



Account # \_\_\_\_\_

**All information must be complete for consideration for financial assistance**

***Patient Information***

***Parent/Spouse/Guarantor Information***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone \_\_\_\_\_

Employer Phone \_\_\_\_\_

Monthly Net Income \_\_\_\_\_

Monthly Net Income \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Names \_\_\_\_\_

List all other income: \$ \_\_\_\_\_ Source \_\_\_\_\_ \$ \_\_\_\_\_ Source \_\_\_\_\_

If unemployed what is your source of income? \_\_\_\_\_

(This must be answered if source of income is zero)

Do you have a \_\_\_\_\_ Checking Account  
\_\_\_\_\_ Savings Account

Current Balance \$ \_\_\_\_\_  
Current Balance \$ \_\_\_\_\_

**You must provide a current bank statement or pay stub or income tax form**

I declare that the above statements are true and correct to the best of my knowledge. I understand that withholding of information or the giving of false information will make the patient and/or responsible party liable for all charges for services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All lines must be filled out. If not applicable please indicate.**

Amount of discount is determined based on income level and Federal Poverty Guidelines. Please refer to the Financial Assistance Program policy available on our website for a complete listing of services covered. Not all Physician professional fees are covered under the Financial Assistance Policy.

Questions: Call (530) 619-0800



## **Plain Language Summary of Hospital Financial Assistance Policy**

In keeping with the philosophy and mission of Colusa Medical Center (“CMC”), it is the policy of CMC to offer financial assistance to patients who are unable to pay their hospital bills due to difficult financial situations. A CMC Financial Counselor or Business Office Representative will review individual cases and make a determination of financial assistance that may be offered prior to, during, or after services provided. Upon verifying eligibility for financial assistance, CMC shall offer hospital inpatients and outpatients Charity Care (i.e., free care) or Discounted Care in accordance with the CMC Financial Assistance Policy and other applicable policies for Medically Necessary Services.

### **Financial Assistance Guidelines**

- Financial Assistance is only available for emergency medical care and medically necessary care provided by Colusa Medical Center (see the CMC Financial Assistance Policy for the definition of medically necessary and covered and non-covered providers)
- Eligibility is determined after reviewing an applicant’s financial circumstances as discussed below.
- All alternative payer resources, including governmental payers (i.e. Medicare, Medi-Cal, etc.) must be exhausted prior to applying for CMC financial assistance under the CMC Financial Assistance Policy.

### **Required Documentation**

To be considered complete, a submitted application must include the following:

- Completed and signed Financial Assistance application
- Two recent paystubs, or
- A copy of your most current W2

If an individual has no source of income, a letter stating as how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.

### **Program Qualifications**

- Financial assistance will be given to an individual or a family whose yearly gross income does not exceed 400% of the federal poverty level (see the Financial Assistance Policy for a definition of yearly gross income).
- An individual or family whose yearly gross income is at or below 400% of the federal poverty level or less qualifies for 100% financial assistance
- An individual who qualifies for financial assistance will not be required to pay more than amounts indicated within the Financial Assistance Policy.

### **Accessing/Applying for Financial Assistance**

- Copies of the Financial Assistance Policy and application are available on line at <https://colusamedcenter.com/>
- Copies of these documents are also available at all of Colusa Medical Center registration sites.
- All documents are provided for free.
- To obtain copies of these documents in person or by mail, ask questions, receive assistance with completing a financial assistance application, contact Colusa Medical Center’s business office through the following methods:
  - ☒ Phone: (530) 619-0800
  - ☒ Mail or in Person: 199 E Webster St, Colusa, CA 95932

### **Languages**

All notices/communications provided under this policy shall be available in the primary language(s) of the hospital’s service area in a manner consistent with all applicable federal and state laws and regulations.