

# **Medical Financial Assistance, Carilion Stonewall Jackson Hospital**

Age Requirements

No Age Requirement

Available 24/7

No

Family

No

Intake Process

Visit the website; call to schedule an appointment; complete application.

Provider Refer

Yes

Report Problems

Call the Agency

Self Refer

Yes

Carilion Clinic

<http://www.carilionclinic.org>

<https://www.carilionclinic.org/billing/financial-assistance#financial-assistance>

Main

(540) 458-3503

Toll-Free

(800) 422-8482

1 Health Circle

24450 VA

United States

Fee Structure

No Fee

Languages Spoken

English

Carilion Clinic is committed to providing quality health care to all, regardless of their ability to pay. The financial assistance program is designed to allow relief of all or

part of the charges that exceed a patient's reasonable ability to pay. See more information at [Financial Assistance Summary](#)

Carilion uses the Federal Poverty Guidelines (FPG) published and updated yearly in the Federal Register along with a Financial Needs Assessment Questionnaire (FNAQ, as developed by Carilion) to determine eligibility. Together, the family income, number of family members living on that income, and equity in real property are pertinent factors in determining how much, in the sole judgment of Carilion, a patient is reasonably able to pay for services.

All patients who are able will be expected to pay for their own healthcare services to avoid shifting the burden for their care to other patients and the general public. To apply for financial assistance for eligible services billed by Carilion Clinic, please complete the [Financial Needs Application](#).

Service Area(s)

Buena Vista City

,

Lexington City

,

Rockbridge County