



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

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

Federal and state law requires all hospitals to provide financial assistance to people and families who meet certain income requirements. You may qualify for free care or discounted care based on your family size and income, even if you have health insurance. To view our financial assistance policy and slide scale guidelines, please go to www.shchd.org and click on the "Help Paying Your Bill" link.

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

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

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

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

- **Complete all sections**
- **Provide us information about your family**
Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- **Provide us information about your family's gross monthly income (income before taxes and deductions) to include pay stubs, W-2 forms, tax returns, social security awards letters, and statements for income drawn from assets, and declare and provide documentation for assets. (1)**
(see financial assistance application Income Section for more examples)
- **Attach additional information if needed**
- **Sign and date the financial assistance form**

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number, your Social Security number may be used to identify you or used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA."

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

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

- **Complete only the sections marked with an asterisk (*)**

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

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

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

(1) Except as may be prohibited by state law, SoHum Health will collect and consider information related to assets as required by the Centers for Medicare and Medicaid Services (CMS) for Medicare cost reporting 506318055.3

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

Confidential Financial Assistance Application

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

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

SPOUSE

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

DEPENDENTS

Name & Year of Birth of all persons in household (<i>use back of form if needed</i>)	Total Number of Persons in Household	Do Any Other Persons Contribute? Yes/No If Yes, Amount:
Proof of income attached: <input type="checkbox"/> Three most recent paystubs <input type="checkbox"/> Tax return		To my knowledge, the information provided is true. PATIENT/GUARANTOR SIGNATURE DATE

I am applying for the following program(s):

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

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

Patients that are employed or on unemployment

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

Patients that are unemployed not receiving unemployment

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

9. Thai (ไทย)

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

10. Hmong (Hmoob)

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

11. Cambodia (ខ្មែរ)

សូមយកចិត្តទុកដាក់: អ្នកស្វែងរកការជំនួយរបស់អ្នកកូសមន្ទីរសុខាភិបាល 877-673-0903 ឬទៅទីកន្លែង the Patient Financial Services office. ម៉ោងបើកទ្វារ 9:00am-5:00pm Monday through Friday ទីតាំងស្នាក់នៅ 733 Cedar St, Garberville CA 95542 ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការដូចជា ឯកសារអក្សរព្រាហ្មី ឬឯកសារអេឡិចត្រូនិចសម្រាប់មនុស្សពិការភ្នែក។ សំណួរនិងទម្រង់អង្គការស្រាវជ្រាវសម្រាប់អ្នកពិការភ្នែក ឬអ្នកពិការស្តាប់ ឬស្រាវជ្រាវសម្រាប់មនុស្សពិការភ្នែក។

12. Vietnamese (Tiếng Việt)

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 877-673-0903 hoặc truy cập the Patient Financial Services office.. Văn phòng mở cửa 9:00am-5:00pm Monday through Friday và tọa lạc tại 733 Cedar St, Garberville CA 95542. Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử để tiếp cận khác cũng có sẵn. Những dịch vụ này là miễn phí.

13. Russian

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

14. Ukrainian

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

15. Spanish

ATENCIÓN: Si necesita ayuda en su idioma, llame al 877-673-0903 o visite the Patient Financial Services office.. La oficina está abierta 9:00am-5:00pm Monday through Friday y ubicada en 733 Cedar St, Garberville CA 95542. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

16. Japanese

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17. Korean

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18. Arabic

877-673-0903 the Patient Financial Services office.

انتبه : إذا كنت بحاجة للمساعدة
بلغتك) أو قم بزيارة

المكتب يفتح أبوابه 9:00am-5:00pm وموقع المكتب
تتوفر المساعدة والخدمات للأشخاص من ذوي الاحتياجات
. 733 Cedar St, Garberville CA 95542

الخاصة مثل الوثائق بلغة بريل للمكفوفين والوثائق المطبوعة بأحرف كبيرة والتسجيل الصوتي
إضافة إلى غيرها من النماذج الإلكترونية الممكن الحصول عليها.