



Policy On Financial Assistance for Sutter Hospitals (Charity Care)

EFFECTIVE DATE

The effective date of this Policy on Financial Assistance for Sutter Hospitals (Charity Care) is January 1, 2026.

PURPOSE

The purpose of this policy is to establish guidelines for Financial Assistance (Charity Care) available at Sutter hospital facilities and to outline the process for determining eligibility for Financial Assistance.

POLICY

It is our policy to provide hospital patients, regardless of ability to pay, with understandable written information regarding Financial Assistance and to provide income-based Financial Assistance (Charity Care) to qualified patients. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a hospital's bill. This policy does not create an obligation for the hospital to pay for such physicians' or other medical providers' services. In California, an emergency physician, as defined in Health and Safety Code section 127450, who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Sutter hospitals provide, without discrimination, an examination, medical screening and care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd) to individuals regardless of their eligibility under the Policy on Financial Assistance for Sutter Hospitals (Charity Care), within the capabilities and capacity of the hospital. Sutter will not engage in any action(s) that discourages individuals from seeking treatment for emergency medical conditions.

SCOPE

This policy applies to Sutter Health and any legal entity for which Sutter Health is the sole member or directly or indirectly controls greater than 50% of the voting power or equity interest and does not have a third-party manager (herein referred to as "Sutter").

DEFINITIONS

Charity Care means full financial assistance that is in the form of free care (i.e., 100% discount) to qualifying patients that relieves the Patient and his or her guarantor of their entire financial obligation to pay for eligible services. Charity Care does not reduce the amount, if any, that a third-party may be required to pay for eligible services provided to the Patient.

Complex/Specialized Services means services that a Sutter hospital determines are complex and specialized (e.g., transplants, experimental and investigational services) as well as certain elective services that are typically excluded from coverage under health plan coverage agreements (e.g., cosmetic procedures).

Disabled means that an individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months.

Federal Poverty Level (FPL) means the measure of income level published annually by the United States Department of Health and Human Services (HHS) and is used by hospitals for determining eligibility for Financial Assistance.

Financial Assistance means to provide Full Charity Care adjustments and/or High Medical Cost Charity Care adjustments (as outlined in Section A (Eligibility)).

Guarantor means a person who has legal financial responsibility for the Patient's health care services.

Hospital Services means all services that a hospital is licensed to provide, including emergency and other medically necessary care.

Insured Patient means a Patient who has a third-party source of payment for a portion of their medical expenses.

NHSC Clinic means a Rural Health Clinic that has been approved by the Health Resources and Services Administration as a National Health Service Corps site.

Patient means the individual who received a medical service from a hospital. All references to a Patient in this Policy shall be deemed to include the Guarantor.

Patient Responsibility means the amount that an Insured Patient is responsible to pay out-of-pocket after the Patient's third-party coverage has determined the amount of the patient's benefits.

Primary Language of Hospital's Service Area means a language used by the lesser of 1,000 people or 5% of the community served by the hospital based upon the most recent community health needs assessment performed by hospital.

Uninsured Patient means a Patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third-party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

PROCEDURE

A. ELIGIBILITY

1. Subject to the exclusions set forth in Section B.1.g, all **Hospital Services** are eligible for Financial Assistance.
2. **Eligibility Criteria (non-NHSC Clinic):**

During the application process set forth in Sections B and C below, hospitals that are not NHSC Clinics shall apply the following eligibility criteria for Financial Assistance:

Financial Assistance Category	Patient Eligibility Category	Available Discount
FULL CHARITY CARE	Patient is an Uninsured Patient with a family income (as defined below) at or below 400% of the most recent FPL.	Full write-off of all charges for Hospital Services.
HIGH MEDICAL COST CHARITY CARE (for Insured Patients)	<ul style="list-style-type: none"> ▪ Patient is an Insured Patient with a family income (as defined below) at or below 400% of the most recent FPL; and ▪ Out-of-Pocket Medical expenses for themselves or their family (incurred at the hospital or paid to other providers in the past twelve (12) months) that exceed 10% of the Patient's family income. Out-of-Pocket medical expenses means any expenses for medical 	A write-off of the Patient Responsibility amount for Hospital Services.

care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

3. Eligibility Criteria (NHSC Clinics):

During the application process set forth in sections B and C of this policy, NHSC Clinics and the emergency department (ED) of Sutter Lakeside Hospital shall apply the following eligibility criteria for Financial Assistance (see **Attachment A** - application for NHSC Clinic Patients):

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
FULL CHARITY CARE	All Patients with a family income (as defined below) of no more than 400% of the most recent FPL.	A full write-off (full 100% discount) of patient responsibility charges for NHSC Clinic Services (SLCC and SLMP) and Hospital Services provided by the Emergency Department of Sutter Lakeside Hospital.

4. If an Uninsured Patient seeks Hospital Services that are Complex/Specialized Services (e.g. transplants, experimental or investigational procedures), and seeks to receive an award of Financial Assistance prior to the services being provided, the Uninsured Patient must receive administrative approval of the award of Financial Assistance from the hospital Chief Financial Officer (CFO) (or designee) prior to the provision of such services. If, however, an Uninsured Patient has already received a Complex/Specialized Service and the Patient seeks to receive Financial Assistance, no approval of the hospital CFO shall be required, and the Uninsured Patient shall be eligible to apply for and be awarded Financial Assistance if they meet the criteria set forth in Section A.2 or A.3 (as applicable).

B. CALCULATING FAMILY INCOME

1. To determine a Patient's eligibility for Financial Assistance, the hospital shall first calculate the Patient's family income, as follows:

a. **Patient Family:** The Patient family shall be determined as follows:

- i. **Adult Patients:** For Patients eighteen (18) years of age and older (except for dependent children aged 18-20, addressed below), the Patient family includes their spouse, domestic partner, dependent children under twenty-one (21) years of age, and a dependent child of any age if the dependent child is Disabled. Children meeting the criteria in this subsection B.1.a.i are considered part of the Patient family whether living at home or not.
- ii. **Dependent Child Aged 18-20:** For Patients who are dependent children aged eighteen (18) to twenty (20), inclusive, the Patient family includes their parent(s), caretaker relative(s), other dependent children under twenty-one (21) years of age of the parent(s) or caretaker relative(s), and a child of the parent(s) or caretaker relative(s) of any age if the child is Disabled.
- iii. **Minor Patients:** For Patients under eighteen (18) years of age, the Patient family includes their parent(s), caretaker relative(s), the parent(s)' or caretaker relative(s)' other children under twenty-one (21) years of age, and a child of the parent(s) or caretaker relative(s) of any age if the child is Disabled.

b. **Proof of Family Income:** A Patient shall only be required to provide recent pay stubs or tax returns as proof of income when submitting an application for Financial Assistance. Family income is earnings of all members of the Patient family as shown by the recent pay stubs or recent income tax returns, less payments made for alimony and child support. "Recent income tax returns" are tax returns that document a Patient's income for the year in which the Patient was first billed or 12 months prior to when the Patient was first billed. "Recent paystubs" are paystubs within a 6-month period before or after the Patient is first billed by the hospital, or in the case of preservice, when the application is submitted. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date family income. Sutter may validate income by using external presumptive eligibility service providers, provided that such service must determine eligibility using only

information permitted by this policy. If a Patient is unable to provide recent pay stubs or tax returns as proof of income, hospitals may accept other forms of documentation of income from the Patient, but hospitals may not require that a Patient submit those other forms of documentation.

- c. **Calculating Family Income for Expired Patients:** Expired Patients, with no surviving spouse, may be deemed to have no income for purposes of calculating family income. Documentation of income is not required for expired Patients. The surviving spouse of an expired Patient may apply for Financial Assistance.
- d. **Calculating Family Income as a Percentage of FPL:** After determining family income, hospital shall calculate the family income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the FPL for a family of three (3) is \$25,820, and a Patient's family income is \$60,000, the hospital shall calculate the Patient's family income to be 232% of the FPL. Hospitals shall use this calculation during the application process to determine whether a Patient meets the income criteria for Financial Assistance. Use the most current U.S. Federal Poverty Guidelines as the guide for eligibility, see **Attachment B**.
- e. **Special Circumstance - Benefits Exhausted During Inpatient Stay:** When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the Patient's stay because the Patient exhausted their benefits during the stay, the hospital should collect from the Patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A hospital shall not pursue from the Patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the Patient's share of cost or co-insurance. A Patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the Patient is eligible for Financial Assistance, the hospital shall write off all charges for services that the hospital provided after the Patient exceeded the benefit cap.
- f. **Medi-Cal/Medicaid Denied Patient Days and Non-covered Services:** Medi-Cal/Medicaid Patients are eligible for charity care write-offs related to denied charges and non-covered services. These Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi- Cal/Medicaid Patients are to be classified as charity.

g. **Financial Assistance Exclusions/Disqualification:** The following are circumstances in which Charity Care is not available under this policy:

- i. **Elective Services.** Elective services that are normally exclusions from coverage under health plan coverage agreements (e.g., cosmetic procedures) are not eligible for Charity Care.
- ii. **Insured Patient does not cooperate with third- party payer:** An Insured Patient who is insured by a third-party payer that refuses to pay for services because the Patient failed to provide information to the third-party payer necessary to determine the third- party payer's liability is not eligible for Financial Assistance.
- iii. **Payer pays Patient directly:** If a Patient receives payment for services directly from an insurance company, Medicare Supplement, or other payer, the Patient is not eligible for Financial Assistance for the services, unless the Patient qualifies for High Medical Cost Charity Care.
- iv. **Information falsification:** Hospitals may refuse to award Financial Assistance to Patients who falsify information regarding family income, household size or other information in their eligibility application.
- v. **Third party recoveries:** If the Patient receives a financial settlement, judgment, or award from a third-party tortfeasor that caused the Patient's injury, the Patient must use the settlement, judgment, or award amount to satisfy any Patient account balances for the related health care services rendered up to the amount reasonably awarded for that purpose. The amount of the settlement, judgment, or award that is related to the health care services will be considered when determining the amount of financial assistance to which the Patient is eligible.
- vi. **Professional (physician) Services:** Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in **Attachment C**. Many physicians have charity care policies that allow Patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

2. Hospitals shall not consider Patients' monetary assets when determining eligibility for Financial Assistance.

C. APPLICATION PROCESS

1. Each hospital shall make all reasonable efforts to obtain from the Patient or their representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the hospital to a Patient. A Patient, upon initial presentation, annually, and any time the Patient indicates financial need will be evaluated for ability to pay and when indicated for Financial Assistance. To qualify as an Uninsured Patient, the Patient or the Patient's guarantor must verify that they are not aware of any right to insurance or government program benefits that would cover or discount the bill. All Patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.
2. Patients may request assistance with completing the application for financial assistance in person at Sutter hospitals (see **Attachment A and Attachment D**), over the phone at 855-398-1633, through the mail, or via the Sutter website (www.sutterhealth.org).
3. Patients who wish to apply for Financial Assistance shall use the Sutter standardized application form, the application for Financial Assistance (see **Attachment D (for non-NHSC Clinics)** and **Attachment A (for NHSC Clinics)**).
4. Patients should mail applications for Financial Assistance to Sutter Health, P. O. Box 619010, Roseville, CA 95661-9998 Attn: Charity Care Application.
5. Patients should complete the application for Financial Assistance as soon as possible after receiving Hospital Services. Hospitals will not impose time limits for applying for financial assistance under this policy, nor deny eligibility based on the timing of a Patient's application.

D. FINANCIAL ASSISTANCE DETERMINATION

1. The hospital will consider each applicant's application for Financial Assistance regardless of ability to pay and grant Financial Assistance when the Patient meets the eligibility criteria set forth in **Section A.2.** or **Section A.3.**, depending upon location of services. Non-NHSC sites may use **Attachment E** to determine eligibility; otherwise, eligibility will be based upon family size and income alone. The hospital may accept other forms of documentation of income but shall not require those other forms. If a Patient does not submit an application or documentation of income, a hospital may presumptively determine that a Patient is eligible for charity care or discounted payment based on information other than that provided by the Patient or based on a prior eligibility determination

2. Patients also may apply for governmental program assistance, which may be prudent if the particular Patient requires ongoing services.
 - a. The hospital should assist Patients in determining if they are eligible for any governmental or other assistance, or if a Patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e., Covered California).
 - b. If a Patient applies, or has a pending application, for another health coverage program while they apply for Financial Assistance, the application for coverage under another health coverage program shall not preclude the Patient's eligibility for Financial Assistance.
3. Once a Full Charity Care or High Medical Cost Charity Care determination has been made, a notification form (see **Attachment F**) will be sent to each applicant advising them of the hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one (1) year after the hospital issues the notification form to the Patient. After one (1) year, Patients must re-apply for Financial Assistance.
5. If the Financial Assistance determination creates a credit balance in favor of a Patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the Patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

E. DISPUTES

A Patient may seek review of any decision by the hospital to deny Financial Assistance by notifying the hospital CFO or designee, of the basis of the dispute and the desired relief within thirty (30) days of the Patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The hospital CFO or designee shall review the Patient's dispute as soon as possible and inform the Patient of any decision in writing.

F. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

1. **Languages:** This policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language(s) of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.

2. Information Provided to Patients During the Provision of Hospital Services:

a. **Preadmission or Registration, and Discharge:** Hospitals shall provide all Patients with a copy of **Attachment G**, which includes a plain language summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services. Hospitals shall maintain a contemporaneous record that **Attachment G** was provided to the Patient, and such record shall be retained in accordance with the hospital's record retention requirements outlined in state and federal law. Hospitals shall identify the department that Patients can visit to receive information about, and assistance with applying for, Financial Assistance.

i. Method and Timing of Delivery of Attachment G.

A. Emergency Services. If a Patient receives Emergency Services, the hospital shall provide the Patient with a copy of **Attachment G** in hard copy form. If the hospital does not provide a copy of **Attachment G** to the Patient during preadmission or registration, it shall be provided upon the Patient's discharge. If **Attachment G** is not provided upon discharge, a hard copy of Attachment G shall be mailed to the Patient's last known address within 72 hours of their discharge.

B. Non-Emergency Services.

1. Patient consents to receiving electronic communications. If a Patient received non-Emergency Services, and has previously consented to receive clinical or nonclinical electronic communications about their health care services, the hospital may provide **Attachment G** to the patient in electronic form via My Health Online, either at the time of admission, discharge, or within 72 hours of discharge. If **Attachment G** is provided to the Patient electronically, it shall be sent separately from any other electronic communications sent to the Patient and shall prominently indicate in the subject line that the notice is related to the hospital's discount payment and charity care policies.

2. Patient does not consent to receiving electronic communications. If a Patient received non-Emergency Services, and the Patient has not consented to electronic communications, the hospital shall provide a hardcopy of **Attachment G** to the Patient during preadmission or registration, or upon discharge. If

Attachment G is not provided upon discharge, it shall be mailed to the Patient's last known address within 72 hours of their discharge.

- b. Financial Assistance Counselors:** Patients who may be Uninsured Patients shall be assigned financial counselors, who shall visit with the Patients in person at the hospital. Financial counselors shall give such Patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy and assist with the application process, including providing language assistance.
- c. Government Program Applications Provided at Discharge:** At the time of discharge, hospitals shall provide all Uninsured Patients with applications for Medi-Cal/Medicaid and California Children's Services or any other potentially applicable government program.

3. Information Provided to Patients at Other Times:

- a. Billing Statements:** Hospitals shall bill Patients in accordance with the Policy on Billing and Collections for Sutter Health Hospitals. Billing statements to Patients shall include **Attachment H**, which include a plain language summary of the Financial Assistance

policy, a phone number for Patients to call with questions about Financial Assistance, the website address where Patients can obtain additional information about Financial Assistance, information about language assistance and the California hospital bill complaint program, and the application for Financial Assistance.

- b. Contact Information:** Patients may call 1-855-398-1633 or contact the hospital department listed on **Attachment I** to obtain additional information about Financial Assistance and assistance with the application process.
- c. Upon Request:** Hospitals shall provide Patients with paper copies of the Financial Assistance Policy, the application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. Publicity of Financial Assistance Information

- a. Public Posting:** Hospitals shall post copies of the Financial Assistance Policy, the application for Financial Assistance, the plain language summary of the Financial Assistance Policy, and the **Help Paying Your Bill** notice (see **Attachment J**) in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including, but not limited to, the waiting rooms, billing offices, and hospital outpatient service settings (including observation units). These public notices shall include information about the right to request an estimate of financial responsibility for services.
- b. Website:** The Financial Assistance Policy, application for Financial Assistance and plain language summary shall be available in a prominent place on the Sutter website (www.sutterhealth.org) and on each individual hospital's website. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance. The Sutter website shall include the information require by 22 California Code of Regulations section 96051.11.
- c. Mail:** Patients may request a copy of the Financial Assistance Policy, application for Financial Assistance and plain language summary be sent by mail, at no cost to the Patient.
- d. Advertisements/Press Releases:** As necessary and on at least an annual basis, Sutter will place an advertisement regarding the availability of Financial Assistance at hospitals in the principal

newspaper(s) in the communities served by Sutter, or when doing so is not practical, Sutter will issue a press release containing this information, or use other means that Sutter concludes will widely publicize the availability of the policy to affected Patients in our communities.

- e. **Community Awareness:** Sutter will work with aligned organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

G. MISCELLANEOUS

1. **Recordkeeping:** Records relating to Financial Assistance must be readily accessible. Hospitals must maintain information regarding the number of Uninsured Patients who have received services from the hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a Patient's approval or denial for Financial Assistance should be entered into the Patient's account.
2. **Payment Plans:** Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per the Policy on Billing and Collections for Sutter Health Hospitals. Hospitals and Patients will negotiate the terms of the payment plan and take into consideration the Patient's family income and essential living expenses. If a hospital and Patient cannot agree on the payment plan, the hospital will create a reasonable payment plan, where monthly payments are not more than 10% of the Patient's monthly income, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this section, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
3. **Billing and Collections:** Hospitals may employ reasonable collection efforts to obtain payment from Patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by the hospital or by any collection agency engaged by the hospital. General collection activities may include issuing patient statements and phone calls. Affiliates and revenue cycle

departments must develop procedures to confirm that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the Patient. Hospital or collection agencies will not engage in any extraordinary collection actions (as defined by the Policy on Billing and Collections for Sutter Health Hospitals). Copies of the Policy on Billing and Collections for Sutter Health Hospitals may be obtained free of charge on the Sutter website at www.sutterhealth.org, by calling 855-398-1633, or within the hospital patient registration, patient financial services offices and the emergency department.

- 4. Submission to HCAI:** Sutter hospitals will submit Financial Assistance policies to the California Department of Health Care Access and Information (HCAI).
- 5. Amounts Generally Billed:** In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter adopts the prospective Medicare method for amounts generally billed; however, Patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed because under the Financial Assistance policy, eligible Patients do not pay any amount.

REFERENCES

Internal Revenue Code section 501(r)

26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7

California Health and Safety Code section 124700 through 127446

22 California Code of Regulations sections 96051 through 96051.37

Policy on Billing and Collections for Sutter Health Hospitals

ATTACHMENTS

Attachment A – Application for Financial Assistance (NHSC Clinics)

Attachment B – U.S. Federal Poverty Guidelines

Attachment C – Providers Covered and Not Covered by Policy

Attachment D – Application for Financial Assistance (non–NHSC Clinics)

Attachment E – Financial Assistance Calculation Worksheet

Attachment F – Notification Form Sutter Health Eligibility Determination for Charity Care

Attachment G – Important Billing Information for Patients

Attachment H – Notice of Rights

Attachment I – Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Attachment J – Help Paying Your Bill

**Attachment A
APPLICATION FOR FINANCIAL ASSISTANCE (NHSC Clinics)**

PATIENT NAME _____

SPOUSE _____

ADDRESS_ _____

PHONE _____

ACCOUNT# _____

SNN _____
(PATIENT) (SPOUSE)

FAMILY STATUS: List the members of the patient's family. For patients 18 years or older (except for a dependent child 18 to 20 years of age), family includes the Patient's spouse, registered domestic partner, and dependent children under 21, or a dependent child of any age if disabled, whether living at home or not. For Patients under 18 years of age, or for a dependent child 18 to 20 years of age, family includes Patient's parent, caretaker relatives, and other dependent children under 21 years of age, or any age if disabled, of the parent or caretaker.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION

Employer: _____

Position: _____

Contact Person & Telephone:

If Self-Employed, Name of Business:

Spouse Employer: _____

Position: _____

Contact Person & Telephone:

If Self-Employed, Name of Business:

CURRENT MONTHLY INCOME

	Patient	Other family income, including spouse
Gross pay (before deductions)		
<i>Add:</i> Income from operating business (if self employed)		
<i>Add:</i> Income from interest and dividends		
<i>Add:</i> Income from real estate or personal property		
<i>Add:</i> Social security		
<i>Add:</i> Other income (specify)		
<i>Add:</i> Alimony or support payments received		
<i>Subtract:</i> Alimony, support payments paid		
<i>Equals:</i> Current Monthly Income (patient + other family, including spouse).		

FAMILY SIZE

Total Number of Family Members _____
 (Add patient, parents (for minor patients), spouse and children from above)

By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financial discount, I understand that I may be required to provide proof of the information I am providing in the form of recent pay stubs or tax returns. Sutter Health will consider other forms of proof of income if submitted, though other forms of proof of income are not required.

(Signature of Patient or
Guarantor)

(Date)

(Signature of Spouse)

(Date)

**Attachment B:
U.S. Federal Poverty Guidelines (Excludes Hawaii and Alaska)**

Annualized: Based on Family Size

Poverty Level	100%	125%	150%	175%	200%	< or = 400%
Family of 1	\$15,650	\$19,563	\$23,475	\$27,388	\$31,300	\$62,600
Family of 2	\$21,150	\$26,438	\$31,725	\$37,013	\$42,300	\$84,600
Family of 3	\$26,650	\$33,313	\$39,975	\$46,638	\$53,300	\$106,600
Family of 4	\$32,150	\$40,188	\$48,225	\$56,263	\$64,300	\$128,600
Family of 5	\$37,650	\$47,063	\$56,475	\$65,888	\$75,300	\$150,600
Family of 6	\$43,150	\$53,938	\$64,725	\$75,513	\$86,300	\$172,600
Family of 7	\$48,650	\$60,813	\$72,975	\$85,138	\$97,300	\$194,600
Family of 8	\$54,150	\$67,688	\$81,225	\$94,763	\$108,300	\$216,600
Each additional person	\$5,500	\$5,500	\$5,500	\$5,500	\$5,500	\$5,500

From U.S. Federal Poverty Guidelines, 2025

Attachment C

Providers Covered and Not Covered by Policy

Unless otherwise specified, the Policy on Financial Assistance for Sutter Hospitals (Charity Care) does not apply to physicians or certain other medical providers who care for you while you are in the hospital. This includes emergency room doctors, anesthesiologists, radiologists, hospitalists, pathologists, and other providers. These physicians and providers will bill you separately from the hospital bill. This policy does not create an obligation for the hospital to pay for the services of these physicians or other medical providers.

Some medical professionals who care for you in the hospital are covered by the Policy on Financial Assistance for Sutter Hospitals (Charity Care). Those categories of providers are listed below.

- Nurses who do not have advance practice licenses
- Registered nurses, including registered nurse first assistants
- Licensed vocational nurses
- Certified nursing assistants, medical assistants and other non-licensed assistants (dental, et cetera.)
- Physical therapists, occupational therapists (including hand therapists), speech-language therapists and therapy assistants
- Pharmacists
- Technologists or technicians - all types
- Laboratory scientists
- Respiratory therapists
- Registered dietitians
- Diabetes educators (who are typically licensed as registered dietitians or registered nurses)

Attachment D

APPLICATION FOR FINANCIAL ASSISTANCE (Non-NHSC Clinic)

PATIENT NAME _____

SPOUSE _____

ADDRESS _____

PHONE _____

ACCOUNT# _____

SNN _____
(PATIENT) (SPOUSE)

FAMILY STATUS: List the members of the patient’s family. For patients 18 years or older (except for a dependent child 18 to 20 years of age), family includes the Patient’s spouse, registered domestic partner, and dependent children under 21, or a dependent child of any age if disabled, whether living at home or not. For Patients under 18 years of age, or for a dependent child 18 to 20 years of age, family includes Patient’s parent, caretaker relatives, and other dependent children under 21 years of age, or any age if disabled, of the parent or caretaker.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION

Employer: _____

Position: _____

Contact Person & Telephone:

If Self-Employed, Name of Business:

Spouse Employer: _____

Position: _____

Contact Person & Telephone:

If Self-Employed, Name of Business:

CURRENT MONTHLY INCOME

	Patient	Other family income, including spouse
Gross pay (before deductions)		
<i>Add:</i> Income from operating business (if self employed)		
<i>Add:</i> Income from interest and dividends		
<i>Add:</i> Income from real estate or personal property		
<i>Add:</i> Social security		
<i>Add:</i> Other income (specify)		
<i>Add:</i> Alimony or support payments received		
<i>Subtract:</i> Alimony, support payments paid		
<i>Equals:</i> Current Monthly Income (patient + other family, including spouse).		

FAMILY SIZE

Total Number of Family Members _____
(Add patient, parents (for minor patients), spouse and children from above)

	Yes	No
Do you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have other Insurance that may apply (such as an auto policy)?	<input type="checkbox"/>	<input type="checkbox"/>
Were your injuries caused by a third party (such as during a car accident or slip and fall)?	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financial discount. I understand that I may be required to provide proof of the information I am providing in the form of recent pay stubs or tax returns. Sutter Health will consider other forms of proof of income if submitted, though other forms of proof of income are not required.

(Signature of Patient or
Guarantor)

(Date)

(Signature of Spouse)

(Date)

**Attachment E
FINANCIAL ASSISTANCE CALCULATION WORKSHEET**

Patient Name: _____

Patient Account #: _____

Sutter Health Affiliate:

Special Considerations/Circumstances:

	Yes	No
Does Patient have Health Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medi-Cal/Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

If the patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for charity care, neither application shall preclude eligibility for the other program. The patient is not required to apply for another health coverage program before the patient is screened or provided a discount under Sutter's Financial Assistance program.

Does Patient have other insurance (i.e., auto medpay)?	<input type="checkbox"/>	<input type="checkbox"/>
Was Patient injured by a third party?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Self-Pay?	<input type="checkbox"/>	<input type="checkbox"/>

Charity/Financial Assistance Calculation:

Total Combined Current Monthly Income
(From Application for Financial Assistance) _____

Family Size (From Application for Financial Assistance) _____

Qualification for Charity Care/Financial Assistance (circle one):

Full/High Medical Cost/Catastrophic (Identify using eligibility guide)

No Eligibility

Catastrophic Charity Write-off Calculation (complete section only if patient qualifies for catastrophic charity w/o):

- A. Patient Liability (total charges unless another discount has been applied) \$ _____
- B. Annual Income _____
- C. Patient Liability as Percent of Annual Income. _____
- D. Is Line A divided by Line B greater than .30 (30%)? Yes No
- E. If no, patient is not eligible for this type of write-off _____
- F. If yes, multiply Line B by 30 % to identify the patient liability amount _____
- G. If yes, subtract line F from Line A to identify the write-off amount. \$ _____

Total Amount of Recommended Charity Write-offs(s):

Worksheet Completed by _____ **Phone:** _____

Approved by: _____ **Date:** _____

Attachment F

**NOTIFICATION FORM
SUTTER HEALTH
ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE**

Sutter Health has conducted an eligibility determination for financial assistance for:

PATIENTS NAME	ACCOUNT NUMBER	DATE(S) OF SERVICE
---------------	----------------	--------------------

The request for financial assistance was made by the patient or on behalf of the patient on _____ .

This determination was completed on _____ .

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made:

Your request for financial assistance has been approved for services rendered on _____ .

After applying the financial assistance reduction, the amount owed is \$ _____ . You may elect to make payment arrangements for this amount. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient. Please contact Patient Financial Services at 855-398-1633 to discuss payment arrangements.

Your request for financial assistance is pending approval. However, the following information is required before any adjustment can be applied to your account:

Your request for financial assistance has been denied because:

REASON:

Granting of financial assistance is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance or provided incomplete or inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant Financial Assistance and hold you and/or third parties responsible for the hospital's charges.

If an application has been submitted for another health coverage program at the same time that you submit an application for Financial Assistance, neither application shall preclude eligibility for the other program.

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.

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 <https://healthconsumer.org> for more information.

ATTENTION: If you need help in your language, please call 855-398-1633 or visit the Patient Financial Services office at the hospital. Our telephone hours are 8:00 A.M. to 5:00 P.M., 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.

If you have any questions on this determination, or would like to appeal the decision, please contact:

Patient Financial Services
855-398-1633

Attachment G

Important Billing Information for Patients Financial Assistance Plain Language Summary

Thank you for choosing Sutter Health. This handout is designed to help our patients understand the Financial Assistance that is available to eligible patients, the application process for Financial Assistance, and your payment options. Your hospital bill will not include any bills for services you may receive during your hospital stay from physicians, anesthesiologists, clinical professionals, ambulance companies, and other providers that may bill you separately for their services. If you wish to seek assistance with paying your bills from these other providers, you will need to contact the providers directly.

Emergency Services: If you received emergency services at the hospital you will receive a separate bill for the emergency room physician. Any questions pertaining to the emergency room physician's services should be directed to the physician. An emergency room physician, as defined in Section 127450 of the Health and Safety Code, who provides emergency medical services in a hospital that provides emergency care is required by law to provide discounts to uninsured patients or insured patients with high medical costs who are at or below 400% of the federal poverty level.

Payment Options: Sutter Health has many options to assist you with payment of your hospital bill.

Payment Plans: Patient account balances are due upon receipt. Patients may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient. If a hospital and patient cannot agree on the payment plan, the hospital will create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly income, excluding deductions for essential living expenses.

Medi-Cal/Medicaid & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. Sutter Health has staff available to assist you with applying for government programs like Medi-Cal/Medicaid. Medi-Cal's presumptive eligibility program provides qualified individuals immediate access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage. Please contact Patient Financial Services at (855) 398-1633 if you would like additional information about government programs, or need assistance with applying for such programs. This facility also contracts with

organizations that may assist you further with applying for government assistance, if needed.

Covered California: You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Contact the Patient Financial Services department at (855) 398-1633 for more detail and assistance to see if you qualify for health care coverage through Covered California.

Summary of Financial Assistance (Charity Care): Sutter Health is committed to providing financial assistance to qualified low-income patients, and to patients who have insurance that requires the patients to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for a patient who wishes to seek Financial Assistance:

If you received hospital services in the **Emergency Department at Sutter Lakeside Hospital** or a **Sutter Health-affiliated Rural Health Clinic**, the following category of patients are eligible for Financial Assistance:

- Patients who have a family income at or below 400% of the federal poverty level are eligible for Financial Assistance.

If you received hospital services **at any other Sutter Health-affiliated hospital**, the following categories of patients are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; and (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located within the Patient Access/Registration Departments at the Hospital or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application by speaking with a representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for

Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office. The dispute will be resolved by the hospital's chief financial officer.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration and Patient Financial Services offices as well as at www.sutterhealth.org and by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Notice of Availability of Financial Estimates: You may request a written estimate of your financial responsibility for Hospital Services. Requests for estimates must be made during business hours. The estimate will provide you with an estimate of the amount the hospital will require the patient to pay for health care services, procedures, and supplies that are reasonably expected to be provided by the hospital. Estimates are based on the average length of stay and services provided for the patient's diagnosis. They are not promises to provide services at fixed costs. A patient's financial responsibility may be more or less than the estimate based on the services the patient actually receives.

The hospital can provide estimates of the amount of Hospital Services only. There may be additional charges for services that will be provided by physicians during a patient's stay in the hospital, such as bills from personal physicians, and any anesthesiologists, pathologists, radiologists, ambulance companies or other medical professionals who are not employees of the hospital. Patients will receive a separate bill for these services.

If you have any questions about written estimates, please contact Patient Access at 855-398-1637. If you have any questions, or if you would like to pay by telephone, please contact the Patient Financial Services at 855-398-1633.

No Reporting to Consumer Credit Reporting Agency. A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates this section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

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.

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 <https://healthconsumer.org> for more information. Please contact Patient Financial Services for further information.

Price Transparency. Healthcare cost transparency is important to help consumers make informed decisions about their care. We post a list of standard charges for more than 300 services provided in Sutter hospitals. Please visit the following website for more information: <https://myhealthonline.sutterhealth.org/mho/GuestEstimates>.

Contact Information: Patient Financial Services is available to answer questions you may have about your hospital bill or to assist with applying for Financial Assistance or a government program. The telephone number is 855-398-1633. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

ATTENTION: If you need help in your language, please call 855-398-1633 or visit the Patient Financial Services office at the hospital. Our telephone hours are 8:00 A.M. to 5:00 P.M., 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.

ملحوظة: إذا احتجت إلى مساعدة بلغتك، يُرجى الاتصال بهاتف رقم 855-398-1633 أو تفضّل بزيارة مكتب خدمات المرضى المالية بالمستشفى. نتلقّى المكالمات الهاتفية من الثامنة صباحًا حتى الخامسة مساءً من يوم الاثنين إلى يوم الجمعة. كذلك نوّفر دعم وخدمات للأشخاص ذوي الإعاقات، على سبيل المثال، مُستندات مطبوعة بحروف بارزة (برايل) أو بحروف كبيرة، أو مُستندات صوتية أو غيرها من الصيغ الإلكترونية الميسّرة. مع العلم بأن هذه الخدمات مجانية. (Arabic)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 855-398-1633 հեռախոսահամարով կամ այցելել հիվանդանոցում գտնվող Հիվանդների ֆինանսական ծառայությունների գրասենյակ: Մեր հեռախոսային ժամերն են՝ 8:00 A.M.-ից մինչև 5:00 P.M., երկուշաբթիից ուրբաթ: Հասանելի են նաև օժանդակ միջոցներ և ծառայություններ հաշվանդամներով ունեցող անձանց համար, օրինակ՝ փաստաթղթեր բրայլով, խոշոր տպագրությամբ, (Armenian)

កំណត់ចំណាំ: ប្រសិនបើលោកអ្នកត្រូវការជំនួយជាភាសារបស់លោកអ្នក សូមហៅ ទូរសព្ទទៅលេខ 855-398-1633 ឬមកកាន់ការិយាល័យសេវាកម្មហិរញ្ញវត្ថុសម្រាប់អ្នកជំងឺ នៅមន្ទីរពេទ្យ។ ម៉ោងទទួលទូរសព្ទរបស់យើងគឺចាប់ពីម៉ោង 8:00 ព្រឹកដល់ម៉ោង 5:00 ល្ងាច ចាប់ពីថ្ងៃចន្ទដល់ថ្ងៃសុក្រ។ ជំនួយ និងសេវាកម្មសម្រាប់អ្នកដែលមានពិការភាព គឺមានដូចជា អក្សរស្នាប ឯកសារបោះពុម្ពធំៗ សំឡេង ហើយទម្រង់អេឡិចត្រូនិកដែលអាចចូល ប្រើបានផ្សេងទៀតក៏មានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះគឺមិនគិតថ្លៃទេ។ (Cambodian/Khmer)

請注意: 如果您需要語言方面的協助，請致電 855-398-1633 或前往醫院的病人財務服務辦公室。我們接聽電話的時間是星期一至五上午 8:00 至下午 5:00。我們還為殘障人士提供輔助和服務，例如盲文、大字體、音訊和其他無障礙電子格式的文件。這些服務都是免費的。(Chinese Traditional)

توجه: اگر نیاز به کمک به زبان خود دارید، لطفاً با شماره 1633-398-855 تماس بگیرید یا به دفتر خدمات مالی بیماران (Patient Financial Services) در بیمارستان تماس بگیرید. ساعات تماس تلفنی ما 8:00 صبح تا 5:00 بعد از ظهر، روزهای دوشنبه تا جمعه است. کمک‌ها و خدمات برای افراد دارای معلولیت نیز در دسترس است از جمله اسناد به خط بریل، چاپ درشت، صوتی و سایر فرمت‌های الکترونیکی. این خدمات رایگان هستند. (Farsi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया 855-398-1633 पर कॉल करें या चिकित्सालय में रोगी वित्तीय सेवा कार्यालय में जाएँ। हमारा दूरभाष समय सोमवार से शुक्रवार, प्रातः 8:00 बजे से सायंकाल 5:00 बजे तक है। विकलांगता वाले लोगों के लिए सहायता और सेवाएँ, जैसे कि ब्रेल, बड़े प्रिंट, ऑडियो और अन्य अभिगम्य इलेक्ट्रॉनिक प्रारूप में प्रलेख भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं। (Hindi)

LUS QHIA TSEEM CEEB: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau 855-398-1633 los sis mus ntsib lub chaw hauj lwm Muab Kev Pab Cuam Fab Nyiaj Txiag Rau Tus Neeg Mob ntwm lub tsev kho mob. Peb lub sij hawm txais xov tooj yog 8:00 teev sawv ntxov. mus txog 5:00 teev yuav tsaus ntuj, Hnub Monday txog Hnub Friday. Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua cov ntawv su, cov ntawv luam loj, suab, thiab lwm hom ntaub ntawv es lev thos niv. Cov kev pab cuam no pub dawb xwb. (Hmong)

ご注意： ご自身の言語でのサポートが必要な場合は、**855-398-1633** までお電話いただくか、病院の患者向けフィナンシャルサービスオフィスへお越してください。電話の受付時間は、月曜から金曜の午前 8 時～午後 5 時です 視覚障害者向けのサポートやサービス、例えば点字、大きな活字の印刷物、音声、その他の電子形式の文書もご用意しております。これらのサービスは無料でご利用いただけます (Japanese)

주의: 귀하가 사용하시는 언어로 도움이 필요하시면 전화(855-398-1633)를 하시거나 병원의 환자 재정부서를 방문하십시오. 저희의 전화 통화 가능 시간(월요일 – 금요일)은 오전 8 시부터 오후 5 시까지입니다. 장애인을 위한 보조 기구 및 서비스(점자 문서, 큰 활자, 오디오, 그리고 기타 접근 가능한 전자 형식 등)를 이용하실 수 있습니다. 이 서비스들은 무료입니다. (Korean)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया 855-398-1633 पर कॉल करें या चिकित्सालय में रोगी वित्तीय सेवा कार्यालय में जाएँ। हमारा दूरभाष समय सोमवार से शुक्रवार, प्रातः 8:00 बजे से सायंकाल 5:00 बजे तक है। विकलांगता वाले लोगों के लिए सहायता और सेवाएँ, जैसे कि ब्रेल, बड़े प्रिंट, ऑडियो और अन्य अभिगम्य इलेक्ट्रॉनिक प्रारूप में प्रलेख भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं। (Punjabi)

ВНИМАНИЕ! Если вам нужна помощь на вашем языке, пожалуйста, позвоните по телефону 855-398-1633 или посетите отдел финансового обслуживания пациентов в больнице. Мы работаем по телефону с 8:00 пополудни до 5:00 пополудни, с понедельника по пятницу. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, например, документы шрифтом Брайля либо крупным шрифтом, в аудио- и иных электронных форматах, обеспечивающих доступную среду. Эти услуги предоставляются бесплатно! (Russian)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 855-398-1633 o visite la oficina de Servicios Financieros para Pacientes en el hospital. Nuestro horario de atención telefónica es de lunes a viernes, de 8:00 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 gratis. (Spanish)

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, pakitawagan ang 855-398-1633 o bisitahin ang opisina ng Patient Financial Services ng ospital. Ang oras ng pagsagot namin sa telepono ay mula 8:00 A.M. hanggang 5:00 P.M., Lunes hanggang Biyernes. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento na nasa braille, malalaking print, audio, at iba pang electronic format na maaaring ma-access. Ang mga serbisyong ito ay libre. (Tagalog)

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดติดต่อ 855-398-1633 หรือติดต่อสำนักบริการทางการเงินสำหรับผู้ป่วยที่โรงพยาบาล
คุณสามารถติดต่อทางโทรศัพท์ได้ตั้งแต่วันจันทร์ถึงวันศุกร์ ระหว่างเวลา 8.00 น. ถึง 17.00 น. นอกจากนี้ยังมีบริการและความช่วยเหลือสำหรับผู้พิการ เช่น เอกสารในอักษรเบรลล์ ตัวอักษรขนาดใหญ่ บันทึกลายเสียง และเอกสารที่เข้าถึงได้รูปแบบอิเล็กทรอนิกส์อื่น ๆ ซึ่งจะจัดหาให้โดยไม่คิดค่าใช้จ่าย (Thai)

LƯU Ý: Nếu quý vị cần được trợ giúp bằng ngôn ngữ của mình, vui lòng gọi tới số 855-398-1633 hoặc đến văn phòng Dịch Vụ Tài Chính dành cho Bệnh Nhân tại bệnh viện. Giờ nhận điện thoại của chúng tôi là từ 8 giờ sáng đến 5 giờ chiều, từ Thứ Hai đến Thứ Sáu. Cũng có các hỗ trợ và dịch vụ dành cho người khuyết tật như tài liệu bằng chữ nổi, chữ in lớn, dạng âm thanh và các định dạng điện tử để tiếp cận khác. Những dịch vụ này đều miễn phí. (Vietnamese)

Attachment H

Notice of Rights

Thank you for selecting Sutter Health for your recent services. Enclosed please find a statement of the charges for your hospital visit. **Payment is due immediately**. You may be entitled to discounts if you meet certain financial qualifications, discussed below.

Please be aware that this is the bill for hospital services only. There may be additional charges for services that will be provided by physicians during your stay in the hospital, such as bills from physicians, and any anesthesiologists, pathologists, radiologists, ambulance services, or other medical professionals who are not employees of the hospital. You may receive a separate bill for their services.

Summary of Your Rights: State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov.

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area. Please contact Patient Financial Services office at 855-398-1633 for a referral.

Sutter Health has agreements with external collection agencies to collect payments from patients. Collection Agencies are required to comply with the hospital's policies. Collection Agencies are also required to recognize and adhere to any payments plans agreed upon by the hospital and the patient.

No Reporting to Consumer Credit Reporting Agency. A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates this section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

Financial Assistance (Charity Care): Sutter Health is committed to providing financial assistance to qualified low-income patients, and to patients who have insurance that requires the patient to pay for a significant portion of their care. The

following is a summary of the eligibility requirements for Financial Assistance and the application process for a patient who wishes to seek Financial Assistance:

If you received hospital services in the **Emergency Department at Sutter Lakeside Hospital** or a **Sutter Health-affiliated Rural Health Clinic**, the following category of patients are eligible for Financial Assistance:

- Patients who have a family income at or below 400% of the federal poverty level are eligible for Financial Assistance.

If you received hospital services **at any other Sutter Health-affiliated hospital**, the following categories of patients are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located at located within the Patient Access/Registration Departments at the Hospital, or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application by speaking with a representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in

multiple languages in person at our Patient Registration or Patient Financial Services offices, as well as at sutterhealth.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Health Insurance/Government Program Coverage/Financial Assistance: If you have health insurance coverage, Medicare, Medi-Cal/Medicaid, California Children's Services, or any other source of payment for this bill, please contact Patient Financial Services at 855-398-1633. If appropriate, Patient Financial Services will bill those entities for your care.

If you do not have health insurance or coverage through a government program like Medi-Cal/Medicaid or Medicare, you may be eligible for government program assistance. Medi-Cal's presumptive eligibility program provides qualified individuals immediate access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage.

Patient Financial Services can provide you with application forms and assist you with the application process.

If you have received an award of Financial Assistance from the Hospital that you believe covers the services that are the subject of this bill, please contact Patient Financial Services at 855-398-1633.

California Health Benefit Exchange: You may be eligible for health care coverage under Covered California. Contact Patient Financial Services for more detail and assistance to see if you qualify for health care coverage through Covered California.

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.

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 <https://healthconsumer.org> for more information. Please contact Patient Financial Services for further information.

Price Transparency. Healthcare cost transparency is important to help consumers make informed decisions about their care. Sutter Health post a list of standard charges for more than 300 services provided in Sutter hospitals. Please visit the following website for more information:
<https://myhealthonline.sutterhealth.org/mho/GuestEstimates>.

Contact Information: Patient Financial Services is available to answer questions you may have about your hospital bill or to assist with applying for Financial Assistance or a government program. The telephone number is 855-398-1633. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

ATTENTION: If you need help in your language, please call 855-398-1633 or visit the Patient Financial Services office at the hospital. Our telephone hours are 8:00 A.M. to 5:00 P.M., 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.

ملحوظة: إذا احتجت إلى مساعدة بلغتك، يُرجى الاتصال بهاتف رقم 855-398-1633 أو تفضّل بزيارة مكتب خدمات المرضى المالية بالمستشفى. نتلقى المكالمات الهاتفية من الثامنة صباحاً حتى الخامسة مساءً من يوم الاثنين إلى يوم الجمعة. كذلك نوّفر دعم وخدمات للأشخاص ذوي الإعاقات، على سبيل المثال، مُستندات مطبوعة بحروف بارزة (برايل) أو بحروف كبيرة، أو مُستندات صوتية أو غيرها من الصيغ الإلكترونية الميسرة. مع العلم بأن هذه الخدمات مجانية. (Arabic)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 855-398-1633 հեռախոսահամարով կամ այցելել հիվանդանոցում գտնվող Հիվանդների ֆինանսական ծառայությունների գրասենյակ: Մեր հեռախոսային ժամերն են՝ 8:00 A.M.-ից մինչև 5:00 P.M., երկուշաբթիից ուրբաթ: Հասանելի են նաև օժանդակ միջոցներ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ փաստաթղթեր ըրայրով, խոշոր տպագրությամբ, (Armenian)

កំណត់ចំណាំ: ប្រសិនបើលោកអ្នកត្រូវការជំនួយជាភាសារបស់លោកអ្នក សូមហៅ ទូរសព្ទទៅលេខ 855-398-1633 ឬមកកាន់ការិយាល័យសេវាកម្មហិរញ្ញវត្ថុសម្រាប់អ្នកជំងឺ នៅមន្ទីរពេទ្យ។ ម៉ោងទទួលទូរសព្ទរបស់យើងគឺចាប់ពីម៉ោង 8:00 ព្រឹកដល់ម៉ោង 5:00 ល្ងាច ចាប់ពីថ្ងៃចន្ទដល់ថ្ងៃសុក្រ។ ជំនួយ និងសេវាកម្មសម្រាប់អ្នកដែលមានពិការភាព គឺមានដូចជា អក្សរស្នាប ឯកសារបោះពុម្ពធំៗ សំឡេង ហើយទម្រង់អេឡិចត្រូនិកដែលអាចចូល ប្រើបានផ្សេងទៀតក៏មានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះគឺមិនគិតថ្លៃទេ។ (Cambodian/Khmer)

請注意：如果您需要語言方面的協助，請致電 855-398-1633 或前往醫院的病人財務服務辦公室。我們接聽電話的時間是星期一至五上午 8:00 至下午 5:00。我們還為殘障人士提供輔助和服務，例如盲文、大字體、音訊和其他無障礙電子格式的文件。這些服務都是免費的。(Chinese Traditional)

توجه: اگر نیاز به کمک به زبان خود دارید، لطفاً با شماره 1633-398-855 تماس بگیرید یا به دفتر خدمات مالی بیماران (Patient Financial Services) در بیمارستان تماس بگیرید. ساعات تماس تلفنی ما 8:00 صبح تا 5:00 بعد از ظهر، روزهای دوشنبه تا جمعه است. کمک‌ها و خدمات برای افراد دارای معلولیت نیز در دسترس است از جمله اسناد به خط بریل، چاپ درشت، صوتی و سایر فرمت‌های الکترونیکی. این خدمات رایگان هستند. (Farsi))

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया 855-398-1633 पर कॉल करें या चिकित्सालय में रोगी वित्तीय सेवा कार्यालय में जाएँ। हमारा दूरभाष समय सोमवार से शुक्रवार, प्रातः 8:00 बजे से सायंकाल 5:00 बजे तक है। विकलांगता वाले लोगों के लिए सहायता और सेवाएँ, जैसे कि ब्रेल, बड़े प्रिंट, ऑडियो और अन्य अभिगम्य इलेक्ट्रॉनिक प्रारूप में प्रलेख भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं। (Hindi)

LUS QHIA TSEEM CEEB: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau 855-398-1633 los sis mus ntsib lub chaw hauj lwm Muab Kev Pab Cuam Fab Nyiaj Txiag Rau Tus Neeg Mob ntwam lub tsev kho mob. Peb lub sij hawm txais xov tooj yog 8:00 teev sawv ntxov. mus txog 5:00 teev yuav tsaus ntuj, Hnub Monday txog Hnub Friday. Tsis tas li ntwad, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua cov ntawv su, cov ntawv luam loj, suab, thiab lwm hom ntaub ntawv es lev thos niv. Cov kev pab cuam no pub dawb xwb. (Hmong)

ご注意：ご自身の言語でのサポートが必要な場合は、855-398-1633 までお電話いただくか、病院の患者向けフィナンシャルサービスオフィスへお越してください。電話の受付時間は、月曜から金曜の午前 8 時～午後 5 時です 視覚障害者向けのサポートやサービス、例えば点字、大きな活字の印刷物、音声、その他の電子形式の文書もご用意しております。これらのサービスは無料でご利用いただけます (Japanese)

주의: 귀하가 사용하시는 언어로 도움이 필요하시면 전화(855-398-1633)를 하시거나 병원의 환자 재정부서를 방문하십시오. 저희의 전화 통화 가능 시간(월요일 – 금요일)은 오전 8 시부터 오후 5 시까지입니다. 장애인을 위한 보조 기구 및 서비스(점자 문서, 큰 활자, 오디오, 그리고 기타 접근 가능한 전자 형식 등)를 이용하실 수 있습니다. 이 서비스들은 무료입니다. (Korean)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया 855-398-1633 पर कॉल करें या चिकित्सालय में रोगी वित्तीय सेवा कार्यालय में जाएँ। हमारा दूरभाष समय सोमवार से शुक्रवार, प्रातः 8:00 बजे से सायंकाल 5:00 बजे तक है। विकलांगता वाले लोगों के लिए सहायता और सेवाएँ, जैसे कि ब्रेल, बड़े प्रिंट, ऑडियो और अन्य अभिगम्य इलेक्ट्रॉनिक प्रारूप में प्रलेख भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं। (Punjabi)

ВНИМАНИЕ! Если вам нужна помощь на вашем языке, пожалуйста, позвоните по телефону 855-398-1633 или посетите отдел финансового обслуживания пациентов в больнице. Мы работаем по телефону с 8:00 пополудни до 5:00 пополудни, с понедельника по пятницу. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, например, документы шрифтом Брайля либо крупным шрифтом, в аудио- и иных электронных форматах, обеспечивающих доступную среду. Эти услуги предоставляются бесплатно! (Russian)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 855-398-1633 o visite la oficina de Servicios Financieros para Pacientes en el hospital. Nuestro horario de atención telefónica es de lunes a viernes, de 8:00 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 gratis. (Spanish)

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, pakitawagan ang 855-398-1633 o bisitahin ang opisina ng Patient Financial Services ng ospital. Ang oras ng pagsagot namin sa telepono ay mula 8:00 A.M. hanggang 5:00 P.M., Lunes hanggang Biyernes. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento na nasa braille, malalaking print, audio, at iba pang electronic format na maaaring ma-access. Ang mga serbisyon ito ay libre. (Tagalog)

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดติดต่อ 855-398-1633 หรือติดต่อสำนักบริการทางการเงินสำหรับผู้ป่วยที่โรงพยาบาล
คุณสามารถติดต่อทางโทรศัพท์ได้ตั้งแต่วันจันทร์ถึงวันศุกร์ ระหว่างเวลา 8.00 น. ถึง 17.00 น. นอกจากนี้ยังมีบริการและความช่วยเหลือสำหรับผู้พิการ เช่น เอกสารในอักษรเบรลล์ ตัวอักษรขนาดใหญ่ บันทึกเสียง และเอกสารที่เข้าถึงได้รูปแบบอิเล็กทรอนิกส์อื่น ๆ ซึ่งจะจัดหาให้โดยไม่คิดค่าใช้จ่าย (Thai)

LƯU Ý: Nếu quý vị cần được trợ giúp bằng ngôn ngữ của mình, vui lòng gọi tới số 855-398-1633 hoặc đến văn phòng Dịch Vụ Tài Chính dành cho Bệnh Nhân tại bệnh viện. Giờ nhận điện thoại của chúng tôi là từ 8 giờ sáng đến 5 giờ chiều, từ Thứ Hai đến Thứ Sáu. Cũng có các hỗ trợ và dịch vụ dành cho người khuyết tật như tài liệu bằng chữ nổi, chữ in lớn, dạng âm thanh và các định dạng điện tử để tiếp cận khác. Những dịch vụ này đều miễn phí. (Vietnamese)

Attachment I

Sutter Health Hospitals, Physical Address and Website Address for Financial Assistance

Alta Bates Summit Medical Center

Patient Access/Registration

Ashby Campus

2450 Ashby Avenue
Berkeley, CA 94705
510-204-4444

Herrick Campus

2001 Dwight Way
Berkeley, CA 94704
510-204-4444

Merritt Peralta Institute (MPI)

3012 Summit Street, 5th Floor
Oakland, CA 94609
510-652-8000

Summit Campus

350 Hawthorne Avenue
Oakland, CA 94609
510-655-4000

Summit Campus (South Pavilion)

3100 Summit Street
Oakland, CA 94609-3412
510-655-4000

<http://www.altabatesummit.org>

California Pacific Medical Center

Patient Access/Registration

California Campus

3700 California Street
San Francisco, CA 94118
415-600-6000

Pacific Heights Campus

2333 Buchanan Street

San Francisco, CA 94115
415-600-6000

Davies Campus

Castro and Duboce
San Francisco, CA 94114
415-600-6000

Van Ness Campus

1101 Van Ness Avenue
San Francisco, CA 94109
415-600-6000

Mission Bernal Campus
3555 Cesar Chavez St.
San Francisco, CA 94110
415-647-8600

<http://www.cpmc.org>

Eden Medical Center

Patient Access/Registration

Eden Campus

20103 Lake Chabot Road
Castro Valley, CA 94546
510-537-1234

<http://www.edenmedicalcenter.org>

Memorial Medical Center

Patient Access/Registration

1700 Coffee Road
Modesto, CA 95355
209-526-4500

<http://www.memorialmedicalcenter.org>

Memorial Hospital, Los Banos

Patient Access/Registration

520 I Street
Los Banos, CA 93635
209-826-0591

<http://www.memoriallosbanos.org>

Menlo Park Surgical Hospital
Patient Access/Registration

570 Willow Road
Menlo Park, CA 94025
650-324-8500

<http://www.pamf.org/mpsh>

Mills-Peninsula Health Services

Patient Access/Registration 1501

Trousdale Drive
Burlingame, CA 94010
(650) 696-5400

<http://www.mills-peninsula.org>

Novato Community Hospital

Patient Access/Registration

180 Rowland Way
Novato, CA 94945
415-897-3111

<http://www.novatocommunity.org>

Sutter Amador Hospital

Patient Access/Registration

200 Mission Blvd.
Jackson, CA 95642 209-223-7500

<http://www.sutteramador.org>

Sutter Auburn Faith Hospital

Patient Access/Registration

11815 Education Street
Auburn, CA 95602 530-888-4500

<http://www.sutterauburnfaith.org>

Sutter Coast Hospital

Patient Access/Registration

800 East Washington Blvd
Crescent City, CA 95531
707-464-8511

<http://www.suttercoast.org>

Sutter Davis Hospital
Patient Access/Registration

2000 Sutter Place
(P.O. Box 1617)
Davis, CA 95617
530-756-6440

<http://www.sutterdavis.org>

Sutter Delta Medical Center
Patient Access/Registration

3901 Lone Tree Way
Antioch, CA 94509
925-779-7200

<http://www.sutterdelta.org>

Sutter Lakeside Hospital and Center for Health
Patient Access/Registration

5176 Hill Road East
Lakeport, CA 95453
707-262-5000

<http://www.sutterlakeside.org>

Sutter Maternity & Surgery Center of Santa Cruz
Patient Access/Registration

2900 Chanticleer Avenue
Santa Cruz, CA 95065-1816
831-477-2200

<http://www.suttersantacruz.org>

Sutter Medical Center, Sacramento
Patient Access/Registration

2825 Capitol Avenue
Sacramento, CA 95816
916-887-0000

Sutter Center for Psychiatry
Patient Access/Registration

7700 Folsom Blvd.
Sacramento, CA 95826
916-386-3000

<http://www.suttermedicalcenter.org>

Sutter Roseville Medical Center
Patient Access/Registration

One Medical Plaza
Roseville, CA 95661
916-781-1000

<http://www.sutterroseville.org>

Sutter Santa Rosa Regional Hospital
Patient Access/Registration

30 Mark West Springs Road
Santa Rosa, CA 95403
707-576-4000

<http://www.suttersantarosa.org>

Sutter Solano Medical Center
Patient Access/Registration

300 Hospital Drive
Vallejo, CA 94589
707-554-4444

<http://www.suttersolano.org>

Sutter Surgical Hospital - North Valley
Patient Access/Registration

455 Plumas Boulevard
Yuba City, CA 95991
530-749-5700

<http://www.suttersurgicalhospitalnorthvalley.org/>

Sutter Tracy Community Hospital
Patient Access/Registration

1420 N. Tracy Boulevard
Tracy, CA 95376-3497
209-835-1500

<http://www.suttertracy.org>

Attachment J

Help Paying Your Bill

Sutter Health is committed to providing financial assistance, in the form of charity care (i.e. free care) and discounted care, to qualified patients.

How to Apply

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located in the Patient Access/Registration Departments at the Hospital, or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application for financial assistance by speaking with a representative from Patient Financial Services, who will assist you with completing the application.

Hospital Bill Complaint Program

If you believe you were wrongly denied financial assistance, you may file a complaint with the State of California's Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

More Help

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. Please contact Patient Financial Services for further information.

Help for Patient with Disabilities

Please contact Patient Financial Services at 855-398-1633 if you would like to obtain a copy of this notice in an accessible format, including but not limited to large print, braille, audio, or other accessible electronic format.

ATTENTION: If you need help in your language, please call 855-398-1633 or visit the Patient Financial Services office at the hospital. Our telephone hours are 8:00 A.M. to 5:00 P.M., 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.