FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

This is the application for financial assistance, also known as charity care, at Mad River Community Hospital. You may qualify for financial assistance based on your family size and income, even if you have health insurance. Financial Assistance may not cover all health care costs, including services provided by other organizations. Assistance is granted if you meet the financial assistance guidelines, which include household income equal to 400% or less of the Federal Poverty Level.

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

- Provide information about your family, including the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Provide information about your family's gross monthly income (income **before** taxes and payroll deductions)
- Attach additional information if needed
- Sign and date the form

Mad River Community Hospital will protect the confidentiality of each patient. Any information submitted for consideration of financial assistance will be treated as Protected Health Information under the Health Insurance Portability and Accountability Act (HIPAA) and will not be used for collections activities.

For more information regarding assistance or if you need help completing the application, please contact Patient Accounts. You may obtain help for any reason, including disability and language assistance.

Mad River Community Hospital	Phone: (707) 826-8260
Patient Accounts Department	M-F 8:30AM - 5:00PM
3800 Janes Rd	collections@madriverhospital.com
Arcata, CA 95521	Fax: (707) 826-8285

Every reasonable effort will be made to process your application promptly. Once your application has been reviewed, you will receive a letter confirming the outcome.

Mad River Community Hospital

FINANCIAL SCREENING APPLICATION

DATE OF APPLICATION: _____

Please fill out all information completely. Please print all information.

PLEASE NOTE
• We cannot guarantee that you will qualify for financial assistance, even if you apply. • Once you send in your application, we may ask for additional information or proof of income

FAMILY INFORMATION - Please provide names of all people to be considered for financial assistance. *(Attached additional page if more space needed)*			
Last Name	First Name	Middle Initial	Date of Birth
Last Name	First Name	Middle Initial	Date of Birth
Last Name	First Name	Middle Initial	Date of Birth

** If the applicant is a minor, please list parent(s)/guardians(s) as applicant and co-applicant*

APPLICANT (GUARANTOR) INFORMATION				
Relationship to Patient:	☐ Self	☐ Spouse/Domestic Partner	☐ Parent	☐ Other
Marital Status:	☐ Single	☐ Married ☐ Domestic Partner ☐ Divorced ☐ Separated ☐ Widowed		
Last Name	First Name	Middle Initial		Date of Birth
No. of Dependents *(Not including self and co-applicant)*		Age of Dependents		
Street Address	City	State		Zip Code
Current Employer	Street Address			Position
Home Phone	Cell Phone	* If you are not working, how long have you been unemployed?		

CO-APPLICANT INFORMATION

Relationship to Patient:	☐ Spouse/Domestic Partner		☐ Parent
Last Name	First Name	Middle Initial	Date of Birth

No. of Dependents *(Not including self and co-applicant)*	Age of Dependents

Street Address	City	State	Zip Code

Current Employer	Street Address	Position

Home Phone	Cell Phone	* If you are not working, how long have you been unemployed?

OTHER COVERAGE - All answers pertain to the patient

Does the patient have health insurance? ☐ Yes ☐ No
**If yes, please provide the following:*

Health Insurance Name	Insurance Phone Number

Subscriber Name	Identification Number

Effective Date	Group/Employer Name	Group Number

Is the patient eligible for a state medical assistance program? ☐ Yes ☐ No
** If yes, please provide the following:*

Name of Program	County	Identification Number

Is the patient a Victim of Crime? ☐ Yes ☐ No
** If yes, please provide the following:*

Name of Case Worker	Case Worker Phone Number

Claim or Case Number

Is the patient being treated for illness or injuries caused by a third party, such as an automobile accident? ☐ Yes ☐ No *If yes, please provide the following:*	
Name of Auto Insurance or Attorney	Auto Insurance or Attorney Phone Number
Injury Date	Claim or Case Number
Is the patient being treated for injuries covered by Workers Compensation? *If yes, please provide the following:* ☐ Yes ☐ No	
Name of Work Comp Carrier	Injury Date
Adjuster's Name	Adjuster's Phone Number
Claim or Case Number	

INCOME INFORMATION			
Monthly Income Sources	Applicant	Co-Applicant	Combined Income
Employment Income	$	$	$
Social Security	$	$	$
Disability	$	$	$
Unemployment	$	$	$
Rental Property Income	$	$	$
Investment Income	$	$	$
Other	$	$	$
	Total Combined Monthly Income		$

SIGNATURE			
By signing this form, I attest that all information provided is both true and accurate.			
Applicant	Date	Co-Applicant	Date
Return completed application to: Fax: 707-825-8285 Email: collections@madriverhospital.com		Mad River Community Hospital Attention: Patient Accounts PO Box 1115 Arcata, CA 95518	

Mad River Community Hospital

IMPORTANT INFORMATION REQUIRED WITH YOUR APPLICATION

Proof of Income: For the purposes of determining eligibility for Financial Assistance

Complete Tax Return

* Tax return which documents income for the year in which the patient was first billed or 12 months prior to when the patient was first billed

Two consecutive Paystubs

* Paystubs within a 6-month period before or after when the patient was first billed, or in the case of preservice, when the application is submitted.

Other forms of income documentation are accepted but not required

ATTENTION: If you need help in your language, please call 1-800-272-7442 Access Code 4791 or visit Mad River Community Hospital Admitting Office. The office is open from 7:30 am to 5:30 pm Monday through Friday. Our Switchboard is 24 hours. We are located at 3800 Janes Road, Arcata, CA, 95521. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats may also be available. These services are free.

LANGUAGE	TRANSLATED TAGLINE
SPANISH	ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-800-272-7442 con el código de acceso 4791 o visite la oficina de admisión de Mad River Community Hospital. La oficina está abierta de lunes a viernes de 7:30 a. m. a 5:30 p. m. Nuestra central telefónica está disponible las 24 horas. Estamos ubicados en 3800 Janes Road, Arcata, CA, 95521. También pueden estar disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.
CHINESE (SIMPLIFIED)	注意：如果您需要使用您的语言获得帮助，请拨打 1-800-272-7442，访问代码 4791，或前往 Mad River Community Hospital 入院办公室。办公室开放时间为周一至周五上午 7:30 至下午 5:30。我们的总机全天 24 小时开放。地址为 3800 Janes Road, Arcata, CA, 95521。我们还为残障人士提供免费的辅助服务，如盲文、大字版、音频和其他可访问的电子格式文件。
HMONG	CEEB TOOM: Yog tias koj xav tau kev pab hauv koj hom lus, thov hu rau 1-800-272-7442 siv tus lej nkag 4791 lossis mus rau Mad River Community Hospital Chav txais neeg mob. Lub chaw haujlwm qhib thaum 7:30 sawv ntxov txog 5:30 tsaus ntuj hnub Monday txog Friday. Peb lub xov tooj hloov tau 24 teev. Peb nyob ntawm 3800 Janes Road, Arcata, CA, 95521. Cov kev pab
VIETNAMESE	CHÚ Ý: Nếu bạn cần giúp đỡ bằng ngôn ngữ của mình, vui lòng gọi 1-800-272-7442 Mã truy cập 4791 hoặc đến Văn phòng Tiếp nhận của Bệnh viện Mad River Community. Văn phòng mở cửa từ 7:30 sáng đến 5:30 chiều từ Thứ Hai đến Thứ Sáu. Tổng đài của chúng tôi hoạt động 24 giờ. Địa chỉ: 3800 Janes Road, Arcata, CA, 95521. Các dịch vụ hỗ trợ cho người khuyết tật như tài liệu bằng chữ nổi, chữ lớn, âm thanh và các định dạng điện tử khác cũng có thể có sẵn. Những dịch vụ này là miễn phí.
ARABIC	انتباه: إذا كنت بحاجة إلى المساعدة بلغتك، يرجى الاتصال على الرقم 1-800-272-7442 رمز الدخول 4791 المكتب مفتوح من الساعة 7:30 صباحًا حتى 5:30 مساءً من الاثنين إلى الجمعة. مركز الاتصالات لدينا يعمل على مدار 24 ساعة. نحن موجودون في 3800 Janes Road، Arcata، CA، 95521. قد تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقة مثل المستندات بطريقة برايل أو الطباعة الكبيرة أو الصوت أو التنسيقات الإلكترونية الأخرى. هذه الخدمات مجانية. أو زيارة مكتب القبول في مستشفى Mad River Community.
KOREAN	주의: 귀하의 언어로 도움이 필요하신 경우 1-800-272-7442로 전화하시고 액세스 코드 4791을 입력하거나 Mad River Community Hospital 입원 사무실을 방문하십시오. 사무실은 월요일부터 금요일까지 오전 7:30부터 오후 5:30까지 운영됩니다. 당 병원의 교환기는 24시간 운영됩니다. 주소는 3800 Janes Road, Arcata, CA, 95521입니다. 점자, 큰 글씨, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 보조 도구 및 서비스도 제공될 수 있습니다. 이 서비스는 무료입니다.

LANGUAGE	TRANSLATED TAGLINE
RUSSIAN	ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 1-800-272-7442, код доступа 4791, или посетите приемное отделение Mad River Community Hospital. Офис открыт с понедельника по пятницу с 7:30 до 17:30. Наш коммутатор работает круглосуточно. Мы находимся по адресу: 3800 Janes Road, Arcata, CA, 95521. Также могут быть доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы на шрифте Брайля, крупным шрифтом, аудио и других доступных электронных форматах. Эти услуги предоставляются бесплатно.
FARSI (PERSIAN)	توجه: اگر به کمک به زبان خود نیاز دارید، لطفاً با شماره 1-800-272-7442 تماس بگیرید و کد دسترسی 4791 مراجعه کنید. دفتر از دوشنبه تا Mad River Community را وارد کنید یا به دفتر پذیرش بیمارستان جمعه از ساعت 7:30 صبح تا 5:30 بعدازظهر باز است. مرکز تماس ما به‌صورت 24 ساعته فعال است. ما واقع شده‌ایم در 3800 Janes Road, Arcata, CA, 95521. خدمات و کمک‌هایی برای افراد دارای معلولیت مانند اسناد بریل، چاپ بزرگ، صوتی و فرمت‌های الکترونیکی قابل دسترس نیز ممکن است در دسترس باشد. این خدمات رایگان هستند.
TAGALOG	PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa 1-800-272-7442 Access Code 4791 o bumisita sa Admitting Office ng Mad River Community Hospital. Bukas ang opisina mula 7:30 am hanggang 5:30 pm Lunes hanggang Biyernes. Ang aming switchboard ay bukas 24 oras. Kami ay matatagpuan sa 3800 Janes Road, Arcata, CA, 95521. Maaaring available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille, malaking print, audio, at iba pang accessible na electronic format. Libre ang mga serbisyong ito.
ARMENIAN	ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե օգնության կարիք ունեք ձեր լեզվով, զանգահարեք 1-800-272-7442՝ մուտքի կոդը՝ 4791, կամ այցելեք Mad River Community Hospital-ի ընդունման գրասենյակ: Գրասենյակը բաց է երկուշաբթիից ուրբաթ՝ առավոտյան 7:30-ից մինչև երեկոյան 5:30: Մեր կենտրոնը հասանելի է 24 ժամ: Մենք գտնվում ենք 3800 Janes Road, Arcata, CA, 95521 հասցեում: Հնարավոր է նաև, որ հասանելի լինեն հաշմանդամություն ունեցող անձանց համար նախատեսված ծառայություններ, ինչպիսիք են բրայլյան գրերը, խոշոր տպագրությունը, աուդիոն և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայությունները անվճար են:
CAMBODIAN (KHMER)	ប្រយ័ត្ន៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅ 1-800-272-7442 លេខសម្ងាត់ 4791 ឬទៅកាន់ការិយាល័យទទួលអ្នកជំងឺនៃមន្ទីរពេទ្យ Mad River Community។ ការិយាល័យបើកពីម៉ោង 7:30 ព្រឹក ដល់ 5:30 ល្ងាច ចាប់ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ។ ការិយាល័យទូរស័ព្ទរបស់យើងបើក 24 ម៉ោង។ យើងស្ថិតនៅ 3800 Janes Road, Arcata, CA, 95521។ សេវាកម្មជំនួយសម្រាប់មនុស្សមានពិការភាពដូចជា ឯកសារជាភាសាប្រាយ លេខធំ សំឡេង និងទ្រង់ទ្រាយអេឡិចត្រូនិចផ្សេងទៀតអាចមានផងដែរ។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។