



Financial Assistance Program Plain Language Summary

Overview: UC Davis Health strives to provide quality patient care and meet high standards for the communities we serve. This policy demonstrates UC Davis Health's commitment to our mission and vision by helping to meet the needs of low income, uninsured and underinsured patients in our community.

UCDH Financial Assistance Program (Charity Care)

The Financial Assistance Program, also known as Charity Care, was designed to help meet the needs of low income, uninsured and the underinsured patients in our community.

Eligible Services – The Financial Assistance Program applies to emergency or other medically necessary healthcare services provided and billed by UC Davis Health. Services that are separately billed by other/non-UC Davis Health providers are not eligible for consideration under the Financial Assistance Program.

Determination of Eligibility – Eligibility is determined based on review of a completed Financial Screening Form and supporting documents, including proof of income. Generally, patients with family income at or below 400% of the Federal Poverty Level will be eligible for a discount of 100%. If you receive financial assistance under our policy, you will not be charged more for emergency or other medically necessary care than the amount generally billed (AGB) to patients having Medicare coverage.

How to Obtain Copies of our Financial Assistance Program Policy and Application

You may obtain a copy of our Financial Assistance Policy and Application:

- On the UC Davis Health website at <https://health.ucdavis.edu/patients-visitors/insurance-billing/financial-assistance>
- In our Emergency Department, Financial Clearance Department (see address below), any UC Davis Health location where patient registration occurs and in our Patient Billing Customer Service Office (see address below).
- To request documents by mailed contact the Customer Service Office at 916-734-9200 or 1-800-551-9411 (Monday through Friday, 8:30 a.m. to 4:00 p.m.).

Languages/Translations

The Financial Assistance Program Policy, the program application (called the "Patient Financial Information Form"), and Plain Language Summary of the program are available in English, Spanish, Hmong, Chinese, Lao and Russian upon request.

How to Apply for our Financial Assistance Program

Completed Financial Assistance Application with all supporting documents can be hand-delivered or mailed.

Hand-delivery: Monday - Friday 8:30 a.m. to 4 p.m.

Financial Clearance Department
2315 Stockton Blvd, Suite 1P214
Sacramento, CA 95817

Mailed to:

UC Davis Health Patient Billing
Attn: FA Program
PO Box 168015
Sacramento, CA 95816-9979