

**NZUTV ZUNV YIETC ZUNGV ZA'EIX TENGX ZINH NYAANH YIEM NJIEC YIETC ZUNGV
NDIE-SAI ZAAMC CAUX DUQV BANNER HEALTH (BH) DORH GORN
SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AT ALL HOSPITALS OWNED AND
OPERATED BY BANNER HEALTH (BH)**

Banner Health maaiah Za'eix tengx Zinh nyaanh bun taux baengc mienh, maiv maaiah Sou Zorc Baengc caux jomc taux ndie. Naaiv deix za'eix duqv longc bun taux yietc zungv Banner nyei ndie-sai zaamc caux norm baav BH nyei ndie-sai zaamc. Nduqc Baengc Mienh Maiv Maaiah Sou Zorc Baengc eix leiz se maiv maaiah Da'fam bung nyei Sou zorc baengc caux maiv duqv faux mbuox yiem hungh jaa wuov bungx nyei zorc baengc sou. Nduqcdauh baengc mienh maiv duqv gauv sou-zeiv zorc baengc eix leiz se baengc mienh maaiah da'faam bung nyei zorc baengc sou, mv baac maiv kouv taux zinh nyaanh fai dongh diuc ndaam-dorng, liemh yietc zungv leic-zinh, dongh diuc jauv zaeqv caux dongc diuc maaiah zorc baengc sou, maaiah longc cuotv buon-sin nyei zinh nyaanh gauh camv siou bieqc nyei gong-zinh. Nduqc Ndie-sai Baengc mienh jomc eix leiz yietc biauvi mienh maaiah longc cuotv nyei zinh nyaanh yiem ndangc 12 hlaax nyiec, yiem gu'nyuoz buonc dongh naaiv biauvi mienh ndaam-dorng jiej 50% naaic biauvi mienh siou bieqc nyei gong-zinh yiem naaic hnyangx. Se gorngv oix zaah mangc naaic biauvi mienh zeiz mienh jomc taux ndie nyei jauv nyei fai, yietc zungv longc ndie nyei nyaanh zinh liemh yietc zungv, liemh yietc zungv longc ndie nyei nyaanh zinh dongh maiv zeiz-BH nyei buonc.

Se gorngv meih se beangc mienh maiv maaiah sou zorc beangc, meih corc haih maaiah gauv leiz duqv zoqc njiec zinh nyaanh zorc beangc se gorngv meih maiv maaiah gauv leiz bieqc norm horc tengx zinh nyaanh ei samv mangc yiem ziex norm saengv. Duqv leiz ziqv longc ninh mbuo zoqc njiec zinh nyaanh dongh longc ninh mbuo nyei goux mangc nor ei leiz se zuqc dengx leic zinh 1.25 x AGB (Naaiv deix nyaanh bun kungx mv baac zuqc leic zinh), bangc kaux zong horngv yietc zungv nyaanh dongh ndaam-dorng zorc baengc gorn sic jieiv caux Medicare (caux dongh jauv nyaanh caux zorqv cuotv nyei nyaanh) oix duqv jauv nzuonx bun Ndie-sai zaamc caux yietc zungv fu-sux nyei jauv se gorngv meih duqv maaiah gauv sou zeiv zorc baengc.

Se gorngv meih benx baengc mienh maiv maaiah sou zeiv zorc baengc, meih duqv gauv leiz ziqv BH Tengx zinh nyaanh (1) se gorngv meih duqv siou bieqc nyei zinh nyaanh yietc hnyaangx caux buonc nyei mienh fih lomh fai gauh fai 400% Jomc nyei jauv ei jienv saengv zaangc nyei leiz caux maiv maaiah ganv nyungc jaax-dingv jauv yietc zungv leic zinh yiem Ndie-sai zaamc caux (2) se gorngv Ndie-sai zaamc heuc, meih faux mbuox yiem Medicaid/AHCCCS, ei jienv zoux nyungc-nyungc dongh faux mbuox nyei ziangh hoc caux dimv mangc, fai maiv zoux duqv ziangx caux zuqc ndiv guangc sou zeiv zorc baengc Medicaid/AHCCCS coverage.

Se gorngv meih benx baengc mienh maiv maaiah sou zeiv zorc baengc, meih corc haih maaiah gauv leiz BH Financial Assistance cho Underinsured/Zoqc njiec zinh nyaanh yiem nqa haa ninh mbuo maaiah zorc beangc sou zeiv. Meih oix zuqc juix sou weic samv mangc caux duqv gauv i diuh leiz ei zinh nyaanh zengc njiec yiem sou biuv ndie sai bun wuov duqv ninh mbuo box mengv haih tengx zinh nyaanh caux mbuox fienv ei jomc kouv nyei sou yiem ziex norm saengv.

Se gorngv meih duqv gauv leiz ziqv BH tengx zinh nyaanh nor, maiv gunv haaix norm qangx, meih se maiv zuqc tiqv nyaanh gauh camv ei pou tong cuotv nyei zinh nyaanh weic longc yiem jieqc sih qiemx zuqc ndie sai fai ziex nyungc ndie sai nyei qiemx nyei buonc. Cuotv liuz naaic meih maaiv zuqc cuotv ndaangc haaix nyungc fai mbenc cuotv zinh nyaanh yiem jieqc sih qiemx zuqc longc ndie sai nyei qaqv. Mv baac se gorngv mbuo maiv qiemx longc jieqc sih nyei ndie sai nor, maiv gunv yiem haaix norm ziangh hoc, meih oix zuqc cuotv zinh nyaanh ndaangc fai lorv qangx cuotv zinh nyaanh ei pou tong ninh mbuo dengx cuotv nyei zinh nyaanh.

Yietc kuaiv ndie sai nyei free copy sou gorngv maiv zuqc nyaanh, cuotv zinh nyaanh fai bun zinh nyaanh nyei jauv louc, caux yietc zungv hnangv haaix nor bieqc bouc nyei sou maaiah nzengc yiem Banner Health website Bannerhealth.com. Ninh mbuo fan benx Spanish waac yiem naaiv norm fienv, tengx zinh nyaanh nyei sou mouc caux ndie sai nyei bun nyaanh sou caux yietc zungv hnangv haaix nor bieqc bouc nyei sou maaiah nzengc yiem Banner caux ndie sai fai yiem ndie sai ziqv mienh bieqc bouc nyei dorngx wuov. Yietc zungv ninh mbuo fo daaih nyei sou maaiah nzengc yiem fienv heuc bun yie mbuo gan beangc mienh zinh nyaanh nyei qongx (888) 264-2127. Beangc mienh zinh nyaanh nyei qongx zoux gong mienh zanc zanc dau duqv mbuo nyei waac yiem qiemx zuqc tengx zinh nyaanh nyei jauv, hnangv haaix nor bieqc bouc caux yiem ninh mbuo zoux gong maiv weic zinh nyaanh nyei gorn caux domh gorn ninh mbuo haih tengx naaiv nyungc jauv. Heuc bun yie mbuo (888) 264-2127 se gorngv meih aengx qiemx zuqc naaic waac nor.

Banner Fux-sux Baengc Mienh Nyei Zinh Nyaanh
PO Box 743711, Los Angeles, CA 90074-3711
BannerFAApplication@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

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**NZUTV ZUNV GORNGV TAUX TENGX ZINH
NYAANH ORN-MBAAIH CAUX ZOUX NYEI GONG**

**SUMMARY OF FINANCIAL ASSISTANCE
PROGRAMS AND APPLICATION**

Daux nzuonx: Banner Health c/o PBM PO Box 743711, Los Angeles, CA 90074-3711 BannerFAApplication@bannerhealth.com	Hnoi lh Zanc: Baengc mienh nyei Mbuox: Cuotv seix Hnoi: Dorng-dauh: Svc nyei hnoi:
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Dorh njaaux: Zoux ziangx sou zeiv faux mbuox caux liemh yietc zungv sou zeiv nqaa'haav wuov liuz juix taux
deic-zeqv fai email yiem gu'nguaaic wuov.

**Maiv duqv longc yiem NHSC nyei ganh norm dorngx: Fallon, NV, Fernley, NV, Susanville, CA, Payson Primary Care, AZ, Payson OBGYN, AZ, Maricopa, AZ, Torrington, WY caux Wheatland, WY.

- Sou ziev biux mengh taux siou bieqc nyei zinh nyaanh. Yietc zungv sou zeiv dongh duqv laengz ziqv nyei se yietc zungv:
 - Se gorngv ih zanc corc zoux jienv gong, da'nyeic kuaiv zeiv (3) buonv sou bun gongh-zinh linh daqc yiem nitv fatv jiex wuov (baengc mienh, tengx ndaam-dorng nyei mienh caux auv/nqox)
 - Se gorngv ganh zoux saeng-eix, da'nyeic kuaiv sou zeiv bun nzou-zinh Saengv zaangc C fai zorngx-zengx sou caux ganh nyungc leic zinh
 - Se gorngv dingh gong caux/fai ziqv mienh gox nyaanh, yietc kuaiv da'nyeic zeiv sou zeiv ei jienv SSA 1099 fai piux ceng**
 - Se gorngv ndortv gong, meih nyei da'nyeic kuaiv sou zeiv koi nzou-zinh linh daqc ndangc hnyangx, piux ceng ndortv gong fai ganh koi fienx siou bieqc nyei zinh nyaanh**
 - Dingc ziangx saengv zaangc tengx nyei jauv fai hung haa nyei (Medicaid/AHCCCS)**
 - Se gorngv duqv lorx taux, da'nyeic kuaiv sou zeiv ndie-sai zaamc nyei sou maiv zeiz -Banner nyei**

Hietv sou mienh nyei fienx nza'hmien buonc

Juix fienx mienh nyei mbuox/Tengx _____

daam-dorng mienh nyei mbuox: _____ Zorc Baengc Sou Zeiv Nyei Number:** _____

Deic-zeqv: _____

Cuotv seix Hnoi: _____

Phone nyei Waac sauv: _____

Lorz mienh zoux gong nyei ziouv: _____ lh zanc gong hhangv haaix: _____

Ziangh hoc zoux gong: _____ Hnoi/ ziangh hoc mv maaiah gong zoux: _____

Auv/ Nqox nyei seix zaangc sou fai gapv zoux gong mienh nyei sou

Mbuox: _____

Lorz mienh zoux gong nyei ziouv: _____ lh zanc gong hhangv haaix: _____

Cuotv seix Hnoi: _____

Phone nyei Waac sauv: _____

Mienh qiemx zuqc goux mangc nyei mbuox/fai jaa dingh nyei sou mouc

Mbuox:	Guen taux nyei jauv:	Cuotv seix hnoi: (hlaax/hnoi/hnyangx)
1.		
2.		
3.		
4.		
5.		
6.		

Biux mengh Gong-zinh:	Yietc hlaax nyei zinh nyaanh:
1.	\$
2.	\$

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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:
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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.	\$

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NYAANH ORN-MBAAIH CAUX ZOUX NYEI GONG**

**SUMMARY OF FINANCIAL ASSISTANCE
PROGRAMS AND APPLICATION**

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Ndie-sai nyei fiex		
Haaix nyungc nyei zaeqv/ Gaav zaeqv bun haaix dauh:	Zengc njiec Maiv jauv nyei:	Hlaax hlaax bun nyei zinh nyaanh:
1. (Ndie-sai)	\$	\$
2. (Ndie-sai zaamc)	\$	\$
3. (Fangx)	\$	\$
4. (DME/Fu-sux yiem biau)	\$	\$
5. (Tor baengc mienh nyei cie)	\$	\$
6.	\$	\$

Yie oix bieqc Banner Health nyei gongh ginc weic tengx zinh nyaanh nyei gong ginc caux bieqc hnyouv yietc zungv buonh sin nyei nyei fiex duqv box cuotv se weic bun yie hiuv duqv yie gaux leiz duqv ziqv fai maiv gaux hnangv.

Yie mbuo jiu bun meih nyei fiex se zien haic gan yie mbuo hiuv nyei. Yie duqv box mengh caux laengc waac se beiv hnangv yietc diuh leiz weic bun yie haih duqv leiz ziqv tengx zinh nyaanh yiem Banner Health, se gorngv yie duqv gaux leiz caux duqv ziqv mienh tengx nor, maiv gunv haaix bung fai da'fam wuov bung yie duqv ziqv fai yie maaih gaux leiz ziqv gan ARS Sec. 33-931, et seq., Arizona nyei qaqv Leiz weic nzipc caux goux mangc fai lingc ngam long jienv Banner Health bun daaih nyei haih samv mangc fai jauv nzuonx caux mbiev bieqc leiz zinh dongh tengx mbuo wuov.

Tengx ndaam-dorng nyei mienh njiec mbuox:_____ Hnoi/Ziangh hoc:_____

Yienv Mbuox:_____

Auv/nqox njiec mbuox fai gapv zoux gong mienh njiec mbuox:_____ Hnoi/Ziangh hoc:_____

Yienv Mbuox:_____

Daux nzuonx:
Banner Health c/o PBM
PO Box 743711, Los Angeles, CA 90074-3711
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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: _____

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