



Plain Language Summary for St. Rose Hospital Financial Assistance

Assistance with Your Bill

The Plain Language Summary for Financial Assistance is for any individual who received emergency medical services at St. Rose Hospital. St. Rose Hospital is committed to providing Financial Assistance for patients who are low income, uninsured, underinsured, or ineligible for a government program.

Do I Qualify for Financial Assistance?

Financial Assistance refers to **Charity Care** or **Discounted Care** based on the Federal Poverty Guidelines which includes income and number of persons per household.

- **Charity Care** is available to patients who have no source of payment for any portion of their medical expenses, including without limitation, commercial or other Insurance, government sponsored healthcare benefit programs or third-party liability. Charity Care will be offered if family income is at or below the 400% of the most recent Federal Poverty Income Guidelines.
- **Charity Care** is also available to patients with High Medical Costs and whose family income is at or below 400% of the most recent Federal Poverty Income Guidelines.
- **Discounted Care** is available to patients who have no source of payment for any portion of their medical expenses, including without limitation, commercial or other Insurance, government sponsored healthcare benefit programs or third-party and are between 400% and 500% of the most recent Federal Poverty Income Guidelines.
- **Discounted Care** is also available to patients with High Medical Costs and are between 400% and 500% of the most recent Federal Poverty Income Guidelines.

Applying for Financial Assistance

To begin the financial assistance process, please contact our Patient Financial Advocate:

Phone: 510-780-4342

To apply for financial assistance: you will complete a written application and provide supporting documentation. The following documents would be required as proof of income.

- Last 2 months of paycheck stubs or unemployment records
- Last year's income tax return or non-filing letter
- Housing Verification letter

Additionally, our Patient Financial Advocate can assist uninsured patients who have recently received emergency room care with applying for Medi-cal.

All financial assistance applications should be submitted with all required documents to:

St. Rose Hospital

Attn: Patient Financial Advocate

27200 Calaroga Ave

Hayward, CA 94545

Additional Information

- Individuals can find the links to our Plain Language Summary, Financial Assistance Application, Charity Care Policy, Discounted Care Policy and other information under the Patient Information tab on the St. Rose Hospital website: <http://www.strosehospital.org>

- St. Rose Hospital's Price Estimator Tool can be found at: https://www.strosehospital.org/patient_information_estimates
- Additional information and assistance may be available from the Health Consumer Alliance and can be found on their website at <https://healthconsumer.org>. The Health Consumer Alliance and other organizations will help patients understand the billing and payment process, as well as information regarding Covered California and Medi-Cal presumptive eligibility.