

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the law, health care providers need to give **patients who don't have insurance** or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

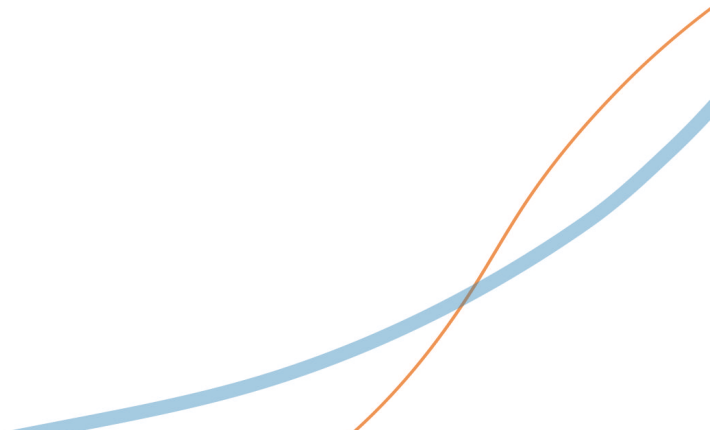
For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call our El Camino Health financial counselors at 650-988-8275.



2500 Grant Road | Mountain View, CA 94040 | 650-940-7000

815 Pollard Road | Los Gatos, CA 94032 | 408-378-6131

elcaminohealth.org     



Financial Assistance/Charity Care

El Camino Health is committed to providing financial assistance and charity care to persons who have healthcare needs and are uninsured or have high medical costs.

Financial Assistance/Charity Care is available based on family income either currently or over the last 12 months.

Below are some of the requirements when applying for the Financial Assistance/Charity Care program.

Proof of Income (POI) is a requirement for all applicants and cannot be waived.

Financial Assistance/Charity Care is available based on family income either currently or over the last 12 months.

Documents that are considered acceptable proof of income are listed below. All applicants are required to choose one of the options below for submission with their application.

- A complete copy of the Federal Income Tax Return for the most recent tax year (A Joint return would be POI for both the applicant and spouse/partner)
- A copy of two most recent Payroll/Unemployment/Pension/Disability pay stubs
- A copy of your W2 or SSA1099 form for the most recent tax year

Charity care applications can take up to 30 days for processing and must have all of the required information attached. Keep in mind that your family income must be below 400% of the federal poverty level and must be either uninsured or have medical expenses in excess of 10% family income over the prior 12 months.

Continued on next page.

Documents can be submitted to our office in any of the following ways:

Scan and email: charity_care@elcaminohospital.org
Fax: 650-966-9334 Attention: Charity Care
Mail/Drop off: Attn: Charity Care/Patient Financial Services
2505 Hospital Drive, 2nd floor
Mountain View, CA 94040

Payment Plans:

If you're unable to pay a hospital balance in a single payment, we offer interest-free payment plans with no fees that you can pay over an extended period.

If you have questions regarding the application process, please contact the Customer Service team at 650-940-7220 or 800-665-6540. The Customer Service staff is available to assist you Monday through Friday, 8 a.m. to 4 p.m.

For additional information please visit our website at:
elcaminohealth.org/patients-visitors-guide