

DAMERON  
HOSPITAL

Managed by:

AdventistHealth 

# AMBULATORY SERVICES

2020-2021 Information Guide



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## **Stay Safe**

*You can contribute  
to healthcare safety.*



## **OUR ADDRESS**

525 W. Acacia St.  
Stockton, CA 95203  
209-944-5550

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# Ambulatory Services

## Emergency Department

Location: Hospital; First Floor

Phone: 209-461-3166

The Emergency Department is dedicated to providing compassionate care in a safe and caring environment, and offers emergent and urgent care 24 hours a day, seven days a week. An emergency physician and a physician assistant or nurse practitioner are on duty 24/7. The department is staffed with qualified nurses who maintain certifications necessary to treat any patient that arrives to the department. The Emergency Department is capable of treating any emergent or non-emergent injury or illness, stabilize the patient and admit, discharge or transfer if needed.

## Fast Track Unit

The Fast Track Unit is an extension of the Emergency Department. Similar to Urgent Care, we're capable of treating patients with less severe illnesses or injuries. Patients are seen by a triage nurse and are treated by our nurse practitioners and/or physician assistants. You can expect a shorter stay in the Fast Track, and it is open daily during specific times.

## Outpatient Surgery

Location: 445 W. Acacia St.

Phone: 209-461-3183

Hours: Mon – Fri: 6:30 a.m. – 4:30 p.m.

The Outpatient Surgery department specializes in ophthalmology and pain management procedures. Patients are admitted, treated and discharged home from a single department, allowing for timely care and efficient patient flow. We have experienced and dedicated staff members that provide quality care in a friendly and caring environment, which decreases the stress of surgery and promotes an excellent patient experience.

## Outpatient Laboratory Draw Station

Location: Ambulatory Care Center;

530 W. Acacia St., First Floor

Phone: 209-461-3145

Hours: Mon – Fri: 8:00 a.m. – 4:30 p.m.; closed 12:30 p.m. – 1:00 p.m. for lunch; closed on weekends and major holidays. Our Outpatient Draw Station is staffed by state-licensed phlebotomists who are thoroughly trained in the safe collection of blood, urine, stool, swab cultures and electrocardiographs (EKG). No appointment is necessary. We treat patients on a first-come, first-served basis. Waiting times can vary greatly depending on the number of patients waiting, time of day and paperwork. On weekends and holidays with urgent orders only, patients will be directed to the Emergency Department Registration for processing.

## Cardiac Catheterization

Location: Hospital; First Floor

The Cardiac Catheterization Department consists of two procedure rooms and an electrophysiology (EP) lab. The department has the region's first lumivascular catheter system, which is used to restore blood flow in blocked arteries in the legs using live video technology that minimizes patients' exposure to X-rays.

## Endoscopy/Special Procedure Area

Location: Hospital; Second Floor

Phone: 209-461-3138

Hours: Mon – Fri: 6:45 a.m. – 3:15 p.m. (Emergency on-call after hours and weekends) The Endoscopy Department consists of three procedure rooms and a Special Procedure area. We specialize in gastroenterology and bronchoscopy, and perform diagnostic and therapeutic procedures using high-definition endoscopes. The Special Procedure Area provides a variety of services that include,

but are not limited to, same-day blood transfusions and IV therapy.

### **Diagnostic Imaging**

Location and Hours: See descriptions below.  
Phone: 209-461-3176

Our Diagnostic Imaging Services provide physicians and staff the most up-to-date technology available to patients. Services consist of the following:

#### **Computed Tomography (CT)—**

Hours: Mon – Fri: 7:00 a.m. – 6:00 p.m.;  
Sat: 8:00 a.m. – 12:00 p.m.; located on the first floor. A CT scan is used to help radiologists better observe different parts of the body. Some exams require a contrast agent for image enhancement.

#### **Magnetic Resonance Imaging (MRI)—**

Hours: Mon – Fri: 7:30 a.m. – 3:00 p.m.;  
located near the Emergency Department. MRI scans require no radiation and can be used to perform a range of exams, including bone, tissues and organs. Some MRI exams require a contrast medium.

**Ultrasound**—Hours: Mon – Fri: 7:30 a.m. – 6:00 p.m.; located on the second floor next to Endoscopy. Ultrasound requires no radiation and uses sound waves to produce enhanced images to visualize internal organs.

#### **General Radiology (X-Ray) and**

**Fluoroscopy Exams**—Hours: Mon – Fri: 7:30 a.m. – 7:00 p.m.; Sat: 8:00 a.m. – 12:00 p.m.; located on the first floor next to the Emergency Department. Digital X-rays are taken to help visualize internal organs noninvasively.

**Nuclear Medicine**—Hours: Mon – Fri: 7:30 a.m. – 2:30 p.m.; located on the ground floor. Nuclear medicine is used to visualize activity at the cell level, and images are captured using a specialized camera.

### **Occupational Health Services**

Location: Dameron Medical Plaza, 3rd Floor,  
2021 W. March Lane, Stockton, CA 95207  
Phone: 209-461-3196

Hours: Mon – Fri: 7:00 a.m. – 6:00 p.m.;  
open during lunch. Dameron Occupational  
Medicine is your comprehensive solution for  
all occupational medicine, work-related injury  
and surveillance services. Coordinated patient  
services through Dameron Hospital: Injury  
care, medical exams, X-rays, lab, pharmacy,  
physical therapy and emergency room.

### **Rehabilitation Services**

Location: 420 W. Acacia St., Suite 8  
Phone: 209-461-3142

Hours: Mon – Fri: 8:00 a.m. – 5:00 p.m.;  
closed 1:00 p.m. – 2:00 p.m. for lunch.  
We offer complete services for Physical  
Therapy, Occupational Therapy and Speech/  
Language Pathology while you are in the  
hospital from highly qualified, licensed staff.  
Dameron's therapists help access and restore  
injuries for improved movement and a speedy  
recovery.

### **Ambulatory Care Center**

Location: 530 W. Acacia St., First Floor, Suite 1  
Phone: 209-944-5410

Hours: Mon – Fri: 8:00 a.m. – 4:30 p.m.;  
closed 12:30 p.m. – 1:00 p.m. for lunch;  
closed on weekends and major holidays. We  
are proud to offer you and your family a full  
range of medical services: urgent medical  
service, wellness examinations, management  
of chronic conditions, immunizations,  
dermatology, well-child examinations,  
women's health, men's health, pediatrics,  
sports examinations and referral services.  
Patients have access to our online patient  
portal, which allows you to send messages to  
your provider, schedule appointments and  
request prescription refills.





## *You can contribute to healthcare safety.*

**W**hile you are here for ambulatory services, you will have staff caring for you for the duration of your stay. The following information will help make your stay safe and comfortable.

**Don't Be Afraid to Ask...** Whenever a member of the staff comes to see you, be sure to:

- Ask for his or her ID.
- Speak up if he or she doesn't ask to check your ID.
- Ask if the person has washed his or her hands before he or she touches you.

**Preventing Medication Errors** – By taking part in your own care, you can help the members of your healthcare team avoid medication errors. Here's how: Be sure that all of your doctors know what medications you have been taking, including prescription drugs, over-the-counter medications, herbal and vitamin supplements, natural remedies and recreational drugs. Be sure that all of your doctors know of any allergies you may have—to medications, anesthesia, foods, latex products, etc.

When you are brought medications, you should always be asked for your name and date of birth. Be sure to show that person your ID bracelet to double-check.

## **Complaints and Concerns**

Our goal is to provide excellent patient care. If at any time you have questions or concerns about the safety or quality of care that you or a family member has received at our facility, do not hesitate to speak with your doctor or nurse. If you feel that your issue wasn't resolved, please contact the Quality Department with your complaints or concerns at 209-944-5400, ext. 3791, or by email at [quality@dameronhospital.org](mailto:quality@dameronhospital.org). In addition, you have a right to file a complaint or concern with:

### **California Department of Public Health Licensing and Certification**

3901 Lennane Dr., Suite 210  
Sacramento, CA 95834  
1-916-263-5800 or 800-554-0354

### **QIO (Quality Improvement Organization)**

To report a quality of care issue to the QIO, Livanta, it may be reached at 1-877-588-1123.

### **Office of Quality and Patient Safety The Joint Commission**

One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
Fax: 630-792-5636  
Website: [www.jointcommission.org](http://www.jointcommission.org), then click "Report a Patient Safety Event"

For more information on our compliance program, visit our website at [dameronhospital.org/compliance](http://dameronhospital.org/compliance).

# Your Satisfaction

*We encourage your feedback to improve care.*

Your healthcare is our priority. To determine where improvements are needed, we take part in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. The HCAHPS survey measures your perceptions of the care you received. It is designed to be a standardized tool for measuring and reporting satisfaction across all hospitals in the U.S.

## What is HCAHPS?

The HCAHPS survey is backed by the U.S. Department of Health and Human Services. The survey is used to improve the quality of healthcare. HCAHPS survey results are made public to enable healthcare consumers to review and compare hospitals before choosing a healthcare provider.

## Your Opinion Counts

If you were seen in the Emergency Department, you will receive our patient survey questionnaire from Press Ganey, our survey vendor. Please take the time to complete the survey in order to share your opinions about your hospital experience. Your feedback is an important part of our goal of improving the care and services we provide.

### *You are part of the team*

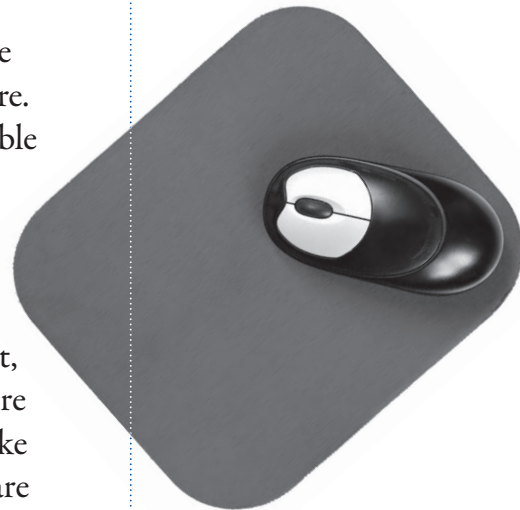
**COMMUNICATE** It's your health; don't be afraid to ask your doctors and nurses questions.

**PARTICIPATE** You are the center of your healthcare team so ask questions, understand your treatment plan and medications, and communicate with your doctors and nurses.

## Hospital Compare

is a government website that allows users to compare the patient experience from different hospitals. The information provided on this website is based on HCAHPS survey results.

[www.medicare.gov/hospitalcompare/search.html](http://www.medicare.gov/hospitalcompare/search.html)



## The Joint Commission

has created quality and safety standards for healthcare organizations. The Joint Commission reviews, accredits and certifies healthcare organizations that meet its high standards. Quality reports for all accredited organizations are available on its website.

[www.qualitycheck.org](http://www.qualitycheck.org)



## You Should Know

**D**ameron provides communication services free of charge for our outpatients and their families:

**Free INTERPRETERS Available** – If you need help communicating with your doctors and nurses, please ask a hospital staff member.

**Contamos con traductores sin costo** – Si necesita ayuda para comunicarse con los médicos y las enfermeras, pregúntele a un miembro del personal del hospital.

**For the Hearing Impaired** – We will provide communication in a manner that you can understand. Let us know your needs.

**Recovery** – Once your surgical procedure is over, you will be recovering in the Post-Anesthesia Care Unit.

**Calling Your Nurse** – In our ambulatory settings, your nurses are readily available to assist you, and a call light may not be at your bedside.

**Spiritual Services** – Please speak with your nurse to arrange a visit from your designated spiritual representative.

**Info, Please** – After your procedure, be sure to get answers to the following:

- When should I schedule a follow-up visit?
- Who should I call if I'm not feeling well or have any unusual symptoms once I'm home?
- What symptoms should I expect over the next few days?
- Should I stay in bed? If so, for how long?
- How much activity can I do? Are there certain activities I need to avoid?
- What type of diet should I eat? Are there foods/liquids I need to avoid?
- How soon can I drive?
- Can I have sex?

**Pre-Certification** – Most insurance plans now require pre-certification for certain tests and procedures. It is your responsibility to see that this is completed. If you are unsure of your pre-certification requirements, we recommend that you contact your insurance company before your surgical procedure.

**ID Band** – Upon admission, you will be issued an ID band that contains information about you. Please wear the band at all times while you are a patient here, and remove the ID band upon discharge.

**Leave Your Valuables at Home** – If you have valuables, such as jewelry, credit cards and cash, please give them to a relative or friend to take care of while you are in our facility. If you have contact lenses, eyeglasses, hearing aids and/or dentures, please let your nurse know and they will be safely stored until after your procedure. **Dameron Hospital cannot be responsible for replacement of personal belongings.**



# For Family & Friends

*Stroll the grounds, grab a bite to eat or relax in our waiting area.*

**While** your loved one is undergoing his or her procedure, we invite you to take advantage of the amenities listed here. We also ask that you follow our guidelines, especially those regarding smoking and cellphone usage, as described below.

**Free Valet Parking** – We provide complimentary valet parking service for our patients and visitors Monday through Friday from 7:30 a.m. to 4:30 p.m. Attendants are stationed near the main entrance of the hospital; please follow the signs.

**Waiting Area** – Surgery waiting is located in the main lobby. There are waiting areas across from the elevators on each floor.

**Restrooms** – Restrooms for visitors are marked throughout the hospital.

**Cafeteria** – The cafeteria (Café 525) is located on the ground floor.

**Smoking** – Smoking and/or the use of any tobacco products is not permitted anywhere on the hospital's campus.

**Fire Safety** – We periodically conduct fire drills. If you hear an alarm, stay where you

are. In the event of an actual emergency, facility staff will notify you.

**Free Wireless Internet Access** – Dameron Hospital is pleased to provide wireless internet access throughout the hospital for our patients and their families. Please safeguard your electronic devices. The hospital cannot be responsible for loss or damage. For access, please ask the Information Desk in the main lobby for the password.

**Hand Sanitizers** – Located throughout the hospital for hand cleansing, if needed.

**Cellphones** – Please silence all cellphones and electronic devices when not in the main lobby. Limit conversations to those of an urgent matter.

**Gift Shop** – Located at the Ground Level close to the cafeteria. There is a wonderful variety of gifts and snack items; call extension 3577.





# Rights & Responsibilities

**A**s a patient, you have the right to respectful and considerate care. In addition, there are specific rights and responsibilities you have during your hospital stay.

## You Have the Right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the licensed healthcare practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and non-physicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication, and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or nontreatment, and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed healthcare practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
10. Formulate advance directives. This includes designating a decision-maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal

- responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semiprivate rooms.
  12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate “Notice of Privacy Practices” that explains your privacy rights in detail and how we may use and disclose your protected health information.
  13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services, including notifying government agencies of neglect or abuse.
  14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
  15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
  16. Be informed by the physician, or a delegate of the physician, of continuing healthcare requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
  17. Know which hospital rules and policies apply to your conduct while a patient.
  18. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
    - No visitors are allowed.
    - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
    - You have told the health facility staff that you no longer want a particular person to visit. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
  19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
  20. Examine and receive an explanation of the hospital’s bill regardless of the source of payment.
  21. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status or the source of payment for care.
  22. File a grievance. If you want to file a grievance with this hospital, you may do

## **RIGHTS & RESPONSIBILITIES** *continued*

so by writing Dameron Hospital at 525 W. Acacia St., Stockton, CA 95203, or by calling 209-944-5550. The grievance committee will review unresolved grievances and provide you with a written response within 30 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Upon patient request, concerns regarding quality of care or premature discharge also will be referred to the appropriate Utilization and Quality Control Peer Review Organization.

23. File a complaint with the state Department of Public Health Licensing and Certification regardless of whether you use the hospital's grievance process. The state phone number and address is: CDPH, 3901 Lennane Dr., Suite 210, Sacramento, CA 95834, 916-263-5800 or 800-554-0354, Fax: 916-341-6840.

### **Patient Responsibilities**

1. Providing information that facilitates their care, treatment and services. Patients and caregivers, as appropriate, must provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, surgeries, hospitalizations, medications or dietary supplements, and other matters relating to their health. Patients and their caregivers must report perceived risks in their care and unexpected changes in their condition. Share any healthcare goals, values or spiritual beliefs that are important to your well-being. Provide the facility a copy of your advance directive or living will, POLST or durable power of attorney.
2. Asking questions. Patients and caregivers, as appropriate, must ask questions when they do not understand the treatment course or care decision.
3. Following instructions, policies, rules and regulations in place to support the quality care for patients and a safe environment for all individuals in the hospital. Patients and their caregivers should follow the care, treatment, medication, dietary and therapy service plans developed. Patients and their caregivers should express any concerns about their ability to follow the proposed care plans. Patients and their caregivers should acknowledge when he or she does not understand the treatment course or care decisions. The organization makes every effort to adapt the plan to the specific needs and limitations of the patients. When such adaptations to the care, treatment and service plan are not recommended, the patients and their caregivers are informed of the consequences of the care, treatment and service alternatives, and not following the proposed service.
4. Accepting consequences. Patients and their caregivers are responsible for the outcomes if they do not follow the care, treatment and service plan.
5. Following rules and regulations. Patients and their caregivers must follow the organization's rules and regulations.
6. Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.
7. Meeting financial commitments. Patients and their caregivers should promptly meet any financial obligations agreed to with the organization. Be aware of any network or admission requirements under your health plan, and provide the facility with accurate, current health coverage information.

# Derechos de los Pacientes

## Usted tiene el derecho a:

1. Recibir una atención considerada y respetuosa, y a sentirse cómodo. También tiene derecho a ser respetado por sus valores, creencias y preferencias culturales, psicosociales, espirituales y personales.
2. Que le avisen de inmediato a un familiar (u otro representante de su elección) y a su propio médico que ha sido admitido en el hospital.
3. Saber el nombre del profesional de atención médica certificado que actúa en el marco de su certificación profesional y que tiene la responsabilidad principal de coordinar su atención, y los nombres y las relaciones profesionales de los médicos y empleados no médicos que lo verán.
4. Recibir información acerca de su estado de salud, diagnóstico, pronóstico, curso del tratamiento, posibilidades de recuperación y resultados de la atención (incluidos los resultados no esperados) con términos que usted pueda comprender. Tiene derecho también a tener una comunicación efectiva y participar en el desarrollo e implementación de su plan de atención. También puede participar en cuestiones éticas que surjan durante su atención, incluidos temas sobre resolución de conflictos, negación a recibir servicios de resucitación, y continuación o retiro del tratamiento para mantener la vida.
5. Tomar decisiones sobre su atención y recibir toda la información sobre cualquier tratamiento o procedimiento propuesto que pueda necesitar para dar su consentimiento informado o negarse al tratamiento. Excepto en casos de emergencia, esta información incluirá una descripción del procedimiento o tratamiento, los riesgos médicamente significativos que implican, los tratamientos alternativos o no tratamientos, y los riesgos que cada uno incluye, y el nombre de la persona que realizará el procedimiento o tratamiento.
6. Solicitar o negarse a recibir tratamiento, en la medida que lo permita la ley. Sin embargo, usted no tiene derecho a exigir tratamientos o servicios inadecuados o que no sean médicamente necesarios. Tiene derecho a abandonar el hospital incluso en contra de la recomendación de los miembros del personal médico, en la medida que lo permita la ley.
7. Ser notificado si el hospital o el profesional de atención médica certificado que actúa en el marco de su certificación profesional propone participar o realizar experimentos que afecten su atención o tratamiento. Negarse a participar en tales proyectos de investigación.
8. Recibir respuestas razonables a toda solicitud razonable que realice sobre los servicios.
9. Recibir una evaluación y un control adecuados de su dolor, información sobre el dolor y medidas para el alivio del dolor, y a participar en decisiones acerca del control del dolor. También puede solicitar o rechazar el uso de cualquiera o de todas las modalidades para aliviar el dolor, incluidos los medicamentos opiáceos si sufre de dolor crónico grave persistente. El médico puede negarse a recetar medicamentos opiáceos, pero si es así, debe informarle a usted que existen médicos que se especializan en el tratamiento del dolor crónico grave con métodos que incluyen el uso de opiáceos.
10. Formular instrucciones anticipadas. Esto incluye designar a una persona que tome las decisiones si usted no puede comprender un tratamiento propuesto o si no puede comunicar sus deseos con respecto a la atención. El personal y los profesionales del hospital que



## DERECHOS DE LOS PACIENTES *continued*

- proporcionan atención en el hospital cumplirán dichas instrucciones. Todos los derechos del paciente se aplican a la persona que tiene la responsabilidad legal de tomar las decisiones relacionadas con la atención médica en su nombre.
11. Que su privacidad sea respetada. La discusión del caso, las consultas, los exámenes y el tratamiento son confidenciales y se deben realizar con discreción. Tiene derecho a que le indiquen la razón de la presencia de cualquier persona. También tiene derecho a que las visitas se retiren antes de un examen y cuando se habla de temas relacionados con el tratamiento. Se usarán cortinas para privacidad en habitaciones semiprivadas.
  12. Recibir tratamiento confidencial de todas las comunicaciones y registros relacionados con su atención y permanencia en el hospital. Usted recibirá un “Aviso sobre prácticas de privacidad” (Notice of Privacy Practices) por separado que explica en detalle sus derechos a la privacidad y cómo podemos utilizar y divulgar la información protegida sobre su salud.
  13. Recibir atención en un entorno seguro, donde no haya abuso mental, físico, sexual ni verbal, ni tampoco abandono, explotación o acoso. Usted tiene derecho a acceder a servicios de protección y defensa, lo que incluye notificarles a las agencias del gobierno sobre abandono o abuso.
  14. No tener restricciones ni estar aislado de ninguna forma por decisión del personal como medio de coerción, disciplina, conveniencia o represalia.
  15. Recibir una atención razonablemente continua y saber por adelantado la hora y el lugar de las citas, así como también la identidad de las personas que proporcionan la atención médica.
  16. Ser informado por el médico, o un representante del médico, de los requisitos y opciones de atención médica continua luego de haber sido dado de alta del hospital. También tiene derecho a participar en el desarrollo e implementación de su plan de alta. Si lo solicita, un amigo o un familiar también pueden recibir esta información.
  17. Conocer las reglas y políticas del hospital que se aplican a su conducta mientras sea paciente.
  18. Designar visitas que usted elija, si tiene la capacidad de tomar decisiones, independientemente de que la visita sea un familiar de sangre o por matrimonio, a menos que:
    - No se permitan visitas.
    - El establecimiento determine de manera razonable que la presencia de una visita en particular podría poner en peligro la salud o la seguridad de un paciente, de un miembro del personal del establecimiento de salud o de otras visitas en el establecimiento, o podría interrumpir de manera significativa las funciones de dicho establecimiento.
    - Usted le haya notificado al personal del establecimiento de salud que ya no desea que una persona determinada lo visite. Sin embargo, un establecimiento de salud puede establecer restricciones razonables para las visitas, incluidas restricciones sobre los horarios de visita y la cantidad de personas. El establecimiento de salud debe informarle a usted (o a su acompañante, cuando corresponda) sobre sus derechos de visita, incluidas las restricciones o limitaciones clínicas. El establecimiento de salud no puede restringir, limitar o, de otro modo, negar los privilegios de visita por razones de raza, color, nacionalidad, religión, sexo, identidad de género, orientación sexual o discapacidad.



19. Que sus deseos sean tenidos en cuenta si no tiene la capacidad de tomar decisiones para determinar quién lo puede visitar. El método de dicha consideración cumplirá con la ley federal y se divulgará en las políticas del hospital sobre las visitas. Como mínimo, el hospital incluirá toda persona que viva en su hogar y acompañante de conformidad con la ley federal.
20. Evaluar y recibir una explicación de la cuenta del hospital, independientemente de la fuente de pago.
21. Ejercer todos estos derechos, independientemente de las cuestiones de sexo, raza, color, religión, ascendencia, nacionalidad, edad, discapacidad, condición médica, estado civil, orientación sexual, educación, posición económica o fuente de pago para la atención.
22. Presentar una queja. Si desea presentar una queja con este hospital, puede hacerlo por escrito o llamando por teléfono: Dameron Hospital, 525 W. Acacia St., Stockton, CA 95203, 209-944-5550.

El comité de quejas analizará cada queja y le dará una respuesta por escrito dentro de 30 días. La respuesta por escrito incluirá el nombre de la persona con la que debe comunicarse en el hospital, las medidas tomadas para investigar la queja, los resultados del proceso conciliatorio, y la fecha de finalización del proceso conciliatorio. Las inquietudes relacionadas con la calidad de la atención o una dada de alta prematura también pueden ser remitidas a la Organización de Revisión Profesional de la Utilización y Calidad de los Servicios (Utilization and Quality Control Peer Review Organization correspondiente).

23. El número de teléfono y la dirección del Departamento de Salud Pública de California son: CDPH, 3901 Lennane Dr., Suite 210, Sacramento, CA 95834, 800-554-0354 y 916-263-5800, 916-341-6840.



## Advance Directives

**You** have the right to make decisions about your own medical treatment. It is important for you to make your wishes known in advance. Bring a copy of your advance directive with you on the day of your admission.

**Advance Directive** – A written advance healthcare directive is a document that may authorize another person (called the agent) to make healthcare decisions for a patient when the patient is no longer able to make decisions for himself or herself. The advance directive may contain information about a patient's desires concerning healthcare decisions, particularly decisions concerning end-of-life care.

**Healthcare Proxy – Surrogate Decision-Maker** – A person designated orally, by the patient, to make healthcare decisions, even if you are able to do so. Choose someone you know well and trust to represent your preferences. This designation is valid for this hospitalization or 60 days, whichever is shorter.

**Power of Attorney** – *For healthcare:* A written instrument designating an agent to make healthcare decisions for the principal (the patient) [Probate Code Section 4629].

***Bring a copy of your advance directive with you on the day of your admission.***



# Our Pledge Regarding Medical Information

The following notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully. Dameron Hospital Association understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive as a patient at the hospital. Dameron Hospital uses this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by the hospital personnel or your personal physician. Your personal physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office or clinic. This notice will tell you about the ways in which Dameron Hospital may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**Required By Law** – Dameron Hospital is required by law to make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of this notice that is currently in effect.

## Use & Disclosure of Your Medical Information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean

and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** Dameron may use medical information about you to provide you with medical treatment or services. Medical information may be disclosed to doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Additionally, after you leave the hospital, and with the appropriate release documentation, Dameron may disclose information about you to people outside of the hospital who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.
- **For Payment:** Dameron may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to (and payment may be collected from) you, an insurance company or a third party.
- **For Healthcare Operations:** Dameron may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. This information could be used to evaluate our services and the performance of our staff caring for you. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.



- **Appointment Reminders:** Dameron may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives:** Dameron may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** Dameron may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Hospital Directory:** Dameron may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, also may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release information about you to a friend or family member who is involved in your medical care or give the information to someone who helps pay for your care. Unless there is

a specific written request from you to the contrary, we also may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. Our Medical Staff Services department has complete details regarding medical research. Dameron will always ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.
- **As Required By Law:** Dameron will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** Dameron may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.



# Billing Information

## Billing Information

### Hospital Billing Information

Your hospital bill will reflect services provided to you by the hospital during your stay. Please contact our Patient Accounting Department at 209-461-7583 with questions about your hospital bill. To better assist you, please have your patient account number and date of your visit available at the time of your call. A Patient Accounting representative is available to assist you Monday through Friday, 7:00 a.m. to 5:00 p.m., excluding holidays.

### Professional or Physician Services

During your hospital visit, other professionals or physicians may be involved with your care, and they have their own billing office. Charges for professional or physician services are not part of your hospital bill. Emergency medical care and other medically necessary services provided by professionals or physicians, other than the hospital facility itself, are not covered by the hospital's financial assistance policies. Professional or physician services include:

- Ambulance Services
- Audiology
- Anesthesiology
- Cardiology
- Dentistry
- Dermatology
- Dialysis
- Emergency Physicians
- Endocrinology
- Gastroenterology
- Gynecology
- Hospitalists
- Internal Medicine
- Magnetic Resonance Imaging (MRI)
- Neonatology
- Nephrology
- Neurology
- Nuclear Medicine
- Nurse Practitioner

- Otolaryngology (ENT)
- Ophthalmology
- Pathology
- Physician Assistants
- Podiatry
- Psychiatric Services
- Radiation Therapy
- Radiology
- Respiratory Care
- Surgeons
- Ultrasound
- Urology

If you provide us with insurance information at the time of your visit, it will be made available to the professional or physician that provided you service.

Dameron Hospital cannot make sure that the professionals or physicians who treat you are contracted with your insurance or provider network. Services provided by a professional or physician who is not contracted with your insurance may be considered "out-of-network services." Your insurance benefits may be reduced for "out-of-network services." If your insurance benefits are reduced, this may increase your personal financial responsibility for "out-of-network services."

Dameron Hospital personnel do not have access to a list of professionals and physicians who are contracted with your insurance. If you have any questions regarding professionals or physicians who are contracted to your insurance, or about coverage or benefits, please call your insurance plan or network administrator.

Billings for professional or physician service will come to you directly from the provider, and you should contact him or her with questions regarding their bills. The hospital is unable to assist you with these claims or accept any payments for the services these professionals or physicians provided you.



## **What a Hospital Bill Covers**

Your hospital bill will reflect services provided to you by the hospital during your visit. Physicians and other providers will bill you separately for their services. You will need to contact them directly with any questions you may have regarding their billings.

For questions about your hospital bill, please contact our Patient Accounting Department at 209-461-7583. To better assist you, please have your patient account number and date of your visit available at the time of your call. A Patient Accounting representative is available to assist you Monday through Friday, 7:00 a.m. to 5:00 p.m., excluding holidays.

## **Prior Authorization/Non-Covered Services**

Depending on your insurance, services ordered may require prior authorization. Failure to obtain prior authorization may result in non-payment for services rendered. Please contact your insurance company to ensure services are authorized and covered.

## **Verification of Insurance Coverage**

It is the responsibility of the patient or patient's representative to verify that their insurance covers services rendered at Dameron Hospital.

## **HMO or PPO Insurance**

Your plan may have special requirements, such as receiving services from a preferred provider or prior authorization for certain tests or procedures. It is your responsibility to make sure the requirements of your insurance plan have been met. If your plan's requirements are not followed, you may be financially responsible for all or part of the services you receive. Some professional or physician services may not be contracted within your insurance company's provider network. If an out-of-network professional or physician provides you services, it is

likely that you will be responsible for those expenses.

## **Medicare Beneficiaries**

We will need a copy of your Medicare card to verify eligibility and to process your Medicare claim. Deductibles and co-payments are the responsibility of the patient, unless supplemental insurance information is provided.

You should be aware that the Medicare program specifically excludes payment of certain items and services. For more information about your Medicare coverage, please refer to your Medicare & You handbook. If you do not have a handbook, you can visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (800-633-4227) for assistance.

## **Medi-Cal Recipients**

We will need a copy of your Medi-Cal Benefits Identification Card (BIC) to verify eligibility and to process your Medi-Cal claim. Medi-Cal also has payment limitations on a number of services and items. Some inpatient/outpatient services require a Treatment Authorization Referral (TAR) from your primary care physician. Please have this authorization and referral with you when you arrive for registration.

## **Payment Plans**

Payment plans for the amount owed may be arranged for those unable to pay their account in full within 30 days of the initial billing. It is important that you contact our office within 30 days of your first billing notice to discuss your payment options.





# Billing Information

## **Delinquent Accounts**

Should an account be referred to an attorney or collection agency for collection, the account's guarantor shall pay actual attorney fees and collection expenses, as permitted by law.

## **Patients Not Covered by Insurance**

If you do not have health insurance coverage, you may be eligible for Medicare, Healthy Families Program, Medi-Cal, coverage offered through the California Health Benefit Exchange, California Children's Services program, or other state- or county-funded health coverage. Contact our financial counselor at 209-944-5400, extension 7525, for information on how to obtain an application for these programs. The hospital can provide these applications to you and assist you in completing them. If you lack or have inadequate insurance, and meet certain low- and moderate income requirements, you may qualify for financial assistance.

## **Covered California**

Covered California is the health benefit exchange in California where individuals, families and small businesses can find affordable health insurance. Covered California helps individuals compare and choose a health plan that works best for their health needs and their budget. The Covered California website provides a variety of online tools so you can learn more about a range of health insurance plans sold through Covered California. Financial assistance is available to help lower costs for people who qualify based on income.

When you complete a Covered California application, your application will be automatically reviewed for Medi-Cal

eligibility. Expanded Medi-Cal eligibility makes it easier for low-income people to qualify for coverage. Visit [www.coveredca.com](http://www.coveredca.com) or call 1-800-300-1506 to get an estimate of how much insurance will cost you, and learn if you qualify for Medi-Cal assistance. You also may contact the hospital's financial counselor at 209-944-5400, extension 7525, for more information about the California Health Benefit Exchange.

## **Financial Assistance Information**

### **Financial Assistance**

If you lack or have inadequate insurance, and meet certain low- and moderate income requirements, you may qualify for Charity Care or Discounted Payment.

### **Uninsured Patient Discount**

Dameron Hospital offers patients without insurance a discount on hospital charges. The Uninsured Patient Discount is a write-off of a portion of the hospital's usual and customary billed charges and is taken at the time of billing. The discount rate will be reflected on your billing statement.

### **Charity Care and Discounted Payment Programs**

Dameron Hospital ("the Hospital") recognizes that many of the patients it serves may be unable to access quality healthcare services without financial assistance. The Charity Care and Discounted Payment Policy was developed to ensure that the Hospital continues to uphold its mission of providing quality healthcare to the community, while carefully taking into consideration the ability of the patient to pay.

## Eligible Services

Financial assistance provided to Hospital patients pursuant to the Charity Care and Discounted Payment Programs shall only apply to charges incurred for emergency medical care and other medically necessary services.

Emergency medical care and other medically necessary services provided by professionals or physicians, other than the hospital facility itself, are not covered by the Hospital's financial assistance policies. Professional or physician services include:

- Ambulance Services
- Audiology
- Anesthesiology
- Cardiology
- Dentistry
- Dermatology
- Dialysis
- Emergency Physicians
- Endocrinology
- Gastroenterology
- Gynecology
- Hospitalists
- Internal Medicine
- Magnetic Resonance Imaging (MRI)
- Neonatology
- Nephrology
- Neurology
- Nuclear Medicine
- Nurse Practitioner
- Otolaryngology (ENT)
- Ophthalmology
- Pathology
- Physician Assistants
- Podiatry
- Psychiatric Services
- Radiation Therapy
- Radiology
- Respiratory Care
- Surgeons
- Ultrasound
- Urology

## General Eligibility

The hospital shall determine eligibility for the Charity Care Program or Discounted Payment Program based upon an individual's financial need in accordance with the Charity Care Program and Discounted Payment Policy. Patients seeking Charity Care or Discounted Payment must make reasonable efforts to provide the Hospital with documentation of income and health benefits coverage. If a patient fails to provide the information specified in the Charity Care Program and Discounted Payment Policy, the Hospital may consider such failure in making its determination.

Before a patient can be eligible for the Charity Care Program or the Discounted Payment Program, all available resources must first be applied, including, but not limited to, private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, Medi-Cal, the Healthy Families Program, the California Children's Services Program, or other state- or county-funded programs designed to provide health coverage.

Patients who are eligible for and/or receive financial assistance under the Charity Care Program or the Discounted Payment Program may not receive financial assistance pursuant to the Hospital's Uninsured Patient Discount Policy. Patients who are eligible for and/or receive financial assistance under the Charity Care Program or the Discounted Payment will not be charged more than the "amount generally billed" ("AGB") for such services.

Financial assistance under this Policy shall be provided to eligible patients without regard to race, religion, color, creed, age, gender, sexual orientation, national origin or immigration status.



# Billing Information

## Application Procedures

The Statement of Financial Conditions must be filled out in its entirety. To be considered for Charity Care or Discounted Payment under the policy, the patient must provide the Hospital with the financial and other information requested on the application needed to determine eligibility, which will be considered in accordance with the limitations set forth in the California Health and Safety Code Section 127405(e). This includes completing the required application forms and cooperating fully with the information gathering and assessment processes. If the Hospital determines the patient is eligible for the Charity Care Program, it may require waivers or releases from the patient or the patient's family authorizing the Hospital to obtain verifying information from financial or commercial institutions, or other entities that hold or maintain the monetary assets. If the Hospital determines the patient is eligible for financial assistance under the Discounted Payment Program, documentation of income will be limited to recent pay stubs and income tax returns.

A patient's failure to mail or otherwise deliver to the Hospital a complete Financial Assistance Application within 30 days of the final billing statement, which shall be sent at least 90 days from the date of the first post-discharge billing statement, shall result in the Hospital beginning collections actions as described in the Hospital's Collection of Past Due Accounts Policy. Please return this application within 30 days, along with the following documents which support the data you entered on the application:

1. Proof of Identity – Provide one of the following:
  - Copy of state-issued driver's license

- Copy of Social Security card
- Copy of photo ID

2. Previous year's federal and state income taxes, including schedules as applicable. If not available, please explain why and attach copy of two most recent pay stubs
3. All saving and checking account(s) statements
4. Rent receipts (if applicable)
5. Alimony (if applicable)

Please contact the Dameron Hospital Credit and Collections Department at 209-461-3147 between 7:00 a.m. and 3:30 p.m. if you would like more information, or assistance in applying for any of these programs.

The Hospital's Charity Care and Discounted Payment Policy, the Financial Assistance Application form, and a plain language summary of the policy are available on the Hospital's website for download and printing. Copies also are available upon request and without charge, both by mail and at all points of registration, including the Emergency Department, the billing office, the admissions office and other outpatient settings. The Charity Care and Discounted Payment Policy, the Financial Assistance Application form, and a plain language summary of the policy also are available in Spanish.

Mail completed application and required documentation to:

Dameron Hospital Association  
Patient Accounting Department  
525 W. Acacia St.  
Stockton, CA 95203

## Other Related Financial Assistance Information

- Visit the California Office of Statewide Health Planning and Development website at <https://syfphr.oshpd.ca.gov/> to see if you qualify for free or discounted care, or to search for Hospital charity care policies for a hospital near you.
- For information regarding poverty thresholds, visit the U.S. Department of Health and Human Services website at <http://aspe.hhs.gov/poverty/>.

## Emergency Physician Services

An emergency physician who provides emergency medical services in a hospital that provides emergency care also is required by law to provide discounts to uninsured patients or patients with high medical costs. Please contact the emergency physician's billing office directly for further information regarding their financial assistance programs.



# Información de Factura

## Información de Factura

### Información de Factura del Hospital

Su factura del hospital reflejará los servicios prestados a usted por el hospital durante su estancia. Por favor, póngase en contacto con nuestro Departamento de Contabilidad del Paciente al (209) 461-7583 con preguntas sobre su factura del hospital. Para ayudarlo mejor, por favor tenga su número de cuenta del paciente y la fecha de su visita disponible en el momento de su llamada. Un representante de Contabilidad de Pacientes está disponible para ayudarlo de lunes a viernes, de 7:00 am a 5:00 pm, excepto los días festivos.

### Servicios profesionales o médicos

Durante su visita al hospital, otros profesionales o médicos pueden estar involucrados en su cuidado y tienen su propia oficina de facturación. Los cargos por servicios profesionales o médicos no son parte de la factura del hospital. Atención médica de emergencia y otros servicios médicamente necesarios prestados por profesionales o médicos, aparte de aquellos brindados por el

hospital, no están cubiertos por las políticas de asistencia financiera del Hospital. Los servicios profesionales o médicos incluyen:

- Servicios de Ambulancia
- Audiología
- Anestesia
- Cardiología
- Odontología
- Dermatología
- Diálisis
- Médicos de Emergencia
- Endocrinología
- Gastroenterología
- Ginecología
- Hospitalistas
- Medicina Interna
- Imagen de resonancia magnética (MRI)
- Neonatología
- Nefrología
- Neurología
- Medicina Nuclear
- Enfermera Practicante
- Otorrinolaringología
- Oftalmología
- Patología
- Asistente Médico



# Información de Factura

- Podiatra
- Servicios Psiquiátricos
- Terapia de Radiación
- Radiología
- Cuidado Respiratorio
- Cirujanos
- Ultrasonido
- Urología

Si usted nos proporciona información de seguro en el momento de su visita, esta se pondrá a disposición del médico o profesional que le proporcionó el servicio.

Dameron Hospital no puede asegurarse de que los profesionales o los médicos que lo tratan son contratados con su seguro o red de proveedores. Los servicios prestados por un médico o profesional que no tiene contrato con su seguro pueden ser considerados “servicios fuera de la red”. Sus beneficios de seguros pueden ser reducidos por “servicios fuera de la red”. Si se reducen sus beneficios de seguro, esto puede aumentar su responsabilidad financiera personal por “servicios fuera de la red”.

El personal de Dameron Hospital no tiene acceso a una lista de profesionales y médicos que tienen contrato con su seguro. Si usted tiene alguna pregunta con respecto a los profesionales o médicos que tienen contrato con su seguro, o acerca de la cobertura o beneficios, por favor llame a su plan de seguros o administrador de red.

Facturas de servicio profesional o médico llegaran a usted directamente desde el proveedor, y usted debe ponerse en contacto con ellos con preguntas acerca de sus facturas. El hospital no es capaz de ayudarle con estas afirmaciones o aceptar pagos por los servicios que estos profesionales o médicos proporcionan.

## Lo que cubre una factura del Hospital

Su factura del hospital reflejará los servicios prestados a usted por el hospital durante su visita. Los médicos y otros proveedores le facturarán por separado por sus servicios. Usted tendrá que ponerse en contacto directamente con cualquier pregunta que pueda tener con respecto a la facturación de ellos.

Por favor, póngase en contacto con nuestro Departamento de Contabilidad del Paciente al (209) 461-7583 con preguntas sobre su factura del hospital. Para ayudarle mejor, por favor tenga su número de cuenta del paciente y la fecha de su visita disponible en el momento de su llamada. Un representante de Contabilidad de Pacientes está disponible para ayudarle de lunes a viernes, de 7:00 am a 5:00 pm, excepto los días festivos.

## Autorización Previa/ Servicios No Cubiertos

Dependiendo de su seguro, los servicios ordenados pueden requerir autorización previa. La falta de autorización previa puede dar lugar a la falta de pago por los servicios prestados. Póngase en contacto con su compañía de seguros para asegurar que los servicios están autorizados y cubiertos.

## Verificación de Cobertura de Seguro

Es la responsabilidad del paciente o del representante del paciente verificar que su seguro cubre los servicios prestados en el Hospital Dameron.

## Seguro HMO o PPO

Su plan puede tener requisitos especiales, tales como la recepción de los servicios de un proveedor preferido o autorización previa





para ciertos exámenes o procedimientos. Es su responsabilidad asegurarse de que se han cumplido los requisitos de su plan de seguro. Si no se siguen los requisitos de su plan, usted puede ser financieramente responsable de todo o parte de los servicios que recibe. Algunos servicios profesionales o médicos podrán ser no contratados dentro de la “red de proveedores” de su compañía de seguros. Si un médico o profesional fuera de la red le presta servicios, es probable que usted sea responsable de dichos gastos.

### **Beneficiarios de Medicare**

Vamos a necesitar una copia de su tarjeta de Medicare para verificar la elegibilidad y para procesar su reclamación de Medicare. Los deducibles y copagos son responsabilidad del paciente, a menos que se proporcione información sobre el seguro suplementario.

Debe tener en cuenta que el programa Medicare excluye específicamente el pago de ciertos artículos y servicios. Para obtener más información acerca de su cobertura de Medicare, consulte su manual Medicare y Usted. Si usted no tiene un manual, se puede visitar [www.medicare.gov](http://www.medicare.gov) o llame al 1-800 -MEDICARE (800-633-4227) para obtener ayuda.

### **Beneficiarios de Medi-Cal**

Vamos a necesitar una copia de su Tarjeta de Identificación de Beneficios de Medi-Cal (BIC) para verificar la elegibilidad y procesar su reclamo de Medi-Cal. Medi-Cal también tiene limitaciones de pago de una serie de servicios y artículos. Algunos de los servicios para pacientes internados/pacientes ambulatorios requieren una Autorización de Tratamiento de Referencia (TAR) de su médico de

atención primaria. Por favor tenga esta autorización y remisión con usted cuando usted llegue para su registro.

### **Planes de Pago**

Los planes de pago para la cantidad adeudada se pueden organizar para aquellos que no pueden pagar su cuenta en su totalidad dentro de los 30 días de la facturación inicial. Es importante que se ponga en contacto con nuestra oficina dentro de los 30 días de su primer aviso de cobro para discutir sus opciones de pago.

### **Cuentas Atrasadas**

Si una cuenta se refiere a un abogado o una agencia de cobros para la colección, el garante de la cuenta pagará las tarifas del abogado y costos actuales de la colección, según lo permitido por la ley.

### **Pacientes Sin Cobertura de Seguro**

Si usted no tiene cobertura de seguro de salud, usted puede ser elegible para Medicare, el Programa de Familias Saludables, Medi-Cal, la cobertura ofrecida a través del intercambio de beneficios de salud de California, el programa de Servicios de Niños de California, u otra cobertura de salud financiada por el estado o el condado. Póngase en contacto con nuestro consejero financiero al (209) 944-5400, extensión 7525, para información sobre cómo obtener una solicitud para estos programas. El hospital le puede proporcionar estas aplicaciones a usted y le puede ayudar a completarlas. Si le falta, o tiene un seguro insuficiente, y cumple con ciertos requisitos de ingresos bajos y moderados, usted puede calificar para asistencia financiera.



# Información de Factura

## Covered California

Covered California es el intercambio de beneficios de salud en California, donde los individuos, las familias y las pequeñas empresas pueden encontrar un seguro de salud económico. Covered California ayuda a las personas a comparar y elegir un plan de salud que mejor se adapte a sus necesidades de salud y su presupuesto. La página web de Covered California ofrece una variedad de herramientas en línea para que pueda aprender más sobre una gama de planes de seguro de salud que se venden a través de Covered California. La ayuda financiera está disponible para ayudar a reducir los costos para las personas que califican basado en su nivel de ingresos.

Al completar una aplicación de Covered California, su solicitud será revisada automáticamente para la elegibilidad de Medi-Cal. Elegibilidad de Medi-Cal expandida hace que sea más fácil para las personas de bajos ingresos para calificar para la cobertura. Visite [www.coveredca.com](http://www.coveredca.com) o llame al 800-300-1506 para obtener una estimación de cuanto le costara el seguro y aprender si usted califica para recibir asistencia para Medi-Cal. Usted también puede contactar al Consejero Financiero del Hospital al (209) 944-5400, extensión 7525, para más información acerca del Intercambio de Beneficios de Salud en California.

## Información de Asistencia Financiera

### Asistencia Financiera

Si le falta y cumple con ciertos requisitos de ingresos bajos y moderados, usted puede calificar para el pago con descuento o atención caritativa.

## Descuento de Paciente No Asegurado

Dameron Hospital le ofrece a los pacientes sin seguro un descuento en los gastos del hospital. El descuento por paciente no asegurado es una cancelación de una parte de los cargos usuales y habituales facturados por el hospital y se toma en el momento de la facturación. La tasa de descuento se verá reflejada en su estado de cuenta.

## Programas de Cuidado de Caridad y Pago con Descuento

Dameron Hospital (“el Hospital”) reconoce que muchos de los pacientes que atiende quizá no pueden tener acceso a los servicios de atención de salud de alta calidad sin asistencia financiera. La Política de Cuidado de Caridad y Pago con Descuento fue desarrollada para asegurar que el Hospital mantenga su misión de brindar atención médica de calidad a la comunidad, teniendo muy en cuenta la capacidad de pago del paciente.

## Servicios Elegibles

La asistencia financiera prestada a los pacientes del hospital de conformidad con los Programas de Cuidado de Caridad y de Pago con Descuento sólo se aplicará a los gastos generados por la atención médica de emergencia y otros servicios médicamente necesarios.

Atención médica de emergencia y otros servicios médicamente necesarios prestados por profesionales o médicos, aparte de aquellos brindados por el hospital, no están cubiertos por las políticas de asistencia financiera del Hospital. Los servicios profesionales o médicos incluyen:



- Servicios de Ambulancia
- Audiología
- Anestesia
- Cardiología
- Odontología
- Dermatología
- Diálisis
- Médicos de Emergencia
- Endocrinología
- Gastroenterología
- Ginecología
- Hospitalistas
- Medicina Interna
- Imagen de resonancia magnética (MRI)
- Neonatología
- Nefrología
- Neurología
- Medicina Nuclear
- Enfermera Practicante
- Otorrinolaringología
- Oftalmología
- Patología
- Asistente Médico
- Podiatra
- Servicios Psiquiátricos
- Terapia de Radiación
- Radiología
- Cuidado Respiratorio
- Cirujanos
- Ultrasonido
- Urología

### **Elegibilidad General**

El Hospital determina la elegibilidad para el Programa de Cuidado de Caridad y de Pagos con Descuento basado en las necesidades financieras del individuo de acuerdo con su política escrita de Cuidado de Caridad y Pago con Descuento. Los pacientes que deseen ser considerados para el Programa de

Cuidado de Caridad o el Programa de Pago con Descuento deben hacer esfuerzos razonables para proporcionar al Hospital con la documentación de ingresos y cobertura de beneficios para la salud. Si un paciente no puede proporcionar la información prevista en el Programa de Cuidado de Caridad y Política de Pago con Descuento, el Hospital puede considerar dicho incumplimiento al formular su determinación.

Antes de que un paciente puede ser elegible para el Programa de Cuidado de Caridad o el Programa de Pago con Descuento, todos los recursos disponibles primero deben aplicarse, incluyendo, pero no limitado a, el seguro de salud privado (incluyendo la cobertura ofrecida a través del Intercambio de Beneficios de Salud de California), Medicare, Medi-Cal, el Programa de Familias Saludables, Programa de Servicios para Niños de California, u otros programas financiados por el estado o el condado diseñados para proporcionar cobertura de salud.

Los pacientes que son elegibles para y/o reciben asistencia financiera bajo el Programa de Cuidado de Caridad o el Programa de Pago con Descuento no pueden recibir asistencia financiera en virtud de la Política de Descuento para Pacientes No Asegurados del Hospital. Los pacientes que son elegibles para y/o reciben ayuda financiera con cargo al Programa de Cuidado de Caridad o el Programa de Pago con Descuento no se les cobrará más que la “cantidad generalmente facturada” (“AGB”) para tales servicios.



# Información de Factura

La ayuda financiera en virtud de esta Política, se brindará a los pacientes elegibles sin importar su raza, religión, color, credo, edad, género, orientación sexual, origen nacional o estatus migratorio.

## Procedimientos de Aplicación

La declaración de las condiciones financieras debe ser llenada en su totalidad. Para ser considerado para el Cuidado de Caridad o Pago con Descuento en virtud de la política, el paciente debe proporcionar al Hospital con la información financiera y otra solicitada en la aplicación necesaria para determinar la elegibilidad, que será considerado de acuerdo con las limitaciones establecidas en la Sección del Código de Salud y Seguridad de California 127.405 (e). Esto incluye completar los formularios de solicitud necesarios y cooperar plenamente con la recopilación de información y los procesos de evaluación. Si el Hospital determina que el paciente es elegible para el Programa de Cuidado de Caridad, puede requerir exenciones o liberaciones del paciente o la familia del paciente autorizando al hospital para obtener la verificación de información de las instituciones financieras o comerciales, u otras entidades que mantienen los activos monetarios. Si el Hospital determina que el paciente es elegible para recibir asistencia financiera bajo el Programa de Pago con Descuento, la documentación de los ingresos se limitará a los talones de pago recientes y declaraciones de impuestos.

La falta de un paciente de enviar por correo o entregar al hospital una Solicitud de Asistencia Financiera completa dentro de los 30 días de la factura final, que se enviará al menos 90 días desde la fecha de la primera factura después del alta, dará lugar a que el Hospital de inicie acciones de cobranza como se describe en la Política de Cobranza de Cuentas Morosas del Hospital. Por favor devuelva esta solicitud dentro de los 30 días, junto con los siguientes documentos que apoyan los datos introducidos en la aplicación:

1. Prueba de identidad – Proporcionar una de las siguientes:
  - Copia de la licencia de conducir emitida por el estado
  - Copia de la tarjeta de la Seguro Social
  - Copia de identificación con foto
2. Impuestos sobre la renta federal y estatal del Año Anterior, incluyendo anexos según corresponda. Si no está disponible por favor explique por qué y adjunte copia de 2 talones de pago más recientes.
3. Todos los estados de cuenta(s) de ahorro y de cheque.
4. Recibos de renta/alquiler (si es que aplica)
5. Pension Alimenticia (si es que aplica)  
Por favor, póngase en contacto con el Departamento de Crédito y Cobranza del Hospital Dameron al (209) 461-3147 entre las horas de 7:00 am a 3:30 pm, si desea obtener más información o ayuda para solicitar cualquiera de estos programas.





Están disponibles en la página web del Hospital la Política de Cuidado de Caridad y de Pago con Descuento, la Solicitud de Aplicación de Asistencia Financiera y un resumen en lenguaje simple, y están disponibles para su descarga e impresión. También hay copias disponibles bajo petición y sin gastos, tanto por correo y en todos los puntos de registro, incluyendo el servicio de urgencias, la oficina de facturación, la oficina de admisiones y otros entornos ambulatorios. El Cuidado de Caridad y Política de Pago con Descuento, el formulario de Solicitud de Asistencia Financiera, y un resumen en lenguaje simple de la política también están disponibles en español.

Envíe la solicitud completa y la documentación requerida a:  
Dameron Hospital Association  
Patient Accounting Department  
525 W. Acacia St.  
Stockton, CA 95203

### **Otra Información Relacionada a Asistencia Financiera**

- Visite el sitio web de la Oficina de Planificación y Desarrollo de la Salud de California en <https://syfphr.oshpd.ca.gov/> para ver si usted califica para atención gratuita o con descuento, o

para buscar políticas de Cuidado de Caridad para un hospital cerca de usted.

- Para obtener información sobre los niveles de pobreza visite el Departamento de Salud y Servicios Humanos de Estados Unidos en el sitio web <http://aspe.hhs.gov/poverty/>.

### **Servicios de Médicos de Emergencia**

Un médico de urgencias que presta servicios médicos de emergencia en un hospital que brinda atención de emergencia también está obligado por ley a ofrecer descuentos a los pacientes sin seguro médico o los pacientes con altos costos médicos. Por favor, póngase en contacto con la oficina de facturación del médico de emergencia directamente para obtener más información sobre sus programas de asistencia financiera.