



Hospital Financial Assistance Notice to Patients

Thank you for choosing Alameda Health System. We are committed to providing financial assistance to qualified patients. This handout is designed to help our patients understand payment options, Financial Assistance programs available for eligible patients and the application process for Financial Assistance.

Payment Options: Alameda Health System has options to assist you with payment of your hospital bill. Patient account balances are due upon receipt. Patients may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient. If you are interested in setting up a payment plan please contact our Patient Financial Services office (510) 895-7291.

Financial Assistance Programs:

Other Programs: Our financial counselors can help you determine whether you are eligible for coverage through federal, state or county-funded programs, including the Medi-Cal, Every Woman Counts, BCCTP and Health Pac.

Covered California: Covered California is a free service that connects Californians with brand-name health insurance under the Patient Protection and Affordable Care Act. You may qualify for a discount on a health plan through Covered California.

Charity Care: Hospital Financial Assistance is available to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. Full Charity Care will be offered if Family Income is at or below 350% of the Federal Poverty Guidelines.

There is a separate sliding fee scale for our FQHC Clinics listed below*

The following are categories of patients who may be eligible for Financial Assistance:

- Patients who have no third -party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 350% of the federal poverty level.
- Patients who are covered by insurance but have family income at or below 350% of the federal poverty level: and medical expenses for themselves or their family



incurred at Alameda Health System or paid to other providers in the past 12 months that exceed 10% of the patient's family income.

- Patients who are covered by insurance but exhausted their benefits either before or during their stay at the Hospital, and have a family income at or below 350% of the federal poverty level.

How to Apply for Financial Assistance:

- You may apply for Financial Assistance using the application form that is available on our website at www.alamedahealthsystem.org located on the Patient & Visitor Information page under the Financial Assistance tab.
- By calling Patient Financial Services. Phone numbers are listed below.
- You may also submit an application by speaking with a representative from Patient Financial Services, who will assist you with completing the application.

During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Alameda Health System with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact our Financial Counselors at: see below for site contact information.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

If you do not have health insurance or coverage through a government program like Medi-Cal/Medicaid or Medicare, you may be eligible for government program assistance. Patient Financial Services can provide you with application forms, and assist you with the application process.

Contact Information: Patient Financial Services is available to answer questions you may have about your hospital bill, or would like to apply for Financial Assistance or government program. The telephone number is: see below for site contact information. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration and Patient Financial Services offices, on our website www.alamedahealthsystem.org. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office (510) 895-7291 or our Financial Counseling Office at:



Alameda Hospital	(510) 814-4323
Fairmont Hospital	(510) 895-4250
Highland Hospital	(510) 437-4961
John George Psychiatric Hospital	(510) 346-1409
San Leandro Hospital	(510) 667-4517
Eastmont Wellness *	(510) 567-5710
Hayward Wellness *	(510) 266-1764
Newark Wellness *	(510) 494-7254