



# Christian Healthcare Ministries

*The biblical solution to healthcare costs*

The Rev. Howard S. Russell *President*  
127 Hazelwood Avenue • Barberton, Ohio 44203  
330.848.1511 *phone* • 800.791.6225 *toll free* • 330.848.4322 *fax*  
hrussell@chministries.org • www.chministries.org

Dear Friend:

Congratulations!

Everyone at Christian Healthcare Ministries is always delighted when we learn that a baby is on the way to one of our members. Babies are a gift from God. I want you to know that all of us here at the Christian Healthcare Ministries office are praying for you at this special time in your life. We will especially lift you up during our chapel services each Thursday morning at 9:30 a.m. Eastern time.

In times of joy or difficulty here are two things on which you can rely: God knows all about our circumstances and He wants for us what is best.

Sometimes the joy of having a child on the way can be affected by concerns about finances. However, thousands of Christians are ready to help you. While your needs related to maternity are being prepared for sharing, please accept the following advice. It will make your next few months much more comfortable.

Don't hesitate to tell providers that you are "self-pay." Also, tell them that you are part of a ministry of Christians who share each other's medical bills. In the last 20 years, CHM members have shared more than \$500 million of other Christians' needs. They will now help shoulder your burden as well.

It is vital that you familiarize yourself with all hospital services, as well as the advantages of pre-registration. Hospitals often have "Stork Packages" or bundled delivery prices for one or two-day stays depending on your physician's recommendation. These charges are considerably less than what you might otherwise receive provided there are no complications. Payments are generally expected by the seventh month.

Please also be sure to seek reductions on your obstetric and radiology bills. Health care providers regularly give reductions to insurance companies. You should receive the same consideration and it is your right to seek a reduction.

Additionally, obtaining reductions will save money that can be used to help you and other CHM members. As you are the individual with whom they are working, providers may well give you a significantly larger reduction than what they might give CHM if we request the reduction on your behalf. Submitting bills and estimates to the ministry immediately usually allows time for sharing within the mandated time frame or before delivery. Communicating with your providers is essential in making this a smooth process.

Please also remember that under CHM Guidelines eligible medical bills cannot be shared unless your membership is continuous through the time funds are shared and all other available assistance has been

-more-

exhausted.

Within this packet you will find more detailed information about maternity needs processing. If you have questions, please don't hesitate to call or write us so we can help you. God bless you as you prepare to receive your gift from God.

Sincerely,



Rev. Howard S. Russell  
President and CEO

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## **CHM Needs Processing representatives:**

### **Region 1**

*Connecticut, Delaware, Indiana, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia*

**Donna Greer**

**Ext. 8088**

**[dgreer@chministries.org](mailto:dgreer@chministries.org)**

### **Region 2**

*Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas, Utah, Washington, Wyoming*

**Beth Kabellar**

**Ext. 8086**

**[bkabellar@chministries.org](mailto:bkabellar@chministries.org)**

### **Region 3**

*Arkansas, Illinois, Iowa, Kentucky, Louisiana, Minnesota, Missouri, Oklahoma, Virginia, Wisconsin*

**Yvonne Woolridge**

**Ext. 6104**

**[ywoolridge@chministries.org](mailto:ywoolridge@chministries.org)**

### **Region 4**

*Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee*

**Tina Farnsworth**

**Ext. 8087**

**[tfarnsworth@chministries.org](mailto:tfarnsworth@chministries.org)**



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## **Pregnancy: what to expect**

Pregnancy has three trimesters. Months one through three are the *first trimester*. Months four through six are the *second trimester* and months seven through nine are the *third trimester*.

### ***First trimester***

God has designed and formed the amniotic sac around the baby for protection. The umbilical cord provides nutrition to the baby and God's handiwork allows the heart, lungs and brain to begin growing. Amazing!

Prenatal care should begin as soon as you know you're pregnant. This care is important and includes regular office visits with the medical professional of your choice.

The first prenatal visit will be longer than subsequent visits. Make sure you discuss your medical history, including your last menstrual period, past pregnancies, immunizations, surgeries and chronic family illnesses. You will undergo several blood tests to check for possible transmitted diseases, immune factors, anemia, blood type, etc. These tests will help your medical providers to deliver a healthy baby.

**After your first visit please submit the following items to Christian Healthcare Ministries: Needs Processing Form, Pastor's Form, Authorization for Medical Release Form and a brief letter stating your estimated due date. Include copies of the estimated global fee charges from your obstetrician or any medical bills already incurred.**

### ***Second trimester***

People begin to notice your pregnancy; it's no longer a secret! You may feel the baby move at 18 to 20 weeks. Your baby weighs approximately 1.75 pounds and is about 12 inches long. All of the baby's organs are formed by the end of the second trimester.

*For you created my inmost being; you knit me together in my mother's womb. (Psalm 139:13)*

### ***Third trimester***

Your baby is growing and you are experiencing more signs of life: kicking, shortness of breath, etc. Your baby will weigh six to eight pounds by the end of the third trimester. The skin is smooth and the eyes open and close.

Make sure that you get good nutrition throughout your pregnancy. It can be hard to eat well with morning sickness and cravings. Find a healthy balance.

As your pregnancy progresses you may need to have an ultrasound to see if your baby's growth is on track. Any additional itemized bill—such as a bill for an ultrasound—may be submitted to CHM with your member number clearly marked on the bill.

If you experience any problems (fluid retention, swelling, etc.) in the second or third trimester, contact your health care provider as soon as possible.

## Maternity definitions

**Family practice physician:** A doctor who treats all ages. This may also include pregnancies and children.

**Obstetrician or OB/GYN:** A physician who provides pre-natal, delivery, and post-natal care to pregnant women

**Nurse midwife:** A registered nurse (RN) who is trained (but not necessarily licensed) to provide care to women with normal pregnancies. An obstetrician is usually on stand-by if problems arise.

**Fetal specialist:** An obstetrician who specializes in the care and treatment of children.

**Pediatrician:** A doctor who specializes in the care and

treatment of children.

**Office visit:** A direct, personal contact between a physician or other health care practitioner and a patient. The visit takes place in an office and its purpose is to diagnose or provide treatment. Such visits are billed with an office visit code.

**Inpatient:** Medical care provided to a person who has been admitted to a medical facility for at least 24 hours.

**Outpatient:** Medical care provided at a hospital but without accommodation charges.

**Global fee/stork package:** The contracted payment amount for pre-natal, delivery, and post-natal services encompassing combined professionals' charges (obstetrician, midwife, etc.)

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## What CHM will share (Please see CHM Guideline H for a complete list.)

**Gold level:** Christian Healthcare Ministries will share qualifying needs for pre-natal, delivery (including cesarean and multiple births), home births, midwives, post-natal, and complications (mother and baby) with a maximum of \$125,000 per pregnancy, provided the mother joined CHM at least 300 days before the birth. The maximum amount increases up to \$1 million with participation in the Brother's Keeper program (see Guideline P).

**Silver level:** Christian Healthcare Ministries will share qualifying hospital-related needs with a maximum of \$125,000 per pregnancy, provided the mother joined CHM at least 300 days before the birth. The maximum amount increases up to \$1 million with participation in the Brother's Keeper program (see Guideline P). In addition, bills for midwives are eligible up to \$2,500

per pregnancy.

**Bronze level:** Christian Healthcare Ministries will only share qualifying hospital-related needs with a maximum of \$125,000 per pregnancy, provided the mother joined CHM at least 300 days before the birth. The maximum amount increases up to \$1 million with participation in the Brother's Keeper program (see Guideline P).

**All levels:** The member is responsible for the personal responsibility amount applicable to her participation at the time of conception (Gold level: \$500; Silver: \$1,000; Bronze: \$5,000). A member cannot change her level of participation for this condition from the time of conception until after all related bills have been shared. If participation level changes are in question, all bills will be processed according to the level of participation at the time of conception.

# Maternity Needs Processing Form



Christian Healthcare Ministries

Galatians 6:2, Acts 2 & 4

Return form to: Christian Healthcare Ministries  
Attn: Needs Processing

127 Hazelwood Ave.  
Barberton, OH 44203

330-848-1511 phone 800-791-6225 toll free  
330-848-4322 fax  
www.chministries.org

Please read and complete the following form for sharing of your medical bills. ATTACH a separate sheet of paper giving a brief explanation of the incident of illness.

## MEMBER INFORMATION

Member number: \_\_\_\_\_ Primary member name: \_\_\_\_\_

Reimbursement address: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Name of member's church: \_\_\_\_\_ Church phone: ( ) \_\_\_\_\_

Church address: \_\_\_\_\_ Church fax: ( ) \_\_\_\_\_

## PATIENT INFORMATION

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

*(Please complete if your spouse is not a Christian Healthcare Ministries member.)*

## RELEVANT DATES

Expected due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Actual date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Child's name: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Please note: The newborn's medical bills are eligible for CHM sharing (at the mother's participation level) up to three months of age. For sharing eligibility after three months of age, you must notify the CHM office at 1-800-791-6225, ext. 5993 to add the baby to your membership.

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 E.2).

*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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Continued  
on back...**

**IMPORTANT: FAILURE TO COMPLETE THIS FORM WILL RESULT IN PROCESSING DELAY.**

**WORKSHEET AREA**

Complete each column of this WORKSHEET AREA. Send the itemized bill for each line completed below along with this form.

**IMPORTANT! Special instructions:**

**REDUCTION(S):** When a bill reduction is received, your itemized bill should reflect the amount of the reduction.

**PAID BY OTHER SOURCES:** Some examples are Medicare, insurance, Workers' Compensation, etc.

DATE <i>of service</i>	PROVIDER <i>doctor, hospital, pharmacy, etc.</i>	AMOUNT <i>of bill</i>	REDUCTION <i>(if any)</i>	PAID <i>by other source</i>	BALANCE <i>due</i>
1. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS:</b>		\$ _____	\$ _____	\$ _____	\$ _____

The Christian Healthcare Ministries staff recognizes that this is a very exciting time of life and we are excited for you as well! We want to efficiently and effectively assist you with your medical bills. To accomplish this goal and remit payment to you by the seventh month of your pregnancy, please send us estimates from your obstetrician, midwife, birthing center and/or hospital as soon as you know your estimated due date.

Estimates must be submitted on a letterhead from the health care provider and must indicate services provided, CPT codes, and estimated charges (along with any requirements or stipulations to the agreement).

If you receive shared funds from the CHM office (based on your estimate) and subsequently incur charges more or less than your estimate, you must provide the CHM office an itemized statement so we can reimburse you for additional charges or so that you can return excess funds to the ministry to be used for other members' medical needs.

All other bills (including but not limited to laboratory, ultrasound, and bills incurred after the baby is born) must be itemized. If you are a Gold level member you may also submit your pre-natal vitamin tickets.

**Checklist before mailing:**

- 1. This signed and completed Needs Processing Form
- 2. An itemized bill for **each** item listed above with documentation of payments and/or adjustments (reductions)
- 3. Estimated global fee charges (if applicable) and a brief letter including your estimated due date
- 4. Signed and completed Pastor's Form
- 5. Signed and completed Authorization for Disclosure of Health Information Form

***Failure to submit any of the above items will delay the processing and sharing of your bill(s).***

# Authorization for Disclosure or Use of Protected Health Information Form



Christian Healthcare Ministries *Galatians 6:2, Acts 2 & 4*

Return form to: **Christian Healthcare Ministries**  
Attn: Needs Processing

127 Hazelwood Ave.  
Barberton, OH 44203

330-848-1511 phone 800-791-6225 toll free  
330-848-4322 fax  
www.chministries.org

## SECTION A: (PLEASE PRINT)

<b>Name:</b> _____	<b>Address:</b> _____
<b>Date of birth:</b> _____	_____
<b>SSN:</b> _____ <b>CHM #:</b> _____	<b>Phone #:</b> _____

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 and The Karis Group, a partnering patient advocacy group, 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 the above health care providers, health care facilities, health plans or any other agency involved in my health care or payment for health care.

## SECTION B:

Description of information being disclosed:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Complete Health Record   | <input type="checkbox"/> Discharge Summary           | <input type="checkbox"/> Progress Notes    |
| <input type="checkbox"/> History and Physical Exam  | <input type="checkbox"/> Consultation Reports        | <input type="checkbox"/> Laboratory Tests  |
| <input type="checkbox"/> Abstract/Pertinent Information   | <input type="checkbox"/> Emergency Department Record | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> All records regarding all bills, billing codes, diagnosis codes, and other billing information |  |  |

## 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, Ohio 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.
- Treatment payment, enrollment or eligibility for cost sharing may not be conditioned on execution of this authorization.
- A copy of this form, including a facsimile, may be used in place of the original.

Signature of Individual or Authorized Representative	Print Name of Individual
--	--------------------------

Representative's legal authority to individual	Print Name of Authorized Representative
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Today's Date: \_\_\_\_\_

**IMPORTANT: FAILURE TO COMPLETE AND SUBMIT THIS FORM WILL RESULT IN PROCESSING DELAY.**

-- PROVIDE COPY TO MEMBER & COPY TO FILE --

This form is certified HIPAA compliant



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## PASTOR'S FORM

**To be completed by the pastor or church official (If the patient is the pastor or member of the pastor's family, another church official must sign the form.)**

Dear Pastor:

Christian Healthcare Ministries (CHM) helps our members meet their medical bills, thus fulfilling Galatians 6:2, that Christians carry each other's burdens. One of our members attending your church has submitted a need for sharing. The individual submitting the need—or the individual for whom the need is submitted—must meet the following criteria:

An individual must be a Christian living by biblical principles and believe the Bible teaches that members of the Body of Christ are to share other Christians' burdens. A member must be an active participant in the Body of Christ, demonstrating the fulfillment of Hebrews 10:25. Persons who engage in a sinful lifestyle as described in the Scriptures do not qualify as participants in Christian Healthcare Ministries.

Please understand that in completing this form you are not being asked to judge your parishioner's Christian experience. According to our Guidelines, it is necessary for us to know certain facts related to the expression of his or her faith. Please help us by answering the questions below to the best of your knowledge.

**Member's name:** \_\_\_\_\_ **CHM #:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Patient name:** \_\_\_\_\_ **Patient age:** \_\_\_\_\_ **Patient SS#:** \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the person listed above (if over 18 years) strive to live by biblical principles?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does he or she attend church regularly?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does he or she refrain from participating in a sinful lifestyle as described in the Scriptures?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has this need been presented for consideration to the benevolence committee of the local church? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of church: \_\_\_\_\_ Church phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pastor or church official's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If you are the pastor or church official and the need submitted is for you or a family member, you must have another church official sign this form.)*

**Return form to:** Christian Healthcare Ministries  
 Attn: Needs Processing  
 127 Hazelwood Ave.  
 Barberton, OH 44203

**IMPORTANT: FAILURE TO COMPLETE AND SUBMIT THIS FORM WILL RESULT IN PROCESSING DELAY.**