

**LUB NTSIAB LUS SUAV SAU TXOG COV KHOOS KAS PAB NYIAJ TXIAG RAU TXHUA COV
TSEV KHO MOB UAS TAU UA LOS NTAWM BANNER HEALTH (BH)
SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AT ALL HOSPITALS OWNED AND
OPERATED BY BANNER HEALTH (BH)**

Banner Health muab Cov Khoos Kas Pab Nyiaj Txiag rau cov neeg mob uas Tsis Muaj Kev Tuav Pov Hwm, Muaj Kev Tuav Pov Hwm Tsis Tsaus thiab Cov Uas Muaj Nyiaj Tsis Tsaus Them Nqi Kho Mob. Tsab cai no yog rau cov tsev kho mob Banner Health thiab yog rau cov tsev kho mob BH. Ib Tug Neeg Mob Uas Tsis Muaj Kev Tuav Pov Hwm txhais tias ib tug neeg mob uas tsis muaj Koom Haum Tuav Pov Hwm thiab tsis muaj kev tuav pov hwm ntawm tsoom fww. Yuav tsub Tus Nqi Them Tus Kheej ntawm Cov Neeg Mob Uas Tsis Muaj Kev Tuav Pov Hwm rau Tej Kev Pab Cuam Uas Pov Hwm Lawm. Ib Tug Neeg Mob Uas Muaj Kev Tuav Pov Hwm Tsis Tsaus txhais tias ib tug neeg mob uas muaj Koom Haum Tuav Pov Hwm, tiam sis muaj nyiaj tsis tsaus kom them rau tag nrho cov nqi kho mob vim kim dhau nws rab peev xwm them. Ib Tug Neeg Mob Uas Muaj Nyiaj Tsis Tsaus Them Nqi Kho Mob txhais tias ib tsev neeg twg uas muaj nqi kho mob txij thaum 12 lub hlis tas los uas tsev neeg ntawv lav ris them nqi uas ntau dua 50% ntawm tsev neeg cov nyiaj rau lub xyoo ntawv. Yuav muab tag nrho cov nqi kho mob saib kom thiaj li paub txiav txim siab seb puas tsim nyog tis npe hais tias yog Neeg Muaj Nyiaj Tsis Tsaus Them Nqi es tsis yog cov nqi kho mob rau cov chaw BH xwb.

Yog tias koj yog ib Tug Neeg Mob Uas Tsis Muaj Kev Tuav Pov Hwm, ces tej zaum koj yuav tsim nyog txo tus nqi kho mob yog tias koj tsis tsim nyog rau Lub Khoos Kas Pab Nyiaj Txiag raws li Tsoom Fwv Tsab Cai Theem Rau Tus Neeg Txom Nyem. Yog tsim nyog txo tus nqi no, ces yuav tsub nqi npaum li 1.25 zaug AGB (Tus Nqi Uas Ib Txwm Tsub), uas yog tus nqi uas Lub Tsev Kho Mob tsub ntawm cov koom haum tuav pov hwm thiab Medicare (thiab cov nqi koom tes them thiab lwm nqi kho mob) rau cov kev pab cuam kho mob uas koj yuav tsum txais yog tias koj muaj kev tuav pov hwm.

Yog tias koj yog ib Tug Neeg Mob Uas Tsis Muaj Kev Tuav Pov Hwm, ces koj yuav tsim nyog txais BH Txoj Kev Pab Nyiaj Txiag (1) yog koj tsev neeg cov nyiaj txais hauv ib xyoo qis dua 400% ntawm Tsoom Fwv Theem Txom Nyem thiab tsis muaj lwm cuab tam them Lub Tsev Kho Mob cov nqi thiab, (2) yog Lub Tsev Kho Mob hais kom koj rau npe rau Medicaid/AHCCCS, koom siab ntsws rau tus txheej txheem rau npe thiab kev txiav txim, los yog tsis muaj peev xwm rau npe, thiab tseem raug xyeej duav roos rau Medicaid/AHCCCS.

Yog koj yog ib Tug Neeg Mob Uas Muaj Kev Tuav Pov Hwm Tsis tXaus, ces tej zaum koj yuav tsim nyog txais BH Kev Pab Nyiaj Txiag txo nqi rau Cov Muaj Kev Pov Hwm Tsis Tsaus Tom Qab Kev Tuav Pov Hwm Them Nqi lawm. Koj yuav tsum rau npe kom thiaj txais thiab yuav tsum tsim nyog raws li Lub Tsev Kho Mob cov lus qhia rau hauv Tsab Cai Pab Nyiaj Txiag thiab Tsoom Fwv Tsab Cai Rau Theem Txom Nyem.

Yog koj tsim nyog txais BH Kev Pab Nyiaj Txiag, ces koj yeej yuav tsis raug tsub nqi ntau dua Tus Nqi Uas Ib Txwm Tsub rau cov kev pab kho mob xwm txheej ceev thiab lwm txoj kev kho mob uas yuav tsum txais. Tsis tas li ntawv, koj kuj tsis tas them nqi ua ntej thiaj txais tau kev pab kho mob xwm txheej ceev. Txawm li ntawv los, kom thiaj txais kev pab kho mob uas tsis yog xwm txheej ceev, ces feem ntau koj yuav tsum xub them ntau feem ntawm tus nqi kho mob los yog txhim tsa kev them nqi kho mob raws li Tus Nqi Uas Ib Txwm Tsub qhia.

Ib daim ntawv theej ntawm lub tsev kho mob txoj cai pab nyiaj ntxiag, txoj cai kev suav sau nqi thiab cov kev suav sau, thiab daim foos tso npe thov muaj nyob rau ntawm Banner Health ntawm Bannerhealth.com. Kuj muaj kev txhais ua Lus Mev rau Daim Qhia Dav no, Lub Tsev Kho Mob cov cai pab nyiaj txiag thiab tsub nqi, thiab cov ntawv rau npe nyob rau ntawm Banner thiab Lub Tsev Kho Mob qhov vev xaib thiab lub tsev kho mob qhov chaw txais tos neeg. Yog hu mus rau Cov Chaw Pab Cuam Fab Nyiaj Ntxiag Rau Tus Nee Mob Banner (888) 264-2127 ces lawv kuj xa tau cov ntawv tuaj rau koj thiab. Cov neeg ua hauj lwm ntawm Cov Chaw Pab Cuam Fab Nyiaj Ntxiag Rau Tus Nee Mob Banner yuav los teb koj cov lus nug thiab muab ntaub ntawv ntxiv rau koj txog Cov Khoos Kas Pab Nyiaj Txiag, tus txheej txheem rau npe thiab cov koom haum pab dawb thiab cov koom haum tsoom fww uas pab tau koj rau npe no. Thov tiv tauj mus rau (888) 264-2127 yog koj muaj cov lus nug ntxiv.

Cov Chaw Pab Cuam Fab Nyiaj Ntxiag Rau Tus Nee Mob Banner
PO Box 743711, Los Angeles, CA 90074-3711
BannerFAApplications@bannerhealth.com

DO NOT RETAIN AS PART OF THE PERMANENT MEDICAL RECORD

SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AT ALL HOSPITALS OWNED AND OPERATED BY BANNER HEALTH (BH)

Banner Health offers Financial Assistance Programs to Uninsured, Underinsured and Medically Indigent patients. This policy applies to Banner hospitals and certain other BH entities. An Uninsured Patient means a patient without Third-Party Insurance and who is not enrolled in a government insurance program. Uninsured Patients are initially charged the Self-Pay Rate for Covered Services. An Underinsured Patient means a patient with Third-Party Insurance coverage, but with financial limitations or co-responsibility, including deductibles, co-payments, and co-insurance, has out-of-pocket expenses that exceed his/her financial abilities. A Medically Indigent Patient means a household with medical expenses incurred during the previous 12 months, where the portion for which the household is responsible exceeds 50% of the household's total income for that year. For the purposes of determining whether a household is a Medically Indigent Household, all medical expenses are included, including non-BH medical expenses.

If you are an Uninsured patient, you may qualify for a discounted rate if you do not meet the qualifications for the Financial Assistance Program based on Federal Poverty Level guidelines. Qualification for the discounted care means, you will be charged 1.25 x AGB (Amounts Generally Billed,) which is based upon the average of the amounts that would have been paid to the Hospital by private health insurers and Medicare (and co-pays and deductibles) for the medically necessary services you receive if you had been insured.

If you are an Uninsured patient, you will qualify for BH Financial Assistance (1) if you have an annual household income and household size that is equal to or less than 400% of the Federal Poverty Level and lack other assets to pay the Hospital's full charges and, (2) if requested to do so by the Hospital, you apply for Medicaid/AHCCCS, fully cooperate in the application and determination process, or are unable to reasonably complete the application process, and are denied Medicaid/AHCCCS coverage.

If you are an Underinsured patient, you may qualify for BH Financial Assistance for Underinsured/Balance After Insurance discount. You will need to apply for consideration and meet both Hospital bill balance requirements stated in the Financial Assistance Policy and Federal Poverty Level guidelines.

If you qualify for BH Financial Assistance, you will in no case be charged more than Amounts Generally Billed for emergency services or other medically necessary services. In addition, you will never be required to make advance payment or other payment arrangements to receive emergency services. However, to receive non-emergent services, you will be required in most situations to make a substantial advance deposit or other payment arrangements based upon an estimate of the Amounts Generally Billed.

A free copy of the hospital's financial assistance policy, the billing and collections policy, and the application forms are available on the Banner Health website at Bannerhealth.com. Spanish translation of this Summary, the Hospital's financial assistance and billing policies, and the applications forms are available on the Banner and Hospital websites and in the hospital's Admitting area. Copies are also available by mail by contacting Banner Patient Financial Services at (888) 264-2127. The Banner Patient Financial Services staff is available to answer questions and provide information about the Financial Assistance Programs, the application process and nonprofit organizations and government agencies that can assist with these applications. Please contact (888) 264-2127 if you have further questions.

Banner Patient Financial Services
PO Box 743711, Los Angeles, CA 90074-3711
BannerFAApplications@bannerhealth.com

DO NOT RETAIN AS PART OF THE PERMANENT MEDICAL RECORD



LUB NTSIAB LUS SUAV SAU TXOG KEV PAB FAB NYIAJ TXIAG
COV KHOOS KAS PAB CUAM THIAB DAIM NTAWV TSO NPE THOV

SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AND APPLICATION

Xa Rov Qab Mus Rau: Banner Health c/o PBM PO Box 743711, Los Angeles, CA 90074-3711 BannerFAApplications@bannerhealth.com	Hnub Tim: Tus Neeg Mob Lub Npe: Hnub Yug: Qhov Chaw: Hnub Txais Kev Pab Cuam:
---	--

Cov Lus Taw Qhia: Ua daim foos no kom tiav thiab suav nrog cov ntawv hauv qab no ces mam li xa rov qab mus rau qhov chaw nyob los yog xa hauv email uas nyob saum toj.

**Tsis tuaj yeem siv tau rau cov chaw NHSC suav nrog: Fallon, NV, Fernley, NV, Susanville, CA, Payson Primary Care, AZ, Payson OBGYN, AZ, Maricopa, AZ, Torrington, WY, thiab Wheatland, WY

- Daim ntawv pov thawj txog qhov nyiaj khwv tau los. Cov ntaub ntawv uas lees txais tau suav nrog:
 - Yog niaj hnub tseem muaj hauj lwm ua, muab cov ntawv theej ntawm daim ntawv teev txog nyiaj txhua lub hlis nrog rau peb (3) zaug uas tsis ntev los no (tus neeg mob, tus neeg lav lus thiab tus txij nkawm)
 - Yog tias yog tus tswv txoj hauj lwm, ces muab ib daim ntawv theej ntawm kev them se rau Tsoom Fwv raws li kev teem caij C los yog lwm yam ntawv pov thawj txog nyiaj txiag txais thiab cov nqi them rau lwm yam
 - Yog twb so hauj lwm lawm thiab/los sis txais Xaus Saum, ces ib daim qauv ntawv SSA 1099 los yog tsab ntawv txog nyiaj txiag**
 - Yog Tsis Ua Hauj Lwm, ces ib daim qauv ntawv txog koj cov se them rau tsoom fwv, ib daim ntawv qhia txog cov nyiaj txais thaum tsis ua hauj lwm, los yog ib daim ntawv tshaj tawm tus kheej cov nyiaj txais.**
 - Kev Txiaiv Txim Siab Txog Lub Xeev los yog tsoom fwv kev pab(Medicaid/AHCCCS)**
 - Yog thov, ces cov qauv ntawv nqi kho mob sab nraum Banner**

Cov Ntaub Ntawv Tus Neeg Tso Npe Thov	
Neeg Rau Npe/Neeg Lav Lus Lub Npe: _____	Tus Lej Xaus Saum:** _____
Qhov Chaw Nyob: _____	
Hnub Yug: _____	
Tus Xov Tooj: _____	
Tus Tswv Ua Hauj Lwm: _____	Ua Hauj Lwm Ntau Npaum Li Cas: _____
Ua Hauj Lwm Ntev Npaum Li Cas: _____	Poob Hauj Lwm Hnub Twg/Hov Ntev Lawm: _____

Tus Txij Nkawm los Tus Khub Cov Ntaub Ntawv	
Lub Npe: _____	
Tus Tswv Ua Hauj Lwm: _____	Ua Hauj Lwm Ntau Npaum Li Cas: _____
Hnub Yug: _____	
Tus Xov Tooj: _____	

Cov Neeg Vam thiab/lossis Neeg Uas Nyob Nrog Hauv Tsev		
Lub Npe:	Txheeb Sib Txheeb:	Hnub Yug: (hli/hnub/xyoo)
1.		
2.		
3.		
4.		
5.		
6.		

Lus Piav Txog Nyiaj Khwv Los	Cov Nyiaj Txhua Hli:
1.	\$
2.	\$

DO NOT RETAIN AS PART OF THE PERMANENT MEDICAL RECORD



SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AND APPLICATION

Return to: Banner Health c/o PBM PO Box 743711, Los Angeles, CA 90074-3711 BannerFAApplications@bannerhealth.com	Current Date: Patient Name: Birth Date: Facility: Date of Svc:
---	--

Instructions: Complete application and include the following documentation and return to address or email above.

**Not applicable for NHSC locations including: Fallon, NV, Fernley, NV, Susanville, CA, Payson Primary Care, AZ, Payson OBGYN, AZ, Maricopa, AZ, Torrington, WY and Wheatland, WY.

- Proof of income. Acceptable documents include:
 - If currently employed, copies of last three (3) most recent consecutive payroll stubs (patient, guarantor and spouse)
 - If self-employed, a copy of Federal tax form Schedule C or other proof of income and expenses
 - If retired and/or receiving Social Security, a copy of SSA 1099 form or reward letter**
 - If Unemployed, a copy of your prior year's federal income tax return, unemployment reward letter or self-declaration of income letter.**
 - Determination of State or government assistance (Medicaid/AHCCCS)**
 - If requested, copies of non-Banner medical bills**

Applicant Information

Applicant/Guarantor Name: _____ Social Security Number:** _____
Address: _____
Birth Date: _____
Phone Number: _____
Employer: _____ Employment Status: _____
Length of Employment: _____ Unemployed Date/Length: _____

Spouse or Partner Information

Name: _____
Employer: _____ Employment Status: _____
Birth Date: _____
Phone Number: _____

Dependent and/or Household Size Information

Name:	Relationship:	Birthdate: (mm/dd/yyyy)
1.		
2.		
3.		
4.		
5.		
6.		

Income Description:	Monthly Amount:
1.	\$
2.	\$

DO NOT RETAIN AS PART OF THE PERMANENT MEDICAL RECORD



LUB NTSIAB LUS SUAV SAU TXOG KEV PAB FAB NYIAJ TXIAG
COV KHOOS KAS PAB CUAM THIAB DAIM NTAWV TSO NPE THOV

SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AND APPLICATION

Xa Rov Qab Mus Rau: Banner Health c/o PBM PO Box 743711, Los Angeles, CA 90074-3711 BannerFAApplications@bannerhealth.com	Hnub Tim: Ye Hnub Yug: Qhov Chaw: Hnub Txais Kev Pab Cuam:
--	--

Cov Ntaub Ntawv Kho Mob		
Hom Nqi / Them Rau Leej Twg:	Tshuav Nqi:	Tus Nqi Them Txhua Hli:
1. (Kws Kho Mob)	\$	\$
2. (Lub Tsev Kho Mob)	\$	\$
3. (Kev Yees Duab)	\$	\$
4. (Cov Khoom Kho Mob/Kev Saib Xyuas Tom Tsev)	\$	\$
5. (Lub Tsheb Thauj Neeg Mob Thaum Muaj Xwm Txheej Ceev)	\$	\$
6.	\$	\$

Kuv xav koom nrog hauv Banner Health lub khoos kas pab nyiaj txiag thiab to taub tias txhua cov ntaub ntawv txog kuv tus kheej uas kuv muab no yog kom txiav txim siab seb kuv puas tsim nyog koom. Banner Health yuav khaws cov ntaub ntawv no tseg cia tsis pub lwm tus paub.

Cov ntaub ntawv uas kuv tau muab no los tag nrho yog muaj tseeb raws li kuv paub. Nws twb tau muab piav qhia rau kuv lawm thiab kuv pom zoo raws li tus zwj ceeb ntawm kev tsim nyog tau txais kev pab nyiaj txiag ntawm Banner Health, yog kuv tsim nyog tau txais kev pab, lwm cov nyiaj pab them nqi kho mob uas kuv tau txais los yog muaj cai tsim nyog tau txais, raws li tsab cai ARS Ntu 33-931, et seq., lub xeev Arizona tsab cai tsub nqi kho mob, los yog lwm cov tsab cai, ces Banner Health kuj yuav tau txiav txim siab thiab yuav muab sau kom them tus nqi uas twb muab txo rau kuv lawm.

Kos Npe Tus Neeg Lav Ris: _____ Hnub Tim/Lub Sij Hawm: _____

Sau Npe: _____

Tus Txij Nkawm los Tus Khub Kos Npe: _____ Hnub Tim/Lub Sij Hawm: _____

Sau Npe: _____

Xa Rov Qab Mus Rau:
Banner Health c/o PBM
PO Box 743711, Los Angeles, CA 90074-3711
BannerFAApplications@bannerhealth.com

DO NOT RETAIN AS PART OF THE PERMANENT MEDICAL RECORD



SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AND APPLICATION

Return to: Banner Health c/o PBM PO Box 743711, Los Angeles, CA 90074-3711 BannerFAApplications@bannerhealth.com	Current Date: Patient Name: Birth Date: Facility: Date of Svc:
---	--

Medical Information		
Type of Debt / to Whom:	Unpaid Balance:	Monthly Payment:
1. (Doctor)	\$	\$
2. (Hospital)	\$	\$
3. (Imaging)	\$	\$
4. (DME/Home Care)	\$	\$
5. (Ambulance)	\$	\$
6.	\$	\$

I would like to participate in Banner Health's financial assistance program and understand all disclosed personal information is for the sole purpose of determining my eligibility. Banner Health will keep this secure and confidential.

The information I have provided is accurate to the best of my knowledge. It has been explained to me and I agree as a condition of my qualifying for financial assistance from Banner Health, should I qualify and receive assistance, any third-party funding I receive or become eligible to receive, pursuant to ARS Sec. 33-931, et seq., Arizona's health care lien statute, or applicable statutes, may be considered and recovered by Banner Health to address and offset the financial assistance discount provided to me.

Responsible Party Signature: _____ Date/Time: _____

Print Name: _____

Spouse or Partner Signature: _____ Date/Time: _____

Print Name: _____

Return to:
Banner Health c/o PBM
PO Box 743711, Los Angeles, CA 90074-3711
BannerFAApplications@bannerhealth.com

DO NOT RETAIN AS PART OF THE PERMANENT MEDICAL RECORD