**Model Plain Language Summary of Financial Assistance/Charity Care Policy**

[Hospital/system name] is committed to ensuring our patients get the hospital care they need regardless of ability to pay for that care. Providing health care to those who cannot afford to pay is part of our mission and state law requires hospitals to provide free and discounted care to eligible patients. You may qualify for free or discounted care based on family size and income, even if you have health insurance.

If you think you may have trouble paying for your health care, please talk with us. When possible, we encourage you to ask for financial help before receiving medical treatment.

**What Is Covered?** For emergency and other appropriate hospital-based services at [Hospital/system name] we provide free care and financial assistance/charity care to eligible patients on a sliding fee scale basis, with discounts ranging from \_\_ to \_\_%. No patient eligible for financial assistance/charity care will be charged more than amounts generally billed to patients who have insurance [language required for 501(c)(3) hospitals, others may keep or remove].Financial assistance for services at our non-hospital facilities can be found [indicate other policies for non-hospital services].

**How to Apply:** Any patient may apply to receive financial assistance/charity care by submitting an application and providing supporting documentation. If you have questions, need help, or would like to receive an application form or more information, please contact us:

* When you are checking in or checking out of the hospital;
* By telephone: [direct phone number]
* On our website at**: [**direct website address to access documents]
* In person: [physical location(s) of office/department/areas where patient can obtain copies of application form and policy and can receive assistance with the application process]
* To obtain documents via mail free of charge: [office/department contact and address/phone]

**If English is Not Your First Language:** Translated versions of the application form, financial assistance policy, and this summary [language required for 501(c)(3) hospitals, others may remove], are available upon request [may indicate specific languages available].

**Other Assistance:** *[include if hospital offers*]

Coverage assistance: You may be eligible for other government and community programs. We can help you learn whether these programs (including Medicaid/Apple Health and Veterans Affairs benefits) can help cover your medical bills. We can help you apply for these programs.

Uninsured discounts: We offer a discount for patients who do not have health insurance coverage. Please contact us about our discount program.

Payment plans: Any balance for amounts owed by you is due within \_\_\_\_ days. The balance can be paid in any of the following ways: credit card, payment plan, cash, check, or online bill pay. If you need a payment plan, please call the number on your billing statement.

Emergency Care: [Hospital/system name] has a dedicated emergency department and provides care for emergency medical conditions (as defined by the Emergency Medical Treatment and Labor Act) without discrimination consistent with available capabilities, without regard to whether or not a patient has the ability to pay or is eligible for financial assistance.

Thank you for trusting us with your care.