

Financial Assistance Application – Instructions

Attached is an application for El Camino Health's Financial Assistance Program. Please complete, sign and return the application to our office along with the documentation listed below.

Eligibility – You may qualify for Charity Care (100% Discounted Payment) if: (1) you are uninsured or have high medical costs and (2) your family income is at or below 400% of the Federal Poverty Level. We will not consider your savings when reviewing your eligibility. If you qualify, you will not be charged more than insured patients for emergency or medically necessary care.

Documentation – Proof of Income is a requirement for all applicants. Documents that are considered acceptable proof of income are listed below.

- Recent tax returns (meaning tax returns that document a patient's income for the year in which the patient was first billed or 12 months prior to when the patient was first billed), **or**
- Recent pay stubs (meaning paystubs within a 6-month period before or after the patient was first billed by the hospital, or in the case of preservice, when the Financial Assistance Application is submitted).

Submission – Completed applications and supporting documents can be submitted to our office in any of the following ways:

- **Scan and Email:** charity_care@elcaminohealth.org
- **Fax:** ATTN: Charity Care
650-966-9334
- **Mail/Drop off:** ATTN: Charity Care / Patient Accounts Department
2505 Hospital Drive, 2nd Floor
Mountain View, CA 94040

If you have questions regarding the application process, please contact our Patient Accounts customer service team from 9 a.m. to 4 p.m., Monday through Friday, at **800-665-6540**. You have the right to receive help with this application at no cost, including free interpreter services and translated documents in your language if needed. Please contact us for assistance.

Notice of Rights – Applying for financial assistance will not affect your ability to receive emergency or medically necessary care. You may apply regardless of immigration status.

PATIENT FINANCIAL ASSISTANCE APPLICATION

Date Application Received (to be completed by El Camino Health): _____

Account / Medical Record #: _____

Patient Name: _____

El Camino Health offers charity care (free) to individuals who meet our policy. Please check the box below to indicate if you would prefer not to apply for charity care, but only want to request discounted payments that are not free:

Patients who only apply for discount program eligibility (which is not free and not currently offered by El Camino Health) may receive less financial assistance than what may be available under El Camino Health's charity care program. (Cal. Code Regs., tit. 22, s 96051.8(a)(2).) I acknowledge that El Camino Health does not have a discount program, but do not want to apply for free care.

Applicant (Guarantor) Information:

Relationship to Patient: Self Parent/Guardian

Name: _____

Address: _____

City: _____

State, Zip: _____

Telephone Number: _____

Phone Number(s): _____

Cell Phone Number(s): _____

Social Security #: _____

Date of Birth: _____

Employer: _____

Employer Phone: _____

Occupation: _____

Marital Status: _____

Name of Spouse: _____

Number of Dependents _____

Age(s) of Dependents: _____

Annual Family Income: \$ _____

(Income documentation is required.)

Please identify basis for eligibility —

You must be either uninsured or have high medical costs.

- I am uninsured.
- I have high medical costs that exceed 10% of my income.

(Fill out information below.)

A. My current annual family income or family income in the last 12 months (whichever is lower): _____

B. 10% of the family income listed in A: _____

C. Annual out-of-pocket costs incurred by the patient at El Camino Health or Annual out-of-pocket medical expenses paid by the patient or patient's family with supporting documentation (whichever is higher): _____

By signing below, I/We declare that all information provided is true and correct to the best of my/our knowledge. I/We authorize El Camino Health to verify any information listed in this application.

Patient/Applicant's Signature _____ **Date** _____

(If the patient is under 18 years of age, the signature of a parent or guardian is required.)

Patient Representative's Signature _____ **Date** _____

Relationship _____

(If the patient is unable to sign because of illness or disability.)

Attention: If you need help in your language, please call 650-940-7000 or visit any El Camino Health location. Interpreter services are available 24/7. Aids and services for people with disabilities, like documents in braille, large print, audio and other accessible electronic formats are also available. These services are free.

تنبيه: إذا كنت بحاجة إلى الحصول على المساعدة بلغتك، فيرجى الاتصال على الرقم: 650-940-7000، أو تفضل بزيارة موقع خدمات الترجمة الفورية متوفرة على مدار الساعة طوال أيام الأسبوع. كما تتوفر أيضًا التسهيلات والخدمات للأشخاص ذوي الإعاقة، مثل الوثائق بطريقة برايل، والمطبوعات ذات الأحرف الكبيرة، والوسائط السمعية، وغيرها من التنسيقات الإلكترونية التي يمكن الحصول عليها. وهذه الخدمات مجانية تمامًا.

العربية | Arabic

Ուշադրություն Եթե ձեր լեզվով օգնության կարիք ունեք, ինդրում ենք զանգահարել 650-940-7000 հեռախոսահամարով կամ այցելել El Camino Health-ի ցանկացած մասնաճյուղ: Թարգմանչի ծառայությունները հասանելի են 24/7 գրաֆիկով: Հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցները և ծառայությունները, ինչպիսիք են բրայլյան տառերով փաստաթղթերը, խոշոր տպագիրը, ձայնային և այլ մատչելի էլեկտրոնային ձևաչափերը, նույնպես հասանելի են: Այս ծառայություններն անվճար են:

հայերեն | Armenian

សូមយកចិត្តទុកដាក់: បុរសិសបីអ្នកគួរការជំនួយជាភាសារបស់អ្នក សូមហៅទូរសព្ទទទេលទេ 650-940-7000 ឬទៅកាន់ទីតាំង El Camino Health ណាមួយ។ មានសេវាកម្មអ្នកបកប្រែ 24 ម៉ោង/7 ថ្ងៃ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ មានដូចជាឯកសារជាអក្សរសុទ្ធាប ការបោះពុម្ពជាអក្សរធំៗ សំឡេង និងទម្រង់អឡើងត្រូវនិកដល់អាចចូលមើលបានផ្សេងទៀតក៏មានផងដែរ។ សេវាកម្មទាំងនេះគឺ ឥតគិតថ្លៃ។ ភាសាខ្មែរ | Cambodian

請注意：如果您需要語言協助，請致電 650-940-7000 或走訪任何 El Camino Health 所在地。我們全天候提供口譯服務。我們還為殘障人士提供輔助工具和服務，例如點字、大字體、音訊和其他無障礙電子格式的文件。這些服務均免費提供。

繁體中文 | Chinese – Simplified

温馨提示：若您需要语言方面的帮助，请拨打 650-940-7000 或前往 El Camino Health 的任何站点现场咨询。我们提供 24/7 全天候的口译服务。此外，我们还为残障人士提供多种辅助设施和服务，包括盲文、大号字体、音频和其他无障碍电子格式的文档。所有这些服务均免费提供。

简体中文 | Chinese – Traditional

7000-940-650 El Camino Health تماس بگیرید یا به یکی از مکان‌های توجه: اگر به زبان خود به راهنمایی نیاز دارید، لطفاً با مراجعه کنید. خدمات مترجم شفاهی به صورت شبانه‌روزی در دسترس است. کمک‌ها و خدمات برای افراد دارای ناتوانی نیز در قالب اسناد با خط بریل، چاپ درشت، فای‌های صوتی و دیگر قالب‌های الکترونیکی در دسترس هستند. این خدمات رایگان هستند.

فارسی | Farsi

कृपया ध्यान दें: अगर आपको अपनी भाषा में सहायता की ज़रूरत है, तो कृपया 650-940-7000 पर कॉल करें या El Camino Health के किसी केंद्र पर जाएं। दुभाषिया सेवाएं 24/7 उपलब्ध हैं। अक्षमताओं वाले लोगों के लिए सहायता और सेवाएं जैसे ब्रैल, बड़े अक्षरों, ऑडियो और अन्य पहुंच योग्य इलेक्ट्रॉनिक फॉर्मेट में दस्तावेज़ भी उपलब्ध हैं। ये सेवाएं नॉ:शुल्क हैं।

हिन्दी | Hindi

Xa mus rau: Yog tias koj xav tau kev pab txhais ua koj hom lus, thov hu rau 650-940-7000 los sis mus saib ib lub chaw El Camino Health. Muaj kws txhais lus txhua txhua 24/7. Tej kev pab dawb thiab tej kev saib xyuas rau cov neeg tsis taus, xws li muab cov ntaub ntawv sau rau neeg dig muag xuas, muab luam tawm koj loj, muab tsim ua suab lus thiab tsim ua lwm yam ntaub ntawv tso hauv koo pij tawj, los kuj muaj rau sawv daws tib si. Tej kev saib xyuas no mas yog muab kev pab dawb xwb.

Hmong | Hmong

言語サポート 言語の支援が必要な方は、650-940-7000に電話いただくか、El Camino Healthの施設にお越しください。通訳サービスは24時間365日ご利用いただけます。点字、大きな文字、音声、その他アクセシブルな電子フォーマットなど、障がいのある方向けの支援ツールやサービスも提供しています。これらのサービスは無料でご利用いただけます。

日本語 | Japanese

주의사항 : 언어에 도움이 필요하시면, 650-940-7000번으로 전화주시거나 엘 카미노 병원으로 방문해 주시기 바랍니다. 통역 서비스는 24시간 연중무휴로 제공됩니다. 장애인을 위한 문서, 점자, 큰 글씨, 오디오 및 기타 접근 가능한 전자 형식의 서비스 및 지원도 제공됩니다. 해당 서비스들은 무료입니다.
한국어 | Korean

Atenção: Caso precise falar com o suporte em seu idioma, ligue para o número 650-940-7000 ou visite qualquer estabelecimento da El Camino Health. Serviços de interpretação estão disponíveis 24 horas, 7 dias por semana. Recursos e serviços para pessoas com deficiência, como documentação em braille, textos com letras grandes, áudios e outras ferramentas digitais de acessibilidade, também estão disponíveis. Todos esses serviços são gratuitos.

Português | Portuguese

ਧਿਆਨ ਦਿਉ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 650-940-7000 'ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਕਿਸੇ ਵੀ El Camino Health ਸਥਾਨ 'ਤੇ ਜਾਓ। ਦੁਬਾਰਾ 24/7 ਉਪਲਬਧ ਹਨ। ਅਪਾਰਜਤਾ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਲਿਪੀ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਾਲੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ ਅਤੇ ਹੋਰ ਸੁਗਮ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

ਪੰਜਾਬੀ | Punjabi

Atenție: Dacă aveți nevoie de asistență în limba dumneavoastră, vă rugăm să apelați 650-940-7000 sau să vizitați orice locație El Camino Health. Sunt disponibile servicii de interpretariat 24 ore din 24, 7 zile din 7. De asemenea, sunt disponibile măsuri de asistență și servicii pentru persoanele cu dizabilități, precum documente în Braille, font mare, format audio și alte formate electronice accesibile. Aceste servicii sunt gratuite.

Română | Romanian

Внимание: если вам требуется помощь на вашем родном языке, позвоните по телефону 650-940-7000 или посетите любое отделение El Camino Health. Услуги переводчиков доступны круглосуточно 7 дней в неделю. Кроме того, лица с ограниченными возможностями могут воспользоваться такими вспомогательными материалами и услугами, как документы, напечатанные шрифтом Брайля и крупным шрифтом, аудиозаписи и прочие доступные средства в электронных форматах. Эти услуги предоставляются бесплатно.

Русский | Russian

Atención: Si precisa de ayuda en su idioma, llame al 650-940-7000 o visite cualquier ubicación de El Camino Health. Contamos con servicios de interpretación disponibles las 24 horas, los 7 días de la semana. También ofrecemos ayudas y servicios para personas con discapacidades, como documentos en braille, con letra grande, en audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

Español | Spanish

Abiso: Kung kailangan mo ng tulong sa iyong wika, pakitawagan ang 650-940-7000 o bumisita sa anumang lokasyon ng El Camino Health. Available ang mga serbisyo ng interpreter 24/7. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumentong naka-braille, malaking print, audio, at iba pang mga accessible na electronic format. Libre ang mga serbisyonang ito.

Tagalog | Tagalog

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทรติดต่อ 650-940-7000 หรือเข้าไปที่ El Camino Health สาขาใดก็ได้ มีบริการล่ามทุกวันตลอด 24 ชั่วโมง มีความช่วยเหลือและบริการสำหรับผู้พิการไว้ให้บริการด้วย เช่น เอกสารเป็นอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่รองรับให้ทุกคนสามารถเข้าถึงได้อื่น ๆ บริการเหล่านี้ไม่มีค่าใช้จ่าย

ภาษาไทย | Thai

Xin chú ý: Nếu quý vị cần trợ giúp về ngôn ngữ, vui lòng gọi số 650-940-7000 hoặc tới bất kỳ cơ sở nào của El Camino Health. Dịch vụ thông dịch được cung cấp 24/7. Chúng tôi cũng cung cấp các dịch vụ và trợ giúp cho người khuyết tật, ví dụ như tài liệu bằng chữ nổi Braille, bản in cỡ lớn, định dạng âm thanh và điện tử để truy cập khác. Các dịch vụ này đều miễn phí.

Tiếng Việt | Vietnamese