



Expert care with a personal touch

**Pomona Valley Hospital Medical Center
Charity Care Financial Assistance Policy Plain
Language Summary**

Charity Care is a program offering free medical services to patients who are uninsured, underinsured, or unable to pay for care and who qualify for assistance under the Charity Care Financial Assistance Policy. You may qualify for charity care if your income is less than 400% of the current Federal Poverty Limit.

How to Obtain Copies of the Charity Care Financial Assistance Policy and Application:

- 1) For an electronic copy, go to PVHMC's website: <https://www.pvhmc.org/patients-visitors/financial-and-insurance-information/help-paying-your-bill>
- 2) To pick up a paper copy, visit PVHMC's Cashier Department at 1798 North Garey Ave, Pomona, CA 91767
- 3) To receive via US Mail, call PVHMC's Customer Service Department at (909)865-9500

For questions regarding PVHMC's Charity Care Financial Assistance Policy or request assistance in completing the application, call PVHMC's Customer Service Department (909)865-9500.

How to apply for Charity Care:

To determine eligibility, please provide a completed and signed Charity Care Financial Assistance Application and **one** of the following to verify your income: recent pay stubs or a recent income tax return.

- 1) **Recent pay stubs** mean pay stubs within six months before or after the you were first billed. For care that has not yet been provided, pay stubs within six months of the date you submit the application.
- 2) **Recent income tax return** means return that show your family income for the year you were first billed, or for the twelve months before you were first billed

If you cannot provide pay stubs or tax returns, we may ask for other proof, such as a signed employer letter, a letter showing approval or denial from a government program, a written declaration, or a verbal statement. You are not required to provide these items, but we will accept them if you choose to provide them.

Equal Opportunity

The Hospital is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org.

Language Assistance

If you need an accessible alternate format for the above material or if you need to speak another language, please contact Customer Service at 909-865-9100 and they can offer you an alternative format or connect you with our Interpreter Services for further assistance.