

Plain Language Summary for St. Rose Hospital Financial Assistance Assistance with Your Bill

The Plain Language Summary for Financial Assistance is for any individual who received emergency medical services at St. Rose Hospital. St. Rose Hospital is committed to providing Financial Assistance for patients who are low income, uninsured, underinsured, or ineligible for a government program. Elective services are not covered by the Financial Assistance policy.

Do I Qualify for Financial Assistance?

Financial Assistance refers to full or partial charity care based on the **Federal Poverty Guidelines** which includes income and number of persons per household. Financial Assistance also refers to prompt pay discounts as well as uninsured discounts for non-emergency services and maternity care.

- Full charity care is available to patients who have no source of payment for any portion of their medical expenses, including without limitation, commercial or other Insurance, government sponsored healthcare benefit programs or third-party liability. Full charity will be offered if family incomes are at or below the 200% of the most recent Federal Poverty Income Guidelines.
- Partial charity care is available to patients who have no source of payment for any portion of their medical expenses, including without limitation, commercial or other Insurance, government sponsored healthcare benefit programs or third- party liability. Partial charity will be offered if family incomes are between 200% and 400% of the most recent Federal Poverty Income Guidelines.
- Partial charity care is available to patients with health insurance if the patient's Family Income is less than 400% of the Federal Poverty Level and the patient's or the patient's family medical expenses for Covered Services exceed the lesser of 10% of the patient's current Family Income or 10% of the patient's Family Income in the prior 12 months.

Applying for Financial Assistance

Individuals can find the links to our Plain Language Summary, Financial Assistance Application, Financial Assistance Policy, and other information at: <http://www.strosehospital.org>.

Please look in the hospital website under the Patient Information link for the Financial Assistance information

Our Patient Advocate can help determine your financial assistance eligibility. If applicable , they can help you apply for Medi-Cal , set up a payment plan or help with the charity application process. Contact phone number for our Patient Advocate is 510-780-4342. All financial assistance applications should be submitted with all required documents to:

St. Rose Hospital
27200 Calaroga Ave Hayward,
CA 94545

Attn: Patient Advocate.

Once the application has been reviewed you will be notified of the determination.

To apply for financial assistance you will complete a written application and provide supporting documentation. The following documents would be required as proof of income.

- Last 2 months of paycheck stubs or unemployment records
- Last years income tax return or non-filing letter
- Checking & Savings account statements (last three months)
- Housing Verification letter

- **Additional Information**

Additional information and assistance may be available from the Health Consumer Alliance and can be found on their website at <https://healthconsumer.org>. The Health Consumer Alliance and other organizations will help patients understand the billing and payment process, as well as information regarding Covered California and Medi-Cal presumptive eligibility. St. Rose Hospital's Price Estimator Tool can be found at https://www.strosehospital.org/patient_information_estimates