Online Bill Payment Terms and Conditions

Last updated: 02/28/2024

Santa Clara Valley Healthcare (SCVH)—which is part of the County of Santa Clara and includes Santa Clara Valley Medical Center Hospital and Clinics, O'Connor Hospital, and St. Louise Regional Hospital—offers patients and their guarantors the opportunity to pay medical bills from SCVH electronically through myHealth Online, as further described in these Online Bill Payment Terms and Conditions ("Terms and Conditions"). Please print a copy of these Terms and Conditions and keep them for your records.

Acceptance of Terms and Conditions

When you make a payment through the SCVH myHealth Online billing portal, you agree to be bound by these Online Bill Payment Terms and Conditions. Please note that SCVH may revise these Terms and Conditions at any time by updating this posting. As such, we advise you to periodically review this page for such revisions.

If you do not agree to these Terms and Conditions, please do not use the SCVH myHealth Online billing portal to make your payments, but instead make your payments by phone or mail following the instructions on your SCVH billing statement.

myHealth Online Terms and Conditions

By making a payment through the SCVH myHealth Online billing portal, you understand and agree to be bound by the SCVH myHealth Online Terms and Conditions available at myhealthonline.sccgov.org.

Authorization for Payment by Credit Card or Debit Card

SCVH currently accepts Visa, Mastercard, Discover, and American Express credit cards.

By entering your credit card or debit card information into the SCVH myHealth Online billing portal and clicking on the "Submit" button, you are:

- certifying that you are the account holder or an authorized user of that credit card or debit card:
- affirming that you understand and agree to the SCVH Online Bill Payment Terms and Conditions on this page and the SCVH myHealth Online Terms and Conditions available at myhealthonline.sccgov.org; and
- authorizing SCVH to initiate charges to your credit card or debit card account for payment of your SCVH bill(s).

Your authorization is valid until the completion of the payment. If the agreed upon payment date falls on a weekend or holiday, you understand that the payment may be executed on the next business day.

Authorization for Bank Account Payment

By entering your bank checking or savings account information into the SCVH myHealth Online billing portal and clicking the "Submit" button, you are:

- certifying that you are the account holder or an authorized user of that account;
- affirming that you understand and agree to the SCVH Online Bill Payment Terms and Conditions on this page and the SCVH myHealth Online Terms and Conditions available at myhealthonline.sccgov.org;
- authorizing SCVH to make a deduction of funds from your checking or savings account
 by initiating an electronic fund transfer (EFT) from that account as soon as the day you
 make your payment toward your SCVH bill(s); and
- authorizing SCVH to, if necessary, have your bank account electronically credited and/or debited to correct erroneous transactions.

Your authorization is valid until the completion of the payment. If the agreed upon payment date falls on a weekend or holiday, you understand that the payment may be executed on the next business day.

Storage of Payment Method

The SCVH myHealth Online billing portal allows you to store your credit/debit card and/or bank account information for future use.

By entering your credit/debit card and/or bank account information into the SCVH myHealth Online billing portal and selecting "Save Payment Method to My Wallet," you are authorizing that information to be saved for future transactions on the SCVH myHealth Online billing portal.

You can change your payment method or update stored information at any time by visiting the SCVH myHealth Online billing portal.

Refund Policy

In the event a patient or guarantor is owed a refund due to an overpayment, once verified by SCVH Patient Business Services, that refund will be tendered to the patient or guarantor by crediting the original credit/debit card or mailing a check, as appropriate based on the situation. All requests will be handled in a timely manner.

Questions or Concerns

If you have questions or concerns about your SCVH bill(s), online bill payment(s), and/or the refund process, please contact Patient Business Services at (408) 885-7470 (TTY: 711) (8 a.m. to 4:30 p.m. P.T., Monday to Friday).

Financial Assistance

You may qualify for a discount on your SCVH bill(s). For more information on how you can get free help applying for financial assistance and healthcare coverage, please visit scvh.org/bill-help or call Patient Financial Services at (866) 967-4677 (TTY: 711) (8 a.m. to 4:30 p.m. P.T., Monday to Friday).

Patient Debt Collection Policy

You understand and agree that your SCVH bills are subject to the County of Santa Clara Health System Patient Debt Collection Policy, which is available online at scvh.org/bill-help.

Important Notices for California Consumers

Help Paying Your Bills

There are free consumer advocacy organizations that will help you understand the billing and payment process. For more information, call the Health Consumer Alliance at 1-888-804-3536 (TTY 711) or go to healthconsumer.org.

Rosenthal Fair Debt Collection Practices Act

In the event your account has been assigned to a collection agency, state and federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statement or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8 a.m. or after 9 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, contact the Federal Trade Commission at 1-877-FTC-HELP (382-4357) (TTY 711) or go to www.ftc.gov. Nonprofit credit counseling services may be available in your area.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-408-885-7470 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-408-885-7470 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-408-885-7470 (TTY: 711).

注意:如果**您**說國語或粵語,免費語言協助服務將會提供給**您**。請聯繫 1-408-885-7470 (TTY: 711)。

注意:如果**您**说普通话,免费语言协助服务将会提供给**您**。 请拨打 1-408-885-7470 (TTY: 711)。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-408-885-7470 (TTY: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-334-1000 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با -888-408-1 تماس بگیرید.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-408-885-7470 번으로 전화해 주십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-408-885-7470 पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-408-885-7470.