

Financial Assistance Policy Plain Language Summary

Children's Hospital of The King's Daughters (CHKD) is committed to care for all patients, birth to age 21, regardless of their financial situation.

Free healthcare services are available to patients with a family income equal to or less than 175% of the federal poverty level. Patients with a family income greater than 175% and up to 400% of the federal poverty level are eligible for a discount on charges for healthcare services.

See <http://aspe.hhs.gov/poverty/index.cfm> for the current federal poverty guidelines published by the U.S. Department of Health and Human Services.

Families applying for assistance will be asked to provide documented proof of need including tax records, pay stubs, assets, family size and proof of residence.

The complete financial assistance policy (FAP), along with an application for financial assistance, can be found at CHKD.org/FinancialAssistance. Paper copies are available at any patient registration area in a CHKD hospital facility and at the office of the health benefits analyst. Paper copies are also available free of charge by mail, email or fax upon request.

Requests by phone: 757-668-7141

Requests by email: charitycare@chkd.org

Requests by fax: 757-668-9181

Requests by mail: Children's Hospital of The King's Daughters - PFS

ATTN: Health Benefits Analyst

601 Children's Lane

Norfolk, VA 23507

Patient families may apply for financial assistance by mailing a completed application, along with proof of household income, to the address above or by bringing the application and proof of household income to any patient registration area in a CHKD hospital facility. Patient families may also call or visit the health benefits analyst office at the address above for help with the financial assistance application process. Health benefits analysts are also available to screen patients and assist them in the medical assistance application process.

In the case of emergency, or other medically necessary healthcare services covered under the FAP, patients eligible under the hospital's FAP may not be charged more than the amount billed to individuals who have insurance coverage.

Translations of the FAP, the application for financial assistance and the FAP plain language summary are available in English and Spanish.

Patient families may be eligible to enter into (or renegotiate) a payment plan with CHKD, in accordance with CHKD's Payment Plan Policy.

