

Language Translation

We are committed to making information about the SJH Financial Assistance Program available in the communities we serve in a manner that is easy to understand. In addition to English, this brochure, the SJH Financial Assistance Policy, and the SJH Financial Assistance Application form, are available in other languages, including Spanish. We also provide assistance with completing the application form in other languages. Please let the financial counselor know if you need translation assistance.

Confidentiality

We understand that the need for patient financial assistance can be a sensitive and deeply personal issue for patients and their families. We are committed to maintaining the confidentiality of requests for assistance, the information obtained in the application process and the funding or denial of assistance for all who participate in our program.

Our Mission

At St. Joseph Health part of our mission is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. This is why we have a Financial Assistance Program for eligible patients.

What is the St. Joseph Health Financial Assistance Program?

The St. Joseph Health (SJH) Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that insurance does not cover.

In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment. Our hospitals limit any payments by individuals who qualify for financial assistance to no more than the amounts generally billed (AGB) to individuals who have Medicare.

SJH Hospitals define this limit as the amount calculated by using the billing process that the hospital would use if the patient were a Medicare fee-for-service beneficiary. AGB equals the amount reimbursed by Medicare plus the amount the patient would be responsible for paying if he or she were a Medicare beneficiary in the form of co-payments, co-insurance and deductibles.

The qualification for or against financial assistance will not affect the patient's right to access medically necessary or emergency care.

Additional information on the SJH Financial Assistance Program may be found on our website: stjhs.org/our-programs/patient-financial-assistance.

Santa Rosa Memorial Hospital

1165 Montgomery Drive,
Santa Rosa, CA 95405
stjoesonoma.org

Petaluma Valley Hospital

400 North McDowell Blvd.,
Petaluma, CA 94954
stjoesonoma.org

St. Joseph Hospital, Eureka

2700 Dolbeer Street,
Eureka, CA 95501
stjoehumboldt.org

Redwood Memorial Hospital

3300 Renner Drive,
Fortuna, CA 95540
stjoehumboldt.org

Queen of the Valley Medical Center

1000 Trancas Street,
Napa, CA 94558
thequeen.org

St. Joseph Health 
Northern California
A Ministry founded by the Sisters
of St. Joseph of Orange

Financial Assistance Program



St. Joseph Health 
Northern California
A Ministry founded by the Sisters
of St. Joseph of Orange



What Assistance is Available?

Free or Discounted Care

For those who qualify, free or discounted care is available. The amount discounted is determined by your family income as compared to the Federal Poverty Level (FPL). Your financial liability will not exceed the AGB.*

If your family income is:	And you are ...	Then...				
200% or less of the FPL,	Uninsured or Insured,	You would pay nothing.				
201% - 350% of the FPL,	Uninsured,	You would pay only a percentage of the AGB based on a sliding scale.				
	Insured,	Your liability would be based on the insurance payment, as outlined below:				
		<table border="1"> <thead> <tr> <th>If the insurance paid ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>More than or equal to the AGB amount,</td> <td>You would pay nothing</td> </tr> <tr> <td>Less than the AGB amount,</td> <td>You would pay the difference between the insurance payment and the AGB amount.</td> </tr> </tbody> </table>	If the insurance paid ...	Then ...	More than or equal to the AGB amount,	You would pay nothing
If the insurance paid ...	Then ...					
More than or equal to the AGB amount,	You would pay nothing					
Less than the AGB amount,	You would pay the difference between the insurance payment and the AGB amount.					
351% - 500%, of the FPL,	Uninsured,	You would pay the AGB amount.				
	Insured,	You would pay the difference between the insurance payment and the AGB amount.				

* Details on how the AGB is calculated may be found in the *SJH Financial Assistance Policy* available on the hospital's website.

Reasonable Payment Plans

Reasonable payment plans are available to qualified applicants whose family income does not exceed 350% of the Federal Poverty Level. The SJH Financial Assistance Program Policy contains more information on reasonable payment plans and the protections provided to you under California's Fair Hospital Pricing Policies.

For more details on qualifying for free or discounted care, or reasonable payment plans, contact a financial counselor at **(707) 525-5228** or visit our website at **stjhs.org**.

How to Apply

We know that hospital visits can be stressful for our patients and their families, so we make applying for the Financial Assistance Program as easy and convenient as possible. You may apply before, during or after your visit.

OBTAIN A FINANCIAL ASSISTANCE APPLICATION:

By Mail: Call a financial counselor at **(707) 525-5228** to request an application be mailed to you.

In-Person: Obtain from an admitting department representative at the hospital.

(See hospital location(s) listed in this brochure.)

Online: Download and print an application from our website: stjhs.org/our-programs/patient-financial-assistance.

COMPLETE THE APPLICATION:

If you have questions or require assistance in completing the application, please visit the hospital admitting department or call **(707) 525-5228** and ask to speak with one of our financial counselors.

SUBMIT THE APPLICATION WITH ALL REQUESTED DOCUMENTS:

By Mail: Mail it to the address listed on the application.

In-Person: Give it to a representative in the hospital admitting department.



Who Is Eligible?

If you are a patient, or the person responsible for a patient's hospital bill, you may be eligible for our Financial Assistance Program if you meet the following guidelines:

If you do not have health insurance:

- You do not qualify for government-sponsored health insurance programs, such as Medicare, Medi-Cal, California Health Benefit Exchange or other state or county funded health coverage programs.
- Your family income is less than 500% of the Federal Poverty Level.

If you have health insurance, (including Medicare):

- You are unable to pay your portion of the bill that your insurance does not cover.
- Your family income is less than 500% of the Federal Poverty Level.