Також доступні засоби допомоги та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля, великим шрифтом, аудіо та інші доступні електронні формати. Ці послуги безкоштовні.

### **15. Spanish**

**ATENCIÓN:** Si necesita ayuda en su idioma, llame al 877-673-0903 o visite the Patient Financial Services office.. La oficina está abierta 9:00am-5:00pm Monday through Friday y ubicada en 733 Cedar St, Garberville CA 95542. 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.

### **16. Japanese**

**注意:** あなたの言語でサポートが必要な場合は、877-673-0903に電話するか、the Patient Financial Services office. にアクセスしてください。オフィスの営業時間は 9:00am-5:00pm Monday through Friday で営業しており、 733 Cedar St, Garberville CA 95542 にございます。障害のある方向けの支

援サービスには、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がご利用いただけます。これらのサービスはすべて無料でご利用できます。

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### 17. Korean

주의: 귀하의 언어로 도움이 필요하시면 877-673-0903 로 전화하거나 the Patient Financial Services office. 로 방문하십시오. 사무실 업무 시간은 9:00am-5:00pm Monday through Friday이며 733 Cedar St, Garberville CA 95542에 있습니다. 장애인을 위한 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

### 18. Arabic

انتبه : إذا كنت بحاجة للمساعدة  
بلغتك) أو قم بزيارة  
المكتب يفتح أبوابه 9:00am-5:00pm وموقع المكتب  
733 Cedar St, Garberville CA 95542  
تتوفر المساعدة والخدمات للأشخاص من ذوي الاحتياجات  
الخاصة مثل الوثائق بلغة برايل للمكفوفين والوثائق المطبوعة بأحرف كبيرة والتسجيل الصوتي  
إضافة إلى غيرها من النماذج الإلكترونية الممكن الحصول عليها.

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**SoHum** Health