



Christian Healthcare Ministries

The biblical solution to healthcare costs

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Dear Friend:

If you have been ill, I am sorry to hear of your medical need. I want you to know that all of us here at the Christian Healthcare Ministries office are praying for your recovery. We will especially lift you up during our chapel services each Thursday morning at 9:30 a.m. Eastern time.

If you're reading this letter because you're expecting a child, congratulations! We want to help ease your mind during this exciting—and potentially stressful—time.

Regardless of the circumstances, before the onset of time God knew this day would cross your path, and even then He began to prepare you and those around you. He knew just what it would take to see you through this time. He will not fail you now.

Sometimes anxiety about a physical condition is multiplied by the concern for the financial burden incurred. However, thousands of Christians are ready to help you. While your needs are being prepared for sharing, please accept the following advice. It will make your next few months much more comfortable.

When you have a medical need, don't hesitate to tell medical providers that you are "self pay." Also, tell them that you are part of a ministry of Christians who share each other's medical bills. **CHM members have shared more than \$2.5 billion of other Christians' needs.** They will now help shoulder your burden as well.

Please don't hesitate to ask for discounts on your bills. Healthcare providers regularly give discounts to insurance companies and will not be offended if you ask. Additionally, obtaining reductions will save money that can be used to help other CHM members. Providers often will give you a reduction much greater than what they would give CHM on your behalf.

Within this packet, you will find more detailed information about medical and maternity needs processing. If you have questions, please don't hesitate to call or write us so we can help you.

God bless you.

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What to do when you need medical care

In emergency situations:

- 1) **Immediately seek medical care.** Call 9-1-1 if the situation is life threatening. If you are a Gold member and your condition is less serious but requires immediate care, consider if an urgent care center will meet your needs (emergency rooms are usually more expensive and may take much longer than urgent care centers).
- 2) **Seek financial assistance when your condition is stable.** Getting well is your first priority. When your condition is stable, you, a friend or a family member responsible for your care can follow the steps under "General information" below.

In non-emergency situations:

- 1) **Consider "shopping around" for healthcare providers in your area.** You'll find that some healthcare providers are willing to reduce their charges for self-pay patients. Though you may go to any hospital or doctor office for treatment, conducting cost research helps lower medical care costs because you often can choose to receive the same service at a lower price. To compare healthcare pricing in your area, visit healthcarebluebook.com and hospitalcostcompare.com. You also can contact the CHM Member Advocate department (1-800-791-6225, ext. 5002 or reductions@chministries.org) for advice.
- 2) **Talk with your doctor about a discount equivalent to that given to insurance patients.** When these discounts are applied, in some cases the cost of office visits are less than the co-pays paid by people with health insurance policies.
- 3) **Follow the steps under "General information" below.**

Maternity: (A helpful brochure for Gold members is available at chministries.org/maternity.)

- 1) **Obtain medical care as soon as you know you're pregnant.**
- 2) **Ask for a prepayment agreement on your clinic/hospital/doctor's letterhead.** These charges are often bundled as a one or two-day stay (sometimes called a "global fee" or "stork package") and are significantly less expensive than being admitted to a facility when it's time to give birth. The estimate must indicate services provided, CPT codes, and estimated charges (along with any requirements or stipulations to the agreement).
- 3) **Submit the prepayment agreement, bills, or both to the Christian Healthcare Ministries office.** Notify the CHM office immediately if your health care provider sets a time limit for reduced charges (seven months is common.) Send items to: Christian Healthcare Ministries; Attn: Needs Processing; 127 Hazelwood Ave.; Barberton, OH 44203
- 4) **Any charge (lab, sonogram, etc.) incurred after the original prepayment agreement/bills are submitted should be sent to the address above as a "maternity add-on"** to the initial amount. Please note that even if you submit a prepayment agreement, CHM still requires an itemized bill to complete the sharing process.

General information:

- a) **Inform the healthcare provider—in an emergency, usually a hospital—that you are a self-pay patient** and a member of Christian Healthcare Ministries, a health cost sharing ministry that helps with your bills after other forms of assistance have been exhausted. Carry your CHM membership card with you to help providers understand (remember to tell providers to bill you directly).

- b) Ask for a bill discount.** Asking for a discount is asking for the same consideration that insured patients receive (due to discounted rates negotiated by their insurers). Many providers will extend a discount to you because it usually means they receive faster payment. Discounts represent over 50 percent of all medical bills submitted to CHM, so please don't be shy about asking. Also, any discount (on an eligible medical bill) you help obtain will apply toward your Personal Responsibility amount and reduce your out-of-pocket costs.
- c) Whenever possible, contact the CHM Member Advocate department before accepting a discount or making a payment on bills over \$1,000.** If you have difficulty obtaining a significant discount (at least 40 percent), our staff can help negotiate with your health care provider(s) to make sure you get the best possible price for your medical care. (We still advise seeking a discount on bills under \$1,000, but there is no need to prolong payment or contact CHM unless you have a question.)
- d) Apply for any financial assistance available.** Many members are surprised to find that they qualify for financial assistance, which is money set aside for the purpose of helping patients. Ask to speak to a financial counselor or decision-maker and complete any forms they give you.
- e) Ask providers to bill you directly and set up a payment plan.** Work with your providers to make whatever monthly payments you can afford until CHM members share your eligible need, at which time their voluntary gifts reimburse your expenditures. Even minimal payments will reassure most providers that the bills will be paid.
- f) When you receive your itemized bills, immediately send copies of each bill to CHM, along with the completed Needs Processing forms.** CHM must receive your bills and forms within six months of the date of service. Send the bills immediately—even if a discount is pending—because bills are shared by CHM in the order they are received by our office.

Sometimes circumstances beyond our control take place. **To make sure that each medical need is received, please make copies of each of the items you send to our office.**

CHM Needs Processing department

We're pleased to be of service to you in this time of need. We recommend viewing our video on how to submit medical bills at chministries.org/videos. If you still have questions or concerns regarding your medical bills or paperwork, please contact our Needs Processing department at 1-800-791-6225, extension 5001. If you have questions regarding a maternity need, please see our online maternity guide (for Gold members) at chministries.org/maternity or call and ask to speak to a maternity Needs Processing representative.



Needs Processing Form

Instructions: Please read and complete **this and the next page** (Needs Processing Worksheet) for sharing of your medical bills. To view a video on how to submit your medical bills, visit chministries.org/videos.

Member Information

Member #: _____ Member name: _____
 Home phone: _____ Work phone: _____ Cell phone: _____
 Valid email address: _____
 Name of member's church: _____ Church phone: _____
 Church address: _____ Church fax: _____

Patient Information

Patient name: _____ Date of birth: _____ / _____ / _____ Age: _____

Physician's Diagnosis

Physician's diagnosis: _____ Date symptoms began: _____ / _____ / _____
 (mm/dd/yy)

Previous Conditions Did you have signs, symptoms, or treatment of this condition before joining CHM? Yes No **Important:** If you had signs or symptoms before joining CHM—even if you didn't see a doctor or receive a diagnosis, you must submit the CHM Prayer Page Request Form.

Medicare-eligible Members Along with the forms in the CHM Needs Processing packet, Medicare-eligible members should submit their Medicare Summary Notice (MSN) form *in lieu of itemized medical bills*.

Accidents Only Accident occurred at: Home Other (specify): _____
 If the accident occurred on property other than your own, all bills must be submitted to the responsible party's insurer. Please submit a copy of the letter of approval/refusal for payment. (See Guideline N.2 "CHM secondary to other payment sources" at chministries.org/guidelines)

Maternity Only (A helpful guide is available on our website at chministries.org/maternity)

Expected due date: _____ / _____ / _____ Actual date of birth: _____ / _____ / _____ Child's name: _____

Since Christian Healthcare Ministries members are considered self-pay, we strongly advise that you take advantage of any financial assistance programs that you might be eligible to receive. This information is provided in order to facilitate timely filing for these programs and to lessen the burden of rising medical costs on fellow members. If any other source will pay all or any part of your bills for this incident, you must send documentation verifying payments (See Guideline N).

I understand that CHM members participate out of a desire to share one another's burdens, and it would be an abuse of their trust if I use the money I receive for a shared need for some purpose other than payment of that need. If I have prepaid or made payments, I will consider funds received from CHM as reimbursement. I understand that failure to provide accurate information or failure to use the money for the submitted bills will be a violation of Christian Healthcare Ministries Guidelines (chministries.org/guidelines).

By signing below, I attest that the participating ADULT members included in my membership are Christians living by New Testament principles, attend group worship regularly (health permitting), follow scriptural teaching with regard to alcohol, and do not use tobacco or use drugs illegally. I also attest that all information provided herein is true to the best of my knowledge.

Signed: _____ Date: _____ / _____ / _____ **Continued on next page**

Worksheet Area

Patient Name: _____ Date of birth: ____/____/____ Member#: _____

Complete each column of this WORKSHEET AREA. Send the itemized bill for each line completed below along with this form.

IMPORTANT! Special Instructions: REDUCTION(S): When a bill reduction (discount) is received, your itemized bill should reflect the amount of the reduction.
 PAID BY OTHER SOURCES: Some examples are Medicare, insurance, Workers' Compensation, etc.

| | DATE of service | PROVIDER doctor, hospital, pharmacy, etc. | AMOUNT of bills | AMOUNT of discount | PAID by you | PAID by other source | BALANCE due |
|---------------|--------------------|--|--------------------|-----------------------|----------------|-------------------------|----------------|
| 1. | | | \$ | \$ | \$ | \$ | \$ |
| 2. | | | \$ | \$ | \$ | \$ | \$ |
| 3. | | | \$ | \$ | \$ | \$ | \$ |
| 4. | | | \$ | \$ | \$ | \$ | \$ |
| 5. | | | \$ | \$ | \$ | \$ | \$ |
| 6. | | | \$ | \$ | \$ | \$ | \$ |
| 7. | | | \$ | \$ | \$ | \$ | \$ |
| 8. | | | \$ | \$ | \$ | \$ | \$ |
| 9. | | | \$ | \$ | \$ | \$ | \$ |
| 10. | | | \$ | \$ | \$ | \$ | \$ |
| 11. | | | \$ | \$ | \$ | \$ | \$ |
| 12. | | | \$ | \$ | \$ | \$ | \$ |
| 13. | | | \$ | \$ | \$ | \$ | \$ |
| 14. | | | \$ | \$ | \$ | \$ | \$ |
| TOTALS | | | \$ | \$ | \$ | \$ | \$ |

Checklist before mailing:

- 1. This signed and completed Needs Processing Form (both pages).
 - 2. An itemized bill for each item listed above with documentation of payments and/or adjustments (discounts). CHM can also accept standardized healthcare provider billing forms such as CMS-1450, UB-04 or CMS-1500. Medicare members should submit their Medicare Summary Notice (MSN) in lieu of itemized bills.
 - 3. Signed and completed Medical Release Information (HIPAA-compliant) Form.
 - 4. A letter explaining the circumstances of this incident.
 - 5. Completed Prayer Page Request Form (only if you are submitting bills for a pre-existing condition).
- Failure to submit any of the above items will delay the processing and sharing of your bill(s).**



Medical Release Information (HIPAA-compliant) Form

SECTION A: (PLEASE PRINT)

| | |
|--|---|
| Name: _____ Date of birth: _____ / _____ / _____ CHM#: _____ SSN: _____ | Address: _____ _____ Phone #: _____ |
| <p>I understand that Christian Healthcare Ministries is a not-for-profit medical cost sharing organization that coordinates assistance for its members' eligible medical bills. Christian Healthcare Ministries is not an insurance company, nor is it offered through an insurance company.</p> <p>I hereby authorize any medical practitioner, hospital, health facility, insurance company or any other person or entity that has medical records or knowledge of the medical records of the undersigned and/or the dependents listed herein to disclose my protected health information to Christian Healthcare Ministries for the purpose of facilitating the eligibility and sharing process by Christian Healthcare Ministries and also negotiating medical bills on the undersigned's or dependent's behalf.</p> <p>I further authorize Christian Healthcare Ministries to discuss any and all health information related to my records described in this authorization with the above healthcare providers, healthcare facilities, health plans or any other agency involved in my healthcare or payment for healthcare.</p> | |

SECTION B:

| | | | |
|--|--|---|--|
| Description of information being disclosed: | | | |
| <input type="checkbox"/> Complete health record | <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Progress notes | <input type="checkbox"/> History and physical exam |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Laboratory tests | <input type="checkbox"/> Abstract/pertinent information | <input type="checkbox"/> Radiology reports |
| <input type="checkbox"/> Emergency department record | <input type="checkbox"/> All records regarding all bills, billing codes, diagnosis codes, and other billing information | | |

SECTION C: By signing below, I understand that:

- this authorization shall expire upon the expiration of one (1) year, or until revoked by me in writing, whichever comes first.
- this authorization is voluntary and that I may revoke the authorization in writing addressed to *Privacy Officer at 127 Hazelwood Ave, Barberton, OH 44203.* this authorization may not be revoked where Christian Healthcare Ministries has already reasonably acted in reliance upon this authorization.
- the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal or state law.
- a copy of this form, including a facsimile, may be used in place of the original.

| | |
|--|---|
| | |
| Signature of Individual or Authorized Representative | Print Name of Individual |
| | |
| Representative's legal authority to individual | Print Name of Authorized Representative |

Today's Date: _____ / _____ / _____ **IMPORTANT: We must have this completed form to present to healthcare providers before they can legally discuss with us discounts on any of your medical bills. If providers cannot discuss your bills with us due to your refusal to complete this form, your medical bills cannot be shared by CHM.**

— PROVIDE COPY TO MEMBER & COPY TO FILE —
 This form is certified HIPAA compliant.



Letter of Explanation

BRIEF LETTER EXPLAINING THE CIRCUMSTANCES OF YOUR INCIDENT

(Maternity needs: No letter is necessary unless you have experienced complications. **All other conditions: This letter is a requirement to process your medical bills for sharing. Failure to submit it will result in a delay in sharing your bills.**)

Name (please print): _____

Member #: | | | | | | |

Lined area for writing the letter explanation.



Prayer Page Request Form

Instructions: Please complete this form only if you are submitting bills for a pre-existing condition. A pre-existing condition is any medical condition for which you experience signs, symptoms or treatment before joining CHM—even if you have not been diagnosed.

YES, I would like my bill(s) to be considered for listing on the Prayer Page. To the best of my knowledge, I attest that my bills meet the criteria set forth below for Prayer Page sharing eligibility.

Patient name (please print): _____ Member#: | | | | | | | |

Signed: _____ Date: | | / | | / | |

Amount you are requesting to list on the Prayer Page: \$ _____

Address to be printed on the Prayer Page (please print):

How would you like your Prayer Page listing worded? (*Listings may be edited for length or grammar.*)

Upon determination that your bill(s) are eligible for listing on the Prayer Page, our staff will email you to answer any questions you have and to guide you through the process of listing your need. At that time, you will be notified when your need will appear on the Prayer Page.

What is the Prayer Page?

The Prayer Page appears monthly in the CHM newsletter. The Prayer Page is an additional means by which CHM members help other Christians. It lists members' names, mailing addresses, and information about their medical conditions so that other readers can be informed of their needs and step forward to help them through voluntary giving (above and beyond regular monthly financial gifts to CHM.)

To be eligible for the Prayer Page, medical bills must meet the following criteria*:

- Bills must be from treatment of pre-existing conditions and treatment must follow all other CHM Guidelines for sharing eligibility, including Guidelines regarding your participation level (Gold, Silver, or Bronze).
- Bills must have been incurred after you joined Christian Healthcare Ministries. Bills incurred prior to joining are not eligible for listing on the Prayer Page.
- Medical bills cannot be shared if, at the time you join CHM, the bills are for pre-existing conditions that are actively undergoing treatment other than with maintenance (routine) medications. After the incident is over and your doctor states that you are on a maintenance treatment regimen, bills for any new incident related to the pre-existing illness are eligible for sharing either through the regular CHM program (Gold members only) or through the Prayer Page (Gold, Silver, and Bronze members).
- If you join CHM while pregnant, bills for that pregnancy are not eligible for sharing through the Prayer Page.

**For complete information about pre-existing conditions, please see Guidelines Z and AA.*