

Financial Assistance Policy Plain Language Summary

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

Statement: CRMC 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, liquid assets, liabilities, and any other available resources. Full financial assistance is available for persons/families with income that is below 201% of the federal poverty level (FPL) and do not exceed any other available resources.

CRMC provides an automatic self-pay discount of 40% to all uninsured patients unless the patient has been approved for financial assistance and qualifies for a higher discount. Patients who have income that is less than 200% of the FPL may also qualify for full financial assistance. A patient with income between 201% FPL and up to 500% of the FPL, not exceeding the available resources limit may qualify for financial assistance up to a 63% discount. Discounts will be determined based on the annual household income using the Federal Poverty Levels referenced on Schedule A.

To apply for financial assistance, please contact our Financial Counselors at the number listed below:

Request by phone: 757-312-6281

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

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 240 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 near the main entrance of the hospital. 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 eight (8) months from the date of signature on the application. In the event, the applicant relocates from the address we have on file; it is the applicants' responsibility to notify the hospital, so we can properly send correspondence.

For patients, or their Guarantors, who are non-responsive to the CRMC’s application process, other sources of information may be used to make an individual assessment of financial need. This information will enable the CRMC 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.

When filling out the application be sure to include:

1. Complete patient information, signature, and date.
2. Income and liquid asset information: This includes income from your employer (pay stubs, W-2), social service aid (food stamps), government aid (social security, VA benefits), all other income (tax return), and proof of liquid assets (bank statements, certificates of deposits). If any child is 18 years or older, a separate form is required.
3. Monthly expenses (Medicare Beneficiaries Only): This includes mortgage payment, rent, utilities, loans, medical, or other expenses. Please determine which types of documentation may apply to your situation: (Send copies only. Originals will not be returned).

Schedule A:

ANNUAL INCOME								
2021 Household Size	100% Discount				63% Discount	63% Discount	Medically Indigent 63% Discount	Liquid Asset
	100%	133%	138%*	200%	300%	400%	500%	Limit
1	\$12,880	\$17,130	\$17,774	\$25,760	\$38,640	\$51,520	\$64,400	\$10,000
2	\$17,420	\$23,169	\$24,040	\$34,840	\$52,260	\$69,680	\$87,100	\$10,000
3	\$21,960	\$29,207	\$30,305	\$43,920	\$65,880	\$87,840	\$109,800	\$10,000
4	\$26,500	\$35,245	\$36,570	\$53,000	\$79,500	\$106,000	\$132,500	\$10,000
5	\$31,040	\$41,283	\$42,835	\$62,080	\$93,120	\$124,160	\$155,200	\$10,000
6	\$35,580	\$47,321	\$49,100	\$71,160	\$106,740	\$142,320	\$177,900	\$10,000
7	\$40,120	\$53,360	\$55,366	\$80,240	\$120,360	\$160,480	\$200,600	\$10,000
8	\$44,660	\$59,398	\$61,631	\$89,320	\$133,980	\$178,640	\$223,300	\$10,000
Additional Per Person	\$ 4,540							

* 138% is the amount that allows a patient to be exempt from the Health Insurance Exchange. If they earn less than this, they are not required to apply.

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