

CHARITY CARE

The mission of the El Paso County Hospital District, dba University Medical Center of El Paso and University Medical Center Outpatient Clinics is to heal, to serve and to educate. UMC administers high-quality, affordable heath care services accessible to all, regardless of one's ability to pay.

An uninsured or underinsured person may be provided charity care based on the Federal Income Poverty Guidelines issued by the U.S. Department of Health and Human Services as published annually in the Federal Register.

Hospital District, established by the Constitution of the State of Texas, our commitment is to our CARE[illegible] values.

Application Requirements

As a part of our continuing commitment to our community, University Medical Center of El Paso may provide financial assistance to individuals in need. The type of financial assistance will depend on your income, the number of persons in your household and where you live.

The Healthcare Options (Indigent Health Care) Program will require the following information, in order to determine if you may qualify.

Required Documentation:

1. Proof of Income

Individual tax return, W-2 and one of the following documents:

- Wage and earning statement
- Paycheck remittance (last 2)
- Individual tax return
- Unemployment insurance
- Employer statement of applicant's income on official company letterhead
- Bank Statement
- Other appropriate indicators of yearly, monthly, weekly or hourly income

2. Proof of Residency (TWO types required)

- Mail addressed to patient or patient's spouse or children
- Driver's license
- Other official identification such as: school enrollment records; property tax receipts; rent receipts; mortgage payment receipts and utility receipts

3. Number of Family Members

- Names of immediate family members living in the household

determining your eligibility for the Healthcare Options (Indigent Health Care) Program.

Charity Care

Financial Assistance Policy

- F-14_2024
- F-14_2024 Spanish

Financial Assistance Forms - English

- Financial Assistance Application
- Credit Consent form
- Financial Assistance Summary

Financial Assistance Forms - Spanish

- Solicitud para Asistencia Financiera
- Forma de Consentimiento
- Resumen Asistencia Financiera

Billing and Insurance
Charity Care
El Paso Health
Hospital Price Transparency
No Surprises Act
Hours of Visitation
Cafeteria Menus
Find a Facility
Medical Records
Patient Handbook

Contact Information

Patient Financial Services

Phone: (915) 521-7900

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4815 Alameda Ave., El Paso, TX 79905
(915) 544 - 1200

Designed by stantonstreet