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 CHW

CHW Payment Assistance

If you are not eligible for a government program, you may be eligible for CHW'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.

Our Mission

Catholic Healthcare West 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

St. John's Regional Medical Center

1600 North Rose Avenue
Oxnard, CA 93030

Financial Counselor

(805) 988-2878

Local Medi-Cal Contact Number

(General Information about Government Programs)
(800) 880-5305

Billing Inquiries

(877) 877-8345
www.chwHEALTH.org/billpay

Catholic Healthcare West

Hospital Billing Process & Payment Assistance Options

St. John's Regional Medical Center
A member of CHW

Welcome

Thank you for choosing Catholic Healthcare West 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. For billing inquiries, please contact each provider at the number listed on their billing statement.

An itemized billing statement that details services provided can be requested after you leave the hospital by calling the business office listed on the back of this brochure.

Our financial counseling staff can assist you with interpreting your insurance benefits and provide you with 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. We're here to help.

Catholic Healthcare West

FILE #73401
P.O. BOX 60000
SAN FRANCISCO CA 94160

4721

0101

WID: K16440256

TOLL-FREE: (866) 397-9272
PAGE: 1

CHWMGH102

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER | EXP DATE (REQUIRED)
SIGNATURE | AMOUNT

STATEMENT DATE	PAY THIS AMOUNT	ACCT #	BALANCE
1/17/2008	2400.00	11116440256	800.00
		11116440257	800.00
		11116440258	800.00
PAYMENT DUE	AMOUNT PAID		
02/06/2008	$		

K16440256 SPS 11116440256

DOE, JANE
123 MAIN ST.
ANYWHERE, WA 98032

FILE #73401
P.O. BOX 60000
SAN FRANCISCO CA 94160

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT -- POR FAVOR SEPARAR Y VOLVER FONDO PORCION CON SU PAGO

901438A (08/06)

Questions? - Please Call (866) 397-9272

Balance Due Notice

IMPORTANT MESSAGE

Thank you for choosing our facility(s) for your medical 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 (lab), radiology and x-ray, and/or anesthesiology are billed separately by the physicians.

You may pay by sending back the top portion of this form with your check or credit card payment. Please make checks payable to MERCY GENERAL HOSPITAL. Please write the patient account number on your check.

QUESTIONS?

Please see the back of this page for answers to our most frequently asked billing questions. You will also find definitions for billing terms that may be unfamiliar to you.

If you have questions about insurance plan benefits, deductibles, and/or co-payments, please contact your insurance company directly or refer to the Explanation of Benefits sent to you by mail.

Can't find your answer? Call our customer service representatives at: (866) 397-9272.
M-Th 8:00am-7:00pm, F 8:00am-5:00pm,
They will be happy to help you with any questions or requests.

SUMMARY OF ACCOUNTS

Total Charges	4500.00
Total Ins. Payments	300.00
Total Ins. Adjustments	-1125.00
Total Patient Payments	375.00
Total Patient Discounts	-300.00
Total Due	2400.00

OPEN ACCOUNT DETAIL

Account	11116440256	Total Charges	1500.00
Pt Name	DOE, JANE	Ins. Payments	100.00
Date	1/16/2008	Ins. Adjustments	-375.00
		Patient Payments	125.00
		Patient Discounts	-100.00
		Account Balance	800.00
Account	11116440257	Total Charges	1500.00
Pt Name	DOE, JANE	Ins. Payments	100.00
Date	1/16/2008	Ins. Adjustments	-375.00
		Patient Payments	125.00
		Patient Discounts	-100.00
		Account Balance	800.00
Account	11116440258	Total Charges	1500.00
Pt Name	DOE, JANE	Ins. Payments	100.00
Date	1/16/2008	Ins. Adjustments	-375.00
		Patient Payments	125.00
		Patient Discounts	-100.00
		Account Balance	800.00

PAYMENT ASSISTANCE

If you need help paying your bill, you may qualify for a government-sponsored program or for Payment Assistance from our facility. For more information, please contact the Business Office at (866) 397-9272.

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SAMPLE - SAMPLE - SAMPLE

This is your personal account number, please have it available when calling regarding your account.

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 balance is due and payable upon receipt of your statement.

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