



## HELP PAYING YOUR BILLS

You may qualify for help paying your bills from the County of Santa Clara Health System (CSCHS). Our Healthcare Access Program (HAP) provides free or discounted medically necessary services and supplies to eligible patients who (1) are uninsured or (2) have insurance and high out-of-pocket medical costs. Applicants will also be screened for Medi-Cal, Medi-Cal presumptive eligibility, Covered California, and other public healthcare programs.

A patient may be eligible for the HAP if they have gross family income below 650% of the Federal Poverty Level (FPL) **AND** fit into one of the following categories:

- a. The patient does not have health insurance (or another source of payment for medically necessary services or supplies); **OR**
- b. The patient has health insurance but has incurred annual out-of-pocket costs at CSCHS that are higher than 10% of the patient's current family income or family income over the past 12 months, whichever is lower; **OR**
- c. The patient has health insurance but they and/or their family members have paid annual out-of-pocket medical expenses that are higher than 10% of the patient's family income.

<b>650% of Federal Poverty Level (FPL) (2023)</b>		
<i>Persons in family/ household</i>	<i>Monthly Income</i>	<i>Annual Income</i>
1	\$7,898	\$94,770
2	\$10,682	\$128,180
3	\$13,466	\$161,590
4	\$16,250	\$195,000
5	\$19,034	\$228,410
6	\$21,818	\$261,820
7	\$24,603	\$295,230
8	\$27,387	\$328,640
Please visit <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a> to find the FPL guidelines for larger households.		

A patient who meets one of the above categories and whose family income is at or below 400% of the FPL is eligible for 100% discounted medically necessary services or supplies. A patient who is a Santa Clara County resident and whose family income is above 400% but below 450%, 550%, or 650% of the FPL is eligible for discounts of 70%, 50%, or 25%, respectively.

### HOW TO APPLY FOR FINANCIAL ASSISTANCE

#### *Step 1: Complete the CSCHS Financial Assistance Application*

The application is available online at [scvh.org/bill-help](https://scvh.org/bill-help). A patient must make all reasonable efforts to submit a completed application and required documents to CSCHS within 180 days of the date on their first billing statement.

#### *Step 2: Collect All Required Supporting Documents*

A patient needs to provide **one of each** of the following documents with their application:

1. **Proof of identity** (for example: driver's license, passport, government-issued ID, work or school ID, or birth certificate plus other ID, such as gym or Costco membership);

2. **Proof of income** (for example: recent pay stubs or income tax returns); and
3. **Proof of residency** (for example: rental contract/lease, mortgage statement, utility bill, vehicle registration, driver's license, declaration of homelessness, or support letter from a person the applicant is living with and proof of residency for that person).

Eligibility for some healthcare coverage programs may require additional documentation. If more documents are required, applicants will be instructed which documents to provide.

### *Step 3: Submit Your Complete Application and Supporting Documents to CSCHS*

Completed applications with all the required documents can be faxed to 408-494-7848, delivered to the CSCHS Patient Access Department (770 S. Bascom Avenue, San José, CA 95128), or e-mailed to [HHSVCApp@hhs.sccgov.org](mailto:HHSVCApp@hhs.sccgov.org). Should you wish to e-mail CSCHS, we recommend that you encrypt your message to protect the privacy and security of your personal documents.

Eligible Santa Clara County residents may qualify for the HAP for a one-year period (unless they qualify for a third-party source of payment for healthcare services). Eligible non-County residents must apply for the HAP each time they receive care from CSCHS. Patients may apply for financial assistance and other healthcare coverage, such as Medi-Cal or Covered California, at the same time.

### **NEED HELP?**

To get the full financial assistance policy, more information, and **free help** applying for financial assistance and healthcare coverage, please contact Patient Financial Services:

- **online** at [scvh.org/bill-help](http://scvh.org/bill-help);
- **by phone** at 866-967-4677 (8am to 4:30pm, Monday to Friday); or
- **in person** at 770 S. Bascom Avenue, San José, CA 95128 (same days and times as above).

For a list of CSCHS's shoppable services, please visit [scvh.org/shoppable-services](http://scvh.org/shoppable-services).

### *Language Assistance Services & Alternative Formats*

To obtain this notice in another language or in an accessible alternative format—including, but not limited to, large print, braille, audio, and electronic formats that are accessible and may be read by a screen reader in a logical reading order—call 866-967-4677 (TTY: 711). These services are free.

### *Help Paying Your Bill*

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to [healthconsumer.org](http://healthconsumer.org) for more information.

### *Hospital Bill Complaint Program*

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to [HospitalBillComplaint.hcai.ca.gov](http://HospitalBillComplaint.hcai.ca.gov) for more information and to file a complaint.