



Sutter Medical Foundation

A Sutter Health Affiliate

Date:

Dear Patient:

Thank you for inquiring about Sutter Medical Foundation of the North Bay's Charity Care program. Within this packet you will find a summary of charity care guidelines, FAQ's, other payment options, additional resources and an application. Please review the information provided and complete the application appropriately. Upon completion, you may mail the application and corresponding documentation to the address provided for Sutter Connect. Please use the checklist provided below to ensure that you have provided all of the necessary documentation along with your application. Failure to provide the needed documentation will result in a delay of the application process.

If you have any question, please contact:

Customer Service
(866) 233-5330
or
(916) 854-6890
8 am – 5 pm PST

Checklist

(please bring or mail the following information)

- Completed *Statement of Financial Condition* Application
- Bank Statement
- Tax Forms
- Current Pay Stub
- Medi-Cal Denial Letter (*if applicable*)

Sutter Connect
P.O Box 254707
Sacramento, CA 95865
Attn: BAR-Self Pay Unit