**Medical Financial Assistance**

**Plain Language Summary**

**Overview**

In fulfilling our charitable mission, Halifax Regional Medical Center, d.b.a., Vidant North Hospital recognizes that medical care is needed for patients who are unable to pay for part or all of their hospital care. This summary provides information about our Medical Financial Assistance Policy. We will not refuse to provide emergency or medically necessary care based on your ability to pay. We are committed to serving the healthcare needs of our community.

**Important things to know about our Financial Assistance Program**

* **Assistance is based on income.** Vidant North hospital offer 100% charity care to patients with an income at or below 200% of the federal poverty guidelines and on a sliding scale between 200% and 250%:
* **You may need to provide financial documents**

To apply for help with your medical bills, you may have to bring tax returns pay stubs, Social Security award letter, and other financial information.

* If you do not qualify for our Financial Assistance Program, you are responsible for paying your medical bills. If you do not pay, we may report your unpaid bills to one or more of our credit reporting agencies.

**Where to find our Financial Assistance Policy and apply.**

* This plain language summary is available at our registration areas of the hospital.
1. You can get a copy of our Financial Assistance Policy at no charge by calling the Business office at 252-535-8148.
2. Request a copy by mail at Vidant North Hospital, 250 Smith Church Road, P.O. Box 1089, Roanoke Rapids, N.C. 27870.
3. Pick up a copy at, Vidant North Business Office at 250 Smith Church Road, R.R. N.C. 27870.
4. Download from our website at (https:// vidantnorthhospital.com; Patient & Visitors Information; Financial Assistance)
5. Complete the Financial Assistance Application with support documentation and return it to Vidant North at 250 Smith Church Road or mail it to P.O. Box 1089, Roanoke Rapids, N.C. 27870.
6. You can find a list of Providers covered or not covered on our website under the Medical Financial Assistance Appendix link; on the Financial Assistance Page.

**For information and help about the policy:**

Please contact our Business Office at 252-535-8148.We are available Monday through Friday, 8:30am to 5:00 pm. Translations of the FAP in Spanish may be accommodated by calling our Propio Language Service Line at 855-293-8133 Code 1 Account 7037. The Financial Assistance application process is located in our Financial Assistance Policy.

**We will charge the usual amount (Amounts Generally Billed or AGB)**

If you receive help from the Financial Assistance Program, we will not charge more than the amounts generally billed to patients who have insurance for emergency or other medically necessary care.