Barlow
RESPIRATORY HOSPITAL

FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY

Barlow Respiratory Hospital offers partial or full financial assistance to patients who are uninsured or underinsured and unable to pay for emergency or medically necessary care. Assistance is based on your family income and family size.

Eligibility Requirements

Eligibility for financial assistance is based on income and family size. The Hospital does not consider your assets. You can apply even if you have a pending application for other health coverage, and you are not required to apply for Medi-Cal, Medicare, or other coverage to qualify for a discount. There is no deadline to apply.

You may be eligible for free care (charity care) if your household income is at or below 250% of the Federal Poverty Level. You may be eligible for discounted care if your household income is at or below 400% of the Federal Poverty Level.

A patient who is eligible for financial assistance will not be charged more than the amounts generally billed for emergency or other medically necessary care to patients who have insurance for that care.

How to Apply for Assistance

You can complete and sign an application on our website at www.barlowhospital.org, or obtain one from staff at the Hospital Admissions Office, and return it to our Financial Services Department. You may be asked to provide recent pay stubs or income tax returns, or other reasonable proof of income. Mail completed applications to: Financial Services Department, Barlow Respiratory Hospital, 2000 Stadium Way, Los Angeles, CA 90026.

Where to Obtain Further Information and Assistance with the Application

Additional information about our Financial Assistance Policy, including a copy of the Policy, can be obtained from our website at www.barlowhospital.org. To have a free copy mailed to you, contact the Financial Services Department at our Main Campus, 2000 Stadium Way, Los Angeles, CA 90026, (213) 250-4200 extension 3329. For help completing the application, call our Patient Financial Services Provider at (844) 288-2025. Translations of the Policy and this summary are available on our website in Spanish and Armenian.

More Help

There are free consumer advocacy organizations that will help you understand the billing and payment process. The Health Consumer Alliance offers free assistance by phone or in person and can help you apply for coverage such as Medi-Cal, Hospital Presumptive Eligibility, private insurance, or Covered California. You may call the Health Consumer Alliance at (888) 804-3536 or go to healthconsumer.org.

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 State of California's Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Hospital's List of Shoppable Services

We provide information on our pricing, including a tool for shoppable services. Visit our Price Transparency page at www.barlowhospital.org and open Consumer Friendly Shoppable Services.

Accessible Formats and Other Languages

If you have a disability, you may request this summary in an accessible format, including large print, braille, audio, or an accessible electronic format. To receive it in another language, call (213) 250-4200 extension 3329. These services are free.