

Financial Assistance

VCU Health is proud of its mission to provide quality care to all who need it. If you do not have health insurance and worry that you may not be able to pay for your care, we may be able to help. It is important that you let us know if you will have trouble paying your bill.

Who qualifies?

Financial assistance is available for anyone or their households:

- Who are patients of VCU Health
- Who have income below 200% of poverty level
- Who either have no insurance or have out-of-pocket expenses not covered by their insurance
- Who have non-citizen status, have verification of lawful entry, and can provide proof of application for permanent citizenship, employment authorization, asylum, humanitarian or student visa, etc.

What's covered?

- Health care services provided within 240 days before the date on the bill
- Services performed by VCU Health facilities or providers and billed for by VCU Health
- Medically necessary

Application review

Upon receipt, VCU Health's Public Benefits Department will review your application to determine if you are eligible for other state or federal programs. If you qualify, we will reach out to you to work through that process.

If any documentation is missing from your application, we will send you a letter requesting the information needed.

Approval

If your application is approved, you will receive an approval letter as well.

You will receive indigent care through the 12th month after the date of application. It will be applied retro-active to all open balances in which the first bill to the patient was within 240 days of the application.

How to Apply

To be considered for financial assistance, the following information must be provided:

1. Copy of a valid driver's license or state-issued photo ID for you and your spouse, or other proof of residency
2. Your financial statement (see next page)
3. Proof of income for three full months prior to the date of application, which can include:
 - Copies of the last three recent pay stubs (must be consecutive)
 - Copy of W-2 form (from previous year)
 - Copy of recent welfare benefit letter (i.e TANF, General Relief)
 - Copy of Social Security check or award letter (recent for this year)
 - Verification of child support (i.e. court order, last three recent stubs, notarized letter from parent, last three recent bank statements showing consecutive payments)
 - Letter stating that you have no income, are unemployed and explaining how you are covering bills, expenses, etc.
 - Schedule C and 1040 tax returns for self-employed (from previous year)
 - Termination letter from last employer
 - Recent bank statements (checking, savings or both)
 - Visa, passport (stamped I-551), green card (resident alien) or verification from immigration verifying made application for U.S. residency
 - Recent retirement income verification
 - Letter from employer (on company letterhead) verifying gross wages from last three pay periods, or verifying pay rate, number of hours worked weekly and how often paid

If applicable, additional asset verification may be required.

Please contact VCU Health's Public Benefits Department at 804-828-0966 for more information.

Phone
804-828-0966
Monday-Friday, 9 a.m. to 4 p.m.

Email
vcuhsfincounseling@vcuhealth.org

Fax
804-828-2029

Mail
VCU Health Public Benefits Department
Box 980138
Richmond, VA 23298-0138



Your Financial Statement



Full
Name

Date
of Birth

MRN

Street
Address

Home
Phone

Employer
Phone

U.S. Citizen
Virginia Resident

Yes No
Yes No

Is this visit related to an accident or injury? Yes No
If yes, include insurance co. name and subscriber no. below.

Marital Status

Single Married Divorced Widowed Separated
Timeframe

HOUSEHOLD MEMBERS

Name	Relationship to Applicant Spouse, child, parent or other	Date of Birth	Social Security Number	U.S. Citizen
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

INCOME

Household Member Name	Income Type, Employer, Address Wages, Social Security, child support, self-employment* or other *If self-employed, identify type of business	Period (Weekly, Biweekly, Monthly, Yearly)	Income Amount
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Total Income

ASSETS

Asset Type Bank accounts, life insurance, vehicles (include year, make, model), real estate including home	Asset Details Name of Bank, if applicable	Period (Weekly, Biweekly, Monthly, Yearly)	Asset Amount or Value
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Total Assets

I hereby certify that the information given above is true and accurate to the best of my knowledge and I authorize the VCU Health System Authority to verify this information by contacting employers or other agencies and by conducting credit checks. I also agree to provide verification of my above stated financial position within the required deadline in order to be considered for assistance. If at any time, I obtain insurance or if my financial situation changes, I understand that it is my responsibility to notify VCU Health System Authority. I authorize VCU Health System Authority to release my financial records (including Social Security Number) to pharmaceutical companies and/or their agents for determining eligibility for financial assistance for medications and other assistance programs.

Patient
Signature

Date

Spouse or Guarantor
Signature

Date

Interviewed or
Witnessed by

Date