**Plain Language Summary of Stanford Health Care**

**Financial Assistance Policy**

**Getting Assistance with Your Bill**

This is for anyone who receives medically necessary services from Stanford Health Care.

The Plain Language Summary, Financial Assistance Policy, and Financial Assistance Application for getting assistance with your bill are available in the following languages: English, Chinese, Russian, Spanish, Tagalog, and Vietnamese. We will also assist you with translation to other languages.

**How Do I Qualify for Financial Assistance?**

Stanford Health Care is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care.

You can ask for help with your bill at any time during your visit or billing process. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Stanford Health Care with verifying your income.

If your yearly income is less than or equal to 400% of the current Federal Poverty Guideline, you may not have to pay your bill. You are responsible for providing required information in a timely manner.

Federal Poverty Guidelines can be found at: <https://aspe.hhs.gov/poverty-guidelines>

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility.

**How Can I Apply for Financial Assistance?**

To obtain a free copy of the Stanford Health Care Financial Assistance Application, Financial Assistance Policy, or this Plain Language Summary, please go to:

[www.stanfordhealthcare.org/financialassistance](http://www.stanfordhealthcare.org/financialassistance)

You can apply for assistance with your bill in person, by mail, or online. You can request help with the application process and pick-up or request a mailed application, plain language summary or a copy of the Financial Assistance Policy at 2465 Faber Place, Palo Alto, CA, by calling us at 1-800-549-3720, or at any Stanford Health Care location. In some cases, you may get help from Stanford Health Care without applying.

**Emergency and Medically-Necessary Care**

If you qualify for help with your bill, you will not be charged more for emergency or medically- necessary care than amounts generally billed to patients having insurance under Medicare.

**Collection Activities**

You or the guarantor can apply for help with your bill at any time during the collection process by contacting the Customer Service Department at 1-800-549-3720.

Stanford Health Care may employ reasonable collection efforts to obtain payment from patients. General collection activities may include issuing patient statements, phone calls, and referral of statements that have been sent to the patient or guarantor. Bills that are not paid 120 days after the first billing date may be placed with a collection agency. Stanford Health Care or collection agencies will not engage in any extraordinary collection actions (as defined by the SHC Debt Collection Policy).

Copies of the SHC Debt Collection Policy may be obtained free of charge on the Stanford Health Care billing website at [www.stanfordhealthcare.org/financialassistance](http://www.stanfordhealthcare.org/financialassistance).