



Oroville Hospital

Financial Assistance Program

Oroville Hospital is committed to providing financial assistance to patients without health insurance and to patients insured with high medical costs. Financial assistance is based on federal income guidelines. If you have health insurance, we apply additional criteria to determine if you are eligible for a percentage or full financial assistance due to high medical expenses.

How to qualify to qualify, you must meet ONE of the following sets of criteria:

1. Your gross household income (income before taxes and deductions) meet the federal poverty level guidelines.

OR

2. Your out-of-pocket health care costs for emergency or medically necessary care over a 12-month period are equal to or more than 10% of your gross household income.
 - Out-of-pocket costs include copays, coinsurance, and deductible payments.
 - Out-of-pocket costs do not include any payments for your health plan itself, like your monthly premium.

Have Questions?

Please contact our Patient Financial Services Department at (530)538-8766 or (530)538-8786 with any questions.

Important: When applying online, by mail or fax, or dropping off your application in person, please be sure to fill out the application as much as you can. Missing information may delay the processing of your application and could result in a denial for assistance.

What to expect after you apply

After we review your completed application, we'll let you know one of the following outcomes within thirty (30) days of receipt:

- If your application is approved, you'll receive a letter notifying you.
- If your application is incomplete, you'll receive a letter explaining the information needed to process your application. You can either mail or in-person drop off the requested information; this could include proof of income or copies of your out-of-pocket expenses.
- If your application is denied, you'll receive a letter notifying you why it was denied, in which case you can appeal our decision.



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Proof-of-income Documentation

Income verification is part of determining eligibility for financial assistance. Including proof-of income documentation with your completed application will assist in confirming the accuracy of your income during the review process.

Patients that choose to verify their financial status by providing financial documentation may provide their most recent paystubs **or** income tax return for current tax year as proof of income. Oroville Hospital will also accept additional proof-of-income documentation. The table below lists the optional documents to submit according to your household income source(s).

Household Income Source(s)	Provide Only One of the Following per Income Source
Business/rental income	<ul style="list-style-type: none"> • Recent W-2s, 1099 statement(s) or tax return
Employment income/wages	<ul style="list-style-type: none"> • Two most recent pay stubs • Recent W-2s, 1099 statement(s) or tax return
Received pension/retirement/annuities income	<ul style="list-style-type: none"> • Two most recent pay stubs • Recent W-2s, 1099 statement(s) or tax return <p>Examples of other options:</p> <ul style="list-style-type: none"> • Pension/retirement disbursement statement
Self-employed income	<ul style="list-style-type: none"> • Two most recent pay stubs • Recent W-2s, 1099 statement(s) or tax return
Social Security/supplemental security income	<p>Examples of other options:</p> <ul style="list-style-type: none"> • Benefit verification letter from Social Security Administration • Social Security statement
Unemployment benefits/disability income	<ul style="list-style-type: none"> • Recent W-2s, 1099 statement(s) or tax return <p>Examples of other options:</p> <ul style="list-style-type: none"> • Unemployment/disability benefits verification letter
Veteran benefits income	<ul style="list-style-type: none"> • Recent W-2s, 1099 statement(s) or tax return <p>Examples of other options:</p> <ul style="list-style-type: none"> • VA benefits verification letter
Government assistance (e.g., Medical, TANF, SNAP, WIC, or low-income housing)	<p>Examples of other options:</p> <ul style="list-style-type: none"> • Approval of eligibility letter
Spousal/child support payments received	<p>Examples of other options:</p> <ul style="list-style-type: none"> • A letter showing monthly gross income received for child support or alimony
Interest or dividends income	<ul style="list-style-type: none"> • Recent tax return
No household income	<ul style="list-style-type: none"> • Written attestation/explanation



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Financial Assistance Application

Account Number(s):

Patient Information

Name:

Date of Birth:

Address:

City:

State: Zip Code:

Is patient currently unhoused?
Yes or No

Primary Phone Number:

Household Information

Household size: Patient's family or household includes

1. For persons 18 years of age and older - a spouse, domestic partner, and dependent children under 21 years of age, or any age if disabled, whether living at home or not. For persons 18 to 20 years of age, family members also include parent, caretaker relatives, and parents or caretaker relatives' other dependent children under 21 years of age or any age if disabled.
2. For persons under 18 years of age - a parent, caretaker relatives, and other children under 21 years of age or any age if disabled.

Total



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Patient Agreement

I hereby declare that all information set forth above in this application is true, accurate, and complete in all respects.

Signature

Date

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