

Financial Assistance Application

Cottage Health’s mission is to provide superior health care for and improve the health of our communities through a commitment to our core values of excellence, integrity, and compassion. As part of this mission, Cottage Health is pleased to offer a financial assistance program to patients unable to pay for emergency or medically necessary care.

Patients are eligible for financial assistance if their family income does not exceed 350 percent of the federal poverty level. Patients whose family income is higher than 350 percent of the federal poverty level may be eligible for a discount.

When a completed financial assistance application is received, the patient/guarantor will receive confirmation via phone or email and all accounts listed will be placed on a temporary hold from the billing cycle, pending a final decision. The application will be reviewed and a final determination letter will be mailed within 14 business days. If additional documentation is needed, the patient/guarantor will be notified.

INSTRUCTIONS:

To apply for financial assistance, please complete the application and attach copies of the following documentation for the patient, guarantor (if different from the patient) and all family members of the patient:

- Driver’s license or photo ID
- Tax returns and supporting schedules (*previous 2 years*)
- Social Security benefits, if applicable
- Pay stubs from all employment (*previous 3 months*)
- Bank statements from all bank accounts (*previous 3 months*)
- Most recent W-2 form, or unemployment statements

Family is defined as:

For patients 18 years of age and older - self, spouse, domestic partner (as defined in Section 297 of the Family Code), and dependent children under 21 years of age.

For patients under 18 years of age - self, parent(s), caretaker relatives, and other children (under 21 years of age) of the parent or caretaker relative.

GUARANTOR INFORMATION (*person responsible for payment*):

Guarantor Name (<i>first, middle, last</i>):	Guarantor Number:	Social Security Number:	Date of Birth (<i>Month, DD, YYYY</i>):
Address:		City, State, Zip:	
Phone:	Marital Status:	Family Size (<i>as defined in instructions above</i>):	
Account Number(s) for which you are applying for financial assistance:		Email:	

Guarantor’s Employment:

Guarantor’s Employer:*	Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student
Employer Address:	City, State, Zip:
Supervisor’s Name:	Supervisor Phone:

* If multiple employers, please attach an additional sheet.

GUARANTOR INFORMATION *continued:*

Employment for Other Family Members:

Family Member Name:*		Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	
Family Member's Employer:	Employer Address:	City, State, Zip:	
Supervisor's Name:		Supervisor Phone:	

* If multiple family members and/or employers, please attach an additional sheet.

Dependents:

Full Name:	Relationship to Guarantor:	Date of Birth (Month, DD, YYYY):

You may be eligible for Medicare, Medi-Cal/Medicaid, CCS, Healthy Families Program, insurance through Covered California, or other state- or county-funded health coverage. When a patient or a patient's guarantor applies or has a pending application for a health coverage program at the same time he or she applies for financial assistance or a discount payment program, neither application precludes eligibility for the other program. We have enrollment counselors available to help assist you with applications for coverage. **Please check the appropriate box:**

- Please have an enrollment counselor contact me to discuss my options
- I have applied for coverage and have received coverage
- I have applied for coverage and am not eligible
- I have applied for coverage and have a pending application
- I am not interested in applying for coverage in any of these programs
- Other: _____

List any other information you feel would be helpful in determining your eligibility for assistance in paying your hospital bill—for example, a change in income: *(Attach separate sheet if needed.)*

CERTIFICATION:

I certify that all information listed is true and correct to the best of my knowledge. I understand that the information is to be used to determine my ability to pay for services provided by Cottage Health, and I give permission to Cottage Health to share the information as necessary for verification and to consider my financial assistance request. I am aware that federal law provides for fines for any false statements or use of false documents in completing this application.

Signature of Guarantor:

Date:

Please mail this application to:

Cottage Health
Financial Assistance Program
PO Box 689
Santa Barbara, CA 93102

You may also submit this application in person at any of the following locations:

Cottage Health Business Office, 6550 Hollister Ave. Goleta, CA 93117 (**Hours:** 8am–4pm, Monday–Friday)
Santa Barbara Cottage Hospital, 400 W. Pueblo St. Santa Barbara, CA 93105
Goleta Valley Cottage Hospital, 351 S. Patterson Ave. Goleta, CA 93111
Santa Ynez Valley Cottage Hospital, 2050 Viborg Rd. Solvang, CA 93463

For additional information, please contact the Cottage Health Financial Assistance team at 805-879-8963.

<p>FOR INTERNAL USE ONLY</p> <p><input type="checkbox"/> Emergent FA Request</p> <p><input type="checkbox"/> Non-Emergent FA Request</p>

FINANCIAL ASSISTANCE PROGRAM AND SELF-PAYMENT NOTE:

California law requires that Cottage Health provide the following information to all patients who receive services at one of the Cottage Health facilities:

1. You must inform us if you have any type of health insurance coverage. This includes coverage from a health insurer, healthcare service plan, Medicare, Medi-Cal/Medicaid, California Children's Services (CCS), county programs, Covered California plan, Healthy Families Program, or other state-funded health insurance coverage program.
2. If you do not have any health insurance coverage, you may be eligible for Medicare, Medi-Cal/Medicaid, CCS, Healthy Families Program, insurance through Covered California, other state- or county- funded health coverage, or financial assistance. An enrollment counselor in Cottage Health's Patient Access Department can assist with applications for coverage or assistance. Enrollment counselors can also provide contact information for local consumer legal assistance programs that assist uninsured patients in obtaining coverage. Enrollment counselors can be reached at **805-569-7410**, between the hours of 7am–6pm, Monday–Friday, or by walk-in at the Bath Street entrance of Santa Barbara Cottage Hospital.
3. If you lack or have inadequate insurance, or meet certain low and moderate income requirements, you may qualify for a discount or other financial assistance. Because Federal and State laws require all hospitals to make reasonable efforts to collect payment for services, we will use our standard billing process unless you inform us of your special circumstances. Unpaid bills may go to a collection agency if you do not communicate your need for financial assistance. We want to work with you, but we need you to respond with information about your circumstance in order to help. The Cottage Health Financial Assistance Program provides assistance based on income and/or special circumstances. Please contact our Financial Assistance team at 805-879-8963, between the hours of 8am–4pm Pacific Time, Monday–Friday, or by walk-in at 6550 Hollister Avenue, Goleta. You may also email **CottageBilling@sbch.org** with questions or information.
4. State and Federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8am or after 9pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at **1-877-FTC-HELP** (877-382-4357) or online at **www.ftc.gov**.
5. This bill is for services provided by one of the Cottage Health facilities and does not include charges for your doctor(s). You will receive separate bills from the individual doctors or medical groups that assisted in your treatment. For more information, please contact our Cottage Health Business Office at **805-695-2518**.