



FINANCIAL ASSISTANCE POLICY – PLAIN LANGUAGE SUMMARY

Virginia Hospital Center Health System is proud of its not-for-profit mission to provide caring healthcare services to patients 24 hours a day 7 days a week regardless of their ability to pay, doing so in an equitable manner and treating them with dignity, respect and compassion. To achieve this end, Virginia Hospital Center Health System has established a program to facilitate provision of financial assistance to uninsured or underinsured patients for eligible services (defined below). Under this program, patients whose household income is less than 200% of the published federal poverty guidelines are provided free care, with respect to the patients' out of pocket portion of the bill for eligible services ("Financial Assistance"). Virginia Hospital Center Health System does not provide discounted care under its Financial Assistance Policy.

ELIGIBLE SERVICES

Services provided by our Hospital facility that are eligible for financial assistance include:

- Emergency medical services provided in an emergency room setting,
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting, and
- Other medically necessary services, as based upon the clinical judgment of the healthcare provider without regard to the financial status of the patient.

The Financial Assistance Policy applies to services provided by physicians directly employed by the Virginia Hospital Center Health System; and **DOES NOT** include services provided by independent physicians or physicians that act as independent contractors to Virginia Hospital Center Health System, including emergency medicine physicians, anesthesiologists, radiologists, and pathologists. If you receive a physician bill from an independent physician or physician that acts as an independent contractor to Virginia Hospital Center Health System, you must contact such physician's office to discuss the terms of payment for services received. If you have any questions regarding whether a physician is employed by Virginia Hospital Center Health System, please visit the Hospital registration desks or call 703.558.2492.

ELIGIBILITY AND ASSISTANCE OFFERED

All patients will be treated for eligible services without discrimination and regardless of their eligibility for financial assistance.

Under no circumstance will a patient determined to be eligible for financial assistance be issued a bill. *Please note that the financial assistance program is **NOT** an insurance policy.*

In order to apply for financial assistance, the patient and/or family should complete an application form and provide items such as paystubs, recent bank statements, tax returns, etc. (as described in greater detail in the Financial Assistance Application form). Financial assistance applications that are approved are valid for a **six-month period**, starting from the initial date of care with respect to which the Financial Assistance Application was approved.

The determination of financial assistance will be based on the patient's ability to pay and will *not* be affected by the individual's age, sex, race, religion, disability, sexual orientation, marital status, immigrant status or national origin.

If you do not qualify for financial assistance and anticipate challenges in paying your bill, it is important that you contact our financial counseling department at 703.558.2492, as we may be able to help you arrange a manageable payment plan. Federal and State laws require all hospitals to seek full payment of what they bill patients that do not qualify for financial assistance. This means we may have to turn unpaid bills over to a collection agency, which could affect your credit status.

APPLYING FOR FINANCIAL ASSISTANCE

Patients have 240-days after the first post-discharge billing statement to submit applications for financial assistance. One can apply for financial assistance by completing a Financial Assistance Application form. The form is available to patients at the time they receive care at Virginia Hospital Center Health System. The form, the Financial Assistance Policy and this Plain Language Summary can be downloaded at www.virginiahospitalcenter.com/fap. Accompanying instructions will state the documents required for eligibility determination and guide patients in completion of the form.

Alternatively, printed copies of the Hospital's Financial Assistance Policy, its Plain Language Summary and the Financial Assistance Application form may also be obtained free of cost by visiting the Hospital registration desks, including the concierge desk located in the Hospital's main lobby. You can request a free copy to be mailed to you by calling the Financial Assistance department at 703.558.2492.

This Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application forms are available in English and multiple other languages.

The completed application form and all supporting documentation should be returned to:

Virginia Hospital Center Business Office
Attention: Financial Assistance Department
601 S. Carlin Springs Rd.
Arlington, VA 22204

Your information will be reviewed and a written decision will be mailed to you within 30 days of receipt of a completed Financial Assistance application.

TIMELY PAYMENT OF BILLS

Patients deemed not eligible for financial assistance are considered to be self-pay. Payments for these accounts are due within 30 days from the date of service. However, the patient will receive monthly statements for 120 days. If the patient fails to contact the Hospital to set up acceptable payment terms, the account will be transferred to a professional collection agency at least 150 days after the date of service.

If you have questions regarding our Financial Assistance Policy or require assistance in completing a Financial Assistance Application form, please contact our Financial Assistance department at 703.558.2492 or visit our Financial Assistance office at the address provided below:

Virginia Hospital Center Business Office
601 S. Carlin Springs Rd.
Arlington, VA 22204