**PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY**

**Overview**

Children’s Hospital is committed to offering financial assistance to people who have health care needs and are not able to pay for care. You may be able to get financial assistance if you are not insured, underinsured, not eligible for a government program, do not qualify for governmental assistance (for example Medicare or Medicaid), or who are approved for Medicaid but the specific medically necessary service is considered non-covered by Medical Assistance. Children’s Hospital strives to make sure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This is a summary of the Children’s Hospital Financial Assistance Policy (FAP).

**Availability of Financial Assistance**

You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full the expected out of pocket expenses for services at Children’s Hospital. Please note that there are certain service exclusions that are not typically eligible for financial assistance, including, but not limited to cosmetic services and/or other services.

**Eligibility Requirements**

Financial assistance is generally determined by a sliding scale of total household income based on the *Federal Poverty Level (FPL)*. If you and/or the responsible party’s income combined is at or below 250% of the federal poverty guidelines, you will have no financial responsibility for the care given by Children’s Hospital. If you fall between 251% and 400%, you may get discounted rates for the care received. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have Medicare. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance. Please refer to the full policy for a complete explanation and details.

**Where to Find Information**

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

* Download the information online at [www.chnola.org/financial-assistance](http://www.chnola.org/financial-assistance)
* Request the information in writing by mail or by visiting the Patient Financial Counseling Services Center at Children’s Hospital on the 2nd Floor of the hospital across from Registration.
* Request the information by calling (504) 894-6841.

**Availability of Translations**

The Financial Assistance policy, application form, and the plain language summary can be offered in English, Spanish, Vietnamese, and Large Print. Children’s Hospital may elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreter by request. For information about Children’s Hospital’s Financial Assistance Program and translation services, please call for a representative at **(504) 894-6841**.

**How to Apply**

The application process involves filling out the financial assistance form and submitting the form along with the supporting documents to Children’s Hospital for processing. You may also apply in person by visiting the Patient Access Services Center at the address listed below. Financial assistance applications are to be submitted to the following office:

Children’s Hospital Patient Financial Services

**Attn: Financial Counseling**

200 Henry Clay Avenue
New Orleans, LA 70118