SHARP

Financial Assistance Application

Please read this before filling out your application.

Sharp HealthCare offers financial help or discounted care to patients who qualify. This program helps people with low- income and no insurance, or high medical bills.

You can get **full financial assistance** if your **household income** is **at or below 400% of the Federal Poverty Level (FPL).** To apply:

1. Fill out the attached Financial Assistance Application.
2. Attach proof of income, such as tax returns or pay stubs.
    - Tax returns: show your income for the year you were billed or the year before.
    - Paystubs: from within 6 months before or after you were first billed by the hospital.
    - For preservice requests, use pay stubs within 6 months of submitting the application.
3. **Send copies only – do not send original documents; they cannot be returned.**

Financial help may also be available for emergency room doctors or other providers that bill separately. Contact the billing office listed on your statement.

We will review your application and send you a written notice within 60 days of receiving it. While we review your application, your bill will be on hold until a decision is made.

If you have any questions or need help with this form or the Federal Poverty Level (FPL) chart, visit sharp.com/billing, or call 858-499-2400 (Monday -Friday, 8 a.m. 4:30 p.m. PST).

For more information regarding current FPL guidelines, Medi-Cal, Covered California, or CMS visit:

- Federal Poverty Level Guidelines: detailed-guidelines-2026.pdf
- Covered California coveredca.com
- Medi-Cal dhcs.ca.gov/Pages/default.aspx
- Consumer Alliance: healthconsumer.org
- CMS sdcounty.ca.gov/hhsa/programs/ssp/county_medical_services

This form lets Sharp HealthCare employees use or share your protected health information only to review your financial assistance request. **You do not have to sign this form to receive medical care.**

Signing this form does not guarantee that you will qualify for financial help.

By signing, you allow Sharp HealthCare staff to use or share the information you provide to:

- Check if I qualify for financial assistance, or
- Chek if the hospital can receive financial help to cover part or all your care costs

You understand that the form needs to be filled out completely. You may still owe money for your hospital bill, if you do not qualify. The information that you provide on this form may only be released to:

- Pharmaceutical companies that may provide the free or low-cost replacement medications based on your financial situation.
- Charitable business, or government institutions who may offer financial help for medical costs.

SHARP

Financial Assistance Application

RETURN TO:
Sharp HealthCare
8695 Spectrum Center Blvd.
San Diego, CA 92123
Private Pay Unit/PFS-ICD *or*
Email to SPE.PFSFinancialAssistance@sharp.com
or
FAX to 858-636-2368

Guarantor ID(s)_____

Total $

PATIENT INFORMATION (PLEASE PRINT)

Patient Name _____ Phone #

Patient Social Security # _____ Guarantor ID #

Address

FAMILY INFORMATION: List any spouse, domestic partner, or children under the age of 21. If the patient is a minor, list all parents, caretakers, relatives, and siblings under the age of 21. Include any disabled person residing in the home.

Name	Age	Relationship

EMPLOYMENT INFORMATION

Employer (If self-employed, list business name):

Job Title: _____ Work Telephone:

Spouse (If self-employed, list business name):

Job Title: _____ Work Telephone:

CURRENT MONTHLY INCOME

	Patient	Other Family
Gross Pay **or** Business Income (if self-employed)	$	$

Interest and Dividends	$	$

CURRENT MONTHLY INCOME (CONTINUED)

Social Security	$	$
Other Income	$	$
Current Monthly Income	$	$
Total Current Monthly Income (Patient + Other Family)	$	

HOUSEHOLD AND INSURANCE INFORMATION

	Yes	**No**
Number of people living in household:		
Do you have health insurance?	☐	☐
Were your injuries caused by another person (for example, a car accident or fall)?	☐	☐
Do you have other insurance (such as auto insurance)?	☐	☐

ESSENTIAL LIVING EXPENSES

Write the amount or "N/A" if it does not apply.	
Rent or Mortgage *(circle one)*	$
Medical/Dental	$
Current Medical Payment(s)?	$
(Include copies of all paid, out-of-pocket medical bills for you or your family.	

By signing below, you agree to the following:

- I declare that everything I wrote on this form are true and correct.
- I will tell Sharp HealthCare within 10-days if there are any changes to my income, expenses, household, or address.

- If I receive care because of an accident or injury, I am to repay county, state, federal government or Sharp HealthCare from any settlement or lawsuit related to the event.
- I understand that if I do not qualify for financial help, I will be responsible for my bill.
- I may appeal the decision within 30- days of receiving the results. I can send more documentation in writing or schedule an in-person appointment with a business manager, chief financial officer.
- To schedule an appointment, call 858-499-2400, Monday-Friday, 8 a.m. to 4:30 p.m. (PST).
- After 30-days, I may need to submit a new application.
- I may revoke this authorization in writing at any time, following Sharp HealthCare's Privacy Policy.
- This authorization ends 90 days after Sharp receives this form.

Comments:

Patient Signature: _____ **Date:**

Spouse Signature: _____ **Date:**

Parent/Guardian Signature: _____ **Date:**

ATTENTION: If you need help in your language, please call 858- 499-2400 where patients may obtain more information or visit Sharp.com where patients may obtain more information. The office is open 8 am to 4:30 pm Monday through Friday and located at 8695 Spectrum Center Blvd, San Diego, CA 92123-1489. 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.

Arabic

انتباه: إذا كنت بحاجة أن تتلقى المساعدة بلغتك، يرُجى الاتصال على رقم الهاتف 858-499-2400 أو زيارة موقع sharp.com. يعمل المكتبُ من الساعة 8 صباحًا حتى 4:30 مساءً، من الاثنين إلى الجمعة، وعنوان المقر هو 8695 Spectrum Center Blvd، سان دييغو، كاليفورنيا 92123-1489. وتتوافر أيضًا وسائل مساعدة وخدمات للأشخاص ذوي الإعاقة، مثل الوثائق المكتوبة بطريقة برايل والطباعة الكبيرة والمساعدة الصوتية وغيرها من الصيغ الإلكترونية المتاحة. وهذه الخدمات مجانية.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե ձեր լեզվով օգնություն է պետք, զանգահարեք 858-499-2400 կամ այցելեք sharp.com : Գրասենյակը բաց է 8 am -ից 4:30 pm ՝ երկուշաբթիից ուրբաթ, 8695 Spectrum C enter B lvd, San D ieg o, C A. 92123-1489 հասցեով: Կան հարմարանքներ հաշմանդամություն ունեցողների համար՝ Բրայլով, խոշոր տառերով, աուդիո և այլ էլ. ձևաչափերով փաստաթղթեր: Ա յս ամենն անվճար է:

Cambodian

យកចិត្តទុ កដាក់៖ ប្រ ិសនប្រ ោ កអ្នកបកប្រ ការជំ នួយជាភាសាប្រស់អ្នក ូសមោ ទូរសព្ទោ ប ខ 858-4992400 ឬចូ ោ ោ ់ ិប្រសាយថ៍ sharp.com។ ការ ិ យា ៍ យបន៖ ប្រ កដំ បើ ការពីោ ង 8 បពរឹ ក ដ់ោ ង 4:30
ូ ោ ោច ិញ្ចថ ័ច្ចន ដ់ថ្ងៃ ុសបក ដដ ោ ់ នទី តំងោ 8695 Spectrum Center Blvd, San Diego, CA. 92123-1489។ ំដួនយ ិនងបស វាកម្មសប៊ ់ប្រជនពិការ ូដចជាឯកសារជាអក្ស រសប៊ ់ប្រមនុស្ស ូ ាឧ់ក ការោ៖ ុព្ទមអក្ស រធំ សំប ង ិនងទបម ់ងបអ ិ ោបត្រូ ិនកដដ ោអាចចូ ោបប្រ ោ ់សោនប ូ ងបទ តក៏អាច់ន្ថដដ ។ បស វាកម្មទំងបន៖ ីគិមនគិតថ្លៃ បទ ។

Chinese

请注意：如果您需要语言方面的帮助，请致电 858-499-2400 或访问 Sharp.com。办公室的工作时间为周一至周五上午 8 点至下午 4:30，地址：8695 Spectrum Center Blvd, San Diego, CA。92123-1489。我们还为残疾人士提供辅助工具和服务，例如盲文、大字体、音频和其他无障碍电子格式的文档。此类服务免费提供。

Farsi

sharp.comتماس بگیرید و یا به وبسایت 858-499-2400توجه: اگر نیازمند راهنمایی به زبان خود هستید، لطفاً با شمارهتلفن
Spectrum 8695 بعد از ظهر باز است و در آدرس 30:4صبح تا 8مراجعه کنید. این دفتر از دوشنبه تا جمعه، و از ساعت
Center Blvd, San Diego, . 1489-92123 قرار دارد. کمکها و خدمات این دفتر به افراد معلول شامل مواردی چون
CAفراهم کردن اسناد و مکاتبات به خط بریل، چاپ آنها با حروف درشتتر، و نیز فراهم کردنشان در قالب فایل صوتی و یا دیگر
قالبهای الکترونیکی موجود است. این خدمات رایگان هستند.

Hindi

्यान ्: यदि आपको अपनी भाषा ् सह्ायता चाहिए, तो कृपया 858-499-2400 पर कॉल करें या sharp.com पर जाएँ। कायायालय सोमवार स शुक्रवार सुबह 8 बज स शाम 4:30 बज तक खुला रहता है और 8695 Spectrum Center Blvd, San Diego, CA. 92123-1489 पर स्थित है। िवकलाग लोगो क िलए सहायता और सवाएँ, जैस बल, बडा ि्ट, ऑिियो, और अन्य सुलभ इलक्ॉिनक फॉरमट में भी दसावज उपलब्ध हैं। य सवाएँ िनःशुल्क हैं।

Hmong

NCO NTSOOV: Yog xav tau kev pab hais ua koj yam lus, hu 858-499-2400 los sis mus saib ntawm sharp.com. Lub chaw hauj lwm yog qhib thaum 8 teev sawv ntxov mus txog 4 teev 30 tsaus ntuj hnub Monday mus txog Friday thiab yog nyob ntawm 8695 Spectrum Center Blvd, San Diego, CA. 92123-1489. Peb yeej muaj khoom siv thiab kev pab rau cov neeg xiam oob qhab siv zoo li cov ntawv braille, cov ntawv luam kom pom loj, cov ntawv kaw ua suab lus thiab lwm cov ntawv saib hauv khoom hluav taws xob. Cov kev pab no yeej yog ib cov kev pab dawb xwb.

Japanese

ご注意: 日本語でのサポートが必要な場合は、858-499-2400 にお電話いただくか、sharp.com にアクセスしてください。営業時間：月曜～金曜の午前 8 時～午後 4 時 30 分。所在地： 8695 Spectrum Center Blvd, San Diego, CA 92123-1489。点字、大きな活字、音声、その他のアクセス可能な電子形式の文書など、障がい者向けの支援やサービスも無料でご利用いただけます。

Korean

주의: 사용하는 언어로 도움이 필요하시면 858-499-2400 으로 전화하시거나 sharp.com 을 방문해 주세요오. 사무실은 월요일부터 금요일 오전 8 시부터 오후 4 시 30 분까지 운영되며, 주소는 8695 Spectrum Center Blvd, San Diego, CA(우편번호 92123-1489)입니다. 브래유 점자, 큰 활자, 음성, 기타 접근 가능한 전자 형식 문서 등 장애인을 위한 지원 및 서비스도 제공됩니다. 이 서비스는 무료입니다.

Punjabi

ਧਿਆਨ ਧਿਓ: ਜੇਕਰ ਤੁਹਾਨੰ ੂ ਆਪਣੀ ਭਾਸਾ ਧਿੱਚ ਸਹਾਇਤਾ ਿੀ ਲੋੜ ਹੈ, ਤਾਂ ਧਕਰਪਾ ਕਰਕੇ 858-499-2400 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ sharp.com 'ਤੇ ਜਾਓ। ਇਹ ਿਫ਼ਤਰ ਸੋਮਿਾਰ ਤੋਂ ਸੁੱਕਰਿਾਰ ਸਿੇਰੇ 8 ਿਜੇ ਤੋਂ ਸਾਮ 4:30 ਿਜੇ ਤੱਕ ਖੁੱਲ੍ਾ ਹੈ ਅਤੇ ਇਹ 8695

Spectrum Center Blvd, San Diego, CA 92123-1489 ਧਿਖੇ ਸਧਿਤ ਹੈ। ਅਸਮਰਿਤਾ਼ਂ ਿ਼ਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਿ਼ਾਂ, ਧਜਿੰ ਧਕ ਬਰੇਲ ਧਿੱਚ ਿਸਤਾਿੇਜ਼, ਿ਼ੱਡੇ ਧਪਰੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੰੁਚਯੋਗ ਇਲੈਕਟਰਾਧਨਕ ਰੂਪਾਂ ਧਿੱਚ ਿਸਤਾਿੇਜ਼ ਿ਼ੀ ਉਪਲੱਬਿ ਹਨ। ਇਹ ਸੇਿ਼ਾਂ ਮੁਫ਼ਤ ਹਨ।

Russian

ВНИМАНИЕ! Если вам требуется помощь на вашем языке, позвоните 858-499-2400 или посетите веб-сайт sharp.com. Офис работает с 8:00 до 16:30 (ПН-ПТ) по адресу в США: 8695 Spectrum Center Blvd, San Diego, CA. 92123-1489. Также доступны материалы и услуги для лиц с ограниченными возможностями, такие как документы шрифтом Брайля, крупным шрифтом, аудио и другие форматы. Услуги бесплатные.

Spanish

ATENCIÓN: Si necesita ayuda en su idioma, llame al 858-499-2400 o visite sharp.com. El horario de oficina es de 8 am a 4:30 pm de lunes a viernes, y se ubica en el 8695 Spectrum Center Blvd, San Diego, CA 92123-1489. También hay apoyos y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

Tagalog

ATENSYON: Kung kailangan mo ng tulong sa wika, tumawag sa 858-499-2400 o pumunta sa sharp.com. Bukas ang opisina nang 8 am - 4:30 pm, Lunes hanggang Biyernes at nasa 8695 Spectrum Center Blvd, San Diego, CA. 92123-1489. May mga pantulong at mga serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malaking print, audio, at ibang maa-access na electronic na format. Libre ang mga serbisyong ito.

Thai

โปรดทราบ: หากท่านต้องการความช่วยเหลือในภาษาของท่าน กรุณาโทร 858-499-2400 หรือเข้าเยียมชมเวั บไซต์ Sharp.com สาำนักงานตังอยูู่้ ที 8695 Spectrum Center Blvd, San Diego, CA 92123-1489 ่ เปิดทำาการวันจันทร์ถึ งวันศุกร์ ระหว่างเวลา 08.00 – 16.30 น. ทังนี้ ยั้ งมีบริการต่าง ๆ ไว้คอยให้ความช่วยเหลือแก่คนพิการ เช่น เอกสารในอักษรเบรลล์ ตัวพิ มพ์ขนาดใหญ่ ระบบเสียง และบริการอืน่ ๆ ในรูปแบบอิเล็กทรอนิกส์ทีสามารถเขั้ าถึงได้อีกด้วย โดยบริการเหล่านีเป็ นบริการฟรี

Vietnamese

CHÚ Ý: Nếu quý vị cần hỗ trợ bằng ngôn ngữ của mình, vui lòng gọi 858-499-2400 hoặc truy cập sharp.com. Văn phòng mở cửa từ 8:00 SA đến 4:30 CH, từ thứ Hai đến thứ Sáu. Địa chỉ văn phòng: 8695 Spectrum Center Blvd, San Diego, CA. 92123-1489. Ngoài ra, chúng tôi còn cung cấp các biện pháp hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille, bản in lớn, nội dung bằng âm thanh và các định dạng điện tử dễ tiếp cận khác. Các dịch vụ này đều miễn phí.