Welcome to

Christian Healthcare Ministries
The biblical solution to healthcare costs

CARRY EACH OTHER’S BURDENS, AND IN THIS WAY YOU WILL FULFILL THE LAW OF CHRIST.
— GALATIANS 6:2

WELCOME PACK

IN THIS BOOKLET:
• The top 5 things you need to know as a new member
• How to make the most of your Member Portal
• Getting care and submitting medical bills
• Engaging with the CHM family
• Earning free months of membership
...and more!
As a CHM member, your monthly financial gifts are shared with those of your fellow members to satisfy medical bills—all while your brothers and sisters in Christ stand by to assist you when a medical event occurs. And it works: CHM members have faithfully shared 100 percent of each other’s eligible medical expenses—totaling over $5 billion since 1981.

It’s an honor for all of us at Christian Healthcare Ministries (CHM) to serve you. CHM is a 21st-century representation of how members of the early Christian Church shared to meet each other’s needs (Acts 2 and 4).

As you review this material, please know that we are here to serve you and to be a blessing in your life financially and spiritually. You will also be blessed knowing that you’re assisting other Christians even as your membership in this ministry helps you with the critical life need of meeting healthcare costs.

CHM has been there for us for over 30 years as we’ve raised five children, moved across the country, and experienced accidents, surgeries and more.

Welcome to Christian Healthcare Ministries!

This Welcome Pack should contain:

1. Your CHM membership cards (Please check your cards for accuracy and to make sure that all participating family members have a card.)
2. A discount prescription card
3. A copy of Heartfelt Magazine, CHM’s monthly publication
4. A copy of the CHM Guidelines

If any of the above items are missing, please contact us at billing@chministries.org or 800-791-6225, ext. 5993.
We’re so grateful you’ve joined the CHM family! Here are answers to the top five frequently asked questions you might have about your CHM membership:

1. How do I communicate with CHM? You can use the free Member Portal to make changes to your membership. You can also call or email us, and connect with CHM staff and fellow members on social media! We also encourage you to opt in to our email updates. Doing so means we can communicate tips about your CHM membership, share timely news and provide other helpful information. Sign up at info.chministries.org/sign-up. (Visit portal.chministries.org to register your Member Portal account, and check out page two to explore all the features available to you.)

2. What is the medical bill sharing process? As a CHM member, you are considered a self-pay patient. That means providers will send you the bills directly. This gives you the ability to have a direct say in your healthcare. You have flexibility to choose your own providers and the advantage of transparent pricing. When you receive medical bills from your providers, you ask for self-pay discounts, and then submit itemized bills to CHM. Once you submit your bills, the CHM staff have five tasks: scan it into our database; review it for errors; authorize it correctly according to the CHM Guidelines; make sure that you receive the best possible price through healthcare provider discounts; and share it as soon as possible. To learn more about sharing time and the sharing process, visit chministries.org/resources/bill-sharing-process and chministries.org/ministry for an in-depth explanation of what makes CHM different from insurance.

3. Why do you use different terms? As a health cost sharing ministry—and not insurance—we use terms that reflect our passion and ministry. These terms further separate us from insurance. You can find a helpful glossary in the back of your Guidelines and at chministries.org/resources/glossary.

4. Take a moment to review your membership details as noted on your membership cards. Are all the names spelled correctly? Is everyone from your family listed at the right membership level? Do you have a membership card for each person? If something looks out of place, our Member Services department is delighted to help you.

5. How can I submit my monthly gift? CHM accepts a variety of giving methods: bank draft, check or credit card. On the free Member Portal, you can see your giving history, as well as set up convenient withdrawals from your bank or credit card.

DOLLAR$ & SENSE: More savings with DirectGift

Why using CHM’s DirectGift program (bank draft) is the preferred choice:

- **Good financial stewardship:** Bank draft fees are $0.17 per transaction (compared to $9 in credit card transaction fees for families on the Gold program)
- **Convenience:** Bank draft takes care of your monthly gifts even when you’re on vacation or out of town—meaning you’re always on time.
- **Time savings:** There’s no checks to write, envelopes to mail or expiration dates to update.
- **Flexibility:** Enrollment and cancellation are quick and easy and can be made at any time.

Call 800-791-6225 today to sign up for making payments through DirectGift.
What your Member Portal can do for you

The secure CHM Member Portal (portal.chministries.org) is your one-stop shop for:

- Making membership updates
- Submitting your monthly financial gift
- Viewing past giving
- Submitting your medical bills
- Donating to the Prayer Page
- Contacting CHM
- Using Bring-a-Friend resources

How to register today

1. Visit portal.chministries.org and click "Register."

2. Use your CHM member number and portal access code (found on your monthly Member Gift Form billing statement) to complete the registration form.

3. Click "Register Now."
**What to do when you need medical care**

**EMERGENCY**

1. Call 9-1-1 if the situation is life-threatening. Gold members should consider an urgent care for conditions that are less serious but require immediate treatment (less expensive and shorter waiting times).

2. You (or the person responsible for your care) should follow the steps outlined in the “Step-by-step guide for submitting bills” on the next page to submit your medical bills to CHM for sharing.

**NON-EMERGENCY**

1. “Shop around” for the best self-pay patient price using tools such as:
   - a. Healthcarebluebook.com
   - b. Hospitalcostcompare.com
   - c. Newchoicehealth.com
   - d. mdsave.com
   - e. fnma.org/shophealth
   - f. surgerycenterok.com

2. You (or the person responsible for your care) should follow the steps outlined in the “Step-by-step guide for submitting bills” on the next page to submit your medical bills to CHM for sharing. Expecting mothers: Please reference “Maternity” on the next page for additional steps.

**HELPFUL TIP:**

Explaining your status as a self-pay patient and CHM member might seem intimidating at first—but it doesn’t have to be. Here are some helpful answers you can use when:

...the receptionist asks for your insurance card.

Your answer: “I don’t have insurance. Instead, I’m a member of a great health cost sharing ministry, which will work wonderfully for the doctor and your office, as well as for me.”

...the receptionist seems puzzled, unsure what to do, or says, “You don’t have insurance?”

Your answer: “I’m technically a self-pay patient. But I’m a member of a health cost sharing ministry, which, as I said, works great for doctors’ offices and for us, the members. May I speak to your office or billing manager, please?”

...the receptionist or billing manager is unfamiliar with health cost sharing ministries:

Your answer: “Your concern is being paid. Though I’m technically self-pay, I’m also part of a health cost sharing ministry called Christian Healthcare Ministries. It’s not insurance. It’s the country’s longest-serving ministry that’s shared 100 percent of eligible medical costs. You’ll be paid for my eligible expenses, of that you can be confident. What I want is to not be penalized for being self-pay. All I ask is for a discount similar to that which you give patients with insurance and we’ll work out a payment plan until the ministry shares my eligible bills. There are no papers for you to file, no authorizations for you to seek: this is an arrangement between me and my doctor. The ministry doesn’t interfere.

What discount do you offer?

@ 1%
Promptly pay your provider(s) when you receive funds from CHM.

Use the sharing request packet (available in this pack and at chministries.org/resources/forms-documents) to request sharing support for your medical incident. These forms include:

- Sharing Request Form
- Medical Bill Worksheet
- Medical Release Info (HIPAA-compliant) form
- Letter of Explanation
- Prayer Page Request Form (this form should be sent to CHM if there’s any chance your condition may be deemed pre-existing).

Make copies of your itemized medical bills (even if a discount is still pending). If a pending discount has a deadline, please put a note on the bill and include the discount amount and due date. Please send all bills as soon as you can; you can let CHM know later when a discount has been approved. Waiting to send these delays the time it takes to share your medical bills.

Ask for discounts. Asking for a discount (or financial assistance, when available) is asking for the same consideration that other patients receive. Also, any discount you obtain on an eligible bill applies toward your personal responsibility, thereby reducing your out-of-pocket costs.

Set up a payment plan. Setting up a payment plan with providers strengthens your relationship and shows that you’re eager to pay your medical bills. Additionally, this prevents you from paying the bills upfront or from providers mistakenly sending your bills to collections while CHM processes your bills. Members receive reimbursement for payments they’ve made to providers.

Promptly pay your provider(s) when you receive funds from CHM. Use the funds from CHM to pay your medical bills or to reimburse yourself for payments made to the appropriate healthcare providers. If you receive further discounts, promptly return the amount of the overpayment to CHM.
Please note: Return completed forms and copies of your itemized medical bills to CHM within six months of the date-of-service. You may submit them online via the Member Portal (portal.chministries.org), fax (330.848.4322) or by mail (127 Hazelwood Ave., Barberton, Ohio 44203).

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 should indicate services provided, CPT codes, and estimated charges (along with any requirements or stipulations to the agreement).

Submit the prepayment agreement, itemized bills, or both to the CHM office. Notify the CHM office immediately if your healthcare provider sets a time limit for reduced charges (seven months is common). You may upload these items to the Member Portal (portal.chministries.org).

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.

ACCIDENTS: Please visit chministries.org/accidents for additional steps if your medical bills were incurred as the result of an accident.

INTERACTING WITH PROVIDERS:

Contact the Member Services department if:

1. You have difficulty obtaining a significant discount for your area (often times 15 to 40 percent) on bills totaling more than $1,000.
2. If the provider requests upfront payment, date-of-service payment or sets a discount deadline.

Request itemized bills. For an explanation of an itemized bill, go to chministries.org/glossary. For members of Medicare only: Please submit your Medicare Summary Notice in lieu of itemized bills (we also need a copy of the EOB from any health insurance plan you have). The only exceptions—situations in which you’d need to send itemized bills—are prescriptions and any bills from non-Medicare participating providers.
Helpful contacts and resources

Find a doctor

- **chministries.org/providerlist**: This is a list of CHM-friendly providers who want to work with self-pay patients or who have been recommended by CHM members.

- **cmda.org/member-search-terms-and-conditions**: This is a site that allows you to search for Christian providers near you.

Compare healthcare prices

Transparent pricing of medical services keeps healthcare providers accountable and gives you choices and negotiating power, saving money for you and fellow CHM members. Here are two comparison sites to get you started:

- **healthcarebluebook.com**
- **hospitalcostcompare.com**

Lower prescription costs

Many prescription discount cards and programs are available. Some of the best CHM has found are:

- **chmrx.com**: The CHMRx card is provided in this Welcome Packet and provides substantial discounts on retail prices on certain medications. *Note: The CHMRx card is administered by a third party, not CHM. Please call the Rx Member Help Desk number on the CHMRx card or visit chmrx.com for assistance.*

- **needymeds.org** and **rxassist.org**: These sites help patients apply for Patient Assistance Programs offered by pharmaceutical companies.

Meet Dr. Jacobson

Michael Jacobson, D.O., has served as medical director for CHM since 1995. He helps CHM members gain insight on relevant health issues from a biblical perspective.

Dr. Jacobson offers free medical consulting. This consulting service saves members thousands of dollars and is especially valuable before you experience significant expense. You can email him at **doc@chministries.org** to seek guidance for your medical situation.

Dr. Jacobson also writes monthly articles for *Heartfelt* Magazine, answering member questions ranging from heart palpitations to dementia to healthy eating. You can read these articles at **chministries.org/blog**.
Engaging with the CHM family

Be a part of our online community! Following us on social and opting in to our email list is a great way to:

- Hear the latest CHM news
- Learn nifty tips about your membership
- Pray for others and be prayed for by others
- See encouraging, uplifting content from CHM staff and fellow members
- Get in touch with CHM staff about membership inquiries and questions
- Ready to join the online community? Find us on your favorite social channel @ iheartchm:
  - Facebook
  - YouTube
  - Twitter
  - LinkedIn

Sign up for CHM's opt-in email at info.chministries.org/sign-up.

Give love, tangibly, by donating to the Prayer Page. The Prayer Page is one of two programs that assists members with medical bills incurred from pre-existing conditions and is a testament to Christians' love for one another. All CHM members are invited and encouraged to give to Prayer Page needs (above regular monthly gifts) as they feel led. This portion of our ministry is an amazing testimony to the power of the Holy Spirit to change people's hearts.* In 2019, CHM members donated over $6 million to one another's medical bills.

*Editor's note: Donations for Prayer Page needs sent to the CHM office qualify as tax-deductible charitable contributions; members who give to Prayer Page needs receive a year-end statement for tax purposes.
Why Bring-a-Friend (BAF) is important to every CHM member:

There are many Christians who need the services provided by CHM; some of them are CHM members’ friends and family. In fact, what you tell them about BAF may be quite literally an answer to their prayers.

More hands make the burden lighter for everyone. More CHM memberships help keep the monthly financial gifts low.

How does it work?

The BAF program is simple and straightforward, and it benefits you, your friends and everyone who is part of CHM. If you have a Christian friend or family member who needs health cost support:

• Tell them about CHM, sharing your experiences and the essentials of how CHM works.

• Provide your friend with the CHM website information on how to join or to find out more about the ministry, being sure to give them your member number so that you can get BAF credit when they join.

• Receive a free month of membership after your friend or family member’s third monthly financial gift to the ministry.

The big three ways to Bring-a-Friend:

1. **Tell them about it:** Share your personal experience with CHM. Even if you haven’t submitted bills for sharing, you were motivated to join, and others will want to know why you made that decision.

2. **Use CHM’s handy BAF resources:** Sharing social media posts from the ministry’s social media channels, and *Heartfelt* Magazine’s testimonials is a great way to tell others about how the ministry works.

3. **The free Member Portal** ([portal.chministries.org](http://portal.chministries.org)) features links that you can send to friends so that when they join, for BAF purposes, your member number is automatically assigned to your friend.
Wondering how to start the conversation?

Here are suggestions on how to start the CHM conversation with your Christian friends and family:

“What’s your healthcare cost support method for your medical bills?” or, “What’s your main concern about dealing with healthcare costs?”

The answer to either question will lead you to your friend or family member’s chief concern, which will serve as a starting point:

*If it’s a desire to help fellow Christians, you can speak about CHM in light of Galatians 6:2: “Carry each other’s burdens and so fulfill the law of Christ.”*

From whatever point you begin, the focus can return to these simple truths:

⭐ **CHM is a means by which Christians support each other.**

⭐ **CHM exists to glorify God, show Christian love, and share members’ medical bills.**

⭐ **CHM is a Bible-based means by which Christians can meet their healthcare costs.**

If it’s about **Christian principles**, take them to the CHM Statement of Beliefs, found in the CHM Guidelines.

If it’s cost, you can explain to them CHM’s financial gift structure, how no one is cancelled or denied membership because of costs, age, weight; the flexibility to choose your own healthcare providers; freedom from worry; and other advantages of membership.

**If it’s catastrophic medical bills**, the discussion can move to CHM membership with **Brother’s Keeper**.

If it’s **pre-existing conditions**, let them know that CHM has two programs for sharing medical bills for pre-existing conditions: the **Gold Schedule** and the **Prayer Page**.

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**CHM isn’t insurance, and doesn’t use insurance agents**

CHM, a voluntary cost sharing ministry, is not health insurance. As such, CHM doesn’t contract, incentivize, or in any other manner, work with insurance agents to bring new members into the ministry.

As you learn about your new CHM membership, it’s important that you know our position.

CHM doesn’t have insurance products. We don’t pay commissions to agents. Agents are not authorized, allowed, or able—in any form, manner, or capacity—to “sell” CHM to prospective members.

However, if someone tries to or has already tried to literally “sell” you on joining, don’t buy it. Call or email us directly and we’ll be delighted to share the CHM story with you.

If an insurance agent has “sold” you a CHM membership, please contact us at editor@chministries.org.

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*Please note: We cannot offer remuneration to individuals who promote CHM in their profession. However, any individual who joins CHM can participate in the Bring-a-Friend referral program and earn free months of membership as a result of their efforts. See chministries.org/bringafriend.*
Young adults | Knowledge is power

CHM membership serves young adults in the following ways:

- CHM membership “travels” well—cost sharing support is the same when studying locally, out-of-state or internationally.
- Sharing eligibility is pre-determined, so even when hundreds of miles from home, members aren’t bound by a select network of healthcare providers.
- Young adults who are no longer legal dependents can transition seamlessly to their own CHM membership—allowing pre-existing conditions to date back to the original start date on their parents’ membership.

Growing families | Healthcare for two (or three, four...)

Married CHM members benefit from the Gold program’s maternity assistance. Women participating at the Gold level at least 30 days* before conceiving receive maternity assistance per pregnancy for such qualifying expenses as:

- Pre-natal (including up to three ultrasounds, when deemed medically necessary)
- Hospital delivery (including cesarean and multiple births)
- Home births
- Legally-practicing midwives (see Guideline R.11)
- Complications (mother and baby)
- Post-natal (up to six weeks)
- One lactation consultant visit (if medically necessary; an itemized charge must appear on your bill or you must submit a note from your healthcare provider)

More things to glow about:

- Any non-routine medical bills your baby incurs in the first three months after birth are eligible for sharing through the mother’s membership according to the Guidelines.
- Families pay no more than three units of membership, regardless of the number of dependent children.

*Editor’s note: Women switching from a lower level to Gold must allow 30 days for the change to take effect and have an estimated delivery date 300 days after switching membership levels to receive maternity assistance. The CHM staff require notification after the baby’s birth to add the child to the family membership.
Self-employed | Getting down to business

CHM provides on-the-go professionals and self-starters with cost-effective, flexible and reliable healthcare cost sharing support—particularly as they consider their career goals and family responsibilities. Portability is a significant advantage for CHM members in that participation isn’t tied to an existing or future employment position. Likewise, Christians who began their membership as part of a group program can continue their participation even when transitioning to a new employer.

Other highlights:

- Membership operates on a month-to-month basis, providing additional flexibility when it comes to participation start dates or choosing the right participation level.
- Easy, straightforward sharing eligibility means spending less time on healthcare research and more time on your mission.
- Your membership allows you to take ownership of your healthcare and play a more active role in healthcare decisions.

Retirement-age | Finishing with ease—and comprehensive healthcare

As CHM members approach retirement age, they can have great comfort in knowing that CHM participation continues without interruption to the next phase of life.

Members who are 65 and older can use CHM as a complement to Medicare parts A and B. (Though Medicare parts A and B likely will cover the majority of healthcare costs, without additional provision like CHM, it’s common for senior citizens to find themselves with high dollar amounts they must pay.)

Other positive features:

- Monthly financial gifts* remain consistent at all participation levels, regardless of your age or medical history, even as you near the stage of life where you’re more likely to incur medical costs.
- The amount Medicare pays for any eligible medical incident applies toward your Personal Responsibility amount.

Ministry staff | Healthy churches, healthy families

The joining together of CHM members to meet each other’s needs shows that the body of Christ is different from the rest of the world.

As pastors, missionaries, and ministry staff members labor daily at serving and edifying those around them, they find strength in being served by fellow Christians. CHM’s solutions have helped hundreds of participating groups—ranging in size from two people to hundreds of families—focus on the health of the Church while meeting their own financial and spiritual needs—along with the needs of their loved ones and their brothers and sisters in Christ.

Other advantages:

- Ministry membership means your money shares expenses that are God-honoring.
- Your staff can receive spiritual support from Christians outside of their local church or biblical community.

*Editor's note: Silver and Bronze, though good programs, can only share surgery bills or medical bills incurred in a hospital; CHM doesn’t suggest or recommend Silver or Bronze for members on Medicare. Medicare-aged members must use Medicare-accepting providers for the outstanding balance of eligible medical expenses to be shared.

Last, but not least

All members—no matter their age—are encouraged to consider Brother’s Keeper participation as an extension of their CHM membership. For Gold members, the Brother’s Keeper program for catastrophic expenses removes the $125,000 per-illness cap to an unlimited amount. Silver and Bronze members receive an additional $100,000 (accruing up to $1 million per illness) with each annual renewal.
FORMS

The following Christian Healthcare Ministries forms are for your convenience only. Below is an explanation of each form’s purpose and how it relates to your membership or health. Please note that these forms don’t need to be completed or sent to CHM unless the need arises.

Medical Information Request Form: To be used if you’d like to contact Dr. Jacobson, CHM medical director. Optional; does not need to be returned.

Sharing Request Form, Medical Bill Worksheet, Medical Release Information (HIPAA-compliant), Letter of Explanation, Prayer Page Request Form: To be used if you wish to submit a medical need for sharing. Only required if you have a medical need.

Member Application: To be given to a friend or family member who wishes to join CHM. Optional; does not need to be returned.
Medical Information Request Form

Dr. Jacobson, CHM medical consultant, will provide free information relevant to your request to the best of his ability. This information may involve procedures or treatments that do not meet CHM Guidelines for sharing. In addition, CHM is not responsible for decisions made by members using Dr. Jacobson’s services. This information and advice is not intended to replace the services of a physician.

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Past medical/Surgical history: *(Significant illnesses or surgeries):*

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Details of illness as they occurred:

What treatments or diagnoses have you already received for your current problem? *(Feel free to attach any test result summaries if you wish.)*

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Medications, vitamins, herbs:

Other relevant factors to consider (e.g. circumstances, diet):

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Practical information is available on our website. Our e-Magazine is available at no cost.

Check this box to sign up, or you can visit our website or contact our office. You also can search our online back issue listing and download or order individual issues.

Our desire is to provide both medical and spiritual support as we realize that physical illness impacts the soul and spirit as well. We would like to pray for any spiritual needs that may accompany your medical problem. Please list prayer requests you may have on the back of this form.

Visit chministries.org for more information. Please allow 1-2 weeks for a response.
**Sharing Request Form**

*Instructions:* Please complete and return the enclosed forms and copies of your itemized bills to CHM (even if a discount is pending) to begin the sharing process for your medical bills.

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<td><strong>Expected due date:</strong></td>
</tr>
</tbody>
</table>

| Previous Conditions | **Did you have signs, symptoms, testing, 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 this 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 see CHM Guideline W and chministries.org/accidents for additional instructions when submitting medical expenses for sharing.*

| Primary Payment Sources | **□ I have primary forms of payment available, such as insurance, Worker’s Compensation, Medicaid, Medicare, etc.** |

| Financial Assistance | **□ I have applied or am in the process of applying for financial assistance in accordance with the CHM Guidelines.** |

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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 who attend worship regularly as health permits, follow the teachings of the New Testament, embrace the CHM Statements of Beliefs (expressed in CHM’s Guidelines), follow biblical principles with respect to the use of alcohol and abstain from practices inconsistent with a biblical lifestyle, including (but not limited to) illegal drugs, tobacco, nicotine, any smoking device (including but not limited to cigarettes, cigars, pipes, herbal cigarettes, e-cigarettes, vape pens, etc.), and sexual immorality. I also attest that all information provided herein is true to the best of my knowledge.*

Signed: __________________________ Date: ____________

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*FOR OFFICE USE ONLY*
**Instructions:** Complete each column on this worksheet and submit it along with copies of your itemized bills for each line item. When a discount is received, please make sure your itemized bill reflects the reduced amount.

**Medical Bill Worksheet**

<table>
<thead>
<tr>
<th>DATE</th>
<th>PROVIDER</th>
<th>ORIGINAL</th>
<th>REDUCTIONS</th>
<th>PAYMENTS made by member</th>
<th>TOTALS</th>
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<td>15.</td>
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</tbody>
</table>

Is this worksheet an add-on to a previous incident? [ ] Yes [ ] No

If "yes", which incident?

**Reduction should include discounts you’ve received from your provider, funds awarded through financial assistance and any payments made by other primary sources of payment.**

**An add-on is a bill, form or letter related to an incident for which items have already been submitted.**

**Please return to:**

Christian Healthcare Ministries
Attn: Member Bill Processing
127 Hazelwood Ave, Barberton, OH 44203

1-330-848-1511
330-848-4322

1-800-791-6225 toll free

chministries.org
SECTION A: (PLEASE PRINT)

Patient name: ____________________________
Date of birth: ____________________________
CHM#: ____________________________
SSN: ____________________________
Address: ____________________________
Phone #: ____________________________

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.**

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.

I further authorize Christian Healthcare Ministries to discuss any and all health information related to my records described in this authorization with healthcare providers, healthcare facilities, health plans or any other agency involved in my healthcare or payment for healthcare.

SECTION B: PLEASE INITIAL ONE OF THE OPTIONS BELOW

__________ I consent that all medical records be disclosed (complete health record plus records regarding all bills, billing codes, diagnosis codes, and other billing information).

__________ I DO NOT consent that my medical records be disclosed. **IMPORTANT: CHM must have your consent in order to present this form 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.**

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 patient or authorized representative

__________________________
Print name of patient

__________________________
*Authorized representative’s relationship to patient

__________________________
Print name of authorized representative

*Required if patient is under the age of 18 or is incapable of signing for themselves. If patient is incapable of signing for themselves, please include power of attorney documents.

Today’s Date: ________________

**IMPORTANT: This form must be signed and dated or it will be invalid and CHM may not be able to share your medical bills.**
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.)

WHO: ____________________________ MEMBER #: __________

WHAT: ______________________________________________________

WHERE Please list your location when symptoms occurred (home, school, etc.).
If an accident, please visit chministries.org/accidents for more information.

WHEN: ______________

ADDITIONAL INFORMATION: ____________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
Prayer Page Request Form

INSTRUCTIONS: Please complete this form if there’s any chance your condition may be deemed pre-existing. A pre-existing condition is any medical condition for which you experience signs, symptoms, testing or treatment before joining Christian Healthcare Ministries. (Routine or maintenance medications are considered treatment).

Patient name: ____________________________
Member #: ________________________________

☐ YES, I would like my bill(s) to be considered for listing on the Prayer Page. Editor’s note: To see if your medical bills are eligible for Prayer Page sharing, please see CHM Guidelines Z and AA.

What is the condition(s) you would like listed on the Prayer Page? (Listings may be edited for length or grammar.)

Signed: __________________________ Date: ________________

Amount shared for Prayer Page needs in 2019: $6,357,446

What is the Prayer Page?
The Prayer Page appears in CHM’s monthly Heartfelt Magazine. 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.)

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 listing will appear on the Prayer Page.

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

1. 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).

2. 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.

3. Medical bills cannot be shared if, at the time you join CHM, the bills are for pre-existing conditions for which you’ve experienced any signs or symptoms, or those for which you're undergoing any testing or 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).

4. If you join CHM while pregnant, bills for that pregnancy are not eligible for sharing through the Prayer Page. Bills for pregnancy are eligible when the mother joined CHM at least 300 days before the doctor’s estimated due date. Please see Guideline R for more information.

*For complete information about pre-existing conditions, please see Guidelines Z and AA.
### Step 1: Your contact information

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First:</th>
<th>M.I.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB (mm/dd/yy):</td>
<td></td>
<td>Male ○ Female ○</td>
</tr>
</tbody>
</table>

Qualify for Medicare? Yes ○ No ○ Medicare A and B? Yes ○ No ○ 
(See Guideline S at chministries.org/guidelines)

<table>
<thead>
<tr>
<th>Spouse Last:</th>
<th>First:</th>
<th>M.I.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB (mm/dd/yy):</td>
<td></td>
<td>Male ○ Female ○</td>
</tr>
</tbody>
</table>

Qualify for Medicare? Yes ○ No ○ Medicare A and B? Yes ○ No ○ 
(See Guideline S at chministries.org/guidelines)

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home phone:</td>
<td>Work phone:</td>
<td>Valid email:</td>
<td></td>
</tr>
</tbody>
</table>

### Step 2: Your children

Name: 
(First and last if different from above) Male ○ Female ○ Social Security Number Date of birth (mm/dd/yy)
Joining CHM? Yes ○ No ○

If 18 years or over, check all that apply:
- Christian living by biblical principles
- Single
- Reported as a dependent on your income tax forms

Please see the CHM Guidelines for more information on adult children.

Name: 
(First and last if different from above) Male ○ Female ○ Social Security Number Date of birth (mm/dd/yy)
Joining CHM? Yes ○ No ○

If 18 years or over, check all that apply:
- Christian living by biblical principles
- Single
- Reported as a dependent on your income tax forms

Please see the CHM Guidelines for more information on adult children.

### Step 3: Participation levels and units

Units may participate at different levels. Three units are three or more qualifying family members. No family’s monthly financial gift exceeds three units, regardless of the number of immediate family members. All dependent children participate as a single unit. See the CHM Guidelines for a detailed explanation of units.

<table>
<thead>
<tr>
<th>1st unit</th>
<th>Name:</th>
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</thead>
<tbody>
<tr>
<td>○ GOLD</td>
<td>○ SILVER</td>
</tr>
<tr>
<td>Gold: $172 per unit, per month; Silver: $118 per unit, per month; Bronze: $78 per unit, per month</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd unit</th>
<th>Name:</th>
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<tbody>
<tr>
<td>○ GOLD</td>
<td>○ SILVER</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd unit</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ GOLD</td>
<td>○ SILVER</td>
</tr>
</tbody>
</table>

### Step 4: Units participating in Brother’s Keeper program

<table>
<thead>
<tr>
<th>1st unit</th>
<th>2nd unit</th>
<th>3rd unit</th>
</tr>
</thead>
</table>

Brother’s Keeper membership provides unlimited cost support per illness (Gold members) or increases your maximum cost support by $100,000 annually, up to $1 million per illness (Silver and Bronze members). There is a $40 annual fee per family and an average quarterly fee of $45 per unit.

### Step 5: Your start date (choose one)

- Start date to begin on postmark date of envelope in which you mail this application.
- I am choosing a future start date:

  Month   Year

This space is reserved for office use:

### Step 6: Sponsor/Promotion/Group (if applicable)

Sponsor name:
Sponsor member #:
Promotion code #:
Group name and #:
Step 7: Health history
Please list ALL conditions for which you have experienced signs, symptoms or treatment within the past five years. Your membership in Christian Healthcare Ministries will not be denied based on the information you provide. The information will, however, help us determine if we can assist you through one of our programs for pre-existing conditions.

<table>
<thead>
<tr>
<th>Name</th>
<th>Condition/Symptom/Treatment/Medication</th>
<th>Date</th>
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□ Continued on a separate page?

Step 8: Tell us how you heard about us! (please choose all that apply)

☐ A current CHM member
   Name: ___________________________
   Member #: _______________________

☐ A friend (non-member)
   Name: ___________________________

☐ Convention
   Name: ___________________________
   Station: _________________________
   City/State: _______________________
   Other (please specify): __________

☐ Magazine
   Name: ___________________________
   Website: _________________________

☐ Radio/TV
   Station: _________________________
   City/State: _______________________
   Commercial -or- Program
   Station: _________________________
   City/State: _______________________

☐ Internet
   Website: _________________________

☐ Other (please specify):
   ________________________________

Step 9: Commitment

# Gold units  # Silver units  # Bronze units  Final total
From Step 3  From Step 3  From Step 3  Add $40.00 if joining
X 172.00 + X 118.00 + X 78.00 = $

Contribution method

Credit Card (choose one): ☐ Visa ☐ Master Card ☐ Discover
I want to contribute with this credit card: ☐ this time only ☐ each month

Card Number: __________________________ Exp. Date (mm/yy): ______

CheckEase direct bank withdrawal ☐ Checking -or- ☐ Savings
Financial institution name: __________________________
Routing #: __________________________ Account #: __________________________

☐ I am enclosing a check made out to Christian Healthcare Ministries. ☐ this time only ☐ each month

INITIALS ☐ By signing below, I attest that the participating ADULT members included herein are Christians who attend worship regularly as health permits, follow the teachings of the New Testament, embrace the CHM Statements of Beliefs (expressed in CHM’s Guidelines), follow biblical principles with respect to the use of alcohol and abstain from practices inconsistent with a biblical lifestyle, including (but not limited to) illegal drugs, tobacco, nicotine, any smoking device (including but not limited to cigarettes, cigars, pipes, herbal cigarettes, e-cigarettes, vape pens, etc.), and sexual immorality. I also attest that all information provided herein is true to the best of my knowledge.

Signed __________________________ Date __________

Spouse __________________________ Date __________

(Only if joining at this time)

After you submit this form, you will receive a New Member Welcome Packet in the mail within several weeks.
CHM by the numbers in 2019

- **Member applications processed**: 52,200
- **New hires in 2019**: 77
- **Babies born in 2019**: 5,852
- **Emails processed**: 61,600
- **Handwritten thank you letters to CHM**: 364
- **Years as a BBB-accredited charity since 2013**: 7

**Payment transactions processed**:

- **2,542,768**

**Over 50,000 families received help in 2019**

**Gold schedule prayer page**

- **74%**
- **26%**
- **17%**

**Facebook likes**

- **27,332**

**Followers on other social media platforms**

- **2,800**

**Follower growth**

- **17.4%**

**$6,357,446 shared on prayer page in 2019**

**Pre-existing needs**

- **71%**

**Brother’s Keeper needs**

- **17%**

**Gold schedule needs**

- **5%**

**Total shared in 2019**

- **$499,917,946**

**Bills shared in 2019**

- **365,364**

**Total eligible bills before discounts in 2019**

- **$1,043,470,058**

**Total discounts in 2019**

- **($463,158,626)**

**Medicare/insurance in 2019**

- **+$80,393,486**

**Total in 2019**

- **$499,917,946**
Christian Healthcare Ministries

The biblical solution to healthcare costs

chministries.org | 1.800.791.6225 | 330.848.1511

127 Hazelwood Avenue | Barberton, OH 44203
Hours: Mon-Fri 9AM-5PM (EST)

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