Financial Assistance Policy Plain Language Summary

Carilion Clinic provides financial assistance to eligible patients who receive emergency or other medically necessary care from us in any of our hospital facilities. Financial assistance is only available for eligible services billed by Carilion Clinic.

Assistance Offered

Financial assistance may include discounted or free care. Patients eligible for financial assistance will not be billed more than amounts generally billed (AGB) to those with insurance.

Generally, you will be eligible for some form of assistance if your family income is at or below 500 percent of Federal Poverty Guidelines (FPG). Information on FPG is available online at aspe.hhs.gov/poverty/index.cfm. We also consider your liquid assets (for example, cash) and real estate when considering your eligibility.

How to Apply

Free copies of the Carilion Clinic Financial Assistance Policy and the Financial Assistance Application are available several ways:

- At all Carilion Clinic hospital registration desks.
- At Carilion's payment center, 1502 Williamson Road, N.E. #100, Roanoke, VA 24012.
- Through Billing Customer Service by phone at 1-866-720-3742, or email at billingservice@carilionclinic.org
- On the Carilion Clinic website at CarilionClinic.org/billing/financial-assistance.

Complete your application and mail to Carilion Clinic, CASB Suite 625, P.O. Box 40032, Roanoke, VA 24022-0032. Or, fax it to 540-224-5444. Or, email it to billingservice@carilionclinic.org.

Translations

The Financial Assistance Application, our Financial Assistance Policy and this plain language summary are also available in Spanish at the locations noted in the **How to Apply** section.

For Help or Questions

Call or visit Billing Customer Service at or 1-866-720-3742, 1502 Williamson Road, N.E.#100, Roanoke, VA 24012.

At Carilion Clinic, our patients and members of our community have the right to receive considerate, respectful, compassionate and appropriate clinical care in a safe setting regardless of age, color, gender, race, national origin, religion, language, culture, sexual orientation, gender identity and/or expression, marital or parental status, pregnancy, disabilities, veteran's status, citizenship or source of payment.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-422-8482.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-422-8482 번으로 전화해 주십시오.

