



You may qualify for financial assistance.

Community Health Partners (“CHP”) has a Financial Assistance Policy under which it provides financial assistance (charity care) to eligible uninsured patients and eligible insured patients with high medical costs.

You may qualify if you are uninsured and your family income is less than 400% of the Federal Poverty Level for your family size (see table), or if you are insured and your family income is less than 350% of the Federal Poverty Level for your family size and you have medical costs 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 CHP clinic bill.

	Family income less than 400% of Federal Poverty Level (2021)	
Family size	Per month	Per year
1	\$4,253	\$51,040
2	\$5,747	\$68,960
3	\$7,240	\$86,880
4	\$8,733	\$104,800
5	\$10,227	\$122,720
6	\$11,720	\$140,640
7	\$13,213	\$158,560
8	\$14,707	\$176,480

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 CHP. 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 on our website communityhealthpartners.org or by calling the Patient Financial Services Department at (559) 459-3939. This form is also available at the CHP Clinic locations at:

- 726 Medical Center Drive, Suite 209, Clovis, CA 93611, (559) 325-5656
- 729 N. Medical Center Drive, Suite 221, Clovis, CA 93611, (559) 299-6600
- 782 Medical Center Drive, Suite 205, Clovis, CA 93611, (559) 387-3300
- 782 Medical Center Drive, Suite 212, Clovis, CA 93611, (559) 451-3676
- 785 Medical Center Drive, Suite 203, Clovis, CA 93611, (559) 387-1900
- 2335 E. Kashian Lane, Suite 220, Fresno, CA 93701, (559) 435-6600
- 2335 E. Kashian Lane, Suite 450, Fresno, CA 93701, (559) 233-7700
- 45 Park Place West, Suite 104, Fresno, CA 93720, (559) 320-0530
- 805 W. Acequia, Suite 2D, Visalia, CA 93291, (559) 320-0530

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.

Fill out the Application for Financial Assistance and submit it, with the required documentation, to Community Health Partners, Patient Financial Services Department, P.O. Box 1232, Fresno, CA 93715, as soon as possible after receiving treatment. Applications received later than 240 days from the date of the post-discharge billing statement may be denied.

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

The Financial Assistance Policy, application form, and this summary are also available in the following languages: Arabic, Armenian, Chinese, Farsi, French, German, Hindi, Hmong, Italian, Japanese, Khmer, Korean, Lao, Portuguese, Punjabi, Russian, Spanish, Tagalog, Thai and Vietnamese.