



San Francisco Department of Public Health
Zuckerberg San Francisco General Hospital
Community Primary Care Clinics
Laguna Honda Hospital and Rehabilitation Center
Population Health Division
Behavioral Health Services

CHARITY CARE AND DISCOUNT PAYMENT PROGRAMS

APPLICATION

APPLICANTS MUST MEET THE FOLLOWING CRITERIA TO BE CONSIDERED FOR

ELIGIBILITY TO THE CHARITY CARE OR DISCOUNT PAYMENT PROGRAMS:

- Must apply within one year from date of service.
- Must not be eligible or have exhausted government / non-government payers.
- Must not have any third-party liability.
- Must apply for services received at Zuckerberg San Francisco General Hospital, Community Primary Care Clinics, Laguna Honda Hospital, Population Health Division, or Behavioral Health Services.
- Must apply for services that have not already been discounted.
- Must provide most recent quarter's pay stubs or most recent year tax return statement.
- Must have a gross family household income at or below 500% federal poverty level for Charity Care consideration.
- Must provide verification of qualified liquid assets for Charity Care consideration.
- Patients or subscribers who receive insurance payments for services received must surrender payments to the San Francisco Health Network to be eligible for financial assistance.

INSTRUCTIONS FOR APPLYING:

- Complete and sign this application.
- Submit your application and verification documents.

For Hospital and Clinic Services, mail your application and verification documents to:

Zuckerberg San Francisco General Hospital Billing Office
Patient Financial Assistance Department
1001 Potrero Ave.
Building 20, Ward 24, Room 2406
San Francisco, CA 94110

Call the Patient Financial Assistance Department at (628) 206-3275 for assistance.

For Behavioral Health Services, mail your application and verification documents to:

BHS Program Member Services Department
1360 Mission St, 2nd Fl
San Francisco, CA 94103

Call the BHS Member Services Department at (888) 246-3333 for assistance.



APPLICANT INFORMATION

Last name: _____ First name: _____
 Date of Birth: _____ Medical Record #: _____

PERMANENT ADDRESS

Address: _____ City: _____
 State: _____ Zip Code: _____
 Country: _____ Telephone: _____
 Cell Phone: _____ Email: _____

TEMPORARY ADDRESS (if applicable)

Address: _____ City: _____
 State: _____ Zip Code: _____
 Country: _____ Telephone: _____
 Cell Phone: _____ Email: _____

ELIGIBILITY & SCREENING

What is your marital status? Married Single Widowed Separated
 Divorced Domestic Partner

Do you have a medical insurance? Yes No
**If yes, specify:
 Provide Insurance card.**

Do you have a disability expected to last 12 months? Yes No

Do you have a pending application with Medi-Cal? Yes No

Were you pregnant on the date of service? Yes No N/A

Family Size (self, spouse and children under 21 yrs old) # _____

Total family gross monthly income at the time of application: \$ _____
Provide most recent quarter (3 mos.) pay stubs or most recent year tax return.

Total assets at the time of application (**excluding retirement and deferred compensation plans**): \$ _____
Provide financial statements most recent quarter (3 mos.) to date of application.

Identify all types of asset accounts held: Checking Savings Money Market
 Certificate of Deposit Brokerage Mutual Fund
Provide statements for all accounts held.

Application Information



I declare the answers given are true and correct to the best of my knowledge. I am uninsured or underinsured and have no third-party liability. I understand that the information I have provided will be verified. I understand that the information will be used to screen for eligibility to various Federal, State and County Programs. I understand that if my information is found to be false, I will be held responsible for the full amount of any fee for medical services received from Zuckerberg San Francisco General Hospital and Specialty Outpatient Clinics, Community Primary Care Clinics, Laguna Honda Hospital, Population Health Clinic, or Behavioral Health Services.

<i>APPLICANT SIGNATURE:</i>	<i>DATE:</i>
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PENDING DOCUMENTS – 30 DAY TIME LIMIT TO SUBMIT	
<input type="checkbox"/> 3 Months of Pay Stubs or Recent Tax Returns	<input type="checkbox"/> 3 Months of all bank statements
<i>Comments:</i>	

ELIGIBILITY DETERMINATION	
Charity Program	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible
Discount Program	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible
Denial Reasons:	
<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Income over 500% FPL
<input type="checkbox"/> Insured by government or non-government payer	<input type="checkbox"/> Services received are already discounted
<input type="checkbox"/> Services were not received at ZSFG	<input type="checkbox"/> Over 30 Days – Failed to provide requested verifications
<input type="checkbox"/> Other (specify) _____	
Eligibility determination made by:	
Print Name: _____	
Signature: _____	Date: _____
Date sent to patient for final determination: _____	Financial Counselor Initials: _____
cc: Copy sent to patient	

Last name: First name:

Date of Birth: Medical Record #:

APPEALS PROCESS FOR DENIED APPLICATIONS

Determination • Appeals

If you have been determined ineligible for the Charity Care and Discount Payment programs and wish to appeal your denial for eligibility, you have 15 business days to appeal from the date of your eligibility determination. Please submit a copy of this completed application with your written statement below of the reason for your appeal request to one of the following.

For Hospital and Clinic application denials: Patient Financial Assistance Manager, Zuckerberg San Francisco General Hospital, 1001 Potrero Avenue, Ward 15, San Francisco, CA 94110

For Behavioral Health Services application denials: BHS Member Services Department, 1360 Mission, 2nd Floor, San Francisco, CA 94103

Date: Reason for Appeal • Appeal Decision

Reason for appeal request:

APPEAL DECISION

Charity Program [] Eligible [] Ineligible

Discount Program [] Eligible [] Ineligible

Print Name: Signature Date:

