



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 in accordance with the CHM Guidelines and your participation level at the time symptoms began.

Member Information

Member #: Member name: _____
Phone number: _____ Valid email address: _____

Patient Information (Please limit to one incident per form.)

Patient name: _____ Date of birth: Age: _____
mm dd yy

Physician's Diagnosis

Physician's diagnosis: _____ Date symptoms began:
(Please note: If no diagnosis has been made, please list your primary symptom and/or estimated diagnosis.) *mm dd yy*

Maternity Only For helpful resources about the medical bill sharing process when you're expecting, please visit chministries.org/maternity-sharing.

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

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 chministries.org/guidelines and chministries.org/accidents for additional instructions when submitting medical expenses for sharing.

Payment Sources I have primary forms of payment available, such as insurance, Worker's Compensation, Medicaid, Medicare, etc. Yes No

All bills must first be submitted to primary resources to pay all or part of the bills or to receive notice of liability or rejection (see chministries.org/guidelines for more information).

Financial Assistance I have applied or am in the process of applying for financial assistance. Yes No

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 chministries.org/guidelines for more info).

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.

FOR OFFICE USE ONLY

Signed: _____

Date:

Continued on next page...

Medical Bill Worksheet

Sharing Request Form, page 2

Patient Name: _____

Date of birth:

Member#:

Instructions: Complete each column to reflect the dollar amounts associated with each itemized bill's initial charges, reductions, and other payment details.

Is this worksheet an add-on (a bill, form or letter related to an incident already been submitted) to a previous incident?
 Yes No If "yes", which incident? _____

	DATE of service	PROVIDER doctor, hospital, pharmacy, etc.	ORIGINAL CHARGE	DISCOUNTS & FINANCIAL AID*	INSURANCE PAYMENTS	YOUR PAYMENTS	REMAINING BALANCE
1.			\$	\$	\$	\$	\$
2.			\$	\$	\$	\$	\$
3.			\$	\$	\$	\$	\$
4.			\$	\$	\$	\$	\$
5.			\$	\$	\$	\$	\$
6.			\$	\$	\$	\$	\$
7.			\$	\$	\$	\$	\$
8.			\$	\$	\$	\$	\$
9.			\$	\$	\$	\$	\$
10.			\$	\$	\$	\$	\$
		TOTALS					



Completed forms and itemized bills must be received by CHM within **six months** of the date of service. Bills or forms submitted after six months will be reviewed on a case-by-case basis.



Missing or unitemized bills or incomplete forms may cause an extended sharing time.



Questions, concerns, or problems submitting your forms? Our Member Services department can help you. Call 800-791-6225 for assistance.



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.**)

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 #:

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

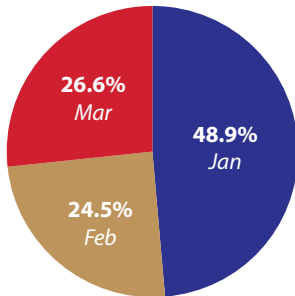
Signed: _____ Date: _____

By signing I agree to have my medical bills considered for listing on the Prayer Page. *Editor's note: To see if your medical bills are eligible for Prayer Page sharing, please see the CHM Guidelines (chministries.org/guidelines).*

Amount shared for Prayer Page needs in 2020

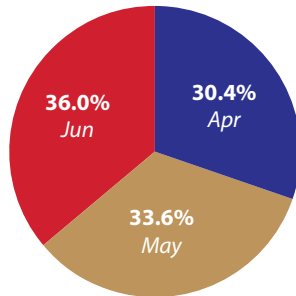
\$6,038,485

First Quarter



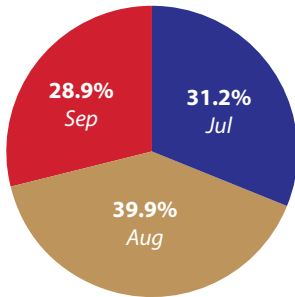
over \$1.9 million shared

Second Quarter



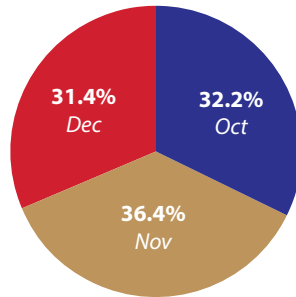
over \$1.3 million shared

Third Quarter



over \$1.5 million shared

Fourth Quarter



over \$1.2 million shared

What is the Prayer Page?

The Prayer Page appears in CHM's monthly *Heartfelt* Magazine and 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 gifts to CHM).

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

1. Bills must be from treatment of maintained 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 sharing.
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 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 the CHM Guidelines for more information.

Maternity Verification Form

Congratulations on the upcoming arrival of your new baby! CHM wants to provide a seamless membership experience for you and your newborn. After reviewing the information provided, please complete and return this form to proceed with the sharing of your current maternity expenses. Be sure to review the complete CHM Guidelines at chministries.org/guidelines.

Instructions: Please initial each of the following sections to acknowledge that you have read and understand CHM's maternity sharing Guidelines

Adding baby to existing child unit



If your new baby is added as a Gold member, we will adjust the participation level for children who are on the Silver or Bronze level to Gold level. Please note the following details:

- Illnesses already being shared on the Silver or Bronze level will continue to be shared at the lower level for the lifetime of the membership or until the member is cured and one year free of signs, symptoms, testing, and treatment (including medications).
- New illnesses will be eligible for Gold level sharing (medical records may be requested).
- We strongly encourage you to move the existing child unit to Gold prior to your expected birth month. Please allow 30 days for any requested changes to take effect.
- Adding Brother's Keeper—If you choose to add Brother's Keeper for your new baby, and the existing child unit did not previously participate, current illnesses of the children already on the membership may not qualify immediately for Brother's Keeper provision. For more information about the Brother's Keeper program, please refer to the CHM Guidelines.

INITIALS: _____

Congenital birth defects

If a congenital disorder is diagnosed at birth, please note the following details:

-  Gold level participants are eligible for a maximum sharing provision of \$125,000 per illness. Both child and mother must be and remain Gold level participants for congenital disorders to be eligible for sharing.
-  Silver and Bronze level participants are eligible for a maximum sharing provision of \$25,000 per illness.
- No extended sharing provision for birth defects and congenital conditions is available through CHM's Brother's Keeper provision.

INITIALS: _____

Discounts and financial assistance

CHM members are considered self-pay; we request that you use any financial assistance resources when available. In accordance with CHM Guidelines, members must submit documentation verifying other sources that are willing to pay part or all bills for this incident.

INITIALS: _____

“ Vivian is now 10 months old, and all our medical bills have been shared. I'm so thankful for the kind and thoughtful staff who encouraged me as I submitted bills and navigated pregnancy complications. I love being a part of the CHM family! ”



-Anna Johnson

For more information about our different programs and to see the advantages and extensive sharing assistance through CHM's Gold level, visit chministries.org/programs-costs or scan the QR code.



continued on next page... →

Any non-routine medical bills your baby incurs in the first three months are eligible for sharing through the mother's Gold participation level and in accordance with the CHM Guidelines. After three months, the CHM staff will transition your baby to a new unit using the information provided within this form. **Exception: Babies with a congenital birth defect will transition immediately from their mother's participation unit at the time of birth.**

Expected delivery date: _____ / _____ / _____

Baby's name (if decided): _____

Do you wish to add your new baby to your CHM membership?

Yes No

Do you have primary forms of payment available, such as insurance, medicaid, etc?

Yes No

On which level would you like your baby to participate?

Gold Silver Bronze

Start date: _____ / _____ / _____

End date: _____ / _____ / _____

Do you wish to add Brother's Keeper to your baby's membership for sharing support for medical bills exceeding \$125,000 per illness?

Yes No

For memberships with an existing child unit participating at Silver or Bronze level:

Please indicate the date you wish to switch the child unit to Gold level:

_____ / _____ / _____

Was the pregnancy a result of IVF (in vitro fertilization) or embryo implant, transfer, or adoption?

Yes No



Important note: Pregnancies that are a result of IVF (in vitro fertilization), embryo implant, transfer, adoption, or any complications resulting from those procedures, are not eligible for sharing according to the CHM Guidelines. For more information about the maternity program, please visit chministries.org/maternity-sharing.

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.

Patient name: _____ Member #: _____ Date: _____ / _____ / _____

Primary member name: _____

Primary member signature: _____

Helpful resources:

• Our Gold-level maternity guide includes a simple walkthrough from your first appointment, all the way through postnatal care. Visit chministries.org/maternity to learn more.

• We now have a Facebook group for expectant CHM mothers. Visit our Facebook page or scan the QR code to join today.



• Member testimonies are a great way to listen to how God blessed families with their new child. To see how God touches lives, visit chministries.org/video-resources/.

• Our CHM-friendly provider search can help you find providers in your area that were recommended by other members. To learn what providers are recommended in your area, visit chministries.org/resources/chm-friendly-providers/.




Christian Healthcare Ministries


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330.848.1511 phone • 800.791.6225 toll free
www.chministries.org


Dear Friend,


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 spiritually (through our optional Prayers Unceasing program where members send cards of encouragement) and by shouldering the burden of your healthcare costs.


CHM members have shared over \$7 billion of one another's medical bills. Each day thousands of Christians experience that support as the CHM staff shares medical bills in accordance with the CHM Guidelines (chministries.org/guidelines). Here's what happens when your medical bills arrive at CHM so they are shared with speed and accuracy:

 **Member Records:** Medical bills and forms are received by mail, fax, or through the online Member Portal (portal.chministries.org) and sorted for processing by received date.

 **Data Entry:** With few exceptions, almost all medical bills are different and display information in different ways and places. Therefore, each bill's data must be keyed by hand into the CHM medical bill processing database. In addition, employees verify that there are no duplicate charges (a common occurrence) or other billing mistakes made by your healthcare providers.

 **Authorization:** Staff members categorize bills into the appropriate illnesses and incidents (see the Guidelines glossary) and authorize bills according to the CHM Guidelines (chministries.org/guidelines).




 **Member Advocacy:** The bills are reviewed to make sure the maximum discount has been obtained and often verifies discounts with your healthcare providers (please make sure to notify CHM of any discounts and discount deadlines you receive).

 **Member Reimbursement:** A final bill audit is performed, after which funds are released for sharing from the audited CHM bank account. You will receive a check or checks from the CHM office.

Whether it's your first time submitting bills or not, please don't hesitate to call with questions or to request prayer from the CHM staff or other members. It's an honor and privilege to serve you.



SERVING
HUNDREDS OF
THOUSANDS OF
MEMBERS SINCE 1981

TOTAL ELIGIBLE BILLS SHARED
   **BEFORE DISCOUNTS**
IN 2021
OVER \$1.3 BILLION



CHM
BY THE
NUMBERS
2021

936



Prayer requests
submitted by members

OVER 5,000

Requests for a CHM information pack



mailed



downloaded

@iheartCHM



61,810
engagements

+15.9%



38,917 likes

+93.6%



3,954 followers

+52.3%



1,873 subscribers

+45.0%



1,183 followers

+36.4%



1,011 followers

OVER

\$599,250,000



of discounts and other financial assistance

36,738



new applications

357,238



total calls



45%

average
discount
amount

OVER \$22,000,000



amount was shared for
covid-19 medical bills



SINCE 1981
CHM HAS SATISFIED

OVER 70,000

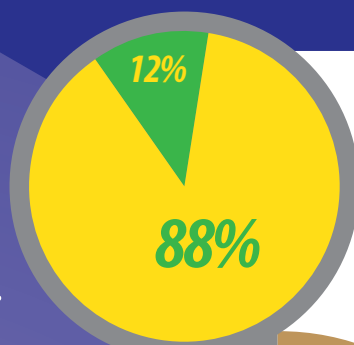
members who received
sharing support

**OVER \$7
BILLION**

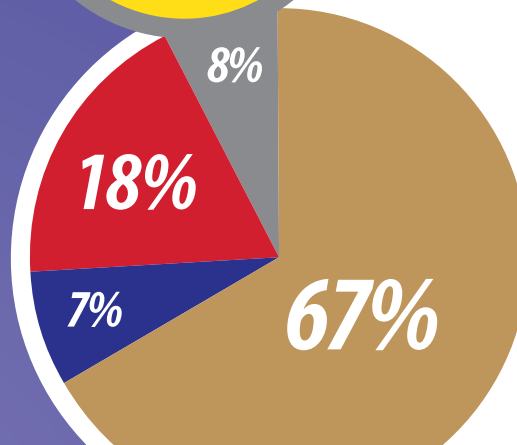
in members'
Eligible
medical bills

OVER 59,000

families helped through
sharing support



**OVER \$635 MILLION
TOTAL SHARED**



- PRE-EXISTING
- OVER \$5,760,000**
SHARED ON PRAYER PAGE
- GOLD SCHEDULE
- MATERNITY
- BROTHER'S KEEPER
- ILLNESS

See more stats at chministries.org/CHM-by-the-numbers.