

## Hospital Financial Assistance Notice To Patients

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## **PURPOSE**

# **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 through a Financial Agreement. 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. 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 a significant portion of their care. Full Charity Care will be offered to eligible patients whose Family Income is at or below 400% 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 400% of the federal poverty level.
- 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 400% 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 <a href="www.alamedahealthsystem.org">www.alamedahealthsystem.org</a> located on the Patient & Visitor Information page under the Financial Assistance tab;

- o by calling Patient Financial Services at any of the phone numbers listed below; or
- o you may also apply by speaking with a representative from Patient Financial Services, who will assist you with completing the application.

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 any of the phone numbers listed below.

**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 and can assist you if you would like to apply for Financial Assistance or a government program. For all sites, 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. Please see below for site contact information.

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

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