



736 Battlefield Boulevard, North
757-312-8121
Chesapeake, Virginia 23320
www.chesapeakeregional.com

Financial Assistance Policy Plain Language Summary

****Financial Assistance is for Emergency or Other Medically Necessary Care at any of Chesapeake Regional Health Care Facilities****

Statement: CRH offers Financial Assistance to all patients who qualify. It is our commitment to assist the community and to help provide access to quality healthcare to everyone.

If you are unable to pay your hospital bill, please contact us to see if you are eligible for financial assistance. Each patient's need for financial assistance is evaluated according to his/her total household income, assets, liabilities, expenses, and any other available resources. Financial assistance is available for persons/families with income that is below 200% of the federal poverty level (FPL) and do not exceed any other available resources. CRH provides all uninsured patient's an automatic discount of 40% regardless of whether the patient's income exceeds 200% of the FPL. A Patient with income exceeding 200% and up to 400% of the FPL, not exceeding other available resources may still qualify for financial assistance up to an additional 40% discount. To view the current FPL guidelines published by the U.S. Department of Health and Human Services, please visit <https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>

Request by phone: 757-312-6281

**Request by mail: Chesapeake Regional Medical Center
Attention: Financial Assistance Counselor
736 Battlefield Blvd. N.
Chesapeake, Virginia 23320**

To apply for financial assistance, please contact our Financial Counselors at the number listed above. Patients will be required to fully complete a financial assistance application (FAP) and mail it along with the documents that are applicable. Patients must apply within 120 days of their discharge date. The application can be mailed to the above address or by bringing the application along with the applicable documents to the Central Registration department in the main entrance of the hospital. A staff member in Central Registration will accept the documents and a Financial Counselor will review the application and the documents received. When the application and documents are received; please allow at least 30 days for the application to be processed. All applicants will be notified in writing regarding the determination. An approved application will be valid for six (6) months from the date signed on the application. In the event, the applicant relocates from the address we have on file; it is the applicant's responsibility to notify the hospital, so we can properly send correspondence.

For patients, or their Guarantors, who are non-responsive to the CRH's application process, other sources of information may be used to make an individual assessment of financial need. This information will enable the CRH Facility to make an informed decision on the financial need of non-responsive patients, utilizing the best estimates available in the absence of information provided directly by the patient.

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