SIERRA VIEW MEDICAL CENTER

Financial Assistance Application Form

Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

Screening Information

Do you need an interpreter? ☐ Yes ☐ No If YES, list preferred language:

Has the patient applied for Medi-Cal? ☐ Yes ☐ No

Does the patient receive state public services such as TANF, Basic Food, or WIC?

☐ Yes ☐ No

Is the patient currently homeless? ☐ Yes ☐ No

Medical care need or provided related to a car accident or work injury? ☐ Yes ☐ No

Patient and Applicant Information

Patient Full Name (First, Middle, Last):	Spouse Full Name (First, Middle, Last):
Patient DOB (MM/DD/YYYY):	Spouse DOB (MM/DD/YYYY):
Social Security Number (Optional):	Social Security Number (Optional):
☐ Married ☐ Single ☐ Widow/er ☐ Divorced ☐ Legally Separated	Main Contact Phone Number: Email Address:

Person Responsible for Paying Bill:

Relation to Patient:

Mailing Address:

Employment Status of Person Responsible for Paying Bill/s:

☐ Employed (Date of Hire):

☐ Unemployed (How long unemployed?):

☐ Self-Employed ☐ Student ☐ Disabled ☐ Retired

☐ Other (Please Explain):

Family Information

List each family member in your household, including yourself. "Family" includes people related by birth, marriage, or adoption who live together.

FAMILY SIZE

Full Name	Date of Birth	Relation to Patient	Employer(s) Name or Source of Income (if 18 years or older)	Total Gross Monthly Income Before Taxes (if 18 years or older)	Also Applying for Financial Assistance?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Attach additional page if needed.

All adult family members' income must be disclosed. Sources of income include, for example:

- Wages
- Disability
- Pension
- SSI
- Unemployment
- Self-Employment
- Child/Spousal Support
- Other (Please Explain)
- Retirement Account Distributions
- Worker's Compensation
- Work Study Programs (Students)

Income Information

REMEMBER: You must include proof of income with application.

You must provide information on your family's income. Income verification is required to determine financial assistance.

All family members 18 years or older must discolse their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income.

Income Information Continued:

Examples of proof of income include:

- A "W-2" withholding statement; or
- Recent pay stubs; or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statement from employers or others; or
- Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or
- Approval/denial of eligibility for unemployment compensation.

If you have no proof of income or no income, please attach an additional page with an explanation.

Expense Information

We use this information to get a more complete picture of your financial situation.

Monthly Household Expenses:	
Rent/Mortgage: **$**	Medical Expenses: **$**
Insurance Premiums: **$**	Utilities: **$**
Other Debt/Expenses: **$** (Child Support, Loans, Medications, Other)	

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, excessive medical expenses, seasonal or temporary income, or personal loss.

Patient Agreement

I understand that Sierra View Medical Center may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the financial information I give is determined to be false, the result may be denial of financial assistance, and I may be responsible for and expected to pay for the services provided.

Signature of Person Applying:

Date:

If you have any questions, please call (559) 791-3970.

Return Completed Application by Mail To:	**Return Completed Application by Email at:**
Sierra View Medical Center Attn: Financial Counseling Department 465 W Putnam Ave Porterville, CA 93257	financialcounseling@sierra-view.com

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** 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** for more information.

Translation Assistance

ATTENTION: If you need help in your language, please call (559) 788-6002 or (559) 788-6143 or visit Sierra View Medical Center Financial Counseling at 465 W Putnam Ave, Porterville, CA 93257. The office hours are Monday through Friday from 8 AM - 4:30 PM.

ATENCIÓN: Si necesita ayuda en su idioma, llame al (559) 788-6002 o al (559) 788-6143 o visite el Departamento de Asesoría Financiera de Sierra View Medical Center en 465 West Putnam Avenue, Porterville, CA 93257. El horario de oficina es de Lunes a Viernes de 8 AM a 4:30 PM.

تنبيه: إذا كنتَ بحاجة إلى مساعدة بلغتك، يُرجى الاتصال على الرقمين:

5597886002 أو على الرقم 5997886143، أو زيارة قسم الإرشاد المالي بمركز سييرا فيو الطبي على العنوان التالي:
465، ويست بوتنام أفينيو، بورتيرفيل، كاليفورنيا 93257.

ساعات العمل: من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا إلى 4:30 مساءً.

مطلوب ترجمتها إلى اللغات التالية:

العربية

الصينية

الفلبينية / التغالوغ

注意: 如果您需要语言协助，请致电 (559) 788-6002 或 (559) 788-6143，或前往 Sierra View Medical Center 财务咨询部，地址：465 West Putnam Avenue, Porterville, CA 93257. 办公时间为周一至周五，上午 8:00 至下午 4:30.

PAUNAWA: Kung kailangan mo ng tulong sa wika mo, mangyaring tumawag sa (559) 788-6002 o (559) 788-6143, o bumisita sa Sierra View Medical Center Financial Counseling sa 465 West Putnam Avenue, Porterville, CA 93257. Ang oras ng opisina ay Lunes hanggang Biyernes, mula 8:00 ng umaga hanggang 4:30 ng hapon.

XIN LƯU Ý: Nếu quý vị cần hỗ trợ bằng ngôn ngữ của mình, xin vui lòng gọi đến số (559) 788-6002 hoặc (559) 788-6143 hoặc đến Trung tâm Tư vấn Tài chính Sierra View Medical Center tại địa chỉ 465 West Putnam Avenue, Porterville CA, 93257. Giờ làm việc là từ thứ Hai đến thứ Sáu, từ 8:00 sáng đến 4:30 chiều.