

**NOTIFICATION FORM  
ELIGIBILITY FOR CHARITY CARE**

St. Rose Hospital has conducted an eligibility determination for charity care for:

\_\_\_\_\_  
PATIENT'S NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
DATES OF SERVICE

The request for charity care was made by the patient or on behalf of the patient on \_\_\_\_\_.

The determination was completed on \_\_\_\_\_.

Based on information supplied by the patient or on behalf of the patient, the following determination has been made:

Your request for charity care has been approved for services rendered on \_\_\_\_\_.

After applying the charity care reduction, the amount owed is \$ \_\_\_\_\_.

Your request for charity care is pending approval. However, the following information is required before any adjustment can be applied to your account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request for charity care has been denied because:

REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions on this determination, please contact St Rose Hospital Patient Advocate, at 510-780-4342

Monday through Friday 9:00am to 5:00pm

Granting of charity care is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance or provided inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant charity care and hold you and/or third parties responsible for the hospital's charges. Charity status is reviewed for each individual visit.

### **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](http://HospitalBillComplaintProgram.hcai.ca.gov) for more information and to file a complaint.

### **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](http://healthconsumer.org) for more information.

Note: Authority cited: Section 127010, Health and Safety Code. Reference: Section 127405, Health and Safety Code.