

## About Our Services

Patient Financial Services is made up of several departments: Admitting, Registration, Financial Counseling, and the Patient Accounts Business Office.

We have opened an account in your name where we will record all financial transactions related to your care. If you have provided insurance information we will submit a claim on your behalf and keep you informed of the outcome. We will also forward you a statement when the balance has been determined to be your responsibility.

Our Financial Counselors can also assist you in interpreting your insurance benefits and provide you with an estimate of what your charges will be in advance of receiving scheduled services. These totals are only estimates, as sometimes it is difficult to anticipate the exact services that a patient may receive. An itemized billing statement that details services provided can be requested after you are discharged by calling the business office.

Our staff is also able to accept and process your co-pays and deposit towards your responsibility.

Catholic Healthcare West is dedicated to providing medical services to all those that need them regardless of their ability to pay. Please do not hesitate to ask for assistance, we're here to help.

## Payment Plans

Any patient may also make reasonable payment arrangements on the balance of their **Hospital** bill. Payments may be arranged for a maximum of 12 months and require a \$40 a month payment. These arrangements can be made at any time in the billing process by calling the number listed on the statement you receive, or the number listed on the back of this brochure.

## How to Reach Us:

Mercy Medical Center - Redding  
Redding's Financial Counselor  
**(530) 225-6312**

St. Elizabeth Community Hospital's  
Financial Counselor  
**(530) 529-8079**

Mercy Medical Center - Mt. Shasta  
Mt. Shasta's Financial Counselor  
**(530) 926-7245**

Billing Inquiries  
**1-866-397-9270**

*Patient Financial Services is strongly committed to ensuring you understand your billing statements and are aware of your payment/financial assistance options.*



P.O. Box 496009  
Redding, CA 96049



## Patient Assistance Options and the Billing Process



*We know you're here to get better.*

*Patient Financial Services is here to make the billing process as painless as possible.*

## Welcome!

Thank you for choosing Catholic Healthcare West to provide your health care needs. We would like to take a minute to provide you with information on how your services will be billed and inform you of payment options or assistance available to you. If you have questions you may also contact the Financial Counselors listed on the back of this brochure.

## Hospital Billing

Our facility is contracted with many insurance companies in the area. When you provide us with your insurance information, we will submit a claim on your behalf. If you did not pay the patient responsibility portion for your services prior to receiving medical treatment, when your insurance(s) has paid, we will send you a "Balance Due" statement for any insurance deductibles or co-pay amounts noted by your insurance company(s) as "patient responsibility". An example of this statement is pictured to the right.

**It is important to note that you will receive SEPARATE billing statements from other providers that assisted in your care while in our facility. This could include the following: ER Physicians, Anesthesiologists, Radiologists, and/ or Pathologists.** These doctors could have different contract arrangements with your carrier that may lead to a different amount due. For billing inquiries please contact each provider at the number listed on your statement.

## Payment Assistance

If you are not insured or *underinsured* and feel you may not be able to pay for the services you received, we do have a Payment Assistance Program that you may qualify for. This Program is **ONLY** for your Hospital Bill and does not cover the other bills mentioned above. This program looks at documentation of income and assets, as well as the size of your household, to see if you meet the qualifications. Eligibility for government programs

(for example, Medi-Cal) will be reviewed before approval for this program. Depending on those items, you could qualify for a full or discounted reduction in your bill. **Patients must apply for this program and provide the requested income and asset documentation in order to qualify.** Contact the Financial Counselor listed on the back of this brochure for assistance.



*If you do not have a remaining balance after your insurance pays, you will not receive a bill unless one is requested.*

**QUESTIONS? - PLEASE CALL (866) 397-9270**

**BALANCE DUE NOTICE**

► IMPORTANT MESSAGE	
Thank you for choosing MERCY MEDICAL CENTER REDDING for your medical needs. Quality patient care and dedication to patient satisfaction are our highest priorities.	
Our records indicate there is a balance due on your account(s). This statement contains hospital-related charges (such as supplies, room charges, pharmaceuticals, etc.) for your visit(s) to our facility. Fees for physician time, pathology (lab), radiology and x-ray, and/or anesthesiology are billed separately by the physicians.	
You may pay by sending back the top portion of this form with your check or credit card payment or by calling us at (866) 397-9270. Please make checks payable to MERCY MEDICAL CENTER REDDING.	

► OPEN ACCOUNTS	
Account: 1112081122	Total Charges 3580.00
Pt Name: JANE TESTING DOE	Ins. Payments -1180.00
Hosp: Redding	Ins. Adjustments -800.00
Date: 02-08-2006	Patient Payment -550.00
Type: Outpatient	Patient Discount -150.00
	<b>Account Balance 900.00</b>

► SUMMARY OF ACCOUNTS	
Total Charges	3580.00
Total Ins. Payments	-1180.00
Total Ins. Adjustments	-800.00
Total Patient Payments	-550.00
Total Patient Discounts	-150.00
<b>Total Due</b>	<b>900.00</b>

**Balance Due Date 06/07/2006**

**► QUESTIONS?**  
Please see the reverse side for answers to our most frequently asked billing questions. You will also find definitions for billing terms that may be unfamiliar to you.  
For questions regarding your insurance plan benefits, deductible amounts, and/or co-payments please contact your insurance company directly, or refer to the Explanation of Benefits (EOB) sent to you via mail.  
Can't find your answer? Call our customer service representatives at: (866) 397-9270 M-Th 9am-7pm, F 9am-5pm. They will be happy to assist you with any questions or requests.

**► PAYMENT ASSISTANCE**  
If you need assistance with paying your bill, you may be eligible for a government-sponsored program or for Payment Assistance from our facility. For more information, please contact the Business Office at (866) 397-9270.

*This is your personal account number, please have it available when calling regarding your account.*

*This is a summary of your charges and any payments made.*

*This balance is due and payable upon receipt of your statement.*

*Call this number if you have any questions about your account.*