

Patients who need Financial Assistance

Penn State Health (PSH) is proud of its mission to provide excellent service to all our patients and their families. If payment of your medical bill is a concern, PSH provides financial assistance to eligible patients who are uninsured and underinsured.

We provide financial assistance based on income, family size and assets for medically necessary and emergent services. PSH shall not charge uninsured Financial Assistance Program (FAP) eligible or non-FAP eligible individuals more than the amounts generally billed (AGB) for emergency or other medically necessary care.

How to apply:

Complete a Financial Assistance Application (back of this letter) and attach the below documents (if applicable):

- Most recent filed IRS Tax Forms (1040) and any applicable schedules (i.e. Schedule 1, C, D, E, F)
- Most recent four (4) paystubs (Should reflect year to date gross earnings)
- Most recent four (4) bank statements for all accounts including all shares, all pages without alteration, for both personal and business. (Checking, Savings, Vacation/Christmas Club, Brokerage, Money Market, IRA, Mutual Funds, COD's, etc.)
- Social Security or Disability Income Determination for current year
- Child Support and/or Alimony documentation, showing awarded income details
- Unemployment income or Worker's Compensation income
- Retirement income documentation (Pension, Annuity, 401k, etc.)
- If household has no income, letter from person(s) who are assisting with the living expenses
- Medical Assistance, ACA Notice, or Health Insurance Marketplace Determination
- Proof of citizenship or lawful permanent residence status (valid visa/green card).
 - Non-Citizen's must provide proof of Pennsylvania residence.
- Proof of all other income received in the current year, including distribution confirmation from estates or liability settlements. (Financial Assistance will not be considered until the final settlement of the estate or litigation)
- Any other information requested by PSH to adequately review the financial assistance application to determine qualification for Financial Assistance.

Please visit our website at: <https://www.pennstatehealth.org/financial-assistance> to access our Financial Assistance Policy and additional financial assistance applications. Documents are translated in various languages and are available on the website or in person. All applicants will be notified by phone or by letter when a determination has been made regarding their financial assistance qualification.

Financial Counseling staff is available by phone, **Monday through Friday 8:00 a.m. to 4:30 p.m.** Your questions will be treated with courtesy and confidentiality.

Penn State Health Milton S. Hershey Medical Center, Lancaster Medical Center and Community Medical Groups	717-531-1740 or 1-800-254-2619
Hampden Medical Center	717-981-1311 or 1-800-254-2619
Holy Spirit Medical Center and Pennsylvania Psychiatric Institute	717-763-2885 or 1-800-254-2619
St. Joseph Medical Center	610-378-2277 or 1-800-254-2619
Life Lion LLC	717-763-2108

Financial Assistance Application

LOCATION FOR SERVICES:

- | | | |
|---|---|---|
| <input type="checkbox"/> Hershey Medical Center | <input type="checkbox"/> Community Medical Group | <input type="checkbox"/> St. Joseph Medical Center |
| <input type="checkbox"/> Holy Spirit Hospital | <input type="checkbox"/> Penn State Health Life Lion, LLC | <input type="checkbox"/> Hampden Medical Center |
| <input type="checkbox"/> Lancaster Medical Center | <input type="checkbox"/> Pennsylvania Psychiatric Institute | <input type="checkbox"/> Lancaster Orthopedic Group |

PATIENT INFORMATION:

Patient Name: _____ Date of Birth or Medical Record #: _____

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GUARANTOR INFORMATION: *(Person Responsible for payment of this bill)*

Guarantor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Guarantor Home Phone: _____ Cell Phone Number: _____

Place of Employment: _____ Guarantor Work Phone: _____

Number of dependents that you are financially responsible for (include self): _____

I certify that I have read this application in full, and all the information given on this form is true, correct and complete to the best of my ability, knowledge and belief.

SIGNATURE (GUARANTOR)

DATE

For your application to be processed, the following documentation must be returned along with this form.

- ☐ Most recent filed IRS Tax Forms (1040) and any applicable schedules (i.e. Schedule 1, C, D, E, F)
- ☐ Four (4) most recent paycheck stubs (Should reflect year to date gross earnings)
- ☐ Four (4) most recent bank statements for all accounts including all shares, all pages without alteration, for both personal and business. (Checking, Savings, Vacation/Christmas Club, Brokerage, Money Market, IRA, Mutual Funds, COD's, etc.)
- ☐ Social Security or Disability Income Determination for current year
- ☐ Child Support and/or Alimony documentation, showing awarded income details
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 - ☐ Non-Citizen's must provide proof of Pennsylvania residence.
- ☐ Proof of all other income received in the current year, including distribution confirmation from estates or liability settlements.

Please note: You may receive separate bills for professional services rendered by different health care providers with Penn State Health privileges.

Please mail completed application to:

**Penn State Health Financial Counseling
P. O. Box 853 CA-510
Hershey, PA 17033**