

## Financial Assistance for Your Hospital Bill

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

If you are worried that you may not be able to pay your hospital bill, Dignity Health offers discounted care, interest-free payment plans, or free care depending on your financial circumstances and the care you received. A member of our Patient Financial Services team can help determine whether you qualify for financial assistance and can guide you through our application process.

## Government Program Eligibility

To get more information on government-sponsored programs like Medi-Cal, Medicaid, Medicare, and Healthy Families, please visit **[www.healthcare.gov](http://www.healthcare.gov)**. Financial Counselors are also available at each Dignity Health hospital to assist you.

## Our Mission

Dignity Health is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

## Our Commitment to You

Our Patient Financial Services team is here to help you understand your bill and the financial assistance options that may be available to you. If you are unable to pay your bill, or would like to set up a payment plan, please contact us.

Understanding  
Your Hospital Bill

And Financial  
Assistance Options  
Available to You

## Understanding Your Bill

The bill you receive from Dignity Health will reflect the charges associated with your hospital stay (for example: your room, procedures, exams, nursing care, and medication). Our Patient Financial Services team can provide you with an estimate of what your charges might be in advance of receiving care. You may also request an itemized billing statement after you leave the hospital by calling Patient Financial Services.

This is your **WID #**. Please use it when using the automated telephone system.

This is a **summary** of your charges and any payments or adjustments made.

This is your **personal account number**, please have it available when calling regarding your account.



Thank you for choosing Dignity Health for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made. If you have any questions regarding your statement please contact us at [REDACTED] or to view your statement online, make a payment or arrangements for payment, please visit our online patient Portal at: [www.DignityHealth.org/billpay](http://www.DignityHealth.org/billpay)

**SUMMARY OF SERVICES**

STATEMENT DATE: 03-08-2016  
 PATIENT NAME: TEST, DOE  
 GUARANTOR NAME: DOE TEST  
 WID #: K12345678

<b>TOTAL CHARGES</b>	<b>\$1,500.00</b>
<b>INSURANCE PAYMENTS AND ADJUSTMENTS</b>	<b>-\$750.00</b>
<b>YOUR PAYMENTS AND DISCOUNTS</b>	<b>-\$250.00</b>

Scan the QR code to the left to access our website and pay your bill online!

**PAYMENT OPTIONS**

**BILLING QUESTIONS?**  
PLEASE CALL:  
[REDACTED]

Office Hours: Monday - Thursday 8:00 am - 7:00 pm, Friday 8:00 am - 5:00 pm

**AMOUNT DUE UPON RECEIPT**

\$500.00

**WAYS TO PAY:**

- [www.DignityHealth.org/billpay](http://www.DignityHealth.org/billpay)
- [REDACTED]
- By mail, return stub below

Account Number	Patient Name	Date Of Service	Total Charges	Ins Payments & Adjustments	Patient Payments & Discounts	Amount Owed
1759599X1	TEST, DOE	10-04-2008	\$1,500.00	-\$750.00	-\$250.00	\$500.00

Thank you for choosing Dignity Health for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

**Proof of Insurance Requested**  
 If you have not provided Dignity Health with proof of your insurance coverage for the charges identified in this bill, it is important that we receive information regarding any insurance coverage or other source of payment for your bill, including government-sponsored health care programs or liability insurance. For additional important information, please see the reverse side of this bill.

**Dignity Health's Financial Assistance Policy**  
 If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health's Financial Assistance Policy. For additional information about Dignity Health's Financial Assistance Policy, please see the reverse side of this bill.

▼ Detach Lower Portion and Return with Payment ▼

**UNDELIVERABLE MAIL ONLY**

9800 CENTRE PARKWAY  
#1100  
HOUSTON, TX 77036

If there is new insurance information, change of address, or errors, please contact us at [REDACTED]

DOE TEST  
123 MAIN ST  
APT G  
LOS ANGELES, ST 12345-2345

**GUARANTOR NAME** TEST, DOE

<b>WID NUMBER</b> K12345678	<b>AMOUNT DUE</b> \$500.00
<b>DUE DATE</b> 3/28/2016	<b>PAYMENT ENCLOSED</b>

**WAYS TO PAY...**

Scan the QR Code at left  
Call [REDACTED]  
Visit [www.DignityHealth.org/billpay](http://www.DignityHealth.org/billpay)  
By mail, return this portion with payment

**Make check payable and remit payment to:**

DIGNITY HEALTH  
3400 DATA DRIVE  
RANCHO CORDOVA, CA 95670

## Paying Your Bill

If you have provided us with your insurance information, we will submit a claim on your behalf. When the amount you owe has been determined by the hospital or insurance company we will send you a "Balance Due" notice, like the one printed to the left.

## Ways to Pay

Online: [www.dignityhealth.org/billpay](http://www.dignityhealth.org/billpay)

By Phone: by calling the number listed on your billing statement like the one printed to the left

In Person: Visit your Dignity Health hospital

We accept cash, credit cards, money orders, cashier's check or personal check as payment.

## Other Bills You May Receive

You may receive additional bills from doctors or specialists who assisted in your care. This could include emergency physicians, anesthesiologists, radiologists, home health, hospice, and/or pathologists. These doctors are licensed to treat patients here, but they are not directly employed by the hospital, so they bill separately. To better understand the bills you may receive from your doctors, or to inquire about Financial Assistance for them, please call their offices directly.