



**PATIENT NOTICE OF FINANCIAL ASSISTANCE
FOR LOW INCOME OR UNINSURED FAMILIES**

San Gorgonio Memorial Hospital is proud of its mission to provide quality care to all who need it, regardless of the ability to pay. Please note San Gorgonio Memorial Hospital accepts most insurances, including: Medicare, Medi-Cal, Childrens Health Insurance Program and most HMO and PPO plans.

If you do not have health insurance and worry that you may not be able to pay in full for your care, we may be able to help you. San Gorgonio Memorial Hospital provides financial assistance to patients based on their income and needs. Through our financial counseling services we may be able to get you qualified for financial coverage with free or low-cost health insurance, or work with you to arrange a manageable payment plan. There is a discounted/sliding fee schedule available based on family size and income.

In addition, in compliance with California Assembly Bill 774, which was effective January 1, 2007, you may qualify for a discount on your hospital bill if you are a financially qualified patient. Information on our charity and discount policy is available at your request. Also, effective January 1, 2011 an amendment was passed through AB 1503, which now allows for the availability of charity care and discounted payments for the emergency room physician fees, which are separate from the San Gorgonio Memorial Hospital billing.

It is important that you let us know if you will have trouble paying your bill. Federal and State laws require all hospitals to make reasonable efforts to collect payment for services from patients. The hospital may turn unpaid bills over to a collection agency, which could affect your credit status. We would like to work with you to avoid this situation.

For more information, please contact the Business Office at (951) 845-1121
Applications can be returned to:
San Gorgonio Memorial Hospital
600 N. Highland Springs Ave
Banning, CA 92220

We will treat your questions with confidentiality and courtesy.

**SAN GORGONIO MEMORIAL HOSPITAL
STATEMENT OF FINANCIAL CONDITION**

**ALL FIELDS MUST BE FILLED OUT AND ALL DOCUMENTATION
REQUESTED MUST ACCOMPANY THE APPLICATION FOR IT TO BE
PROCESSED.**

PATIENT NAME _____ SPOUSE NAME _____

ADDRESS _____ PHONE _____

PATIENT SSN _____ SPOUSE SSN _____
(OPTIONAL) (OPTIONAL)

FAMILY STATUS: List all dependents that you support:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION

Employer: _____ Position _____

Contact Person & Telephone _____

If self employed, Name, address and type of Business _____

CURRENT MONTHLY INCOME

ADD: Patient Spouse

Gross Pay (before deductions) _____

Income from Operating Business (if self employed) _____

*Please attached Profit and Loss statement or most recent tax return if self employed)

OTHER INCOME: Patient: Spouse:
ADD:
Interest and Dividends _____

From Real Estate _____

Personal Property _____

Social Security _____

Alimony or Support Payment _____

SUBTRACT:
Alimony, Support Payment Paid _____

Equals: Current Monthly Income _____

IN ADDITION PLEASE PROVIDE ALL APPLICABLE REQUIRED DOCUMENTS SHOWN IN LIST BELOW

- 2 recent paycheck stubs, disability or unemployment check copies or the most current tax return if currently unemployed/self employed.
- Proof of residence (utility bill, mail)
- 2 Recent bank statement(s) for **all** accounts (i.e. checking and savings)
- Proof of identity (i.e. driver's license, California ID card, social security card)
- And Description of hardship letter (i.e. loss of employment, etc.)
- Determination letter from Medi-cal/MISP, Riverside County Health, SSI etc. if applicable

By signing this form, I agree to allow San Gorgonio Memorial hospital to check employment and credit history for the purpose of determining my eligibility for a financial discount. I understand I will be required to provide proof as stated above.

Signature of Patient or Guarantor Date

Signature of Spouse Date