



PATIENTS NAME:
ACCOUNT NO:
CSN:

Dear

Thank you for allowing Community Medical Centers to serve your health care needs.

A Financial Assistance Application is enclosed to determine the possibility of financial hardship. If you are interested in applying, please complete the application and return it to us within the next (15) fifteen business days. Please attach a copy of the following documents with your application:

- Proof of Income for all family members in the household. You have several options for how to submit Proof of Income, which include:
 - Income From Employment:
 - Provide **pay stubs dated within six (6) months before or after the date the patient was first billed** (or, for preservice applications, within six (6) months of the application date)
 - Provide a **tax return that documents income for the tax year in which the patient was first billed, or for the 12 months prior to that billing date;** or
 - Provide a **W-2** for the applicable tax year.
 - If you are Self-Employed:
 - Provide a **tax return that documents income for the tax year in which the patient was first billed, or for the 12 months prior to that billing date,** including **Schedule C** and **Schedule 1**, if applicable.
 - If you are Unemployed:
 - Provide an **unemployment compensation benefit statement** dated within six (6) months before or after the date the patient was first billed (or for preservice, within six (6) months of the application date).
 - If you have Retirement or Pension Income:
 - Provide a **retirement or pension income statement** dated within six (6) months before or after the date the patient was first billed (or for preservice, within six (6) months of the application date).
 - If you receive support from Public Assistance Programs such as Medicare Savings Program, CalWORKs, CalFresh (Food Stamps), SSI/SSP (Supplemental Security Income / State Supplementary Payment), or WIC (Women, Infants, and Children):
 - Provide **proof of eligibility or current enrollment** (dated within six (6) months before or after the date the patient was first billed, or for preservice within six (6) months of application) for any of these programs.
 -
- If you have medical insurance, you must also provide documents to verify that 10% of your family income has been paid **or** is owed towards medical costs during the past 12 months. All current balances, medical bills/receipts, pharmacy, and medical insurance premiums can be applied towards the 10%.

Community Medical Centers is committed to serving our community. We are glad that we were able to assist you in your time of need.

If you have any questions regarding this account, or about the documentation required, please call us at (559) 459-3939 or (800) 773-2223 option #2. An incomplete application cannot be processed.

Mail completed and signed application and documentation to the below address or fax to (559) 230-8505:

Patient Financial Services
Community Medical Centers
PO Box 1232, Fresno, CA 93715-9889

Date form given/mailed _____ Return form by _____

CMC Financial Assistance Application

PATIENT NAME	PATIENT ACCOUNT #
	MEDICAL RECORD #

I. PATIENT / RESPONSIBLE PARTY	
LAST NAME	FIRST NAME MIDDLE INITIAL
STREET ADDRESS	SOCIAL SECURITY #
	HOME PHONE
	CELL PHONE
EMPLOYER'S NAME	BUSINESS PHONE
	GROSS MONTHLY INCOME \$

II. SPOUSE / DOMESTIC PARTNER	
LAST NAME	FIRST NAME MIDDLE INITIAL
STREET ADDRESS	SOCIAL SECURITY #
	HOME PHONE
	CELL PHONE
EMPLOYER'S NAME	BUSINESS PHONE
	GROSS MONTHLY INCOME \$

III. HOUSEHOLD INFORMATION		
List spouse, domestic partner, dependent children under 21. If patient is a minor, list all parents, caretaker relatives, and (siblings under 21)		
NAME	DOB	RELATIONSHIP
TOTAL PERSONS IN HOUSEHOLD:		

IV. MONTHLY GROSS INCOME	
Patient / Responsibility Party's Monthly Income	\$
Spouse/Domestic Partner Monthly Income (If Applicable)	\$
Retirement Income	\$
Alimony/Support Payments received	\$
Unemployment or Worker's Comp	\$
Social Security/Social Security Disability	\$
Miscellaneous Income	\$
If Alimony/Support Payments paid, deduct here	\$
TOTAL MONTHLY GROSS INCOME	= \$

V. MISCELLANEOUS INFORMATION		
	Yes	No
Are you over 18 and claimed as a dependent on your parent's income tax return?		
Are you enrolled in: Medicare Savings Program, Cal WORKS, Cal Fresh (Food Stamps), SSI/SSP (Supplemental Security Income/State Supplementary Payment), or WIC (Women, Infants and Children)?		
Do you have health insurance?		
Was this visit caused by a third party, such as an auto accident or a slip and fall?		
Have you applied for Medi-Cal or Medicare?		
Have you applied for Covered California?		

INCOMPLETE OR FRAUDULENT APPLICATIONS WILL BE DENIED
<p>IN COMPLETING THIS FINANCIAL STATEMENT, I HEREBY AFFIRM THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE, AND I GIVE MY CONSENT TO FURTHER VERIFICATION BY COMMUNITY MEDICAL CENTERS.</p> <p>SIGNATURE: _____</p> <p>Print Name: _____</p> <p>DATE: _____</p> <p>RELATIONSHIP IF OTHER THAN PATIENT: _____</p>

Mail completed application and documentation to the below address or fax to (559) 230-8505:

Patient Financial Services
 Community Medical Centers
 PO Box 1232 Fresno, CA 93715-9889

Language Assistance Services

ATTENTION: If you need help in your language, please call **1-559-459-6789**, (TTY: 1-1-888-877-5379) or visit one our Admitting Departments. These Departments are open from 8:30 AM to 4:00 PM and located at the following locations:

- Community Regional Medical Center Admitting - 2823 Fresno Street, Fresno, CA 93721
- Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611
- Fresno Heart and Surgical Hospital Admitting - 15 E. Audubon Drive, Fresno, CA 93720

Aids and services for people with disabilities, like documents in braille, large print, audio and other accessible electronic formats are also available. These services are free. Please call **1-559-459-6789** (TTY: 1-1-888-877-5379) for assistance.

English	<p>ATTENTION: If you need help in your language, please call 1-559-459-6789, (TTY: 1-1-888-877-5379) or visit one our Admitting Departments. These Departments are open from 8:30 AM to 4:00 PM and located at the following locations:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Arabic	<p>ملحوظة: إذا كنت بحاجة إلى مساعدة بلغتك، يرجى الاتصال بالرقم 1-559-459-6789، (الهاتف النصي: 1-1-888-877-5379) أو قم بزيارة أحد مراكز القبول لدينا. تفتح هذه المراكز للعمل من الساعة 8:30 صباحاً حتى الساعة 4:00 مساءً وتقع على المواقع التالية:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
German	<p>HINWEIS: Bitte rufen Sie die Nummer 1-559-459-6789 (TTY: 1-1-888-877-5379) an, wenn Sie Hilfe in Ihrer Sprache benötigen, oder wenden Sie sich an eine unserer Aufnahmestellen. Diese Abteilungen sind von 8:30 AM bis 4:00 PM geöffnet und an den folgenden Standorten zu finden:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Spanish (US)	<p>ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-559-459-6789, (TTY: 1-1-888-877-5379) o visite uno de nuestros Departamentos de Admisión. Estos Departamentos están abiertos de 8:30 A. M. a 4:00 P. M. y se encuentran en los siguientes lugares:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Farsi	<p>توجه: اگر نیاز به کمک به زبان خود دارید، لطفاً با شماره 1-559-459-6789 (تله‌تایپ: 1-1-888-877-5379) تماس بگیرید، یا به یکی از بخشهای پذیرش (Admitting Departments) ما تماس بگیرید. این بخشها از 8:30 صبح تا 4:00 بعدازظهر باز هستند و در مکانهای زیر واقع شده است.</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611</p>

	Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720
French (France)	<p>ATTENTION : Pour toute demande d'information dans votre langue, veuillez appeler le 1-559-459-6789, (Téléimprimeur : 1-1-888-877-5379) ou rendez-vous dans l'un de nos services d'admission. Ces services sont ouverts de 8 h 30 AM à 4 h 00 PM aux adresses suivantes :</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Hindi	<p>कृपया ध्यान दें: अगर आप अपनी भाषा में सहायता चाहिए तो कृपया 1-559-459-6789, (TTY: 1-1-888-877-5379) पर कॉल कर या हमारे किसी एक भत करने वाले विभाग से मिलें। यह विभाग सुबह 8:30 बजे से लेकर शाम 4:00 बजे तक खुले रहते हैं और निम्नलिखित स्थानों पर स्थित हैं:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611</p>
Hmong	<p>LUS CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, ces thov hu rau 1-559-459-6789, (TTY: 1-1-888-877-5379) los sis mus ntsib Cov Tuam Tsev Hauj Lwm ntsig txog Kev Txais Tos . Cov Tuam Tsev Hauj Lwm no yog qhib thaum 8:30 teev sawv ntxov txog 4:00 teev tsaus ntuj thiab teeb nyob rau ntawm cov chaw hauv qab no:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Armenian	<p>ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 1-559-459-6789, (TTY` 1-1-888-877-5379) կամ այցելել մեր ընդունելության բաժիններից մեկը: Այս բաժինները բաց են առավոտյան 8:30-ից մինչև երեկոյան 4:00-ը և գտնվում են հետևյալ հասցեներում.</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Italian	<p>ATTENZIONE: se necessita di aiuto nella sua lingua, chiami il 1-559-459-6789, (TTY: 1-1-888-877-5379) oppure visiti uno dei nostri reparti di accettazione (Admitting Departments). Questi reparti sono aperti dalle 08:30 AM alle 4:00 PM e si trovano alle seguenti luoghi:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Japanese	<p>お知らせ : 母国語でのサポートが必要な場合、1-559-459-6789 (TTY: 1-1-888-877-5379) までお電話いただくか、受付窓口までお越しく下さい。受付窓口は午前8時30分から午後4時まで営業しており、以下の場所にございます :</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611</p>

	Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720
Khmer	<p>សូមយកចិត្តទុក ក៏: បសិនេបអក តវ រជន្តយ របសអក</p> <p>សូម មេunទូរសព៌comលេខ 1-559-459-6789 (TTY: 1-1-888-877-5379) ឬ អេ ញេmផែកទទួលអកជំងឺ (Admitting Department)</p> <p>របស់េយ ង។ ផែក ងេនេ:េប កដំេណវ រ បំពីេ ង 8:30 ពីក ដល់ 4:00 ច នឹង នទី ងដូច ងេ ម:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Korean	<p>주의 해당 언어로 도움이 필요하시면 1-559-459-6789, (TTY: 1-1-888-877-5379) 로 전화하시거나 인사 부서를 방문하세요. 해당 부서는 오전 8시 30분부터 오후 4시까지 운영되며 다음 위치에 있습니다:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Lao	<p>ເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ກະລຸນາໂທຫາ 1-559-459-6789, (TTY: 1-1-888-877-5379) ຫຼື ເຂົ້າໄປທີ່ ພະແນກຮັບ ຂອງພວກເຮົາ. ພະແນກເຫຼົ່ານີ້ ເປີດຕົ້ນແຕ່ 8:30 ໂມງເຊົ້າຫາ 4:00 ໂມງແລງ ແລະ ຕັ້ງຢູ່ຕາມສະຖານທີ່ດັ່ງນີ້:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Portuguese (Brazil)	<p>ATENÇÃO: Se precisar de ajuda em seu idioma, ligue para 1-559-459-6789, (TTY: 1-1-888-877-5379) ou visite nossos Departamentos de Admissão (Admitting Departments). Esses departamentos ficam abertos das 8h30 AM às 4h PM e podem ser encontrados nos seguintes locais:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Russian)	<p>ВНИМАНИЕ! Если вам нужна помощь на вашем языке, позвоните на номер 1-559-459-6789 (TTY: 1-1-888-877-5379) или зайдите в одно из наших приемных отделений (Admitting Department). Эти отделения открыты с 8:30 AM до 4:00 PM и находятся по таким адресам:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Thai	<p>โปรดใส่ใจ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ กรุณาโทรมายังหมายเลข 1-559-459-6789 (TTY: 1-1-888-877-5379) หรือ ไปยังแผนกรับ สมัคร (Admitting Departments) ของเรา แผนกเหล่านี้เปิดทำการตั้งแต่วันที่ 8.30 AM น. ถึง 4.00 PM น. และตั้งอยู่ตามสถานที่ดังต่อไปนี้:</p>

	<p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Tagalog	<p>PAALALA: Kung kailangan mo ng tulong sa inyong wika, pakitawagan ang 1-559-459-6789, (TTY: 1-1-888-877-5379) o bumisita sa isa sa aming mga Departamento ng Pagtanggap (Admitting Departments). Bukas ang mga Departamentong ito simula 8:30 AM hanggang 4:00 PM at matatagpuan sa sumusunod na mga lokasyon:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Vietnamese	<p>XIN CHÚ Ý: Nếu quý vị cần được trợ giúp bằng ngôn ngữ của mình, vui lòng gọi theo số 1-559-459-6789, (TTY: 1-1-888-877-5379) hoặc ghé thăm một trong những văn phòng Ban Tiếp Nhận của chúng tôi. Văn phòng Ban Tiếp Nhận mở cửa từ 8:30 sáng đến 4:00 chiều và có ở các địa điểm sau đây:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Chinese (Simplified)	<p>注意：如果您需要语言方面的帮助，请致电 1-559-459-6789 (TTY：1-1-888-877-5379) 或咨询我们的招生部门。这些部门的办公时间为上午 8:30 至下午 4:00，地点如下：</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611 Fresno Heart & Surgical Hospital Admitting -15 E. Audubon Dr., Fresno, CA 93720</p>
Punjabi	<p>ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਿਕਰਪਾ ਕਰਕੇ 1-559-459-6789, (TTY: 1-1-888-877-5379) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਸਾਡੇ ਐਡਮਿਟਿੰਗ ਿਡਪਾਰਟਮੈਂਟ 'ਤੇ ਜਾਓ। ਇਹ ਿਡਪਾਰਟਮੈਂਟ ਸਵੇਰੇ 8:30 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 4:00 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹੇ ਰਿਹੰਦੇ ਹਨ ਅਤੇ ਹੇਠਾਂ ਿਲਖੇ ਸਥਾਨਾਂ 'ਤੇ ਸਿਥਤ ਹਨ:</p> <p>Community Regional Medical Ctr. Admitting - 2823 Fresno St, Fresno, CA 93721 Clovis Community Hospital Admitting - 2755 Herndon Avenue, Clovis, CA 93611</p>