

**UPMC PINNACLE
POLICY AND PROCEDURE MANUAL**

POLICY: C-667

INDEX: Finance

SUBJECT: Charity Care and Financial Assistance

DATE: September 1, 2022

I. POLICY

UPMC Central Pa is committed to providing financial assistance to people who have health care needs and are uninsured, underinsured, ineligible for a government program, do not qualify for governmental assistance (for example Medicare or Medicaid), or who are approved for Medicaid but the specific medically necessary service is considered non-covered by Medical Assistance, or otherwise unable to pay for medically necessary care. UPMC Central Pa strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

In order for UPMC Central Pa to responsibly manage its resources and provide the appropriate level of assistance to the greatest number of persons in need, patients are expected to contribute to their cost of care based on their individual ability to pay.

Patients applying for financial assistance are also expected to cooperate with UPMC's procedures for obtaining financial assistance or other forms of payment, those with the financial capacity to purchase health insurance will be encouraged to do so.

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patients shall be screened for financial assistance or payment information prior to the rendering of a medical screening examination and to the extent necessary, services needed to treat the patient or stabilize them for transfer as applicable. The granting of financial assistance will not take into account age, gender, race, social or immigration status, sexual orientation, gender identity or religious affiliation.

II. PURPOSE

The purpose of this policy is to address the various types and levels of financial assistance eligibility requirements, services that are included and excluded, and the process for securing financial assistance.

III. SCOPE

This policy applies to all UPMC Central Pa hospitals and physician providers. (See attachments - Facility & Provider Listings).

This policy applies to the following UPMC Pinnacle hospital facilities:

- UPMC Pinnacle Hospitals (UPMC Harrisburg, UPMC Community Osteopathic, and UPMC West Shore)
- UPMC Carlisle

- UPMC Memorial
- UPMC Lititz
- UPMC Hanover
- UPMC Central Pa owned or controlled entities

Provider-based Ambulatory Surgery Centers: **Free-Standing Ambulatory Surgery Facilities:**

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> UPMC Surgery Center – Carlisle <input checked="" type="checkbox"/> UPMC Pinnacle Procedure Center <input checked="" type="checkbox"/> UPMC Community Surgery Center | <ul style="list-style-type: none"> <input type="checkbox"/> Hanover Surgicenter <input type="checkbox"/> UPMC Leader Surgery Center (JV) <input checked="" type="checkbox"/> UPMC Specialty Care York Endoscopy <input type="checkbox"/> Susquehanna Valley Surgery Center (JV) <input type="checkbox"/> West Shore Surgery Center (JV) |
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IV. **DEFINITIONS**

For the purpose of this policy, the terms below are defined as follows:

Emergency Care or Emergency Treatment: The care or treatment for emergency medical conditions as defined by EMTALA (Emergency Medical Treatment and Active Labor Act.)

Financial Assistance: Financial assistance is the provision of healthcare services free of charge or at a discount to individuals who meet the established criteria.

Family: As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, adoption, marriage, same-sex marriage, unmarried or domestic partners.

Uninsured: The patient has no level of insurance (either private or governmental) or other potential assistance options, such as Victims of Violent Crimes, Auto Insurance, 3rd Party Liability, etc. to assist with meeting his/her payment obligations for health care services received from UPMC Central Pa.

Underinsured: The patient has some level of insurance (either private or governmental) or other potential assistance options, such as Victims of Violent Crimes, Auto Insurance, 3rd Party Liability, etc. but still has out-of-pocket expenses that exceed his/her financial ability to pay for health care services at UPMC Central Pa.

Income/Family Income: Income/Family Income is determined by calculating the following sources of income for all qualifying household members.

- Wages, salaries, tips
- Business income
- Social Security income
- Pension or Retirements Income
- Dividends and Interest
- Rent and Royalties
- Unemployment compensation
- Workers' compensation income
- Alimony and child support
- Legal judgements

- Cash, bank accounts and money market accounts
- Matured certificates of deposit, mutual funds, bonds or other easily convertible investments that can be cashed without penalty
- Support letters
- Other Income, such as income from trust finds, charitable foundations, etc.

Items that are not considered in determining income include:

- Primary Residence
- Retirement Funds
- Primary Vehicle

Indigence: Income falls below 300% of the Federal Poverty Guidelines.

Discounted Care: Uninsured; this includes those patients with insurance benefits that have become exhausted and income falls between 301% and 400% of the Federal Poverty Guidelines.

Financial or Medical Hardship: Financial assistance that is provided as a discount to eligible patients with annualized family income in excess of 300% of the Federal Poverty Guidelines and the out of pocket expense or patient liability resulting from medical services provided by UPMC Central Pa exceeds 15% of family income.

Federal Poverty Guidelines: Federal Poverty Guidelines are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current Federal Poverty Guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>.

Presumptive Charity Care: The use of external publicly available data sources that provide information on a patient's ability to pay.

V. ELIGIBILITY

A. Services Eligible under this Policy. Financial assistance is available for eligible individuals who seek or obtain emergency and other medically necessary care from UPMC Central Pa Providers. This Financial Assistance Policy (FAP) covers medically necessary care as defined by the Commonwealth of Pennsylvania. The Commonwealth of Pennsylvania 55 Pa Code § 1101.21a defines medical necessity as:

A service, item, procedure or level of care that is necessary for the proper treatment or management of an illness, injury or disability is one that:

- (1) Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability; or
- (2) Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or

- (3) Will assist the recipient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate of recipients of the same age.

B. Services not eligible for financial assistance under this Policy regardless of whether they constitute medically necessary care include:

- a. Cosmetic surgery not considered medically necessary
- b. All transplant and related services
- c. Bariatrics and all related services
- d. Reproduction-related procedures (such as in-vitro fertilization, vasectomies, tubal ligation reversals, etc.)
- e. Acupuncture
- f. Services performed at any UPMC Central Pa Urgent Care location
- g. Package Pricing - services included in a package price are bundled and subject to an inclusive rate which is not subjected to any other forms of discounting.
- h. Private duty nursing
- i. Services provided and billed by a non UPMC Central Pa entity which may include lab or diagnostic testing, dental, vision and speech, occupational or physical therapies
- j. Patient accounts or services received by a patient who is involved in pending litigation that relates to or may result in a generation of recovery based on charges for services performed at UPMC Central Pa
- k. Other non-covered services such as laser eye surgery, special cataract lenses, hearing aids, etc.

VI. ELIGIBILITY AND ASSISTANCE CRITERIA

- A. Financial assistance will be provided in accordance with UPMC Central Pa's mission and values. Financial assistance eligibility will be considered for uninsured and underinsured patients, and those for whom it would be a financial hardship to pay in full the expected out of pocket expenses for services provided by UPMC Central Pa. Financial assistance will be provided in accordance with federal, state and local laws. Applicants for financial assistance are encouraged to apply to public programs for available coverage, if eligible, as well as for pursuing public or private health insurance payment options for care provided by UPMC Central Pa. Patients who do not cooperate in applying for programs that may pay for their healthcare services may be denied financial assistance. UPMC Central Pa shall make affirmative efforts to help patients apply for public and private programs.

Typically, financial assistance is not available when a person fails to comply reasonably with insurance requirements (such as obtaining authorizations and/or referrals) or for persons who opt out of available insurance coverage, regardless of whether or not the patient meets eligibility requirements.

In addition, this policy will not apply to individuals who reside outside of the service area and would be required to travel in order to seek treatment from a UPMC Central Pa Provider. The service area includes all counties contiguous to a UPMC Central Pa facility. Non-resident international patients are excluded from financial assistance, unless the patient is treated for an emergency. UPMC Central Pa, in its sole discretion, may waive these exclusions after considering all relevant facts and circumstances. Additionally, UPMC Central Pa may approve financial assistance for patients utilizing presumptive charity care.

B. Patient Financial Assistance Eligibility Guidelines. Except as otherwise provided herein, services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Level guidelines published by the U.S. Department of Health and Human Services.¹

1. Indigence:

- A. When a patient is *uninsured* and the patient's and/or responsible party's (ex. Parents, Spouse, etc.) income is at or below **300%** of the Federal Poverty Guidelines, the patient will be approved for a 100% reduction for the care provided by the Provider. This means that the fees for services are completely waived.
- B. When a patient is *underinsured* and the patient's and/or responsible party's (ex. Parents, Spouse, etc.) income is at or below **300%** of the Federal Poverty Guidelines; the patient is eligible for financial assistance. The patient's insurance will be billed, if approved the patient may not have any patient liability after insurance. If the underinsured patient's income is greater than 300% of the Federal Poverty Guidelines, the patient may be eligible for financial assistance in the form of financial or medical hardship.

2. Discounted Care: Assistance may be in the form of a discounted or reduced patient obligation depending on the patient's and/or responsible party's income.

If an uninsured patient's and/or responsible party's (ex. Parents, Spouse, etc.) income is greater than **300%** and less than or equal to **400%** of the Federal Poverty Guidelines, the patient is eligible for assistance in the form of a reduction in patient liability for all accounts to the amounts generally billed (AGB) as defined below.

¹ Federal Poverty Guidelines for the current year are available at <http://aspe.hhs.gov/poverty-guidelines>. The Provider's use of federal poverty guidelines will be updated annually in conjunction with the federal poverty guideline updates published by the United States Department of Health and Human Services.

3. Financial or Medical Hardship: If a patient's and/or responsible party's (ex. Parents, Spouse, etc.) income exceeds 300% of the Federal Poverty Level, they may be considered for a Financial or Medical Hardship.

UPMC Central Pa will consider assistance where a patient's out of pocket expense or patient liability exceeds 15% of family income or where a patient's medical bills are of such magnitude that payment threatens the patient's financial survival. Assistance will be provided in the form of an adjustment of charges to prevent patient liability from exceeding the lesser of 15% of family income or the AGB.

Notwithstanding anything contained in this policy, if an award of financial assistance that does not cover 100% of the charges for the service is granted, the amount due from patients who are eligible under this Policy for discounted care will not be more than amounts generally billed (AGB) as defined below. UPMC Central Pa in its discretion may waive or modify eligibility requirements after considering all relevant facts and circumstances in order to achieve this Policy's essential purpose of providing medical care to patients who lack financial means.

VII. AMOUNTS GENERALLY BILLED

UPMC Central Pa will not charge an eligible individual for emergency or other medically necessary services more than the amount generally billed (AGB) to individuals who have insurance covering such care. UPMC Central Pa will use the Look-Back method to determine AGB. The AGB is calculated using all claims allowed by the Medicare- Fee-For-Service and Private health insurances (including the Medicaid Managed Payers). For this purpose, UPMC Central Pa will select the lowest percentage of any hospital facility covered by the policy and apply this percentage to all emergency or other medically necessary care covered by the policy. The lowest amount currently calculated is 28% which is higher than the 20% resulting in a discount of 80%.

VIII. APPLYING FOR FINANCIAL ASSISTANCE

Eligibility determinations will be made based on UPMC Central Pa's policy and an assessment of a patient's financial need. Uninsured and underinsured patients will be informed of the Financial Assistance Policy and the process for submitting an application. Applicants for financial assistance are required to apply to public programs for available coverage, if eligible, as well as for pursuing public or private health insurance payment options for care provided by UPMC Central Pa. UPMC Central Pa will process the request for financial assistance within 30 days of receipt. If there is missing documentation, the patient will be given an additional 30 days to respond to the request.

UPMC Central Pa will make reasonable efforts to explain the benefits of Medicaid and other available public and private programs to patients and provide information on those programs that may provide coverage for services.

Information on public or private coverage and UPMC Central Pa's Financial Assistance Policy will be communicated to patients in easy-to-understand, culturally appropriate language, and in the most prevalent languages spoken in applicable hospital service area communities.

A. Application Process:

Typically, a patient is not eligible for financial assistance until he or she has applied for and is determined to be ineligible for applicable federal and Commonwealth governmental assistance programs. UPMC Central Pa will make resources available to assist patients in enrolling in and/or applying for federal and Commonwealth government programs. UPMC Central Pa may decide to process the financial assistance application without the documentation that the patient is ineligible for Medical Assistance or other governmental assistance programs.

For those patients that are "Plain People" (i.e. Amish, Old Order Mennonite, and Conservative Mennonites), a separate procedure is provided as their belief system prohibits them from receiving any assistance from the government. They are not required to apply for Medical Assistance, and because of their desire to pay something, will be offered no more than an 80% discount and would not qualify for free care under the charity care definition. This section excludes any special package pricing that has been agreed upon with this community for certain services.

All applicants are expected to complete the UPMC Central Pa's Financial Assistance application form (see attachment) and provide requested documents. If documentation is not included with the application, the financial information shared on the application may be used in order to make the financial assistance determination. The patient's signature will be used as attestation to the validity of the information provided. In addition, while completed applications and supporting documentation are more likely to result in a more efficient application process, financial assistance may be awarded in the absence of a completed application and supporting documentation as provided by this policy under presumptive financial assistance (described below) or otherwise in the discretion of UPMC Central Pa.

Financial Assistance applications are to be submitted to the following office:

Patient Financial Support Services
UPMC Central Pa
PO Box 2353
Harrisburg Pa 17105-2353
1-877-499-3899 or 717-231-8989

Requests for financial assistance will be processed promptly and UPMC Central Pa will notify the patient or applicant in writing within 30 days of receipt of a completed application. If denied eligibility for any of the financial assistance offered, the patient may re-apply at any time. If the patient is denied financial

assistance and a payment to satisfy the balance or a payment plan is not established the account may be transferred to a 3rd party collection agency for follow-up. Please refer to UPMC Central Pa's Credit and Collection Policy C-669.

If the patient is approved for financial assistance, the eligible patient balances will be adjusted accordingly for services up to one year prior to the approval of the application and a 6 month forward time period to ensure a continuation of care.

The approval time period for financial assistance eligibility will begin on the date that the patient is determined eligible for assistance and 1-year prior to the date of eligibility. Service dates outside the 1-year range may be considered on a case to case basis at UPMC Central Pa's discretion.

If a patient is approved for financial assistance through the application process and has made a payment to the accounts which qualify for financial assistance; payments over \$5.00 will be refunded to the extent consistent with the level of financial assistance awarded.

B. Presumptive Financial Assistance Eligibility:

Presumptive Indigence:

UPMC Central Pa recognizes that not all patients are able to complete the financial assistance application or provide the required documentation. There may be instances when financial assistance is warranted and the patient qualifies for assistance, despite the lack of formal applications and income assessment described in this policy. In the normal course of assessment of a patient's ability to pay, UPMC Central Pa, in its sole discretion, may declare the patient's account uncollectible and classify the account as meeting eligibility criteria. Presumptive eligibility may be granted to patients based on life circumstances such as:

1. homelessness or receipt of care from a homeless clinic;
2. participation in Women, Infants and Children programs (WIC);
3. receiving SNAP (Supplemental Nutritional Assistance Program) benefits;
4. eligible for other state or local assistance programs, such as Victims of Violent Crimes;
5. deceased patient with no known estate.

When presumptive financial assistance eligibility is established, typically a 100% discount will be available.

Other Presumptive Eligibility:

For patients who are non-responsive to UPMC Central Pa's application process, other sources of information, such as estimated income and family size provided by a predictive model or information from a recent Medical Assistance application, may be used to make an individual assessment of financial need. This information will enable UPMC Central Pa to make an informed decision on

the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

For the purpose of helping financially needy patients, UPMC Central Pa may utilize a third-party to review the patient's information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, resources, and liquidity. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical financial assistance approvals for UPMC Central Pa. The predictive model enables UPMC Central Pa to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. Information from the predictive model may be used by UPMC Central Pa to grant presumptive eligibility in cases where there is an absence of information provided directly by the patient. Where efforts to confirm coverage availability have been unsuccessful, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

In the event a patient does not qualify for the highest level of financial assistance under the presumptive rule set, the patient may still provide the requisite information and be considered under the traditional financial assistance application process.

Presumptive screening provides benefit to the community by enabling UPMC Central Pa to systematically identify financially needy patients, reduce administrative burdens, and provide financial assistance to patients who have not been responsive to the financial assistance application process.

IX. NOTIFICATION OF FINANCIAL ASSISTANCE AND RELATED INFORMATION

UPMC Central Pa's Financial Assistance Policy (FAP), the FAP application form and the plain language summary of the FAP (the "FAP Documents") shall be available to all UPMC Central Pa patients as follows:

- A. The FAP, FAP application form and a plain language summary of the FAP are available on UPMC Central Pa's website, (<https://www.upmc.com/CharityCareCentralPa>) searchable by the mechanism applicable to the site generally. The FAP Documents will be printable from the website.
- B. The FAP, the FAP application form and plain language summary of the FAP are available upon request and without charge, both in public locations in UPMC Central Pa hospitals and by mail.

Visitors to the facility are informed and notified about the FAP and availability of the FAP Documents by notices in patient bills and by posted notices in emergency rooms, urgent care centers, admitting and registration departments, hospital business offices, and

patient financial services offices that are located on facility campuses and at other public places as UPMC Central Pa may select. Information will also be included on public websites. Referral of patients for financial assistance may be made by any member of the UPMC Central Pa staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains and others.

X. APPEALS AND DISPUTE RESOLUTION

Patients may seek a review from UPMC Central Pa in the event of a dispute over the application of this financial assistance policy. Patients denied financial assistance may also appeal their eligibility determination.

Disputes and appeals may be filed by contacting the Director of UPMC Central Pa, Patient Financial Support Services. The basis for the dispute or appeal should be in writing and submitted within 30 days of the patient's experience giving rise to the dispute or notification of the decision on financial assistance eligibility.

Disputes or appeals should be submitted to the following office:

Patient Financial Support Services
PO Box 2353
Harrisburg Pa 17105-2353

XI. COLLECTIONS IN THE EVENT OF NON-PAYMENT

UPMC Central Pa will not engage in Extraordinary Collection Actions, as defined by applicable federal laws. If the individual is already a Financial Assistance recipient and he/she is cooperating in good faith to pay his/her balance but nonetheless experiencing difficulty, UPMC Central Pa will endeavor to offer an extended payment plan.

Refer to UPMC Central Pa's Credit and Collections Policy C-669 for the actions the hospital facility may take in the event of nonpayment. This policy may be obtained at no cost by contacting the Patient Financial Services Center at 1-877-499-3899

XII. REGULATORY REQUIREMENTS

In implementing this Policy, UPMC Central Pa management and facilities shall comply with all applicable federal, state, and local laws, rules, and regulations.

XIII. RECORD KEEPING

UPMC Central Pa will document all financial assistance in order to maintain proper controls and meet all internal and external compliance requirements.

XIV. ATTACHMENTS

Financial Assistance Application
Listing of Providers Delivering Emergency/Medically Necessary Care

SIGNED: Neal McKnight, VP Revenue Cycle

ORIGINAL: July 1, 1996

APPROVALS:

Policy Review Subcommittee: February 5, 2020
Board of Directors: UPMC Pinnacle Board August 17, 2022
UPMC Pinnacle Board May 18, 2020
UPMC Hanover Board November 9, 2018

REVIEWED BY: Director, Patient Financial Support Services

PRECEDE: July 1, 2020

SPONSOR: Director Patient Financial Support Services

REVIEW DATE(S):

9/1/22 _____

RECENT REVISION DATE(S):

*** With respect to UPMC Pinnacle business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.**

Listing of Providers Delivering Emergency/Medically Necessary Care

Providers Covered By Policy:

Department	Practice Name/Identifier
Allergy and Immunology	UPMC Pinnacle Allergy & Immunology
Breast Care	Breast Health Associates
Breast Care	PinnacleHealth Breast Care Center
Breast Care	The Mammography Center
Breast Care	Women's Breast Center
Cancer Treatment	Carlisle Regional Cancer Center
Cancer Treatment	General & Surgical Oncology Specialists of Central PA
Cancer Treatment	Keystone Cancer Center
Cancer Treatment	Lititz Hematology and Oncology Care
Cancer Treatment	PinnacleHealth Radiation Oncology - Carlisle Regional Cancer Center
Cancer Treatment	PinnacleHealth Radiation Oncology - Ortenzio Cancer Center at PinnacleHealth
Cancer Treatment	PinnacleHealth Radiation Oncology - PinnacleHealth Cancer Center
Cancer Treatment	PinnacleHealth Women's Cancer Centers
Cardiac Rehabilitation	Memorial Cardiac Rehabilitation - Outpatient Services at UPMC Memorial
Cardiac Rehabilitation	PinnacleHealth Cardiovascular Rehabilitation
Cardiac Rehabilitation	UPMC Hanover Cardiovascular Rehabilitation
Cardiac Rehabilitation	UPMC Lititz Cardiopulmonary Rehabilitation
Cardiology	Cardiac Consultants
Cardiology	Hanover Medical Group Cardiology
Cardiology	PinnacleHealth Cardiovascular Institute
Cardiology	Red Rose Cardiology
Cardiology	York Heart & Vascular Specialists
Cardiovascular Surgery	PinnacleHealth Cardiovascular Institute – Cardiovascular & Thoracic Surgery
Colon and Rectal Care	UPMC Pinnacle Colon and Rectal Surgery
Colon and Rectal Care	UPMC Pinnacle Colonoscopy and Proctology
Community Outreach	Community Health and Wellness Center
Ear, Nose and Throat	ENT - Head and Neck Surgery of Lancaster
Endocrinology	Hanover Medical Group Endocrinology
Endocrinology	Hanover Medical Group Endocrinology
Endocrinology	PinnacleHealth Endocrinology Associates
Endoscopy	UPMC Specialty Care York Endoscopy

Department	Practice Name/Identifier
Family Care	Alexander Spring Family Care
Family Care	Baron Family Practice
Family Care	Boiling Springs Family Medicine
Family Care	College Avenue Family Medicine
Family Care	Columbia Regional Health Center at St. Anne's Retirement Community
Family Care	FirstLine Care Cross Keys Village
Family Care	FirstLine Care Hillside
Family Care	FirstLine Care Sheppard WABCO
Family Care	Hanover Medical Group Adult Medicine - Homewood
Family Care	Hanover Medical Group Adult Medicine Multi-Specialty Group
Family Care	Hanover Medical Group Family & Adult Medicine - New Oxford
Family Care	Hanover Medical Group Family Medicine – Hanover
Family Care	Hanover Medical Group Family Medicine – Littlestown
Family Care	Hanover Medical Group Family Medicine - South Hanover
Family Care	Hanover Medical Group Family Medicine - Spring Grove
Family Care	Hanover Medical Group Grandview Family & Adult Medicine
Family Care	Hanover Medical Group Hillside Adult Medicine
Family Care	Hanover Medical Group McSherrystown Family Practice
Family Care	Hanover Medical Group Penn Street Family Medicine
Family Care	Heartland Family Health
Family Care	Highlands Family Practice
Family Care	Kline Health Center
Family Care	Lancaster Family Practice Associates
Family Care	Manheim Pike Primary Care
Family Care	Mastropietro & Associates Family Medicine
Family Care	Memorial Family Medicine at Brogue
Family Care	Memorial Family Medicine at Greensprings
Family Care	Memorial Family Medicine at Manchester
Family Care	Memorial Family Medicine at Shrewsbury
Family Care	Memorial Family Medicine at Stewartstown
Family Care	Memorial Family Medicine at Susquehanna Trail
Family Care	Memorial Family Medicine at Windsor Commons
Family Care	Memorial Internal Medicine at Elmwood
Family Care	PinnacleHealth Annville Family Medicine
Family Care	PinnacleHealth Blue Mountain Family Practice
Family Care	PinnacleHealth FamilyCare Dillsburg
Family Care	PinnacleHealth FamilyCare Lower Paxton
Family Care	PinnacleHealth FamilyCare Mechanicsburg
Family Care	PinnacleHealth FamilyCare Middletown
Family Care	PinnacleHealth FamilyCare Newport
Family Care	PinnacleHealth FamilyCare Silver Spring
Family Care	PinnacleHealth FamilyCare Spring Road
Family Care	PinnacleHealth FamilyCare Union Deposit
Family Care	PinnacleHealth Fisher Road Family Practice
Family Care	PinnacleHealth Good Hope Family Physicians
Family Care	PinnacleHealth Internal Medicine Camp Hill
Family Care	PinnacleHealth Internal Medicine Union Deposit
Family Care	PinnacleHealth Strawberry Square FamilyCare
Family Care	Sallavanti & Cotter Family Medicine
Family Care	UPMC Pinnacle Chambers Hill Primary Care
Family Care	UPMC Pinnacle Integrated Health Services
Family Care	UPMC Primary Care East Berlin
Family Care	UPMC Primary Care Chambersburg

Department	Practice Name/Identifier
Family Care	UPMC Primary Care Fredericksburg
Family Care	UPMC Primary Care Oyster Point
Family Care	UPMC Primary Care Phoenix Drive
Family Care	UPMC Senior Care
Gastroenterology	UPMC Specialty Care Gastroenterology
General Surgery	Carlisle Surgical Institute
General Surgery	General Surgery of Lancaster
General Surgery	Leader Surgical Associates - UPMC
General Surgery	PinnacleHealth Surgical Associates
General Surgery	Surgical Specialists of Lancaster - UPMC
Heart Failure	PinnacleHealth Heart Failure Center
Hematology/Oncology	PinnacleHealth Hematology/Oncology
Infectious Disease	Infectious Disease Consultants of Lancaster
Infectious Disease	Memorial Infectious Disease Specialists
Infectious Disease	PinnacleHealth Infectious Disease Associates
Lung Specialist	PinnacleHealth Pulmonary Nodule Clinic
Mental Health	PinnacleHealth Psychological Associates
Mental Health	UPMC Women's Behavioral Health Specialists
Neurology / Neuroscience	PinnacleHealth Neurosurgery and Neurosciences Institute
Neurology / Neuroscience	UPMC Pinnacle Neurosurgery
Neurology / Neuroscience	York Neurology Specialists
Obstetrics / Gynecology	Hanover Medical Group Ob-Gyn Spring Grove
Obstetrics / Gynecology	Maternal Fetal Medicine
Obstetrics / Gynecology	Mountain View Ob-Gyn, a Member of Hanover Medical Group
Obstetrics / Gynecology	Nurse Family Partnership Program
Obstetrics / Gynecology	Ob-Gyn of Lancaster
Obstetrics / Gynecology	UPMC Pinnacle Bladder and Pelvic Health
Obstetrics / Gynecology	UPMC Pinnacle Obstetrics and Gynecology Specialists
Obstetrics / Gynecology	Women First Obstetrics and Gynecology Specialists - UPMC
Obstetrics / Gynecology	Women's Health Specialists of Carlisle
Orthopaedic Care	Arlington Orthopedics - UPMC
Orthopaedic Care	Orthopaedic Specialists of Central PA
Orthopaedic Care	PinnacleHealth Bone and Joint Center
Orthopaedic Care	PinnacleHealth Spine, Bone and Joint Center
Pain Management	UPMC Chronic Pain Management Program
Pain Management	UPMC Pain Medicine
Pain Management	UPMC Pinnacle Procedure Center
Palliative Medicine	Supportive Care and Palliative Medicine

Department	Practice Name/Identifier
Pediatric Cardiology	PinnacleHealth Cardiovascular Institute
Pediatrics	Pediatric Specialty Therapy
Pediatrics	PinnacleHealth Children and Teen Center
Pediatrics	PinnacleHealth Children's Resource Center
Pediatrics	PinnacleHealth Infant Development Program
Pediatrics	PinnacleHealth Lead Poisoning Prevention & Education
Pediatrics	PinnacleHealth Pediatric Inpatient Services
Pediatrics	PinnacleHealth REACCH Program
Pediatrics	UPMC Children's Community Pediatrics - Heritage (a)
Pediatrics	UPMC Children's Community Pediatrics - Hummelstown
Pediatrics	UPMC Children's Community Pediatrics - York Memorial
Pediatrics	UPMC Children's Specialty Services
Pediatrics	UPMC Lititz Pediatric Inpatient Services
Pediatrics	UPMC Pediatrics Shippensburg
Plastic Surgery	Plastic & Aesthetic Surgical Associates
Plastic Surgery	UPMC Plastic and Reconstructive Surgery
Podiatry	Carlisle Foot & Ankle Specialists
Pulmonary Rehabilitation	Hanover Medical Group Pulmonary & Sleep Medicine
Pulmonary Rehabilitation	PinnacleHealth Pulmonary Rehabilitation
Radiologists	Quantum Imaging and Therapeutic Associates, Inc.
Radiation Oncology	UPMC Hillman Cancer Center
Rehabilitation	Hillside Rehab
Rehabilitation	Littlestown Rehab - Littlestown Professional Center
Rehabilitation	UPMC Pinnacle Hanover Rehab
Rheumatology	Lancaster Arthritis & Rheumatology Care
Rheumatology	PinnacleHealth Rheumatology Associates
Sleep Medicine	Lancaster Pulmonary & Sleep Associates
Sleep Medicine	PinnacleHealth Sleep Center
Substance Use Disorders	Integrated Health Services
Substance Use Disorders	PinnacleHealth Center for Addiction Recovery
Thoracic Surgery	PinnacleHealth Cardiovascular & Thoracic Surgery
Transplant	PinnacleHealth Transplant Associates
Travel Clinic	Industrial Resource Center
Travel Clinic	PinnacleHealth Travel Clinic
Urgent and Walk-in Care	Express Care and HanoverWorks Occupational Health
Urgent and Walk-in Care	PinnacleHealth Express
Urgent and Walk-in Care	PinnacleHealth FastCare Clinic
Urgent and Walk-in Care	UPMC Express Care
Urgent and Walk-in Care	Walk-in Care at Strawberry Square Family Care
Urology	Carlisle Urology
Urology	Hanover Medical Group Urology
Urology	Prostate Cancer Center
Valve Clinic	PinnacleHealth Valve Clinic
Vascular Access Centers	PinnacleHealth Vascular Access Center
Vein Treatment	PinnacleHealth Vein Center

Department

Wound Care
Wound Care
Wound Care
Wound Care

Practice Name/Identifier

Advanced Wound Healing Center
PinnacleHealth Wound and Hyperbaric Center
Total Wound Care Center
UPMC Pinnacle Wound Healing Center



Patient name
Patient address
Patient address

Date:
Patient Name:
Medical Record #:

Dear:

Attached is the financial aid application as requested. To avoid processing delays with your application, please use the checklist to verify all information has been completed or attached as required.

- Complete the financial aid application, **sign and date**. Use N/A if applicable.
- Copy of last filed federal tax return with all schedules.
- If you do not file please provide a letter stating the reason, sign and date the letter

Proof of income is important. Applications without income information will be denied.

- Proof of monthly household income for all members of household:
 - Current and complete bank statement for checking, savings, business accounts showing all transactions for the last 30 days as of the date of this application
 - Current pay stubs for the last 30 days as of the date of this application

You must send us copies if you get any of these benefits:

- Notice received from Social Security Administration indicating current year monthly benefit
- Any pension payments that are received monthly
- Notice received from Bureau of Unemployment for weekly benefit
- Current denial or approval from Medical Assistance/Medicaid if you have applied
- Copy of denial or exemption letter from the Marketplace, HealthCare Exchange
- Copy of alimony or child support agreement, letter, check or bank statement with deposit
- If you have no income, the person who helps you with daily living expenses must write a letter describing the dollar amount of assistance they provide and the reason.

Your aid may be reduced or denied for refusal to enroll in a subsidized health plan due to the expanded Medicaid program in Pennsylvania.

Call us if you have questions at 717-231-8989 or 1-877-499-3899 (toll-free), option 3.

Sincerely,
Patient Financial Coordinator



RETURN TO:

Patient Financial Coordinator
 UPMC in Central Pa
 P.O. Box 2353
 Harrisburg, PA 17105-2353

FINANCIAL AID APPLICATION

If you have any questions, please call Patient Financial Support Services 717-231-8989 or 1-877-499-3899.

Patient's Information

Last	First	MI	DOB
Address	City	State	Zip
SSN #	Phone #		

Guarantor's Information (If Different Than Patient)

Last	First	MI	DOB
SSN #	Phone #	Relationship	

Household Members:

Name	Relationship	DOB	UPMC in Central Pa Outstanding bills (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household Income (PROVIDE PHOTOCOPIES OF PROOF OF INCOME FOR LAST 30 DAYS)

	Employer/Occupation	Monthly Gross Amount
Wages: Self	_____	_____
Spouse	_____	_____
Others	_____	_____
Self-Employment	_____	_____
Pensions	_____	_____
Social Security/SSI	_____	_____
Unemployment or Workers Comp.	_____	_____
Child/Spousal Support	_____	_____
401 K Plans/Other Annuity Payments	_____	_____
Veteran's Administration (VA Benefits)	_____	_____
Public Assistance/Cash Assistance	_____	_____
Income from Dividends, Interest, Rent	_____	_____
TOTAL INCOME		

Expenses (NO PHOTOCOPIES NEEDED PLEASE ESTIMATE THE AVERAGE MONTHLY AMT)

	Creditor Name	Monthly Payment	Acct Balance
Mortgage/Rent	_____	_____	_____
Auto Loans/Leases	_____	_____	_____
Credit Cards	_____	_____	_____
	_____	_____	_____
Bank Loans	_____	_____	_____
Taxes Personal		_____	
Real Estate		_____	
Medical Bills	_____	_____	_____
	_____	_____	_____
Prescription Medicines		_____	
Spousal Support		_____	
Child Care/Support		_____	
Phone (including cell)/	Cable/ Internet	_____	
Electric		_____	
Water		_____	
Gas/Oil		_____	
Sanitation		_____	
Insurance Car		_____	
Individual		_____	
Home		_____	
Health		_____	
Total Expenses		<input style="width: 100px; height: 15px;" type="text"/>	

Assets (PROVIDE PHOTOCOPIES OF FINANCIAL INSTITUTION STATEMENTS LAST 30 DAYS)

	Bank Name	Balance of Account (\$)
Checking Account	_____	_____
	_____	_____
Savings Account	_____	_____
	_____	_____
Christmas/Vac. Club	_____	_____
Certificate of Deposit	_____	_____
Money Market Acct.	_____	_____
Stocks/Bonds Health	_____	_____
Savings Acct. Trust	_____	_____
Fund/Annuities	_____	_____
Other Assets	_____	_____

I certify that the information contained in this application is true and complete.

Signature of Patient _____ Spouse _____
or Guarantor _____
Date: _____ Date: _____