



FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

This is the application for financial assistance, also known as charity care, at Mad River Community Hospital (MRCH). 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.

Mad River Community Hospital has a variety of financial assistance programs available to patients. Our financial assistance options include:

No Financial Assistance Application Required

- Uninsured Discounts - All uninsured patient will automatically receive a discount off of MRCH's charges.

Financial Assistance Application Required

- Full Financial Assistance - Uninsured patients who have family income that is 400% or less than the Federal Poverty Level, and insured patients who have family income that is 400% or less than the Federal Poverty Level and have high medical costs (as defined below), are eligible for a discount of 100% of the amount due from the patient. "High medical costs" means (i) annual out-of-pocket costs incurred by the individual at MRCH that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months; or (ii) annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family on the prior 12 months.

Extended No Interest Payment Plans

- Patients may request an extended payment plan for their balances due. All payment plans are interest-free. Patients have the right to negotiate the terms of their payment plan.



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

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.

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



FINANCIAL SCREENING APPLICATION

DATE OF APPLICATION: _____

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

PLEASE NOTE	
<ul style="list-style-type: none"> ◆ 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. <i>(Attached additional page if more space needed)</i>			
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: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Last Name	First Name	Middle Initial	Date of Birth
No. of Dependents <i>(Not including self and co-applicant)</i>		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:		<input type="checkbox"/> Spouse/Domestic Partner	<input type="checkbox"/> Parent
Last Name	First Name	Middle Initial	Date of Birth
No. of Dependents <i>(Not including self and co-applicant)</i>		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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*If yes, please provide the following:</i>			
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>* If yes, please provide the following:</i>			
Name of Program	County	Identification Number	
Is the patient a Victim of Crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>* If yes, please provide the following:</i>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*If yes, please provide the following:</i>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*If yes, please provide the following:</i>	
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:		Mad River Community Hospital	
Fax: 707-825-8285		Attention: Patient Accounts	
Email: collections@madriverrhospital.com		PO Box 1115	
		Arcata, CA 95518	

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 ntu j hnuv 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 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.
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.

Russian	<p>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.</p>
Farsi (Persian)	<p>توجه: اگر به کمک به زبان خود نیاز دارید، لطفاً با شماره 1-800-272-7442 تماس بگیرید و کد دسترسی مراجعه کنید. دفتر از دوشنبه تا Mad River Community را وارد کنید یا به دفتر پذیرش بیمارستان 4791 جمعه از ساعت 7:30 صبح تا 5:30 بعدازظهر باز است. مرکز تماس ما به صورت 24 ساعته فعال است. ما در واقع شده‌ایم. خدمات و کمک‌هایی برای افراد دارای معلولیت 3800 Janes Road, Arcata, CA, 95521 مانند اسناد بریل، چاپ بزرگ، صوتی و فرمت‌های الکترونیکی قابل دسترس نیز ممکن است در دسترس باشد. این خدمات رایگان هستند.</p>
Tagalog	<p>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.</p>
Armenian	<p>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, առևիճակը և այլ մատչելի էլեկտրոնային ձևաչափերը: Այս ծառայությունները անվճար են:</p>
Cambodian (Khmer)	<p>ប្រយ័ត្ន: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាខ្មែរ ឬសូមទូរស័ព្ទទៅ 1-800-272-7442 លេខសម្ងាត់ 4791 ឬទៅកាន់ការិយាល័យទទួលអ្នកជំងឺនៃមន្ទីរពេទ្យ Mad River Community។ ការិយាល័យបើកពីម៉ោង 7:30 ព្រឹក ដល់ 5:30 ល្ងាច ចាប់ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ។ ការិយាល័យទទួលស្រាប់សម្រាប់មនុស្សមានពិការភាពដូចជា ឯកសារភាសាប្រាសាទ លេខធំ សំឡេង និងទ្រង់ទ្រាយអេឡិចត្រូនិចផ្សេងទៀតអាចមានផងដែរ។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។</p>
Chinese (Traditional)	<p>注意：如果您需要您的語言的幫助，請致電 1-800-272-7442（訪問代碼 4791）或前往 Mad River 社區醫院入院辦公室。辦公室的開放時間為週一至週五上午 7:30 至下午 5:30。我們的總機是 24 小時開放的。我們的地址為 3800 Janes Road, Arcata, CA, 95521。還可以為殘疾人士提供幫助和服務，例如點字、大字體、音訊和其他無障礙電子格式的文件。這些服務是免費的。</p>
Japanese	<p>注意：あなたの言語でサポートが必要な場合は、1-800-272-7442 アクセスコード 4791 に電話するか、マッド リバー コミュニティ病院の入院事務室にア</p>

	<p>クセスしてください。オフィスの営業時間は、月曜日から金曜日の午前 7 時 30 分から午後 5 時 30 分までです。弊社の交換局は24時間対応しております。当社の所在地は、3800 Janes Road, Arcata, CA, 95521 です。点字、大きな活字、音声、その他のアクセス可能な電子形式の文書など、障害のある人向けの支援やサービスも利用できる場合があります。これらのサービスは無料です。</p>
Punjabi	<p>ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-272-7442 ਐਕਸੈਸ ਕੋਡ 4791 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਮੈਡ ਰਿਵਰ ਕਮਿਊਨਿਟੀ ਹਸਪਤਾਲ ਦਾਖਲਾ ਦਫ਼ਤਰ 'ਤੇ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 7:30 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ। ਸਾਡਾ ਸਵਿੱਚਬੋਰਡ 24 ਘੰਟੇ ਹੈ। ਅਸੀਂ 3800 ਜੇਨਸ ਰੋਡ, ਆਰਕਾਟਾ, CA, 95521 'ਤੇ ਸਥਿਤ ਹਾਂ। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹੋ ਸਕਦੇ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।</p>
Hindi	<p>ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो कृपया 1-800-272-7442 एक्सेस कोड 4791 पर कॉल करें या मैड रिवर कम्युनिटी हॉस्पिटल एडमिटिंग ऑफिस पर जाएँ। कार्यालय सोमवार से शुक्रवार सुबह 7:30 बजे से शाम 5:30 बजे तक खुला रहता है। हमारा स्विचबोर्ड 24 घंटे का है। हम 3800 जेन्स रोड, अर्काटा, सीए, 95521 पर स्थित हैं। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूपों में दस्तावेज़ भी उपलब्ध हो सकते हैं। ये सेवाएँ निःशुल्क हैं।</p>
Thai	<p>โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 1-800-272-7442 รหัสเข้า 4791 หรือไปที่ Mad River Community Hospital Admitting Office สำนักงานเปิดทำการตั้งแต่ 7.30 น. ถึง 17.30 น. วันจันทร์ถึงวันศุกร์ สวิตช์บอร์ดของเราให้บริการตลอด 24 ชั่วโมง เราตั้งอยู่ที่ 3800 Janes Road, Arcata, CA, 95521 ความช่วยเหลือและบริการสำหรับคนพิการ เช่น เอกสารอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่เข้าถึงได้อื่นๆ อาจมีให้เช่นกัน บริการเหล่านี้ฟรี</p>