



## Plain Language Summary

### You may qualify for Financial Assistance

You may qualify for a discount up to 100% of the amount you owe if your income is less than 400% of the current Federal Poverty Level.

San Antonio Regional Hospital's (SARH) Financial Assistance Policy and Financial Assistance Application (English & Spanish) can be obtained for free in any of the following ways:

1. An Electronic Copy can be found on the hospital web site at [https://www.sarh.org/patients\\_and\\_visitors/billing/](https://www.sarh.org/patients_and_visitors/billing/)
2. A paper copy can be obtained from the SARH Cashier, Patient Access Office, or Emergency Room Registration.
3. To receive a copy via U.S. Mail, call the SARH Patient Financial Services Department Customer Service Line at (909) 980-9511.

### In order for this application to be considered for Financial Assistance, ALL of the following documents are required, if applicable:

- \_\_\_ Completed and signed Financial Assistance Application form
- \_\_\_ A copy of most recent Federal Income Tax return with W-2's and Schedules
- \_\_\_ A copy of current pay stubs (**13 weeks**)
- \_\_\_ A copy of social security, disability, or unemployment checks or award letter
- \_\_\_ **3 months** of current bank statements (checking and savings)

Please return your completed application with all requested forms to the following address within 10 days.

**San Antonio Regional Hospital**

Attn: Financial Assistance  
8301 Elm Ave. #300  
Rancho Cucamonga, CA 91730

For questions regarding the SARH Financial Assistance Policy or request assistance completing the Financial Assistance Application, contact the Patient Financial Service Department at the address above or (909) 980-9511.

Patients determined to be eligible for financial assistance will not be charged for emergency or medically necessary care more than the amount generally billed to individuals who have insurance covering such care.