FINANCIAL ASSISTANCE APPLICATION

Bear Valley Community Hospital
41870 Garstin Drive | P.O. Box 1649 | Big Bear Lake, CA 92315
Phone: (909) 878-8252 | www.bvchd.com

APPLICATION FOR FINANCIAL ASSISTANCE

Please complete all applicable sections of this application.

To determine eligibility, the Hospital may request only documentation that is reasonably necessary to verify household income, household size, insurance status, or eligibility for financial assistance.

□ Federal income tax return from the current tax year or most recent tax year available
□ Recent pay stubs or other proof of current income

□ Proof of household size (if requested)
□ Insurance card/information (if applicable)

Applicants generally need only provide recent income documentation such as a recent federal income tax return, recent pay stubs, or other proof of income if applicable.

Have you applied for Medi-Cal?

□ Yes □ No

If yes, application date: _____

If no, would you like assistance with coverage screening?

□ Yes □ No

You may apply for financial assistance at any time before, during, or after receiving services from Bear Valley Community Hospital.

Eligibility may be determined whenever the Hospital receives sufficient information and documentation necessary to evaluate your application. Submitting an application is voluntary and patients may provide additional information if needed to complete the review process.

I understand that Bear Valley Community Hospital may review available information to see whether I qualify for financial assistance, Charity Care, the Discount Payment Program, Medi-Cal, presumptive eligibility programs, or other programs that may help pay for my medical care.

Need help completing this application? Patient Financial Services staff are available at no cost to assist patients with completing the application and identifying available assistance programs.

Hospital Bill Complaint Program

If you believe you were wrongly denied financial assistance, improperly billed, or that your rights under the Hospital Fair Pricing Act were not honored, you may file a complaint with the California Hospital Bill Complaint Program.

Financial Assistance Policy Notice

Bear Valley Community Hospital offers financial assistance to eligible patients under its Financial Assistance Policy (FAP), including Charity Care and Discount Payment Programs. Copies of the Financial Assistance Policy, Plain Language Summary, and application are available from Patient Financial Services.

Patients may request assistance by contacting Patient Financial Services at (909) 878-8252. Information regarding the California Hospital Bill Complaint Program is available through HCAI resources.

Who May Qualify?

Patients whose household income is at or below 350% of the Federal Poverty Level may qualify for free care (Charity Care). Patients whose household income is between 350% and 500% of the Federal Poverty Level may qualify for discounted care through the Discount Payment Program. Eligibility will be determined according to Bear Valley Community Hospital's Financial Assistance Policy.

Understanding Your Financial Assistance Options

Bear Valley Community Hospital offers two types of financial assistance:

Charity Care (Free Care): Eligible patients may receive a full reduction of their hospital bill.

Discount Payment Program: Eligible patients may receive a reduced balance and affordable payment terms.

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Patients who qualify for Charity Care may receive a greater level of financial assistance than patients who qualify only for the Discount Payment Program. All applicants will be evaluated for the maximum financial assistance available under the Hospital's Financial Assistance Policy.

SECTION ONE: APPLICANT INFORMATION

Applicant Name:_____ Date of Birth:____/____/____
LAST NAME FIRST NAME MIDDLE NAME
Address:_____ City:_____ State:____ Zip Code:_____
Phone Number: (____)_____ E-mail:_____

SECTION TWO: HOUSEHOLD MEMBERS

Additional Family Member Name(s)	Date of Birth	Relationship to Applicant
1.		
2.		
3.		
4.		
5.		
6.		

Household includes the applicant, spouse or domestic partner, and all individuals claimed as dependents on the applicant's federal income tax return. If no tax return is available, household size will be determined in accordance with the Bear Valley Community Hospital Financial Assistance Policy.

If your application is denied, you may submit additional information for reconsideration.

SECTION THREE: FINANCIAL INFORMATION

Income Source	Current Monthly Groos Income - Applicant	Current Monthly Groos Income - Spouse/Other
Employment Income		
All Other Income Sources		

SECTION FOUR: INSURANCE INFORMATION

Insurance Company Name:_____ Phone Number:_____
Group Number:_____ Member ID Number:_____

For assistance completing this application:

Patient Financial Services
Bear Valley Community Hospital
Phone: (909) 878-8252
Office Hours: Monday-Friday, 8:00 AM-5:00 PM

Patient Rights Acknowledgment

I understand that:

- Applying for financial assistance is free.
- Assistance is available regardless of race, color, national origin, religion, sex, gender, disability, age, immigration status, sexual orientation, or marital status.
- Language assistance and disability accommodations are available at no cost.
- I may contact Patient Financial Services if I need help completing this application.

APPLICANT CERTIFICATION AND SIGNATURE

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that Bear Valley Community Hospital may verify the information provided for purposes of determining eligibility for financial assistance. I agree to notify the Hospital if my financial circumstances change before a determination is made.

Applicant Signature: _____

Printed Name: _____

Date: _____

If signed by someone other than the patient:

Representative Name: _____

Relationship to Patient: _____

Representative Signature: _____

Date: _____

FOR HOSPITAL USE ONLY

Application Received Date: _____

Received By: _____

Presumptive Eligibility Screening Completed

☐ Yes ☐ No

Financial Assistance Determination

☐ Charity Care Approved

☐ Discount Payment Program Approved

☐ Additional Information Requested

☐ Not Eligible

Date Determined: _____

Staff Signature: _____

LANGUAGE ASSISTANCE / AYUDA CON EL IDIOMA

Bear Valley Community Hospital • (760) 866-5501
41870 Garstin Drive, Big Bear Lake, CA 92315
Mon–Fri 8AM–5PM

The following notice is provided in English and the top 15 languages spoken by Limited English-Proficient (LEP) individuals in California, as required by state law. All language assistance services are **FREE**.

Preferred Language: _____

Interpreter Needed?

□ Yes □ No

ENGLISH

ATTENTION: If you need help in your language, please call (760) 866-5501 or visit the Patient Financial Services Office. The office is open Monday through Friday, 8:00 AM to 5:00 PM, and is located at 41870 Garstin Drive, Big Bear Lake, CA 92315. Aids and services for people with disabilities, like documents in accessible alternative formats such as braille, large print, audio, and other accessible electronic formats are also available. These services are free.

ESPAÑOL (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al (760) 866-5501 o visite la Oficina de Servicios Financieros para Pacientes. La oficina está abierta de lunes a viernes, de 8:00 a.m. a 5:00 p.m., y se encuentra en 41870 Garstin Drive, Big Bear Lake, CA 92315. También están disponibles ayudas y servicios para personas con discapacidades, como documentos en formatos alternativos accesibles como braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

中文 (Chinese)

注意：如果您需要用您的语言获得帮助，请致电 (760) 866-5501 或前往患者财务服务办公室。办公室开放时间为周一至周五上午 8:00 至下午 5:00，地址位于 41870 Garstin Drive, Big Bear Lake, CA 92315。我们还为残障人士提供辅助设备和服务，如盲文、大字体、音频及其他无障碍电子格式的文件。这些服务均免费提供。

TIẾNG VIỆT (Vietnamese)

CHÚ Ý: Nếu bạn cần hỗ trợ bằng ngôn ngữ của mình, vui lòng gọi (760) 866-5501 hoặc đến Văn phòng Dịch vụ Tài chính Bệnh nhân. Văn phòng mở cửa từ Thứ Hai đến Thứ Sáu, 8:00 sáng đến 5:00 chiều, tại 41870 Garstin Drive, Big Bear Lake, CA 92315. Các hỗ trợ và dịch vụ dành cho người khuyết tật như tài liệu ở định dạng braille, chữ in lớn, âm thanh và định dạng điện tử khác cũng có sẵn. Các dịch vụ này miễn phí.

TAGALOG (Filipino)

ATENSYON: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa (760) 866-5501 o bumisita sa Opisina ng Mga Serbisyong Pinansyal para sa Pasyente. Ang opisina ay bukas mula Lunes hanggang Biyernes, 8:00 AM hanggang 5:00 PM, sa 41870 Garstin Drive, Big Bear Lake, CA 92315. Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng braille, malaking print, audio, at iba pang electronic na format, ay available din. Ang mga serbisyong ito ay libre.

한국어 (Korean)

주의: 귀하의 언어로 도움이 필요하시면 (760) 866-5501 로 전화하시거나 환자 재정 서비스 사무소를 방문하십시오. 사무소는 월요일부터 금요일까지 오전 8 시부터 오후 5 시까지 운영되며, 주소는 41870 Garstin Drive, Big Bear Lake, CA 92315 입니다. 점자, 큰 활자, 오디오 및 기타 전자 형식의 장애인용 보조 자료도 이용 가능합니다. 이러한 서비스는 무료입니다.

ՀԱՅԵՐԵՆ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ անհրաժեշտ է օգնություն Ձեր լեզվով, խնդրում ենք զանգահարել (760) 866-5501 կամ այցելել Հիվանդի Ֆինանսական Ծառայությունների Գրասենյակ: Գրասենյակը բաց է երկուշաբթիից ուրբաթ, ժամը 8:00-ից 17:00, հասցե՝ 41870 Garstin Drive, Big Bear Lake, CA 92315: Օգնություններ և ծառայություններ՝ նախատեսված հաշմանդամություն ունեցող անձանց համար, ինչպես օրինակ՝ բրայլյան գրեր, խոշորատառ տպագրություն, ձայնագրություններ և այլ հասանելի էլեկտրոնային ձևաչափեր, նույնպես հասանելի են: Այս ծառայությունները անվճար են:

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по номеру (760) 866-5501 или посетите Отдел финансовых услуг для пациентов. Офис работает с понедельника по пятницу с 8:00 до 17:00 и расположен по адресу: 41870 Garstin Drive, Big Bear Lake, CA 92315. Также доступны вспомогательные средства для людей с ограниченными возможностями, включая документы шрифтом Брайля, крупным шрифтом, в аудиоформате и других доступных электронных форматах. Эти услуги предоставляются бесплатно.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ (760) 866-5501 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਮਰੀਜ਼ ਵਿੱਤੀ ਸੇਵਾਵਾਂ ਦਫ਼ਤਰ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਤੋਂ ਸ਼ਾਮ 5:00 ਵਜੇ ਤੱਕ, 41870 Garstin Drive, Big Bear Lake, CA 92315 'ਤੇ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ। ਅਪਾਹਜ ਵਿਅਕਤੀਆਂ ਲਈ ਬ੍ਰੇਲ, ਵੱਡੀ ਛਪਾਈ, ਆਡੀਓ ਅਤੇ ਹੋਰ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

العربية (Arabic)

تنبيه: إذا كنتَ بحاجة إلى مساعدة بلغتك، يُرجى الاتصال بالرقم (760) 866-5501 أو زيارة مكتب الخدمات المالية للمرضى. يعمل المكتب من الاثنين إلى الجمعة، من 8:00 صباحًا حتى 5:00 مساءً، ويقع في 41870 Garstin Drive, Big Bear Lake, CA 92315. تتوفر أيضًا وسائل مساعدة للأشخاص ذوي الإعاقات، كالوثائق بطريقة برايل والطباعة الكبيرة والتسجيلات الصوتية وغيرها. هذه الخدمات مجانية.

فارسی (Farsi)

توجه: اگر به کمک به زبان خود نیاز دارید، لطفاً با (760) 866-5501 تماس بگیرید یا از دفتر خدمات مالی بیمار بازدید کنید. دفتر از دوشنبه تا جمعه، ساعت ۸:00 صبح تا ۵:00 بعدازظهر باز است و در 41870 Garstin Drive, Big Bear Lake, CA 92315 قرار دارد. کمک‌ها و خدمات برای افراد دارای معلولیت، از جمله اسناد به صورت بریل، چاپ بزرگ، صوتی و فرمت‌های الکترونیکی دیگر نیز موجود است. این خدمات رایگان هستند.

हिंदी (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो (760) 866-5501 पर कॉल करें या रोगी वित्तीय सेवा कार्यालय जाएं। कार्यालय सोमवार से शुक्रवार, सुबह 8:00 से शाम 5:00 बजे तक, 41870 Garstin

Drive, Big Bear Lake, CA 92315 पर खुला रहता है। विकलांग व्यक्तियों के लिए ब्रेल, बड़े प्रिंट, ऑडियो और अन्य इलेक्ट्रॉनिक प्रारूपों में दस्तावेज़ उपलब्ध हैं। ये सेवाएं निःशुल्क हैं।

Hmoob (Hmong)

CEEB TOM: Yog tias koj xav tau kev pab ua koj hom lus, hu rau (760) 866-5501 lossis mus ntsib Chav Haujlwm Kev Pab Nyiaj Txiag rau Cov Neeg Mob. Lub chaw ua haujlwm qhib hnub Monday txog Friday, 8:00 AM txog 5:00 PM, ntawm 41870 Garstin Drive, Big Bear Lake, CA 92315. Cov kev pab cuam rau cov neeg xiam oob qhab xws li braille, ntawv loj, suab lus, thiab lwm hom electronic kuj muaj. Cov kev pab cuam no yog dawb xwb.

ភាសាខ្មែរ (Cambodian/Khmer)

ចំណាំ៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅ (760) 866-5501 ឬចូលទៅកាន់ការិយាល័យសេវាហិរញ្ញវត្ថុអ្នកជំងឺ។ ការិយាល័យបើកពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រ ពីម៉ោង 8:00 ព្រឹក ដល់ 5:00 ល្ងាច នៅ 41870 Garstin Drive, Big Bear Lake, CA 92315។ ជំនួយសម្រាប់ជនពិការ ដូចជាឯកសារជា Braille, ពុម្ពអក្សរធំ, សំឡេង និងទ្រង់ទ្រាយអ៊ីឡិចត្រូនិចផ្សេងទៀតក៏មានផងដែរ។ សេវាទាំងនេះឥតគិតថ្លៃ។

日本語 (Japanese)

注意：あなたの言語でのサポートが必要な場合は、(760) 866-5501 にお電話いただくか、患者財務サービス窓口をご利用ください。窓口は月曜日から金曜日の午前 8 時から午後 5 時まで営業しており、41870 Garstin Drive, Big Bear Lake, CA 92315 にあります。点字・大きな活字・音声・その他のアクセシブルな電子形式のような障害のある方向けの支援も利用できます。これらのサービスはすべて無料です。

ภาษาไทย (Thai)

ข้อสังเกต: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทร (760) 866-5501 หรือไปที่สำนักงานบริการทางการเงินสำหรับผู้ป่วย สำนักงานเปิดทำการวันจันทร์ถึงวันศุกร์ ตั้งแต่ 8:00 น. ถึง 17:00 น. ที่ 41870 Garstin Drive, Big Bear Lake, CA 92315 นอกจากนี้ยังมีบริการสำหรับผู้พิการ เช่น เอกสารเป็นอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์อื่นๆ บริการเหล่านี้ไม่มีค่าใช้จ่าย

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Bear Valley Community Hospital • (909)878-8252 • www.bvchd.com

These language assistance services are free of charge.
Required by California Health & Safety Code §127400 et seq.