

Financial Assistance Program**APPENDIX B**HENRY MAYO NEWHALL HOSPITAL
FINANCIAL ASSISTANCE PROGRAM APPLICATION

Date:

Patient Name
Patient Address
City, State, ZipPatient Name:
Patient Account:
Date of Service:

Financial Assistance Program

Thank you for choosing Henry Mayo Newhall Hospital (HMNH) for your health care needs, where we strive to improve the health of our community through compassion and excellence in health care services. You may be eligible for financial assistance to assist you in paying health care services you will or have received at HMNH. This financial assistance applies to your hospital bill only, and does NOT apply to bills you may receive from your physicians or surgeons, although if this application is approved, some providers may extend a full or partial courtesy discount based upon the hospital acceptance determination letter.

Enclosed, please find an application for financial assistance which must be filled out in its entirety, proper documentation enclosed, signed and dated so that the review process may commence.

The application and required information are provided below. Please submit the requested documents to Patient Access Services in person or by mail to:

Henry Mayo Newhall Hospital
23845 Mc Bean Pkwy
Valencia, CA 91355.
Attn: Patient Financial Services

You will receive a determination of Eligibility for Financial Assistance letter within thirty days after we receive a completed application with appropriate supporting documents.

For current policy refer to Policy Management System
Official copy at <https://henrymayo.policytech.com>
(Department Owner: Administration) (Reference # 9154)

Financial Assistance Program

Completion of this application is not a guarantee of eligibility or qualification for financial assistance or any other program. Financial assistance is considered after all possible sources of potential payment (for example, health insurance, Medicare, Medicaid, liability insurance) have been exhausted. Failure to provide requested documents may result in denial of the application.

If you need any further information or assistance in completing the application, please make an appointment to come to the hospital at Patient Access Services, Main Admitting, or call 661-200-1050, Monday through Friday, 8:00 AM through 5:00 PM and a representative will assist you. For more information about the Financial Assistance Program, you may visit our website at: [https://www.henrymayo.com/documents/POLICY-with-Eng-application\[1\].pdf](https://www.henrymayo.com/documents/POLICY-with-Eng-application[1].pdf)

(signature line)

(printed name of financial counselor)
Financial Counselor

