

# Help Paying Your Bill

Stanford Medicine Children's Health offers Financial Assistance to financially qualified patients.

#### **How to Apply**

You may apply for Financial Assistance using the application form that is available at the following locations:

- The Patient Admitting Department at Lucile Packard Children's Hospital, located at 725 Welch Rd, Suite G26, Palo Alto, California 94304
- Online at the following website:
  - o <a href="https://www.stanfordchildrens.org/content/dam/sch/content-public/patient-families/pdf/finance-assistance/financial-assistance-application.pdf">https://www.stanfordchildrens.org/content/dam/sch/content-public/patient-families/pdf/finance-assistance/financial-assistance-application.pdf</a>
- By calling (800) 308-3285 and requesting a financial assistance application from Stanford Medicine Children's Health representatives.

You may also submit an application by speaking with a representative from the patient financial services department, who will assist you with completing the application.

### **Hospital Bill Complaint Program**

If you believe you were wrongly denied financial assistance, you may file a complaint with the State of California's Hospital Bill Complaint Program. Go

https://hcai.ca.gov/affordability/hospital-fair-billing-program/hospital-bill-complaint-program/for more information and to file a complaint.

# **More Help**

There are 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 <a href="https://healthconsumer.org/">https://healthconsumer.org/</a> for more information. Please contact Patient Financial Services for further information.

# **Help for Patients with Disabilities**

Please contact Patient Financial Services department at (800) 308-3285 if you would like to obtain a copy of this notice in an accessible format, including but not limited to large print, audio, or other accessible electronic formats.

stanfordchildrens.org

Help Paying Your Bill | 1