Medical Financial Assistance, Carilion Stonewall Jackson Hospital

Age Requirements No Age Requirement Available 24/7 No Family No Intake Process Visit the website; call to schedule an appointment; complete application. **Provider Refer** Yes **Report Problems** Call the Agency Self Refer Yes **Carilion Clinic** http://www.carilionclinic.org https://www.carilionclinic.org/billing/financial-assistance#financial-assistance Main (540) 458-3503 **Toll-Free** (800) 422-8482 1 Health Circle 24450 VA United States Fee Structure No Fee Languages Spoken English

Carilion Clinic is committed to providing quality health care to all, regardless of their ability to pay. The financial assistance program is designed to allow relief of all or

part of the charges that exceed a patient's reasonable ability to pay. See more information at <u>Financial Assistance Summary</u>

Carilion uses the Federal Poverty Guidelines (FPG) published and updated yearly in the Federal Register along with a Financial Needs Assessment Questionnaire (FNAQ, as developed by Carilion) to determine eligibility. Together, the family income, number of family members living on that income, and equity in real property are pertinent factors in determining how much, in the sole judgment of Carilion, a patient is reasonably able to pay for services.

All patients who are able will be expected to pay for their own healthcare services to avoid shifting the burden for their care to other patients and the general public. To apply for financial assistance for eligible services billed by Carilion Clinic, please complete the <u>Financial Needs Application</u>.

Service Area(s) Buena Vista City

Lexington City

Rockbridge County