

### **Financial Assistance for Your Medical 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 medical services provided by Dignity Health. An uninsured patient is someone who does not have health insurance coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their medical bills. An underinsured patient is someone who has health coverage, but who has large medical bills that are not fully covered by their insurance.

If you are worried that you may not be able to pay your medical 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 Customer Service 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 Medicare, Medicaid, or Healthy Families, please visit [www.healthcare.gov](http://www.healthcare.gov).

### **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 Customer Service 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.

Physicians Billing Service  
Attention: Financial Assistance, Customer Service  
P.O. Box 33269  
Phoenix, AZ 85607

Phone: 866-621-7272  
Fax: 602-798-9448

## **Understanding Your Medical Bill**

### **And Financial Assistance Options Available to You**

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## Understanding Your Bill

The bill you receive from Dignity Health will reflect the charges associated with your medical services provided by a Dignity Health provider. The provider's office can provide an estimate of what your charges might be in advance of receiving care. You may also request an itemized billing statement after you leave by calling the Customer Service team.

**Dignity Health**  
A Dignity Health Member  
UNDELIVERABLE MAIL ONLY  
417 BRIDGE ST  
DANVILLE VA 24041

Please do not send payments or correspondence to the above address.  
ACS101.P011CR000001.Q0ALL.000001 000001

**JOHN DOE**  
123 MAIN ST  
ANY CITY CA 95691

**Balance Due Notice - Insured** ① 01/11/13

**Important Message**  
Thank you for choosing DIGNITY HEALTH for your healthcare needs. Quality of patient care and dedication to patient satisfaction are our highest priorities.

Our records indicate that there is a balance due on your account. This statement contains hospital related charges (such as supplies, room charges, pharmaceuticals, etc.) for your visit(s) to our facility. Fees for physician time, pathology, x-ray and/or anesthesiology are billed separately by the physicians.

Please make your payment on your account(s). You may mail in your check, login to [www.DignityHealth.org/billpay](http://www.DignityHealth.org/billpay), or call (866) 397-9272 to make credit card payments.

**WID Number** K12345678 ② For account details, please see reverse.

**Account Summary**

Total Charges	\$7,282.00	③
Amount Paid by Your Insurance	\$-661.93	④
Your Insurance Discount	\$-6,520.07	
Amount You Paid	\$0.00	⑤
Past Due Amount	\$100.00	
<b>Total Amount You Owe</b>	<b>\$100.00</b>	⑥

**Questions/Contact Us**

⑦ If you have questions about insurance plan benefits, deductibles, and/or co-payments, you may wish to contact your insurance company, SAMPLE INSURANCE.

⑧ We want to be sure that the billing process was explained clearly to you. If you have any billing related questions, you may visit us online at [www.DignityHealth.org/billpay](http://www.DignityHealth.org/billpay) or call our Customer Service Representatives at (866) 397-9272 Monday - Thursday 8:00 am - 7:00 pm, Friday 8:00 am - 5:00 pm. Our representatives will be happy to assist you.

**Insurance Information**

Primary Insurance	SAMPLE INSURANCE	⑦
Policy Number	XXXX777777	
Group Number	Not on File	
Secondary Insurance	SAMPLE INSURANCE 2	
Policy Number	XXXX123	

If this information is incorrect, please call us.

⑨ Visit: [www.DignityHealth.org/billpay](http://www.DignityHealth.org/billpay) to access, manage and pay your account online! To access your account, you will need your WID Number K12345678 and the last four digits of your social security number.

**Questions - Please Call (866) 397-9272** ⑨

**Dignity Health**  
A Dignity Health Member

Guarantee Name	WID Number	Total Balance Due
DOE, JOHN	K12345678	\$100.00

Please make checks payable to: DIGNITY HEALTH ⑪  
If you would like to pay less than the amount owed, contact our Customer Service Representatives at (866) 397-9272 to set up a payment plan.

DIGNITY HEALTH  
123 ANY STREET  
ANY TOWN, CA91189-1027

16490000012345678000100005

Please check box and see reverse side to change your contact information (CHWI)

## 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 office 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: 866-621-7272

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, specialists or hospitals who assisted with your care. This could include emergency physicians, anesthesiologists, radiologists, home health, hospice, and inpatient and outpatient hospital services. These other doctors are licensed to treat patients at the hospital but are not directly employed so they bill separately. The hospital also will bill you separately from the employed physician's bill. To better understand the bills you may receive from your other doctors or the hospital, please call their offices directly.

1. Date Statement was sent
2. WID Number-you will need this number when calling regarding your account
3. Total Charges -Total amount of charges for service(s) rendered
4. Amount Paid by Your Insurance Company-Total amount paid by the insurance company
5. Amount You Paid-Total amount of payments made by you
6. Total Amount You Owe-Total amount you owe after payments and discounts have been applied
7. Primary Insurance-Your insurance information you provided at registration
8. Where to pay your bill online
9. Customer Service Number to call for questions
10. If you have more than one account a, all your accounts will be listed here
11. Who to make checks payable to