

## About Our Services

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 and keep you informed of the outcome. We will also forward you a statement when the balance has been determined to be your responsibility.

Our Financial Counselors can also assist you in interpreting your insurance benefits and provide you with an estimate of what your charges will be in advance of receiving scheduled services. These totals are only estimates, as sometimes it is difficult to anticipate the exact services that a patient may receive. An itemized billing statement that details services provided can be requested after you are discharged by calling the business office.

Our staff is also able to accept and process your co-pays and deposit towards your responsibility. Catholic Healthcare West is dedicated to providing medical services to all those that need them regardless of their ability to pay. Please do not hesitate to ask for assistance. We're here to help.

## How to Reach Us:

**Please contact your local CHW facility or refer to the customer service phone number listed on your billing statement.**

### Government Programs in your State

#### Arizona

For AHCCCS  
(602) 417-5010

#### California

For healthy families/MediCal  
(888) 747-1222

Information about Medi-Cal  
(916) 636-1980

#### Nevada

Nevada Checkup (800) 360-6044  
Southern Nevada (702) 486-1646  
Northern Nevada (775) 684-7200  
Rural Nevada (800) 992-0900 x 47200

*Patient Financial Services is strongly committed to ensuring you understand your billing statements and are aware of your payment/financial assistance options.*



## Hospital Billing Process & Payment Assistance Options



*Our goal is to provide you with excellent financial care.*

## Welcome!

Thank you for choosing Catholic Healthcare West to provide your health care needs. We would like to take a minute to provide you with information on how your services will be billed and inform you of payment options or assistance available to you. If you have questions, you may also contact the Financial Counselors listed on the back of this brochure.

## Hospital Billing

Our facility is contracted with many insurance companies in the area. When you provide us with your insurance information, we will submit a claim on your behalf. If you did not pay the patient responsibility portion for your services prior to receiving medical treatment, when your insurance(s) has paid, we will send you a "Balance Due" statement for any insurance deductibles or co-pay amounts noted by your insurance company(s) as "patient responsibility". An example of this statement is pictured to the right.

**It is important to note that you will receive SEPARATE billing statements from other providers that assisted in your care while in our facility. This could include the following: ER Physicians, Anesthesiologists, Radiologists, and/or Pathologists.** These doctors could have different contract arrangements with your carrier that may lead to a different amount due. For billing inquiries, please contact each provider at the number listed on your statement.

## Payment Plans

Any patient may also make reasonable payment arrangements on the balance of their Hospital bill. Payment plans can be extended based on individual circumstances and financial need. These arrangements can be made at any time in the billing process by calling the number listed on the statement you receive, or the number listed on the back of this brochure.

*If you do not have a remaining balance after your insurance pays, you will not receive a bill unless one is requested.*

## Assistance Options

If you need help paying your bill you may qualify for a government sponsored program like Medi-Cal or for our hospital's Payment Assistance program. Representatives are available at the hospital to provide you with program applications and help you through the application process.

To get more information about government sponsored programs like Medi-Cal, Medicare, or Healthy Families or to have an application sent to your home, contact the number for your state agency listed on the back panel of this brochure.

## Payment Assistance

If you are uninsured or *underinsured*, are not able to pay for the services you received, and are not eligible for any of the government sponsored programs discussed in the Assistance Options section of this brochure, we do offer a Payment Assistance Program for which you may qualify. This Program is **ONLY** for your Hospital Bill and does not cover the other bills mentioned above. The application process for Payment Assistance includes an assessment of qualified income, qualified assets (excluding retirement accounts, primary residences and primary automobiles), as well as the size of your household. Contact the Hospital listed on the back of this brochure for assistance.

**CHW**

WID: K12081122  
TOLL-FREE: 1-866-397-9252  
PAGE: 1 OF 1  
ADDRESS: K12081122 SPS 1112081122

JANE TESTING DOE  
123 MAIN STREET  
ANYCITY, CA 95555

BAKERSFIELD MEMORIAL HOSPITAL  
400 34TH ST  
BAKERSFIELD, CA 93301

**QUESTIONS? - PLEASE CALL 1-866-397-9252**

**BALANCE DUE NOTICE**

**IMPORTANT MESSAGE**  
Thank you for choosing Bakersfield Memorial Hospital for your medical needs. Quality patient care and dedication to patient satisfaction are our highest priorities.

Our records indicate there is a balance due on your account(s). 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 (labs), 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 or by calling us at 1-866-397-9252. Please make checks payable to Bakersfield Memorial Hospital.

**OPEN ACCOUNTS**

Account	Total Charges
1112081122	5500.00
Pt Name: JANE TESTING DOE	Ins. Payments -1100.00
Hosp: Bakersfield Memorial Hosp	Ins. Adjustments -800.00
Date: 02-08-2006	Patient Payment -550.00
Type: Outpatient	Patient Discount -150.00
	Account Balance 990.00

**SUMMARY OF ACCOUNTS**

Total Charges	5500.00
Total Ins Payments	-1100.00
Total Ins Adjustments	-800.00
Total Patient Payments	-550.00
Total Patient Discounts	-150.00
<b>Total Due</b>	<b>990.00</b>

**QUESTIONS?**  
Please see the reverse side for answers to our most frequently asked billing questions. You will also find definitions for billing terms that may be unfamiliar to you.

For questions regarding your insurance plan benefits, deductible amounts, and/or co-payments please contact your insurance company directly, or refer to the Explanation of Benefits (EOB) sent to you via mail.

Can't find your answer? Call our customer service representatives at:  
M-F 9am-7pm, F 9am-5pm.  
They will be happy to assist you with any questions or requests.

**PAYMENT ASSISTANCE**  
If you need assistance with paying your bill, you may be eligible for a government-sponsored program or for Payment Assistance from our facility. For more information, please contact the Business Office at 1-866-397-9252.

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

*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.*