Financial Assistance Application **Instructions**

As part of its 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 500 percent of the federal poverty level. Patients whose family income is higher than 500 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.

CONFIDENTIALITY:

We are committed to maintaining the confidentiality of requests, information and funding. The information requested below is for the sole purpose of financial assistance. We **do not** share information with any third parties, federal or local government agencies.

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 from the previous year
- Social Security benefits, if applicable
- Pay stubs from all employment (previous three months)
- Bank statements from all bank accounts (previous three 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.

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 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 8 a.m.– 4 p.m. Pacific Time, Monday–Friday, or by walk-in at 6550 Hollister Avenue, Goleta. You may also email CottageBilling@sbch.org with questions or information.
3. 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 8 a.m. or after 9 p.m. 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 ftc.gov.

Cottage Health

Financial Assistance **Application** [CONFIDENTIAL]

GUARANTOR INFORMATION *(person responsible for payment):*

Guarantor Name *(first, middle, last):*		Guarantor Phone Number:
Social Security Number:	Date of Birth *(MM/DD/YYYY):*	Marital Status:
Address:		City, State, Zip:
Phone:		Email:
Family Size (as defined in instructions):	Account Number(s) for which you are applying for financial assistance:	
Guarantor's Employer:*		Employment Status: ☐ Full time ☐ Part time ☐ Self employed ☐ Unemployed ☐ Student
Employer Address:		City, State, Zip:
Supervisor's Name:		Supervisor's Phone:

** If multiple employers, please attach an additional sheet.*

EMPLOYMENT FOR OTHER FAMILY MEMBERS:

Family Member Name:*	Employment Status: ☐ Full time ☐ Part time ☐ Self employed ☐ Unemployed ☐ Student
Family Member's Employer:	Employer Address:
Supervisor's Name:	Supervisor's Phone:

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

DEPENDENTS:*

Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):
Full Name:	Relationship to Guarantor:	Date of Birth (MM/DD/YYYY):

**If more than four dependents, attach additional sheet.*

OTHER HEALTH COVERAGE ASSISTANCE:

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. We have enrollment counselors available to help assist you with applications for coverage. For more information, please call 805-879-8963.

If you would like to provide more information for determining eligibility, please attach to this application.

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:

SUBMISSION INFORMATION:

PLEASE SUBMIT THIS APPLICATION BY UPLOADING TO YOUR MYCHART ACCOUNT ONLINE OR MAIL 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: 8 a.m.–4 p.m., 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.

Cottage Health