

## 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 250-350% 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 350-500% 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.

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.

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**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](http://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](http://www.dignityhealth.org/mercy-redding/paymenthelp)

**St. Elizabeth Community Hospital**

2250 Sister Mary Columba Drive, Red Bluff, CA 96080 | Financial Counseling 530-529-8079  
Patient Financial Services 888-488-7667 | [www.dignityhealth.org/stelizabethhospital/paymenthelp](http://www.dignityhealth.org/stelizabethhospital/paymenthelp)