Summary of the Financial Assistance Policy

You may qualify for Financial Assistance.

Community Medical Centers (CMC) has a Financial Assistance Policy under which it provides financial assistance (charity care) to eligible uninsured patients and eligible insured patients with high out of pocket expenses.

You may qualify if you are uninsured and your family income is less than 450% of the Federal Poverty Level for your family size (see table), or if you are insured and your family income is less than 400% of the Federal Poverty Level for your family size and you have out of pocket expenses that exceed 10% of your annual income. Even if you do not meet these income requirements, you may still qualify for financial assistance with your hospital bill.

Family income less than 450% of Federal Poverty Level (2026*)		
Family Size	Per Month	Per Year
1	$5,985	$71,820
2	$8,115	$97,380
3	$10,245	$122,940
4	$12,375	$148,500
5	$14,505	$174,060
6	$16,635	$199,620
7	$18,765	$225,180
8	$20,895	$250,740

*The 2027 Federal Poverty Level figures will be updated in mid-January 2027. For any applications submitted in 2027, the 2027 figures will be used to consider financial assistance.

What Financial Assistance is available?

If you are a qualified patient, you may be eligible for a complete or partial write-off of your medical bill for emergency care and other medically necessary care at CMC. If you are eligible for Financial Assistance, we may not charge you more than the amounts generally billed to individuals with insurance coverage for those services.

How do I apply?

We encourage our patients who are unable to pay their bill to apply for assistance. The Financial Assistance Policy and application form are available free of charge on our website (https://www.communitymedical.org/for-patients-families/billing-and-insurance/Discounts-Charity-Care), or via mail by calling the Patient Financial Services department at (559) 459-3939. This form is also available free of charge at CMC Admitting Departments, which are located at:

- Community Regional Medical Center   2823 Fresno Street, Fresno, CA 93721
   (559) 459-6000
- Clovis Community Medical Center   2755 Herndon Avenue, Clovis, CA 93611
   (559) 324-4000
- Fresno Heart and Surgical Hospital   15 E. Audubon Drive, Fresno, CA 93720
   (559) 433-8000

Rev. 01/01/2026

If you have questions about eligibility or need assistance with your application, you can get help by calling or visiting the numbers and addresses above. For a list of CMC's standard charges, please visit our website (https://www.communitymedical.org/for-patients-families/billing-insurance/hospital-standard-charges-(1) Finally, CMC participates in the Hospital Presumptive Eligibility (HPE) Program. Please inquire with Patient Financial Services for more information on the HPE Program.

Fill out the Application for Financial Assistance and submit it, with the required documents, to **Community Medical Centers, Patient Financial Services, P.O. Box 1232, Fresno, CA 93715**, as soon as possible after receiving treatment.

This is a summary of the Financial Assistance Policy. You should refer to the Policy for specific questions.

Information on Health Consumer Alliance: Help Paying Your Bill - There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at (888) 804-3536 or go to https://healthconsumer.org for more information.

Hospital Bill Complaint Program: The Hospital Bill Complaint Program is a state program, which 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 Hospital Bill Complaint Program. Go to https://hcai.ca.gov/affordability/hospital-fair-billing-program/hospital-bill-complaint-program/ for more information and to file a complaint.