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

Northridge Hospital Medical Center
18300 Roscoe Blvd.
Northridge, CA 91328

Financial Counselor
(818) 885-5368

Department of Human Services
(General Information about Government Programs)
(818) 901-4120

Billing Inquiries
1-888-808-7566
www.chwHEALTH.org/billpay

Catholic Healthcare West

Hospital Billing Process & Payment Assistance Options

Northridge Hospital 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.

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.

Catholic Healthcare West
A member of CHW

P.O. BOX 60000
SAN FRANCISCO CA 94160

ACS101.X21S6J000002.T20005.000023 000012

JANE DOE
123 MAIN ST
GRAHAM WA 98338

Balance Due Notice - Insured 02/23/09

Important Message

Thank you for choosing Catholic Healthcare West for your healthcare 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, x-ray and/or anesthesiology are billed separately by the physicians.

Please make your payment on your account by 03/15/09. You may mail in your check, logon to **www.chwHEALTH.org/billpay**, or call (866) 397-9272 to make credit card payments.

WID Number	K18866130

Account Summary	
Total Charges	$1,757.00
Amount Paid By Your Insurance	$0.00
Your Insurance Discount	$0.00
Amount You Paid	$0.00
Total Amount You Owe	$1,757.00

For account details, please see reverse.

Insurance Information	
Primary Insurance	MISC INSURANCE
Policy Number	XXXX411972
Group Number	
Secondary Insurance	**Not on File**
Policy Number	**Not on File**

If this information is incorrect, please call us.

Questions/Contact Us

If you have questions about insurance plan benefits, deductibles, and/or co-payments, you may wish to contact your insurance company, MISC INSURANCE.

We want to be sure that the billing process was explained clearly to you. If you have any billing related questions, you may visit us online at **www.chwHEALTH.org/billpay** or call our Customer Service Representatives at (866) 397-9272 Monday - Thursday 8:00 am - 7:00 pm, Friday 8:00 am - 5:00 pm. Our representatives will be happy to assist you.

Visit: **www.chwHEALTH.org/billpay** to access, manage and pay your account online! To access your account, you will need your WID Number K18866130 and the last four digits of your social security number.

Questions - Please Call (866) 397-9272

Catholic Healthcare West
A member of CHW

Guarantor Name	WID Number	Due Date	Total Balance Due
DOE, JANE	K18866130	03/15/09	$1,757.00

Please make checks payable to: Catholic Healthcare West
of you would like to pay less than the amount owed, contact our Customer Service Representatives at (866) 397-9272 to set up a payment plan.

CATHOLIC HEALTHCARE WEST
FILE #73438
PO BOX 60000
SAN FRANCISCO CA 94160-0001

Date of Service	Account Number	Amount Owed
10/02/08	1669916	$1,757.00

Payment Amount $ | Billing Zip Code
VISA ☐ MasterCard ☐
Credit Card Number | Exp. Date
Credit Card Holders Signature (Cannot be processed without Signature)

Please see reverse side to change current information
CHW11 **PAGE: 1 of 1**

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

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

This balance is due and payable upon receipt of your statement.