

Սոյն պրօշիւրը կրնաք ունենալ  
Արեւմտահայերէնով

本手册有中文版本。

Cette brochure est disponible en français.

Diese Broschüre steht in deutscher Sprache  
zur Verfügung.

Daim ntawv qhia no muaj ua ntawv Hmoob.

本パンフレットは日本語でご利用いただけ  
ます。

본 자료는 한국어로 이용하실 수 있습니다.

Эту брошюру можно получить на  
русском языке.

Este folleto está disponible en español.

Ang brochure na ito ay makukuha sa  
Tagalog.

Có tài liệu này bằng tiếng Việt.

Financial Assistance Program

AdventistHealth.org/FAP  
1-844-827-5047

# Getting help to pay your medical bills

Financial Assistance Program



**AdventistHealth** 

At Adventist Health, we work hard to help you stay healthy. This includes providing help if you have trouble paying your medical bill. You should always be able to get medical care, even if you don't think you can pay.

### Need help paying for your medical bill?

To find out if you can get help paying your medical bill, ask to fill out a financial assistance application. You can fill it out when you are receiving care or after you get your bill. We will use the information you provide on this form to see if you qualify for help paying your bill.

In general:

- If your yearly income is less than or equal to 200% of the current Federal Poverty Guideline, you may qualify for a full discount on your bill.
- If your yearly income is above 200% of the current Federal Poverty Guideline, you may qualify for a partial discount on your bill.

### How do I apply for help?

You can get a free copy of this brochure, our financial assistance policy and an application in different languages by:

1. Going to the registration area
2. Going to our website ([AdventistHealth.org/FAP](http://AdventistHealth.org/FAP))
3. Calling us at 1-844-827-5047
4. Writing to our address:

Adventist Health  
ATTN: Patient Access  
726 4th St.  
Marysville, CA 95901

We can help you fill out the form—just ask. When you complete filling out the form, give it to a registration employee or mail it to the address above.

### How do you decide how much financial help I get?

The amount of help you get to pay your bill depends on your financial need. When you qualify for assistance, we use the average amount paid by patients with insurance to determine how much you will be asked to pay for emergency and medically necessary care.

### Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Complaint Program. Search Hospital Bill Complaint Program at [hcai.ca.gov](http://hcai.ca.gov) for more information and to file a complaint.

### More help

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to [HealthConsumer.org](http://HealthConsumer.org) for more information.

*Individuals eligible for financial assistance will not be charged amounts more than AGB.*

*If you need help in your language, please call 844-827-5047 or visit any registration location during normal business hours. Aids and services for people with disabilities, like documents in braille, large print, audio and other accessible electronic formats, are also available. These services are free.*