



WATSONVILLE COMMUNITY HOSPITAL SUMMARY OF FINANCIAL ASSISTANCE

Thank you for choosing Pajaro Valley Health Care District Hospital Corporation dba Watsonville Community Hospital (WCH). WCH is committed to serving the health care needs of the community by providing financial assistance to patients and their families that qualify. WCH's financial assistance policy describes the financial assistance programs available to uninsured or underinsured. This summary is designed to help assist patients in understanding the policy.

Uninsured Patient

An uninsured patient is someone who does not have any healthcare coverage or has exceeded the benefit cap for coverage prior to the service or cannot be reimbursed by anyone else for their health care bills.

Underinsured Patient

An underinsured patient is someone who has healthcare coverage but is left with high medical costs.

100% Discounted Charity Care (Free Care)

If you are uninsured or underinsured with a family income of up to 250% of the federal poverty level, you may be eligible to receive medically necessary hospital services at no cost to you.

Discounted Care

If you are uninsured or underinsured with an annual family income between 250%-400% of the federal poverty level, you may be eligible to reduce your balance owed to no more than the than the average of what Medicare and commercial payers pay for the same services. This is referred to as the "amounts generally billed."

Patients and their families who qualify for WCH's financial assistance will never pay more than the amounts generally billed.

Application Assistance

You can ask for help with your bill at any time during your visit or billing process. Our financial counselors are available to answer questions, provide information about our financial assistance policy and help guide patients through the application process. During the application process, will you be asked for the number of people in your family, your monthly income, and other financial information that will assist WCH in determining whether you and your family qualify for assistance.

Payment Plans

If you qualify, you may also request an interest-free extended payment plan.



Where to Get a Copy of the Financial Assistance Policy

Free copies of WCH's financial assistance policy and financial assistance application forms are available online, at the registration desk areas, at the Emergency Department, and at WCH's financial counseling office. You can also call and request that a copy be mailed to you. Please see the information below.

Online at www.watsonvillehospital.com

Telephone: (831) 761-5689, Financial Counseling Office

Mail a request to: Financial Counseling Office, 75 Nielson Street, Watsonville, CA 95076

Translations

WCH's financial assistance policy and application forms will be translated to Spanish and any other language deemed necessary to address the need of our community.

Other Organizations That Can Assist

There are other independent organizations that can help you understand the billing and payment process and provide you with information regarding Covered California and Medi-Cal presumptive eligibility. Please visit the Health Consumer Alliance at <https://healthconsumer.org> for more information.

Collections

WCH will make reasonable collection efforts to obtain payment from patients. General collection activities may include issuing patient statements, phone calls, and referral of statements that have been sent to the patient or guarantor. Bills that are not paid 180 days after the first billing date may be placed with a collection agency. WCH or collection agencies will not engage in any extraordinary collection actions, as defined in WCH's financial assistance billing and collections policy.