Financial Assistance

We believe that no one should delay seeking needed medical care because they lack insurance or have high medical costs. That's why we assist patients with applying for public health coverage programs, offer discounts and payment plans for uninsured patients, and offer Payment Assistance to eligible patients for selected hospital services.

Government Program Eligibility

To get more information on government sponsored programs like Medi-Cal, Medicare, Healthy Families, or to request an application, please call the number listed on the back of this brochure. Applications are available at the hospital.

Uninsured Patient Discount

Eligible uninsured patients will pay a reduced rate for certain hospital services. This rate will be reflected on the patient's first billing statement. Uninsured patients who meet the criteria outlined below are eligible for this uninsured discount:

- Annual household income does not exceed $250,000
- Patient is uninsured
- Patient assigns benefits relating to claim to Dignity Health

Dignity Health Payment Assistance

If you are not eligible for a government program, you may be eligible for Dignity Health's need-based Payment Assistance Program or for an interest-free payment plan. This Program is ONLY for your Hospital Bill and does not cover any other bills. For further information or to obtain an application for Payment Assistance, please contact us at the number listed on the back of this brochure or visit Admitting / Patient Registration.

Revised 3/12

Our Mission

Dignity Health and our Sponsoring Congregations are 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 Vision

A growing and diversified health care ministry distinguished by excellent quality and committed to expanding access to those in need.

Our Commitment to You

Patient Financial Services is strongly committed to ensuring that you understand your billing statements and are aware of financial assistance options.

Please call us with any questions.

How to Reach Us

Community Hospital of San Bernadino

1805 Medical Center Drive
San Bernadino, CA 92411

Financial Counselor

(909) 806-1317 or (909) 806-1321

Department of Human Services

(General Information about Government Programs)
(909) 386-9502

Billing Inquiries

(909) 806-1281 or (909) 806-1151
www.chwHEALTH.org/billpay

Community Hospital of San Bernardino™
A Dignity Health Member

Hospital Billing Process & Payment Assistance Options

Welcome

Thank you for choosing Dignity Health for your health care needs. This brochure will provide you with information on how your services will be billed and to inform you of payment assistance options available to you.

Hospital Billing

Patient Financial Services is made up of several departments: Admitting / Registration, Financial Counseling, and the Patient Accounts Business Office.

We have opened an account in your name where we will record all financial transactions related to your care. If you have provided 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 right.

You may receive separate billing statements from other doctors or clinical staff that assisted in your care. This could include Emergency Physicians, Anesthesiologists, Radiologists, Home Health, Hospice and/or Pathologists. These doctors could have different arrangements with your insurance company that may lead to additional bills. If you do not have insurance or have high medical costs, you may also qualify for a discount on your physician's bill from your emergency room physician. For more information, please contact your physician.

Our financial counseling and registration staff can assist you with providing an estimate of what your charges will be in advance of receiving care. These totals are only estimates because it is difficult to anticipate the exact services that a patient may actually receive.

To pay your bill online, go to:
www.chwHEALTH.org/billpay

Understanding Your Bill

We accept cash, credit cards, money orders, cashiers checks or personal checks as payment. If you are unable to pay your bill, or would like to set up a payment plan, please do not hesitate to ask for assistance. If you would like an itemized billing statement, one can be requested after you leave the hospital by calling the business office listed on the back of this brochure. We're here to help.

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.

Call this number if you have any questions about your account.

This balance is due and payable upon receipt of your statement.

Dignity Health

123 ANY STREET
ANY TOWN, CA 91204

Balance Due Notice - Insured 09/01/11

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, logon to www.chwHEALTH.org/billpay, or call (866) 555-1234 to make credit card payments.

For account details, please see reverse.

JOHN DOE
123 MAIN ST
ANY CITY CA 91605

WID Number	K1234567

Account Summary

Total Charges	$11,323.67
Amount Paid By Your Insurance	$-6,034.37
Your Insurance Discount	$0.00
Amount You Paid	$0.00
Past Due Amount	$2,746.00
Total Amount You Owe	$5,289.30

Insurance Information

Primary Insurance	**SAMPLE INSURANCE**
Policy Number	XXXXX77777
Group Number	123XYZ
Secondary Insurance	**PT LIAB AFTER INSURANCE**
Policy Number	XXXX343434

If this information is incorrect, please call us.

Questions/Contact Us

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

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.chwHEALTH.org/buisnessoffice** or call our Customer Service Representatives at (866) 555-1234 Monday - Thursday 8:00 am - 7:00 pm, Friday 8:00 am - 5:00 pm. Our representatives will be happy to assist you.

Visit: **www.chwHEALTH.org/billpay** to access, manage and pay your account online! To access your account, you will need your WID Number K1234567 and the last four digits of your social security number.

Questions - Please Call (866) 555-1234

Dignity Health

Guarantor Name	WID Number	Total Balance Due
DOE,JOHN	K1234567	$5,289.30

Please make checks payable to: Dignity Health
If you would like to pay less than the amount owed, contact our Customer Service Representatives at (866) 555-1234 to set up a payment plan.

DIGNITY HEALTH
PO BOX 123456
ANY CITY, CA 91189-1095

3109000000123456700052893 3

Date of Service	Account Number	Amount Owed	Due Date
02/02/11	987654321	$2,543.30	09/21/11
02/23/11	987654321	$626.00	PAST DUE
04/01/11	987654321	$578.00	PAST DUE
05/03/11	987654321	$578.00	PAST DUE
03/01/11	987654321	$964.00	PAST DUE

Payment Amount $ | Billing Zip Code
VISA ☐ | MasterCard ☐
American Express ☐ | Discover ☐
Credit Card Number | Exp. Date
Credit Card Holders Signature (Cannot be processed without Signature)

☐ Please check box and see reverse side to change your current information

CHWI1

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