

## Inova 经济援助政策 简明摘要

Inova 的使命是通过在患者关爱、教育、研究方面的卓越表现，推动其所服务的多元社区的健康发展。为了肩负起这一使命，Inova 为患者提供紧急医疗服务和其他医疗上必需的卫生保健服务，不论患者是否有能力支付医疗费用。Inova 还根据 Inova 《经济援助政策》为患者提供经济援助（慈善医护）折扣。

患者如欲获取经济援助折扣，必须填写一份《经济援助申请表》并提交包含收入、家庭人口、Inova 服务区域内的居住地址等信息的证明文件。以下段落概括了 Inova 的政策以及经济援助的运作流程。<sup>1</sup>

### **哪些服务符合经济援助折扣的条件？**

Inova 的医院、某些其他 Inova 设施、某些医生提供的急救及其他医疗上必需的服务符合折扣条件。不包括选择性服务（例如，减肥和整容手术），您的医生提供的服务也可能不包括在本政策中。

请参阅《经济援助政策》全文（可在线获取：

<http://www.inova.org/patient-and-visitor-information/financial-help/index.jsp>）了解资格条件、提供的折扣、本政策覆盖的设施和提供方的详细列表。

### **哪些人符合获得经济援助的条件？**

低收入患者以及医疗费用异常高昂的患者可能符合获得 Inova 经济援助的条件。Inova 会把《经济援助申请表》中所述的患者收入与联邦贫困线进行比照，从而判定申请人是否符合条件。

Inova 还评估居留身份。为了获得紧急服务的折扣，患者必须是美国公民或永久居民，或者在 Inova 的服务区已经建立了 9 个月或更长时间的居住权。

Inova 向没有保险的患者、收入不超过联邦贫困线四倍的患者、符合国籍或居住权条件的患者提供 100% 经济援助折扣（免费医护服务）。

Inova 也向有保险的低收入患者提供经济援助折扣，帮助他们承担保险共付费用和自付费用。此外还向医疗费用异常高的患者提供灾难性经济援助。

---

<sup>1</sup>本摘要不是针对《经济援助政策》的完整说明。Inova 仅根据完整的政策授予经济援助。

在提供财务援助之前，Inova 要求没有保险的患者申请 Medicaid 或其他类型的政府补贴健康保险，包括旅行者健康计划或任何组织计划，例如由外国政府或国际组织/企业为附属人管理的计划。

本政策涵盖的 Inova 医院、实体、提供方向符合经济援助条件的个人收取的费用均不会超过一般收费金额。

### 如何申请经济援助？

有关 Inova 财务援助政策的应用程序和其他信息，请访问 <http://www.inova.org/patient-and-visitor-information/financial-help/index.jsp>。您还可以通过寄送邮件免费索取《经济援助政策》副本及申请表，请将邮件寄至：

Inova Financial Aid Office  
2990 Telestar Court, 1st floor  
Falls Church, VA 22042

患者必须填写申请表并将填写完整的申请表及必要的证明文件交回至上述地址。

可索取或在线获取《经济援助政策》、申请表、本摘要的翻译版本。

患者可以通过拨打 571-423-5880 与财务质量协调员联系，获得申请流程的帮助。

患者还可以向 Inova 挂号处的工作人员咨询该政策及申请流程。

## Notice of Non-Discrimination

As a recipient of federal financial assistance, Inova Health System (“Inova”) does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, or age in admission to, participation in, or receipt of the services or benefits under any of its programs or activities, whether carried out by Inova directly or through a contractor or any other entity with which Inova arranges to carry out its programs and activities.

This policy is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act, and regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at 45 C.F.R. Parts 80, 84, 91 and 92, respectively.

Inova:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please let our staff know of your needs for effective communication.

If you believe that Inova has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by contacting our Director of Patient Experience at 703-289-2038. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director of Patient Experience is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

