



Pursuant to California law, the following notice must be provided to you in a hardcopy format.

### **Discharge Notice**

Stanford Medicine Children's Health has a variety of options available for paying your health care bills, including financial assistance, charity care, or discounts to our patients who are uninsured or underinsured, and payment plans. We will assist you in determining if you qualify for financial assistance or if there are programs available that may help pay for your medical services.

### **How to Apply**

You can access an application for Financial Assistance in multiple ways. Please visit online at:

<https://www.stanfordchildrens.org/en/patient-family-resources/finance-assistance/financial-assistance-application>

or we can mail an application with your billing statements, or you may contact Customer Service and an application will be mailed.

You may qualify for financial assistance based on your family size and income, even if you have health insurance. Financial assistance may not cover all health care costs, including services provided by other organizations. Assistance is awarded if you meet the financial assistance guidelines which includes if your household income is 400% or less of the Federal Poverty Level. Consideration for future services will be based on medical necessity and catastrophic costs.

Please ask for information at the registration desk or call the Customer Service number listed below for additional information, or visit us online:

Call us Toll Free (800) 308-3285

Monday – Friday 8:00 am – 5:00 pm

Online website:

<https://www.stanfordchildrens.org/en/patient-family-resources/financial-assistance-english?>

### **Discount Payment and Charity Care Policies**

View our financial assistance policies and related information in your preferred language at the following website:

<https://www.stanfordchildrens.org/en/patient-family-resources/finance-assistance/charity-care-policy>



You may also request a copy of the financial assistance policies by calling Customer Service at (800) 308-3285.

### **Shoppable Services**

Better manage your health care with the Cost Estimator tool. The online tool offers an intuitive way to estimate your out-of-pocket cost of care for common exams, procedures, tests, and services, empowering you to make informed financial decisions about your treatment.

The online tool can be found at <https://www.stanfordchildrens.org/en/patient-family-resources/finance-assistance/cost-estimator>

### **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 <https://healthconsumer.org> for more information.

**California:** You may be eligible for health care coverage under Covered California. Please contact Customer Service at the contact information above for information about this program.

### **Hospital Bill Complaint Program**

The Hospital Bill Complaint Program is a state program that reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to [HospitalBillComplaintProgram.hcai.ca.gov](http://HospitalBillComplaintProgram.hcai.ca.gov) for more information and to file a complaint.

### **Language Assistance**

ATTENTION: If you need help in your language, please call 650-497-8000 or visit any Stanford Medicine Children's Health location. Interpretation services are available 24/7. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. TTY phones are also accessible. These services are free.