

# **Valley Children's Hospital**

## **Plain Language Summary of Financial Assistance Policy**

### **Eligibility**

Valley Children's Hospital is committed to providing high quality, comprehensive health care services to children, regardless of their ability to pay. Valley Children's Hospital Financial Assistance Program is intended to assist patients and guarantors who are not able to pay for their care, based upon a determination of financial need. Financial Assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, a patient whose injury is not compensated by workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital and/or unable to pay for their care. Financial Assistance is granted when patients have been determined eligible, based on providing proper documentation.

### **Type of Assistance**

Patients found eligible for Financial Assistance may be granted full assistance or a partial discount equivalent to no more than Medi-Cal rates.

### **Fees Charged to Eligible Patients for Financial Assistance**

Patients eligible for financial assistance will not be expected to pay more than the rates generally allowed for patients covered by Medi-Cal. The limit of fees applies to the patient payment obligations for emergent and medically necessary care.

### **How to Apply**

To obtain an application or apply for assistance please contact:

**Valley Children's Hospital**  
**9300 Valley Children's Place**  
**Madera, CA 93636**  
**559-353-7009**

### **To Obtain More Information**

The Valley Children's Hospital Financial Assistance Policy and application are available at:  
<http://www.valleychildrens.org>

### **Availability of Translations**

The Financial Assistance Policy, application and plain language summary are available in English and Spanish. Interpreters are available to address other language needs when necessary.