



Financial Assistance

Policy. If you do not have health insurance coverage, our financial counselors are available to assist you in obtaining an application for Medi-Cal, Healthy Families or other government coverage. Please contact our customer service department at 536.3900 for an application.

Adventist Health provides discounts to eligible low to moderate-income patients. If you can't pay part of your bill, please contact our customer service department by dialing 536.3900. We will review your financial situation to determine if you are eligible for financial assistance.

Sonora Regional Medical Center is a not-for-profit 152-bed health care facility — including 72 acute beds, 12 swing beds, 68 skilled nursing beds and a large network of primary care practices, owned and operated by Adventist Health/ Roseville California. In addition to emergency and acute care services, Sonora Regional Medical Center offers advanced Cardiac Care, Cancer Center, Surgical Services, and Diagnostic Imaging and served more than 289,000 patients this past year. Staffed by more than 130 physicians, 1,000 employees, and 150 volunteers, Sonora Regional Medical Center is the largest private employer in Tuolumne County.



Your Patient Account

Contact Us

1000 Greenley Road
Sonora CA 95370
209.532.5000
www.sonoramedicalcenter.org



*Sonora Regional
Medical Center*



Live Well. Be Well.

About Our Services. Patient Financial Services is made up of several departments: Admitting and Registration as well as the Patient Business Office, which is responsible for all billing and collections.

We have opened a patient account in your name where we will record all financial transactions related to your care. If you have given us insurance information, we will submit a claim on your behalf and will keep you informed of the outcome. Note that most doctors are independent practitioners and are not hospital employees or agents. They will bill you and/or your insurance company separately. If you have questions or concerns, please call us at 536.3900 or the Customer Service phone number on your billing statement. No cost translations services are available upon request.

Understanding Your Statement. To help you read your bill, a sample statement is pictured at the right. Please pay close attention to the "Important Message" box. Our Patient Business Office may use it to provide information or ask you to:

- Contact your insurance company
- Apply for financial assistance
- Contact our billing office
- Make a payment

If you have health insurance, we will bill your health plan and send you a statement. You should only pay your deductible and co-insurance at this time. Once your insurance company has processed your claim, we will send you another statement. You must then pay any unpaid balance.

If you do not have insurance, the first statement you receive is your bill. Full payment is due when you receive a bill requesting full payment. If you need to make other financial arrangements, please call our Customer Service Department.

Paying Your Bill. Our financial counselors can help you figure out your insurance coverage, apply for government aid or make interest-free payment arrangements. We also are happy to provide you with an itemized billing statement.

We accept VISA, MasterCard, Discover and American Express. We also can arrange short-term payment plans as needed.

STATEMENT
IMPORTANT MESSAGES

VARIOUS MESSAGES WILL APPEAR HERE. ADVENTIST HEALTH PROVIDES DISCOUNTS TO ELIGIBLE LOW-INCOME PATIENTS. IF YOU CAN'T PAY PART OF YOUR BILL, PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT. WE WILL REVIEW YOUR FINANCIAL SITUATION TO DETERMINE IF YOU ARE ELIGIBLE FOR FINANCIAL ASSISTANCE.

Adventist Health
ANY ADVENTIST HOSPITAL
PO BOX 9900
ANY TOWN, CA 99999-9900

For Customer Service Please Call: _____ ADDRESS: _____

LAST NAME, HER NAME
1234 ANY STREET
ANY TOWN, CA 99999

STATEMENT DATE	ACCOUNT BALANCE
03/09/04	258.69

LAST NAME, HER NAME	TYPE OF SERVICE	ACCOUNT NO.
LAST NAME, HER NAME	DAY SURGERY/SURGICAL	123456-1

POLICY NUMBER	TYPE OF SERVICE	DATE BILLED
LAST NAME, HER NAME	DAY SURGERY/SURGICAL	01/15/04 02/08/04

INSURANCE INFORMATION

INSURANCE INFORMATION	POLICY NUMBER	POLICY RIDER	DATE BILLED
BLUE CROSS SHEET METAL WORKERS LO-	***406789 ***9871234	LAST NAME, HER NAME LAST NAME, HIS NAME	01/15/04 02/08/04

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

ACCOUNT BALANCE	ACCOUNT TYPE
\$258.69	\$

Adventist Health

THANK YOU FOR CHOOSING ANY ADVENTIST HOSPITAL. WE CONSIDER IT A PRIVILEGE TO SERVE.

MAKE CHECKS PAYABLE TO:
ANY ADVENTIST HOSPITAL
PO BOX 9900
ANY TOWN, CA 99999-9900

Call this number if you have any questions about your account.

These are the insurance plans we have on file for you. They will be billed in this order.

This IMPORTANT MESSAGE will tell you if your statement is for information only or if payment is due.