

COMMONSPIRIT HEALTH Summary of Financial Assistance

Dignity Health, an affiliate of CommonSpirit Health, is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. CommonSpirit 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 CommonSpirit Health Hospitals. 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.

Free Care

- If you are uninsured or underinsured with a family income of up to 250% of the Federal Poverty Level, you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 250-400% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 401-500% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed (AGB), which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

Assistance is offered to those whose annual family income falls within the categories above and have:

- An account balance totaling ten (\$10.00) dollars or more;
- Cooperated with efforts to exhaust all other payment options; and
- Completed a Financial Assistance Application and provided supporting documentation to verify income.

NOTE: In some cases, patients may be awarded financial assistance without a formal application. Details are outlined in the Financial Assistance Policy.

If you are eligible for financial assistance under our Financial Assistance Policy, you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Free copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents, for free, at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

CommonSpirit Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Financial counselors can also provide you with information regarding the Hospital Facility's AGB percentage and how the AGB percentages were calculated. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Additionally, there are independent organizations that can help you understand the billing and payment process and provide you with information regarding Covered California and Medi-Cal presumptive eligibility. Please visit the Health Consumer Alliance at <https://healthconsumer.org> for more information.

All Dignity Health hospitals provide pricing information for our most sought-after services. You can find that pricing information at <https://dignity.msph.recondohealth.net/>.

Finally, we may refer some delinquent accounts to third-party debt collection agencies. State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877- FTC-HELP (382-4357) or online at www.ftc.gov.

California Hospital Fair Billing Program

ATTENTION:

If you need help in your language, please call the phone number below or visit the financial counselor office. The office is open 8am-4:30pm and located at the hospital address shown below. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Mercy Medical Center - Mt. Shasta

914 Pine St, Mt. Shasta, CA 96067 | Financial Counseling 530-926-7245 Patient Financial Services 888-488-7667 | www.dignityhealth.org/mercy-mtshasta/paymenthelp

Mercy Medical Center – Redding

2175 Rosaline Ave, Redding, CA 96001 | Financial Counseling 530-225-6312 Patient Financial Services 888-488-7667 | www.dignityhealth.org/mercy-redding/paymenthelp

St. Elizabeth Community Hospital

2550 Sister Mary Columba Drive, Red Bluff, CA 96080 | Financial Counseling 530-529-8079 Patient Financial Services 888-488-7667 | www.dignityhealth.org/stelizabethhospital/paymenthelp