

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/patient-and-families/billing-insurance-assistance/financial-aid>

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.