



## Plain Language Summary Financial Assistance Policy

Antelope Valley Medical Center (AVMC) provides financial assistance to patients that may not have sufficient financial resources to pay for services.

### Financial Assistance Eligibility Requirements

Financial assistance is available to uninsured or under-insured patients for emergency and medically necessary related care who meet eligibility and qualification requirements contained in our Patient Financial Assistance policy. Individuals who are eligible for financial assistance may not be charged more than the AGB (Amount Generally Billed) for emergency or other medically necessary care.

Eligibility for financial assistance may include family size and family income at or below 400% of the Federal Poverty Levels (FPL), using a sliding scale.

For information on poverty guidelines, visit the U.S. Department of Health & Human Services website at: <http://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Guidelines for determining eligibility for financial assistance shall be applied consistently. In determining a patient's eligibility for financial assistance, AVMC's financial counselors will assist the patient (including referral to outside resources) in determining if he/she is eligible for government-sponsored programs, and to educate and assist them in understanding insurance coverages offered through the Covered California Health Insurance Exchange. You may also apply directly for these programs by accessing the below websites directly:

**Medi-Cal:** <http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>

**Affordable Care Act:** [www.HealthCare.gov](http://www.HealthCare.gov), to apply by phone call 1-800-318-2596

**Find AVMC's Financial Assistance policy:** [www.avmc.org/finforms](http://www.avmc.org/finforms)

### Application Process

Financial Assistance Applications may be requested:

1. In person at Patient Access Services, Cashier, 1st floor
2. By phone at (661) 949-5781
3. On our website: [www.avmc.org/finforms](http://www.avmc.org/finforms)
4. By mail to: Antelope Valley Medical Center  
Attn: Business Office  
1600 West Avenue J  
Lancaster, CA 93534

The application specifies certain information that is required to be submitted with the application. This information may be independently verified by AVMC for completeness and accuracy. If you need assistance completing your application, please contact our Patient Financial Counselors at 661-949-5635.

There are organizations that will help patients understand the billing and payment process. For more information visit: <https://healthconsumer.org/>

### Shoppable Services:

This site provides a list of standard charges for the items and services that we provide, in addition to hundreds of shoppable services: <https://www.cdmpricing.com/f961a5b495c6b41f2fca90c83cc92dcf/>

### How to Obtain Notice in an Accessible Alternative Format or in Another Language

If you need help in your language, please call 661-949-5781 or 800-403-1857. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.