Financial Assistance Policy – Plain Language Summary

Bay Area Hospital is committed to ensuring our patients get the hospital care they need regardless of ability to pay for that care. Providing health care to those who cannot afford to pay is part of our mission and state law requires hospitals to provide free and discounted care to eligible patients (the HBR Discount). You may qualify for free or discounted care based on family size and income, even if you have health insurance.

If you think you may have trouble paying for your health care, please talk with us. When possible, we encourage you to ask for financial help before receiving medical treatment.

What Is Covered? For emergency and other appropriate hospital-based services at Bay Area Hospital, we provide free care and financial assistance/charity care to eligible patients on a sliding fee scale basis, with discounts ranging from 25% to 100%. No patient eligible for financial assistance/charity care will be charged more than amounts generally billed to patients who have insurance.

How to Apply: Any patient may apply to receive financial assistance/charity care by submitting an application and providing supporting documentation. (See the reverse side of this document for the application.) If you have questions, need help, or need more information, please contact us:

- When you are checking in or checking out of the hospital;
- By telephone to the Patient Accounts Department at (541) 269-8131
- On our website at**:** http://www.bayareahospital.org/Financial-Services.aspx
- In person at the Patient Accounts Department, Bay Area Hospital, 1775 Thomson Road, Coos Bay, OR 97420
- To obtain documents via mail free of charge, please call the Patient Accounts Department at (541) 269-8131 or come in to the Patient Accounts Department at Bay Area Hospital.

If English is Not Your First Language: Translated versions of the application form, financial assistance policy, and this summary, are available upon request, in English and Spanish.

Other Assistance:

Coverage assistance: You may be eligible for other government and community programs. We can help you learn whether these programs including Medicaid, can help cover your medical bills. We can help you apply for these programs.

Uninsured discounts: Patients not eligible for the HBR discount may be eligible for other discounts such as the Uninsured discount and the Prompt Pay discount. Please contact the Patient Accounts department for details.

Payment plans: Any balance for amounts owed by you is due within 30 days. The balance can be paid in any of the following ways: credit card, payment plan, cash, or check~~,~~ or online bill pay. If you need a payment plan, please call the number on your billing statement.

Emergency Care: Bay Area Hospital has a dedicated emergency department and provides care for emergency medical conditions (as defined by the Emergency Medical Treatment and Labor Act) without discrimination consistent with available capabilities, without regard to whether or not a patient has the ability to pay or is eligible for financial assistance.

Thank you for trusting us with your care.

Bay Area Hospital

HOSPITAL BILL REDUCTION ("HBR") APPLICATION

- ☐ Submit a copy of pages 1 & 2 of your most recently filed Federal tax return form 1040. If you are self-employed, submit *also* a copy of the Schedule C or Schedule E. To obtain a copy (transcript) of your tax return, call the IRS at 1-800-908-9946.
- ☐ If you do not have medical insurance, provide proof that you have applied for or have been denied coverage for the Oregon Health Plan. You may apply at https://one.oregon.gov/
- ☐ Submit proof of all household monthly income. For employment: Last 3 months' paystubs; Other Income i.e.: disability, unemployment, child support, Social Security, pension. You may submit a copy of a bank statement showing direct deposit of income, or some other proof document.
- ☐ Sign and date the application, along with your spouse if you are married. Mail or bring your application in along with all required documents.

IMPORTANT! Complete all sections: Use N/A for Not Applicable. Incomplete applications will be returned. Approximately twenty-one (21) days from receipt of your completed application and the required proof documents, a statement or letter will be sent to you regarding the outcome.

If you have questions, please call 541-269- 8134.

HOUSEHOLD INFORMATION – PLEASE PRINT ALL INFORMATION

Patient Name:	Phone #	SS#	Date of Birth
Address	City	State	Zip

NAME AND RELATIONSHIP OF ALL PERSONS IN YOUR HOUSEHOLD (List spouse first if applicable)

Name relationship	Name relationship
Name relationship	Name relationship
Name relationship	Name relationship

INCOME INFORMATION: Employment and other income sources & monthly gross for household members.

"Income Source": Name of employer or specific source of income (E.g.: SS, SSDI, Annuity, Pension, etc.)

Income Source (1)	Gross: $
Income Source (2)	Gross: $
Income Source (3)	Gross: $

List additional income sources on a separate sheet.

Does your family have any of these other assets? Check all that apply and include a copy of a recent statement for each:
☐Stocks ☐Bonds ☐401K/IRA/Annuity ☐Health Savings ☐Trust(s) ☐Real Estate (exclude primary residence)

READ CAREFULLY BEFORE SIGNING

I hereby certify the information in this HBR application is correct and complete to the best of my knowledge and that the information is subject to verification by any means that Bay Area Hospital deems necessary. I understand that intentionally providing false information and/or submitting an incomplete application will result in a denial of my request for a Hospital Bill Reduction.

Patient signature: _____ Date: _____
(Or Parent/legal guardian if patient is a minor)

Spouse signature: _____ Date: _____

1775 Thompson Road, Coos Bay OR 97420
www.bayareahospital.org