



Charity Care Application

Do you need financial assistance for any of the following types of services at San Mateo Medical Center (SMMC)?

Emergency Room (ER) Visit – SMMC only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Service _____
Surgery – Transferred from SMMC’s ER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Service _____
Inpatient Stay – Transferred from SMMC’s ER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Service _____

If Yes to any of the above, continue with application.

Is this visit due to a work-related injury or automobile accident? Yes No

Do you have public or private medical insurance or coverage through a Federal, State, or County program (e.g. HMO/PPO, Medicare, Medi-Cal, Healthy Families, Healthy Kids, etc.)? Yes No

If No, continue with the application.

Patient Last Name	Patient First Name	MRN	Date of Birth
			MM / DD / YY

Family Monetary Assets (not including exemptions)

Cash	\$ _____
Checking Account	\$ _____
Savings Account	\$ _____
Money Market Fund	\$ _____
Certificate(s) of Deposit	\$ _____
Annuities	\$ _____
Stocks/Bonds	\$ _____
Mutual Funds (Not part of retirement or Deferred compensation plan)	\$ _____
Total Family Monetary Assets	\$ _____

Family size	_____
Family Gross Monthly Income	\$ _____

I declare under penalty of perjury that the above information is true and correct. Further, by signing below, I hereby authorize County personnel, agents or contractors, to verify and/or investigate my eligibility. Such investigation/verification may include the obtaining and use of information and documents possessed by other public and private agencies, including, but not limited to, records of the Department of Child Support Services. Applicant/Guardian will be notified by mail, whether application is approved or denied.

Patient Signature: _____

Date: _____

Staff Signature: _____

Date: _____

FOR DEPARTMENT USE ONLY

Date of Eligibility Determination: _____

Approved

Denied

Staff Name: _____

Staff Signature: _____

Date: _____



Charity Care Application

San Mateo County Charity Care Program Application

Eligibility Criteria

You must meet the following criteria to be eligible for the program:

- Your household income is at or below 100% of the Federal Poverty Level (FPL).
- Your household monetary assets are at or below \$10,500. This includes checking, savings and investment accounts. This does not include retirement accounts or deferred-compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans.
- You must have received one of the following types of services: SMMC ER visit, Inpatient transfer from SMMC's ER, or Surgery transfer from SMMC's ER.

Documentation Required

- Copies of your most recent pay stubs for the last three months, or copies of your most recent signed federal tax return.
- Copies of other documents to verify income. This includes, but it is not limited to, letters from disability, social security or unemployment offices.
- Copies of your three most recent concurrent bank statements. This includes checking, savings and investment accounts. This does not include retirement accounts or deferred-compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans.

Do not send originals. Send photocopies only. Originals will not be returned.

I acknowledge I have received copies of the Financial Assistance Programs brochure. I understand that if I don't qualify for Charity Care that I may qualify for another program.

If you have any questions regarding this application you can contact us by mail at: San Mateo Medical Center 222 W. 39th Ave., San Mateo, CA 94403. Phone: 650-573-3632

Patient Right to Appeal

If you are denied eligibility for Charity Care, or wish to request a waiver or reduction of co-pays, fees or charges, you have the right to a two-step appeals process that allows you to present evidence of eligibility or argue special circumstances based on your inability to pay. The first appeal step is an "individual eligibility review" (IER) to appeal any financial and non-financial issues relating to eligibility and ability to pay. If you are not satisfied with the decision from the IER process, you can appeal to the "eligibility and financial review committee" (EFRC).