



AHMC Seton Medical Center

AHMC Seton Medical Center Coastside

Notice of Charity Care and Discount Payment

In order to better service the community, AHMC Healthcare Inc. (“AHMC”) and its affiliated hospitals (each a “Hospital” and collectively the “Hospitals”) will accept a wide variety of payment methods and will offer resources to assist patients in resolving an outstanding balance. Charity Care covers all healthcare services that are provided by the Hospitals to patients who are financially unable to satisfy their debts resulting from a determination of the patient’s inability to pay. Charity Care will only be considered after all payment sources for the patient’s bill have been exhausted.

If a patient does not have health insurance coverage, the patient may be eligible for Medicare, Medi-Cal, Healthy Families, the California Children’s Services Program, or other government program funding. Applications are available upon request.

Patients who are at or below 500% of the Federal Poverty Level and are either uninsured or insured with high medical costs are eligible to apply for Charity Care or Discount Payment.

Expected discount payment for eligible patients is limited to the amount received from Medicare for similar services.

Neither AHMC nor the Hospitals will report adverse information to consumer credit reporting agencies or begin civil action against a patient during the first 150 days after the initial billing statement. This requirement only applies to uninsured patients and patients with high medical costs whose eligibility for full Charity Care, partial Charity Care, or Discount Payment is in process of being determined.

Charity Care and Discount Payment do not cover the doctors’ bills, Pathology, Emergency Room and Radiology and other third-party services; patients would need to submit separate applications for such services.

Neither AHMC nor the Hospitals will use wage garnishments or liens on the primary residence to collect unpaid bills from patients who qualify for full or partial Charity Care.

Further information may be obtained by contacting our Patient Financial Counselor.

Acknowledgement of Receipt:

I acknowledge that I have received this Notice of Charity Care and Discount Payment

Applicant Signature: _____ **Date:** _____

Employee Signature: _____