



**Bob Ferguson**  
**ATTORNEY GENERAL OF WASHINGTON**  
Consumer Protection Division  
800 Fifth Avenue • Suite 2000 • MS TB 14 • Seattle WA 98104-3188  
(206) 464-7745

**ACT NOW! You may be eligible for a refund or forgiveness of medical debt.**

Dear Patient:

The Attorney General's Office protects all Washingtonians from unfair and deceptive business practices. My team and I work hard to hold businesses accountable and obtain justice for Washingtonians when businesses don't play by the rules.

My office filed a lawsuit against St. Joseph Medical Center alleging that it failed to make financial assistance accessible to low-income patients from 2012 to 2017. My office and St. Joseph Medical Center's parent company, CHI Franciscan, recently entered into an agreement to settle this lawsuit. A copy of the settlement is available here: [insert link to Consent Decree].

This settlement allows patients who were qualified financial assistance to receive a refund or forgiveness of debt for care provided to them from 2012-2017 at the following hospitals: St. Joseph Medical Center, St. Elizabeth Hospital, St. Francis Hospital, Highline Medical Center, Harrison Medical Center, St. Anthony Hospital, and St. Clare Hospital.

**Here is what you need to do to see if you are eligible for a refund or debt forgiveness:**

- Consult the enclosed chart to see if your family income at the time you received treatment qualifies you for financial assistance; and
- If so, please return the enclosed form to be considered for financial assistance.

**We are working hard to make sure every eligible patient receives a refund and debt forgiveness, but we need you to act now!**

If approved for financial assistance, you will receive a refund of what you paid to CHI Franciscan hospitals. You will also be notified of any amount you no longer owe to CHI Franciscan hospitals.

If you have questions about this letter or CHI Franciscan's charity care program please contact (888) 779-6380.

Sincerely,

BOB FERGUSON  
Attorney General

## CHI Franciscan - Attestation of Eligibility For Financial Assistance

Patient's Full Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Full Name of Responsible Party (If Not The Patient): \_\_\_\_\_

Relationship of Responsible Party to Patient: \_\_\_\_\_

Approximate Date(s) of Treatment: \_\_\_\_\_

Hospital Where Treatment Was Received: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email (optional): \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

***By signing this document and requesting that CHI Franciscan provide me with financial assistance for medical treatment, I affirm and represent the following:***

- The information I have provided above is true and correct to the best of my knowledge.
- The patient listed above received medical treatment at St. Elizabeth Hospital (Enumclaw), St. Francis Hospital (Federal Way), Highline Medical Center (Burien), Harrison Medical Center (Bremerton / Silverdale), St. Anthony Hospital (Gig Harbor), St. Clare Hospital (Lakewood), or St. Joseph Medical Center (Tacoma) between January 1, 2012 and December 31, 2017.
- The household income of the patient or responsible party at the time of treatment was less than or equal to 200% of the 2017 Federal Poverty Guidelines, as set by the U.S. Department of Health & Human Services (see attached table).

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

**Mail or fax to: St. Joseph Medical Center, 1717 South J Street, MS 10-30, Tacoma, WA 98405. Fax (253) 396-6746. Please call (888) 779-6380 with any questions.**

**Your Income Must Be Less Than or Equal to the Amounts in the Chart Below  
to Qualify for Financial Assistance**

<b>200% of The Federal Poverty Guidelines - 2017</b>	
<b>Household / Family Size</b>	<b>Annual Household Income Must Be Less Than or Equal To:</b>
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640
For families/households with more than 8 persons, add \$8,360 for each additional person.	