



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

### **Financial Assistance for Emergency or Other Medically Necessary Care in a Sentara Hospital Facility\***

If you are unable to pay your bill, please contact us at the telephone number or address below to see if you are eligible for financial assistance. Each patient's need for financial assistance is evaluated according to the level of his/her household income, in light of relevant facts and circumstances, such as reported income, assets, liabilities, expenses, and other available resources. Free care is available to patients whose household income is 200% or below the federal poverty level; and a 60% discount is available to *uninsured* patients whose household income is above 200% and at or below 400% of the federal poverty level. See <http://aspe.hhs.gov/poverty/index.cfm> for the current federal poverty guidelines published by the U.S. Department of Health and Human Services.

The complete financial assistance policy ("FAP"), along with an application for financial assistance, can be found at [www.sentara.com/financialassistance](http://www.sentara.com/financialassistance). Paper copies are also available at any patient registration area within a Sentara hospital facility and will be mailed free-of-charge to a patient upon request:

Requests by phone: 540-564-5866 or 1-888-389-1644  
Requests by mail: Sentara Healthcare  
Hospital Business Office  
532 South Main Street  
Harrisonburg, Virginia 22801

Individuals may apply for financial assistance under the facility's FAP by mailing a completed application, along with proof of household income, to the above address or by bringing the application and proof of household income to any patient registration area of a Sentara hospital facility. Patients may also call or visit the above location to receive assistance with the application process.

In the case of emergency or other medically necessary care covered under the FAP, patients eligible under a hospital facility's FAP may not be charged more than the amounts generally billed to individuals who have insurance covering such care.

Translations of the FAP, the application for financial assistance, and the FAP Plain Language Summary are available in Spanish.

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\*The following hospital facilities of Martha Jefferson Hospital are covered under this FAP Plain Language Summary:

Sentara Martha Jefferson Hospital