

## PLAIN LANGUAGE SUMMARY

### Financial Assistance Policy

Adventist HealthCare is committed to meeting the health care needs of our community through the ministry of physical, mental and spiritual healing. All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance.

**Availability of Financial Assistance:** You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full your expected out-of-pocket expenses for emergency and other medically necessary care that Adventist HealthCare provides.

**Eligibility:** Adventist HealthCare provides financial assistance based upon need. To determine need, we review your household income and compare it to the Federal Poverty Level guidelines set by the U.S. Department of Health and Human Services. We also review the amount of charges for which you are responsible.

If you and/or the party responsible for payment has combined income equal to or below 200 percent of the federal poverty guidelines, you will have no financial responsibility for the care that Adventist HealthCare provides. If you fall between 200 percent and 600 percent of the guidelines, you may qualify for discounted rates for our care.

If you are eligible for financial assistance under this policy, Adventist HealthCare will inform you within two business days of your request. Adventist HealthCare will not charge more for your emergency or other medically necessary care than the amounts we generally bill to individuals who have insurance for such care. In certain cases, we may presume you are eligible for financial assistance if you already qualify for certain types of governmental aid.

You may be ineligible for financial assistance if you have sufficient insurance coverage or we determine your income is enough to pay for care. Please see the links below for our full policy, which provides more explanation and details.

#### How to Apply for Aid

 **Obtain a free copy of our application:**

- Call our Patient Financial Services Department (PFS) at **301-315-3660**
- Visit us at:

Shady Grove Medical Center 9901 Medical Center Drive Rockville, MD 20850	White Oak Medical Center 11890 Healing Way Silver Spring, MD 20904	Fort Washington Medical Center 11711 Livingston Road Fort Washington, MD 20744
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- Download at [AdventistHealthcare.com/FinancialAssistance](https://www.adventisthealthcare.com/FinancialAssistance)

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 **If you need help with the application or have questions:**

- Call PFS at **301-315-3660**
- Visit us at: **Adventist HealthCare**

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 **Mail or drop off your application with the required documentation to:**

**Adventist HealthCare  
Patient Financial Department  
P O Box 10010  
Gaithersburg, MD 20898**

**Translation Services:** The Financial Assistance Policy, application form and this plain language summary is available in English or Spanish. Adventist HealthCare can provide assistance through a qualified bilingual interpreter upon request.

#### **Additional Resources**

HHS [FPL Guidelines](#)