



Help Paying Your Bills

It is the company's policy to provide financial assistance based on federal poverty guidelines to patients with no health insurance or other state or federal health assistance or for whom the out of pocket expenses are significant. Financial assistance can be provided to qualified patients in accordance with the discount scale outlined in our policy. If you need help paying your bill, there are free 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 <https://healthconsumer.org> for more information.

How to Apply

Information for the company's patient financial policies, procedures, and/or eligibility information can be obtained by contacting the hospital's Business Office at 669-234-5959 option 3. For a complete list of the facility's shoppable services, please visit 455 Silicon Valley Blvd., San Jose, CA 95138 or visit online at <https://www.sanjosebh.com/admissions/insurance-payment/price-transparency/>.

If the patient is unable to pay the estimated out-of-pocket expenses, the patient will be financially assessed during the pre-admission or admission process in

accordance with ACHC.BO.0150 Financial Counseling policy. During the counseling session, the Patient Responsibility Worksheet will be utilized by the facility to assist in determining the capacity of the patient/responsible party to pay their estimated cost-sharing amount.

Determining Qualification for Financial Assistance

The Patient Responsibility Worksheet along with the Financial Disclosure Form will be reviewed by the Business Office Director (BOD) and facility CFO. These completed forms are required for the qualification of patients for financial assistance.

All supporting documentation should be attached to the Financial Disclosure Form such as insurance verifications, bank statements, proof of income and Equifax.

To complete Income Verification, the facility may accept one of the following:

- Most Recent Income Tax Return (must document income for the year in which the patient/responsible party was first billed or 12 months prior to when the patient/responsible party was first billed)
- Most Recent Paystubs (must cover the 6-month period before or after the patient/responsible party was first billed, or for preservice, within 6-months of when application is submitted)
- Social Security Statement of Earnings

- SSI Disability Benefit Letter or Current Bank Statement showing Monthly Deposit
- SSI Income via Direct Express is acceptable when a bank statement is unavailable.
- Unemployment Vouchers (must span 4 weeks or 30-day period)
- Letter from a Third Party Source such as a Shelter, Mission or Group Home confirming Financial Status

Equifax can be used to further analyze patient's financial status for medically indigent patients but cannot be the primary source of data in the qualification process. Income verification documentation is the primary method in which financial assistance will be determined.

Final approval of the financial assistance offered to the patient will be determined by the facility management (CFO/CEO) based on their review of the completed Patient Responsibility Worksheet, the completed Financial Disclosure Form and documentation required for verifying income and assets of the patient/responsible party.

Presumptive Eligibility

The facility reserves the discretion to grant presumptive financial assistance for individuals if it determines that the individual is eligible for financial assistance

based on information other than that provided by the individual or based on prior financial assistance determination.

How to Calculate the Amount of Financial Assistance (Discounts)

This method uses the Federal Poverty Guideline (FPG) Schedule as a guide for facilities in conjunction with the completion of the Financial Disclosure Form and determination of any financial assistance.

This method. This schedule can be accessed from the internet by putting the following data in your web browser – <https://uspe.hhs.gov/poverty-guidelines>. For San Jose Hospital in the State of California, scale is 100% discount up to 133% FPG subject to the limit on expected payment. First, find the number of dependents under the column labeled "Family Size". Then, locate the gross annual income on the same row as the Family Size. In most cases, the income will fall between two percentage categories (much like the tax schedule individuals use each year in determining how much they owe the government).

Income Level	% of Discount on Total Charges*
Equal to or less than 133% of FPG	100%
134%-150% of FPG	75%

151% - 200% of FPG	50%
201% - 400% of FPG	25%
Greater than 400% of FPG	0%

*The expected payment for services provided to a patient/responsible party at or below 400% of the federal poverty level is limited to the amount of payment the facility would expect to receive for providing services from Medicare or Medi-Cal, whichever is greater. If the service does not have an established payment by Medicare or Medi-Cal, an appropriate discounted payment will be established by the facility.

A Notification of Determination of Eligibility for Financial Assistance is provided as a notification letter to inform patients/responsible parties of the facility's determination of financial assistance.

<p>Hospital Bill Complaint Program</p> <p>If you believe you were wrongly denied financial assistance, you may file a complaint with the State of</p>	<p>More Help</p> <p>There are organizations that will help patients understand the billing and payment process such as</p>	<p>How to access if you have disability or need in another language</p> <p>Contact our Business Office Tel: 669-234-5959 Option #3</p>
--	---	---

<p>California's Hospital Bill Complaint Program. Go to HospitalBillComplaintProg ram.hcai.ca.gov for more information and to file a complaint.</p>	<p>Health Consumer Alliance at healthconsumer.org.</p>	<p>Fax: 669-234-5958</p>
--	--	--------------------------

Financial Assistance Tagline Sheet

English	ATTENTION: If you need help in your language, please call 669-234-5959, Option 3 or visit Financial Counselor Office. The office is open at 8am -4:30pm from Monday to Friday and located at San Jose Behavioral Health Hospital. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.
Spanish	ATENCIÓN: Si necesita ayuda en su idioma, llame al 669-234-5959, Opción 3 o visite la Oficina del Consejero Financiero. La oficina está abierta de 8am a 4:30pm de lunes a viernes y se encuentra en el San Jose Behavioral Health Hospital. Ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles, también están disponibles. Estos servicios son gratuitos.
Chinese (Mandarin)	注意：如果您需要使用您的語言協助，請致電 669-234-5959，選擇 3 或前往財務顧問辦公室。辦公室開放時間為週一至週五上午 8 點至下午 4:30，地點在 San Jose Behavioral Health Hospital。殘障人士可獲得如點字、大字、音頻及其他可及電子格式的文件。這些服務是免費的。
Tagalog	PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 669-234-5959, Option 3 o bumisita sa Financial Counselor Office. Bukas ang opisina mula 8am hanggang 4:30pm, Lunes hanggang Biyernes, sa San Jose Behavioral

	<p>Health Hospital. May mga tulong at serbisyo para sa mga may kapansanan, tulad ng mga dokumento sa braille, malalaking print, audio, at iba pang accessible na electronic formats. Libre ang mga serbisyong ito.</p>
Vietnamese	<p>CHÚ Ý: Nếu bạn cần giúp đỡ bằng ngôn ngữ của mình, vui lòng gọi 669-234-5959, Nhấn phím 3 hoặc đến Văn phòng Tư vấn Tài chính. Văn phòng mở cửa từ 8 giờ sáng đến 4:30 chiều, thứ Hai đến thứ Sáu tại San Jose Behavioral Health Hospital.</p> <p>Có các dịch vụ và hỗ trợ cho người khuyết tật như tài liệu chữ nổi, chữ lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác. Các dịch vụ này đều miễn phí.</p>
Korean	<p>주의: 귀하의 언어로 도움이 필요하시면 669-234-5959, 옵션 3으로 전화하거나 재정 상담 사무실을 방문하십시오. 사무실은 월요일부터 금요일까지 오전 8시부터 오후 4시 30분까지 San Jose Behavioral Health Hospital에 있습니다. 점자, 큰 글씨, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 이 서비스는 무료입니다.</p>
Armenian	<p>Ուշադրություն: Եթե Ձեզ անհրաժեշտ է օգնություն Ձեր լեզվով, գանգահարեք 669-234-5959, Ընտրեք 3 կամ այցելեք Ֆինանսական Խորհրդատուի Գրասենյակ: Գրասենյակը բաց է երկուշաբթից ուրբաթ, ժամը 8:00-ից 16:30, San Jose Behavioral Health Hospital-ում: Հաշմանդամների համար նախատեսված օգնությունն ու ծառայությունները, ինչպես օրինակ՝ բրայլյան տառերով, խոշոր տառերով, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով փաստաթղթեր, նույնպես հասանելի են: Այս ծառայությունները անվճար են:</p>

<p>Persian</p>	<p>توجه: اگر به کمک به زبان خودنی از دارید، لطفاً با [شماره تلفنی که بیماران می‌توانند اطلاعات بیشتری دریافت کنند] تماس بگیرید یا به [دفتر بیماران که بیماران می‌توانند اطلاعات بیشتری دریافت کنند] مراجعه کنید. دفتر در [ساعات کاری دفتر] باز است و در [اطلاعات مکان دفتر] قرار دارد. کمک‌ها و خدمات برای افراد دارای معلولیت، مانند اسناد بریل، چاپ بزرگ، صوتی و سایر ابزارهای الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان هستند.</p>
<p>Russian</p>	<p>ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 669-234-5959, вариант 3, или посетите офис финансового консультанта. Офис открыт с 8:00 до 16:30 с понедельника по пятницу и находится в San Jose Behavioral Health Hospital. Для людей с ограниченными возможностями доступны такие услуги, как документы на Брайле, крупный шрифт, аудио и другие доступные электронные форматы. Эти услуги предоставляются бесплатно.</p>
<p>Arabic</p>	<p>تنبيه: إذا كنت بحاجة إلى المساعدة بلغتك، يرجى الاتصال على 669-234-5959، الخيار 3 أو زيارة مكتب المستشفى العربي. المكتب مفتوح من الساعة 8 صباحاً حتى 4:30 مساءً من الاثنين إلى الجمعة في مستشفى سان أنجيلو، خوسيه للصحة السلوكية. تتوفر أيضاً مساعداً وخدمات وخدمات للأشخاص ذوي الإعاقة، مثل المستندات بطريقة برايل، والطباعة الكبيرة، والصوتية، وغيره من الصيغ الإلكترونية المتاحة. هذه الخدمات مجانية.</p>
<p>Hindi</p>	<p>ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया [फ़ोन नंबर जहाँ मरीज अधिक जानकारी प्राप्त कर सकते हैं] पर कॉल करें या [अस्पताल कार्यालय जहाँ मरीज अधिक जानकारी प्राप्त कर सकते हैं] पर जाएँ। कार्यालय [कार्यालय के घंटे] पर खुला है और [कार्यालय स्थान की जानकारी] पर स्थित है। विकलांग लोगों के लिए ब्रेल, बड़े अक्षर, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूपों में दस्तावेज़ जैसी सहायता और सेवाएँ भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं।</p>

Japanese	<p>注意: ご自身の言語で支援が必要な場合は、669-234-5959、オプション3にお電話いただくか、ファイナンシャルカウンセラーオフィスにお越してください。オフィスは月曜日から金曜日の午前8時から午後4時30分まで、San Jose Behavioral Health Hospitalにあります。点字、大きな文字、音声、その他のアクセシブルな電子フォーマットなど、障害者向けの支援とサービスも利用できます。これらのサービスは無料です。</p>
Punjabi	<p>ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 669-234-5959, ਵਿਕਲਪ 3 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਵਿੱਤੀ ਸਲਾਹਕਾਰ ਦਫ਼ਤਰ ਵਿੱਚ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 4:30 ਵਜੇ ਤੱਕ San Jose Behavioral Health Hospital ਵਿੱਚ ਖੁੱਲ੍ਹਾ ਹੈ। ਅਪਾਹਜਾਂ ਲਈ ਬ੍ਰੇਲ, ਵੱਡੇ ਅੱਖਰ, ਆਡੀਓ ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਸਹੂਲਤਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।</p>
Farsi	<p>توجه: اگر به کمک به زبان خودنی از دارید، لطفاً با شماره 669-234-5959، گزینه 3 تماس بگیرید یا به دفتر مشاوره مالی مراجعه کنید. دفتر از دوشنبه تا جمعه از ساعت 8 صبح تا 4:30 بعد از ظهر در بیمارستان سل امت رفتاری سن خوزه ب از است. خدمات و کمک‌هایی برای افراد دارای معلولیت، مانند اسناد بریل، چاپ بزرگ، صوتی و سایر فرمت‌های الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان هستند.</p>
Portuguese	<p>ATENÇÃO: Se precisar de ajuda no seu idioma, ligue para 669-234-5959, opção 3, ou visite o Escritório de Aconselhamento Financeiro. O escritório funciona das 8h às 16h30, de segunda a sexta-feira, e está localizado no Hospital de Saúde Comportamental de San Jose. Auxílios e serviços para pessoas com deficiência, como documentos em braille, letras grandes, áudio e outros formatos eletrônicos acessíveis, também estão disponíveis. Esses serviços são gratuitos.</p>

<p>Thai</p>	<p>โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 669-234-5959 กดตัวเลือก 3 หรือไปที่สำนักงานที่ปรึกษาการเงิน สำนักงานเปิดทำการเวลา 8.00 น.-16.30 น.</p> <p>วันจันทร์ถึงวันศุกร์และตั้งอยู่ที่โรงพยาบาล San Jose Behavioral Health Hospital</p> <p>นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์ ตัวพิมพ์ใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่เข้าถึงได้อื่นๆ โดยบริการเหล่านี้ไม่มีค่าใช้จ่าย</p>
<p>Hmong</p>	<p>CEEB TOOM: Yog koj xav tau kev pab ua koj hom lus, thov hu 669-234-5959, xaiv 3, lossis mus saib Lub Chaw Haujlwm Pab Tswv Yim Nyiaj Txiag. Lub chaw haujlwm qhib 8 teev sawv ntxov txog 4:30 teev tsaus ntuj hnuv Monday txog Friday thiab nyob ntawm San Jose Behavioral Health Hospital. Kuj tseem muaj kev pab thiab kev pabcuam rau cov neeg xiam oob qhab, xws li ntaub ntawv braille, ntawv loj, suab, thiab lwm yam qauv hluav taws xob uas nkag tau yooj yim. Cov kev pabcuam no yog pub dawb.</p>