



Financial Assistance Application

Thank you for choosing Henry Mayo Newhall Hospital (HMNH) for your health care needs, where we strive to improve the health of our community through compassion and excellence in health care services. You may be eligible for financial assistance to assist you in paying health care services you will or have received at HMNH. This financial assistance applies to your hospital bill only, and does NOT apply to bills you may receive from your physicians or surgeons, although if this application is approved, some providers may extend a full or partial courtesy discount based upon the hospital acceptance determination letter.

Henry Mayo Newhall Hospital's Financial Assistance Program provides financial assistance to patients with medically necessary health care needs who are low-income based on their individual family financial situation.

Based on current Federal Poverty guidelines, you may qualify for free or discounted care. If your family income is at or below 200% of the Federal Poverty Level, you may be eligible to receive hospital services at no cost to you, otherwise known as full charity care financial assistance. If your family income is between 201% to 400% of the Federal Poverty Level, you may be eligible to receive discounted care. Under discounted care, your payment is reduced but not free.

To determine if a patient/guarantor qualifies for financial assistance, we need to obtain certain financial information. Your cooperation will allow us to give all due consideration to your request for financial assistance.

Please complete this form and provide the most recent supporting documentation: An income tax filing (which document the patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed) **or** 2 pay check stubs within a 6-month period before or after the patient is billed by the Hospital, or in the case of a pre-service application, when the financial assistance application is submitted.

Please submit the completed forms and supporting documentation to Patient Access Services in person located in the main admitting area of the hospital, or by mail to:

Henry Mayo Newhall Hospital
23845 Mc Bean Pkwy Valencia, CA 91355.
Attn: Patient Financial Services

Account Number _____

Date of Application _____

Patient Name _____

Guarantor Name _____

Spouse Name _____

Address _____

Phone number _____

Social Security # _____

Date of Birth ___ / ___ / ___ Sex ___ M=Male F=Female

Number of family members: _____

- For persons 18 years of age and older, spouse, domestic partner, dependent children under 21 years of age, or any age if disabled, whether living at home or not, and
- For persons under 18 years of age, or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, parents or care taker relatives' other dependent children under 21 years or any age if disabled.

List Family Members:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>

Wages/Income:

Monthly

Annually

Total Household Wages* _____

* Wages should include income from employment, self-employment, public assistance, social security, unemployment benefits, retirement/pension, alimony, child support, etc.

Please check the type of financial assistance you are interested in applying for (most patients will check both boxes):

Full Charity Care

Discount Payment: Patients applying only for the Discount Payment Program may receive less financial assistance than may be available under Charity Care

My signature attests that the information I have provided on this form and the additional supporting documentation is accurate and true to the best of my knowledge.

Print Name

Signature

Date

Help Paying Your Bill

Various government assistance programs provide health coverage for individuals with financial need, including Medi-Cal and the Covered California exchange. For patients that are California residents, you may be eligible for health coverage through Covered California or Medi-Cal Presumptive Eligibility. For information, visit the Covered California website at: www.coveredca.com or call our Patient Financial Services Office at 661.200.1117.

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. HMNH's Patient Financial Services can also provide information about

If you need any further information or assistance in completing the application, please make an appointment to come to the hospital at Patient Access Services, Main Admitting, or call 661-200-1050, Monday through Friday, 8:00 AM through 5:00 PM and a representative will assist you. For more information about the Financial Assistance Program, you may visit our website at:

<https://www.henrymayo.com/patients-visitors/billing-insurance-and-financial-assistance/financial-policies/>

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 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.

ATTENTION: If you need help in your language, please call (661)200-1050 or visit the Patient Financial Services office. The office is open Monday through Friday from 8:00 am to 5:00 pm, and is located at 23845 McBean Pkwy, Valencia, CA 91355. 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.

Spanish: ATENCIÓN: Si necesita ayuda en su idioma, por favor llame al (661)200-1050 o visite la oficina de Servicios Financieros para Pacientes. La oficina está abierta de lunes a viernes de 8:00 am a 5:00 pm, y está ubicada en 23845 McBean Pkwy, Valencia, CA 91355. También están disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, impresión grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

Chinese: 注意：如果您需要以您的语言获取帮助，请拨打(661)200-1050 或访问患者财务服务办公室。办公时间为周一至周五，上午 8:00 至下午 5:00，地址为 23845 McBean Pkwy, Valencia, CA 91355。我们也提供给残障人士的各种服务和帮助，如盲文文件、大字印刷、音频及其他易于获取的电子格式。这些服务都是免费的。

Vietnamese: CHÚ Ý: Nếu bạn cần giúp đỡ bằng ngôn ngữ của mình, vui lòng gọi số (661)200-1050 hoặc đến văn phòng Dịch vụ Tài chính cho Bệnh nhân. Văn phòng mở cửa từ thứ Hai đến thứ Sáu từ 8:00 sáng đến 5:00 chiều, địa chỉ 23845 McBean Pkwy, Valencia, CA 91355. Chúng tôi cũng cung cấp các dịch vụ hỗ trợ cho người khuyết tật như tài liệu bằng chữ nổi, in chữ to, âm thanh và các định dạng điện tử khác để tiếp cận. Những dịch vụ này là miễn phí.

Tagalog: PAALALA: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa (661)200-1050 o bumisita sa tanggapan ng Serbisyong Pinansyal para sa mga Pasyente. Buka ang opisina Lunes hanggang Biyernes mula 8:00 am hanggang 5:00 pm, at matatagpuan 23845 McBean Pkwy, Valencia, CA 91355. Mayroon din kaming mga serbisyong handog para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malalaking letra, audio, at iba pang mga accessible na format ng elektroniko. Libre ang mga serbisyong ito.

Korean: 주의: 귀하의 언어로 도움이 필요하시면 (661)200-1050 로 전화하거나 환자 금융 서비스 사무실을 방문해 주십시오. 사무실 운영 시간은 월요일부터 금요일까지 오전 8:00 부터 오후 5:00 까지이며, 주소는 23845 McBean Pkwy, Valencia, CA 91355 입니다. 점자, 큰 글씨, 오디오 및 기타 접근 가능한 전자 형식과 같은 장애인을 위한 지원 서비스도 제공됩니다. 이 서비스는 무료입니다.

Armenian: Ուշադրութեամբ: Եթե Ձեզ անհրաժեշտ է օգնություն Ձեր լեզվով, խնդրում ենք զանգահարել (661)200-1050 կամ այցելել Հիվանդների Ֆինանսական Ծառայությունների գրասենյակ: Գրասենյակը բաց է երկուշաբթից ուրբաթ, ժամը 8:00-ից մինչև 17:00, և գտնվում է հետևյալ հասցեում՝ 23845 McBean Pkwy, Valencia, CA 91355: Հաշմանդամություն ունեցող մարդկանց համար հասանելի են նաև օժանդակություններ և ծառայություններ, ինչպես օրինակ՝ փաստաթղթեր բրայլով, մեծ տառաչափով, աուդիո ձևաչափով և այլ հասանելի էլեկտրոնային ձևաչափերով: Այս ծառայությունները անվճար են:

Persian: توجه: اگر به کمک به زبان خود نیاز دارید، لطفاً با شماره - (661)200-1050 تماس بگیرید یا به دفتر خدمات مالی بیمارستان McBean Pkwy، مراجعه کنید. این دفتر از دوشنبه تا جمعه از ساعت 8:00 صبح تا 5:00 بعدازظهر باز است و در آدرس 23845

Valencia, CA 91355 واقع شده است. کمکها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ بزرگ، صوتی و Valencian, CA 91355. سایر فرمت‌های الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان هستند.

Russian: ВНИМАНИЕ: Если вам нужна помощь на вашем языке, пожалуйста, позвоните по номеру (661)200-1050 или посетите офис Финансовых Услуг для Пациентов. Офис открыт с понедельника по пятницу с 8:00 до 17:00 и находится по адресу: 23845 McBean Pkwy, Valencia, CA 91355. Также 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.

Japanese: 注意: ご自身の言語でサポートが必要な場合は、(661)200-1050にお電話いただくか、患者金融サービスオフィスにお越してください。オフィスは月曜日から金曜日の午前8時から午後5時00分まで開いており、住所は23845 McBean Pkwy, Valencia, CA 91355です。点字、大活字、音声、その他のアクセシブルな電子フォーマットの文書など、障害のある方のための支援とサービスも利用できます。これらのサービスは無料です。

Arabic: انتباه: إذا كنت بحاجة إلى المساعدة بلغتك، يرجى الاتصال على الرقم (-) 831 (0732-755) - أو زيارة مكتب خدمات المالية 23845 McBean Pkwy, Valencia, CA 91355 للمرضى. المكتب مفتوح من الاثنين إلى الجمعة من الساعة 8:00 صباحًا حتى 5:00 مساءً، ويقع في 23845 McBean Pkwy, Valencia, CA 91355. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل الوثائق بطريقة بريل، والطباعة الكبيرة، والصوتية، وغيرها من التنسيقات الإلكترونية المتاحة. هذه الخدمات مجانية.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ (661)200-1050 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਪੇਸ਼ੈਂਟ ਫਾਇਨੈਂਸ਼ਲ ਸੇਵਾਵਾਂ ਦੇ ਦਫ਼ਤਰ 'ਤੇ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:00 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ, ਅਤੇ ਇਹ 23845 McBean Pkwy, Valencia, CA 91355 'ਤੇ ਸਥਿਤ ਹੈ। ਵਿਸ਼ੇਸ਼ ਜਰੂਰਤਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਬ੍ਰੇਲ, ਵੱਡੇ ਅੱਖਰਾਂ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਸੁਲਭ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਸਹਾਇਕ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Cambodian (Khmer): ប្រយ័ត្ន: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទាក់ទងទៅកាន់លេខ (661)200-1050 ឬអញ្ជើញមកការិយាល័យសេវាកម្មហិរញ្ញវត្ថុអ្នកជំងឺ។ ការិយាល័យបើកពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 5:00 ល្ងាច និងមានទីតាំងនៅ 23845 McBean Pkwy, Valencia, CA 91355,។ ឧបករណ៍ជំនួយ និងសេវាកម្មសម្រាប់មនុស្សជាអ្នកមានពិការភាព ដូចជា ឯកសារជាភាសាប្រែលំអក្សរធំ សំឡេង និងទម្រង់អេឡិចត្រូនិកផ្សេងទៀតក៏អាចប្រើបានផងដែរ។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។

Hmong: CEEB TOOM: Yog tias koj xav tau kev pab hauv koj hom lus, thov hu rau (661)200-1050 los sis mus ntsib Lub Chaw Pab Nyiaj Rau Cov Neeg Mob. Lub chaw ua hauj lwm qhib txij hnuv Monday txog Friday thaum 8:00 teev sawv ntxov txog 5:00 teev tsaus ntuj, thiab nyob rau ntawm 23845 McBean Pkwy, Valencia, CA 91355. Cov cuab yeej thiab kev pab rau cov neeg xiam oob khab, xws li cov ntaub ntawv hauv ntawv Braille, ntawv loj, suab lus, thiab lwm yam hom ntawv hluav taws xob kom yooj yim nkag mus tau kuj muaj thiab. Cov kev pab no yog pub dawb.

Hindi: ध्यान दें: अगर आपको अपनी भाषा में मदद की जरूरत है, तो कृपया (661)200-1050 पर कॉल करें या पेशेंट फाइनेंशियल सेवाओं के कार्यालय में जाएं। कार्यालय सोमवार से शुक्रवार तक सुबह 8:00 बजे से शाम 5:00 बजे तक खुला रहता है, और यह 23845 McBean Pkwy, Valencia, CA 91355 पर स्थित है। विकलांगता वाले लोगों के लिए सहायक सेवाएं भी उपलब्ध हैं, जैसे ब्रेल, बड़े अक्षर, ऑडियो, और अन्य पहुँचने वाले इलेक्ट्रॉनिक प्रारूप। ये सेवाएं मुफ्त हैं।

Thai: โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ กรุณาโทร (661)200-1050 หรือเข้ารับบริการที่สำนักงานบริการการเงินสำหรับผู้ป่วย สำนักงานเปิดให้บริการวันจันทร์ถึงศุกร์ เวลา 8:00 น. ถึง 17:00 น. และตั้งอยู่ที่ 23845 McBean Pkwy, Valencia, CA 91355 บริการช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารเป็นภาษาเบรลล์ พิมพ์ใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่สามารถเข้าถึงได้ก็มีให้บริการฟรี