

[enter text: hospital name, hospital logo]

Plain Language Summary of the Financial Assistance Policy

Our goal is to provide caring, high-quality, and affordable healthcare to everyone who needs it.

What is financial assistance?

Hospital financial assistance is healthcare that is provided at no-cost (free) or low cost for people who are uninsured, underinsured, and who are unable to pay for their care. At our hospital:

- **No-Cost Care** is for people whose income is [Insert Hospital Threshold]% of the Federal Poverty Level (FPL) or less. The patient does not have to pay anything for their healthcare.
- **Discounted Care** is for people whose income is more than [Insert Hospital Threshold]% but less than or equal to [Insert Hospital Threshold] or mandated minimum 400% of the FPL. The patient will only pay a reduced amount of their original bill.

See next page for information about Federal Poverty Levels (FPL)

Am I eligible for financial assistance?

You can get financial assistance if your income (before tax) is up to [Insert Hospital Threshold] or mandated minimum 400% of Federal Poverty Level (FPL) when you got treatment or got your first bill if you:

- Don't have health insurance and can't join a government healthcare program, *OR*
- Have insurance or a government healthcare program but it doesn't cover all of your bills, *OR*
- Can't pay for your bill because of your financial situation.

Note: If you make more than [Insert Hospital Threshold] or mandated minimum 400% of the Federal Poverty Level (FPL) but have large medical bills, you may still qualify for help. Talk to someone from our billing staff for assistance.

You can get financial assistance regardless of your immigration status.

We will look at your application to see if you can get help from a government program.

If you are given discounted care, you will never be charged more for emergency or medically necessary care than what hospitals usually get paid from Medicare, Medi-Cal, or other insurance plans, this is known as the "amounts generally billed" (AGB).

How do I apply for financial assistance?

- Fill out an application and provide some papers to show your income.
- You can submit an application by mail, email, fax, online, or in person at the hospital. If you are still in the facility, ask for a member of our billing staff to assist.
- You can apply for financial assistance at any time, but it is best to apply as soon as possible.

[enter text: hospital name, hospital logo]

Where can I get the application for financial assistance?

The application, this plain language summary and the full policy are available to everyone for free, in English and other language(s).

- Online at [enter weblink],
- At the hospital's emergency room, [enter hospital office or department], [enter street address], [enter city, state, zip code]
- By mail - to request a form and financial assistance policy:
 - Call the financial assistance office [enter phone number]. You can also call the main hospital number at [enter phone number] and ask to speak with a financial counselor.
 - Write to the hospital at the address above [edit if different address]
- The hospital will send you application in the mail for free if you ask for one.

How can I get help?

- If you have questions or need help completing this form, please contact us at: [insert location and phone number and hours of the appropriate office or department.] If you are still in the facility, ask for a member of our billing staff to help. We can help anyone for any reason, including people who need accommodation for a disability or people who use a different language.
- You can also contact a free consumer advocacy group like the Health Consumer Alliance .They can help you understand the billing and payments system, apply for assistance, appeal or reapply if your application is denied. Call the *Health Consumer Alliance* at 1-888-804-3536 or visit <https://healthconsumer.org/>.

What percentage of the Federal Poverty Level (FPL) is my income? See the table below or visit <https://aspe.hhs.gov/poverty-guidelines>. For additional help contact the Health Consumer Alliance (see above).

The figures provided for 100%, 250%, and 400% of FPL are intended as reference points. Facilities may establish their own thresholds as appropriate.

Examples of Federal Poverty Levels (FPLs) in 2026			
Number in family/household*	Gross income (before tax) in a year		
	100% of FPL	250% of FPL	400% of FPL
1 person	\$15,960	\$39,900	\$63,840
2 people	\$21,640	\$54,100	\$86,560
3 people	\$27,320	\$68,300	\$109,280
4 people	\$33,000	\$82,500	\$132,000
5 people	\$38,680	\$96,700	\$154,720
6 people	\$44,360	\$110,900	\$177,440

For households of more than 6, add \$5,680 for each extra person