Financial Assistance Program
Discharge Notice

NorthBay Health is committed to providing quality care to every person in need of emergency or other medically necessary treatment if that person is uninsured, underinsured, ineligible for other government programs, or unable to pay based on their individual financial situation.

Help Paying Your Bill

You can ask for help with your bill at any time before/during/after your hospital stay or billing process. You may quality for low-cost health insurance, charity (free) care, discount payment, and/or reasonable payment plan if your household income is 400% or less of the Federal Poverty Level. Patients will be screened for Medi-Cal presumptive eligibility which provides immediate, temporary Medi-Cal coverage to individuals who appear eligible based on self-attested information. In addition, we will ask patients who fall under the federal poverty level to apply for Medi-Cal, County Medical Services Program (CMSP), or Covered CA prior to applying for financial assistance.

How Can I Apply?

You can access an application for Financial Assistance in multiple ways. Please visit online at: https://northbay.org/patients-visitors/financial-assistance.html or pick up a paper copy by visiting NorthBay Medical Center (1200 B. Gale Wilson Blvd., Fairfield) or NorthBay VacaValley Hospital (1000 Nut Tree Rd, Vacaville). Financial assistance applications are also available by calling our Financial Assistance Line at (707) 646-5637.

Shoppable Services

You can better manage your health care with the Cost Estimator tool. The online tool offers an intuitive way to estimate your out-of-pocket cost of care for common exams, procedures, tests, and services, empowering you to make informed financial decisions about your treatment. The online tool can be found at https://northbay.org/patients-visitors/price-transparency.html.

Hospital Bill Complaint Program

If you believe you were wrongly denied financial assistance, you may file a complaint with the State of California's Hospital Bill Complaint Program. For more information and/or to file a complaint, go to HospitalBillComplaintProgram.hcai.ca.gov.

For More Help

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to HealthConsumer.org for more information.

Financial Assistance Program
Discharge Notice

Language Assistance

English	If you speak English, language assistance services, free of charge, are available to you. Call 1-866-745-5010 (TTY: 1-800-735-2922).
Español (Spanish)	Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-745-5010 (TTY: 1-800-735-2922).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-745-5010（TTY：1-800-735-2922）。
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-745-5010 (TTY: 1-800-735-2922).
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-745-5010 (TTY: 1-800-735-2922).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-745-5010 (TTY: 1-800-735-2922)번으로 전화해 주십시오.
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-866-745-5010 TTY (հեռատիպ)՝ 1-800-735-2922):
فارسی (Farsi/Persian)	اگر به فارسی صحبت می کنید ، خدمات کمک به زبان ، بصورت رایگان در دسترس شماست. با شماره 1-866-745-5010 تماس بگیرید. (TTY: 1-800-735-2922)
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-745-5010 (телетайп: 1-800-735-2922).
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-745-5010 (TTY: 1-800-735-2922) まで、お電話にてご連絡ください。
العربية (Arabic)	إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية مجانية لك. اتصل برقم 1-866-745-5010 (TTY: 1-800-735-2922).
ਪੰਜਾਬੀ (Punjabi)	ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-745-5010 (TTY: 1-800-735-2922) 'ਤੇ ਕਾਲ ਕਰੋ।
ខ្មែរ (Cambodian)	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-745-5010 (TTY: 1-800-735-2922)។
Hmoob (Hmong)	Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-745-5010 (TTY: 1-800-735-2922).
हिंदी (Hindi)	ध्यान द: यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-745-5010 (TTY: 1-800-735-2922) पर कॉल कर।
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-745-5010 (TTY: 1-800-735-2922).