

**UPMC  
POLICY AND PROCEDURE MANUAL**

**POLICY: HS-RE0722 \***  
**INDEX TITLE: Revenue**

**SUBJECT: Financial Assistance Process**

**DATE: January 1, 2022**

**I. POLICY**

UPMC 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 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 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.

Links to policies referenced within this policy can be found in Section XIV.

**II. PURPOSE**

This policy addresses 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 fully integrated United States based UPMC hospitals and physician providers. (See attachments - Facility & Provider Listings).

[Check all that apply]

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> UPMC Children's Hospital of Pittsburgh | <input type="checkbox"/> UPMC Pinnacle Hospitals             |
| <input checked="" type="checkbox"/> UPMC Magee-Womens Hospital             | <input type="checkbox"/> UPMC Carlisle                       |
| <input checked="" type="checkbox"/> UPMC Altoona                           | <input type="checkbox"/> UPMC Memorial                       |
| <input checked="" type="checkbox"/> UPMC Bedford                           | <input type="checkbox"/> UPMC Lititz                         |
| <input checked="" type="checkbox"/> UPMC Chautauqua                        | <input type="checkbox"/> UPMC Hanover                        |
| <input checked="" type="checkbox"/> UPMC East                              | <input checked="" type="checkbox"/> UPMC Muncy               |
| <input checked="" type="checkbox"/> UPMC Hamot                             | <input checked="" type="checkbox"/> UPMC Wellsboro           |
| <input checked="" type="checkbox"/> UPMC Horizon                           | <input checked="" type="checkbox"/> UPMC Williamsport        |
| <input checked="" type="checkbox"/> UPMC Jameson                           | <input checked="" type="checkbox"/> Divine Providence Campus |
| <input checked="" type="checkbox"/> UPMC Kane                              | <input checked="" type="checkbox"/> UPMC Lock Haven          |
| <input checked="" type="checkbox"/> UPMC McKeesport                        | <input type="checkbox"/> UPMC Cole                           |
| <input checked="" type="checkbox"/> UPMC Mercy                             | <input checked="" type="checkbox"/> UPMC Somerset            |
| <input checked="" type="checkbox"/> UPMC Northwest                         | <input type="checkbox"/> UPMC Western Maryland               |
| <input checked="" type="checkbox"/> UPMC Passavant                         |  |
| <input checked="" type="checkbox"/> UPMC Presbyterian Shadyside            |  |
| <input checked="" type="checkbox"/> Presbyterian Campus                    |  |
| <input checked="" type="checkbox"/> Shadyside Campus                       |  |
| <input checked="" type="checkbox"/> UPMC Western Psychiatric Hospital      |  |
| <input checked="" type="checkbox"/> UPMC St. Margaret                      |  |

#### **Provider-based Ambulatory Surgery Centers**

- UPMC Altoona Surgery Center
- UPMC Children's Hospital of Pittsburgh North
- UPMC St. Margaret Harmar Surgery Center
- UPMC South Surgery Center
- UPMC Center for Reproductive Endocrinology and Infertility
- UPMC Digestive Health and Endoscopy Center
- UPMC Surgery Center – Carlisle
- UPMC Surgery Center Lewisburg
- UPMC Pinnacle Procedure Center
- UPMC West Mifflin Ambulatory Surgery Center

#### **Free-Standing Ambulatory Surgery Facilities:**

- UPMC Hamot Surgery Center (**JV**)
- Hanover Surgicenter
- UPMC Leader Surgery Center (**JV**)
- UPMC Specialty Care York Endoscopy
- Susquehanna Valley Surgery Center (**JV**)
- West Shore Surgery Center (**JV**)

#### 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, 3<sup>rd</sup> Party Liability, etc. to assist with meeting his/her payment obligations for health care services received from UPMC.

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, 3<sup>rd</sup> Party Liability, etc. but still has out-of-pocket expenses that exceed his/her financial ability to pay for health care services at UPMC.

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 Judgments
- 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 funds, charitable foundations, etc.

Items that are not considered in determining income include:

- Primary Residence
- Retirement Funds
- Primary Vehicle

Indigence: Income falls below 250% of the Federal Poverty Guidelines.

Discounted Care: Uninsured (for UPMC Chautauqua WCA patients only, this includes those patients with insurance benefits that have become exhausted) and income falls between 251% 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 250% of the Federal Poverty Guidelines and the out of pocket expense or patient liability resulting from medical services provided by UPMC 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 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, etc.)
  - e. Acupuncture
  - f. Services performed at any UPMC 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 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
  - k. Other non-covered services such as laser eye surgery, hearing aids, etc.

**VI. ELIGIBILITY AND ASSISTANCE CRITERIA**

- A.** Financial assistance will be provided in accordance with UPMC'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. 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. Patients who do not cooperate in applying for programs that may pay for their healthcare services may be denied financial assistance. UPMC 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 the service area and would be required to travel in order to seek treatment from a UPMC Provider. The service area includes all counties contiguous to a UPMC facility. Non-resident international patients are excluded from financial assistance, unless the patient is treated for an emergency. UPMC, in its sole discretion, may waive these exclusions after considering all relevant facts and circumstances.

Additionally, UPMC 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.<sup>1</sup>

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 **250%** 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 **250%** 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 250% 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 **250%** 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. UPMC Chautauqua WCA patients will also be eligible for this assistance when their respective insurance benefits exhaust.

3. Financial or Medical Hardship: If a patient's and/or responsible party's (ex. Parents, Spouse, etc.) income exceeds 250% of the Federal Poverty Level, they may be considered for a Financial or Medical Hardship.

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<sup>1</sup> 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.

UPMC 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 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 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 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 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 11% resulting in a discount of 89%.

For services received at UPMC Chautauqua WCA, AGB will be calculated as (lowest percentage of hospital facilities covered by this policy AGB-10%.)

## **VIII. APPLYING FOR FINANCIAL ASSISTANCE**

Eligibility determinations will be made based on UPMC'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. UPMC 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 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'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 will make resources available to assist patients in enrolling in and/or applying for federal and Commonwealth government programs. UPMC may decide to process the financial assistance application without the documentation that the patient is ineligible for Medical Assistance or other governmental assistance programs.

All applicants are expected to complete the UPMC 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.

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

Patient Financial Services Center  
UPMC  
Quantum 1 Building  
2 Hot Metal Street  
Pittsburgh, PA 15203  
1-800-371-8359 option 2

Requests for financial assistance will be processed promptly and UPMC 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's Billing and Collections Policy HS-RE0724.

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. The application will remain on file for 3-months and may be used to grant financial assistance within the 3-month time period without requesting additional financial information. Cancer patient's applications will be approved for a 6month 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'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 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, 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'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 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 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. The predictive model enables UPMC 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 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. When a patient is denied financial assistance through the presumptive eligibility process, a letter will be sent to the patient along with a financial assistance application. The patient will have 30 days to complete the application prior to sending the account to a 3rd-party collection agency.

Presumptive screening provides benefit to the community by enabling UPMC 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'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 patients as follows:

- A. The FAP, FAP application form and a plain language summary of the FAP are available on UPMC's website, (<https://www.upmc.com/patients-visitors/paying-bill/services/apply>), 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 hospitals and by mail.
- C. 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 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 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 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 Revenue Cycle, Patient Advocacy. 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:

Director, UPMC Revenue Cycle, Patient Advocacy  
Quantum 1 Building  
2 Hot Metal Street  
Pittsburgh, PA 15203

**XI. COLLECTIONS IN THE EVENT OF NON-PAYMENT**

UPMC 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 will endeavor to offer an extended payment plan.

Refer to UPMC Billing and Collections Policy HS-RE0724 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 1-800-371-8359.

**XII. REGULATORY REQUIREMENTS**

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

**XIII. RECORD KEEPING**

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

**XIV. POLICIES REFERENCED WITHIN THIS POLICY**

[HS-RE0724 Patient Billing and Collections](#)

**SIGNED:** Jeffrey Porter  
Vice President, Revenue Cycle

**ORIGINAL:** October 1, 1999

**APPROVALS:**

Policy Review Subcommittee: December 9, 2021

Executive Staff: December 31, 2021 (effective January 1, 2022)

**PRECEDE:** July 1, 2021

**SPONSOR:** Associate Director, Revenue Cycle

Attachments

**\* With respect to UPMC 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.**

**FACILITY LIST**

UPMC Presbyterian Shadyside, Oakland campus  
UPMC Presbyterian Shadyside, Shadyside campus  
Western Psychiatric Institute and Clinic  
Children's Hospital of Pittsburgh of UPMC  
Magee-Women's Hospital of UPMC  
UPMC St. Margaret  
UPMC Passavant, McCandless campus  
UPMC Passavant, Cranberry campus  
UPMC McKeesport  
UPMC Mercy  
UPMC Bedford  
UPMC East  
UPMC Hamot  
UPMC Northwest  
UPMC Altoona  
UPMC Horizon, Shenango campus  
UPMC Horizon, Farrell campus  
UPMC Jameson  
UPMC Kane  
UPMC Williamsport Hospital  
UPMC Muncy Hospital  
UPMC Lock Haven Hospital  
UPMC Wellsboro Hospital  
Mon Yough Community Services  
UPMC Chautauqua WCA  
UPMC Somerset

**PROVIDER LIST**

Butler Cancer Associates, Inc.
EPN Hamot Urgent Care LLC
Erie Physicians Network-UPMC, Inc
Fayette Oncology Associates
Great Lakes Physician Practice PC
Hematology Oncology Association
Heritage Valley / UPMC Multispecialty Group, Inc
Mountain View Cancer Associates
Oncology Hematology Association
Regional Health Services, Inc.
Renaissance Family Practice – UPMC, Inc.
Susquehanna Physician Services
Tioga Health Care Providers
Tri State Neurosurgical Associates Inc
University of Pittsburgh Cancer Institute Cancer Services
University of Pittsburgh Physicians
UPMC Advanced Practice Providers
UPMC Altoona - Physician group
UPMC Altoona Regional Health Services, Inc
UPMC and The Washington Hospital Cancer Center
UPMC Bedford - Physician group
UPMC Chautauqua at WCA - Physician group
UPMC Children's Hospital of Pittsburgh - Physician group
UPMC Community Medicine, Inc.
UPMC Conemaugh Cancer Center
UPMC Heritage Valley Health System Cancer Center
UPMC Jameson Cancer Center
UPMC Kane - Physician group
UPMC Magee Womens Hospital - Physician group
UPMC Multispecialty Group Inc
UPMC Somerset - Physician Group
UPMC Somerset Health Services, Inc.
UPMC St Clair Cancer Center
UPMC Wellsboro - Physician group
Center for Emergency Medicine of Western Pennsylvania, Inc.
Passavant Professional Associates, Inc.

## Non-Covered Providers

### UPMC Altoona

Natalie M Aikens PA-C  
Rajih A Alkhafaji MD  
Bert Joseph Altmanshofer DPM  
Sathya Narayana Aswathappa MD  
John Anthony Bacher CRNP  
Robert Michael Baffic Path A  
Robert Joseph Bailey DO  
Loni M Baird PA-C  
Taylor Ann Baronner PA-C  
Bradley Alan Barter DO  
Liang Ruey Bartkowiak MD  
Paul R Barton DPM  
Robert Todd Bechtel MD  
Brett Joshua Beech PA-C  
Daniel Titus Bender PA-C  
Cara Kathleen Bennett PA-C  
Ashley Suzanne Benton PA-C  
Donald Joseph Betar DMD, MAGD  
Gretchen A Black CST  
Sandree Ann Blosser MD  
Edmond J Bouassaf MD  
Jessica B Brode CST  
Heather Nicole Bryant PA-C  
Ronald Joseph Brzana MD  
Robert Michael Budd MD  
Adam Marek Budny DPM  
Daniel Wardlaw Burke MD  
James Paul Burke MD, PhD  
Mark Christopher Campbell MD  
Ufuk Fusun Cardakli MD  
Ralph A Cardamone MD  
Brian Wintrode Carlin MD  
Christina Renee Carpenter PA-C  
William Arthur Castaldo MD  
Jill Marie Cavalet PA-C  
Rakesh Kedar Chopra MD  
Debby Chuang MD  
David Scott Claar PA-C  
Marc Joseph Clapper DO  
Vanessa Renee Colquhoun PA-C  
Bridget Olivia Corey DPM  
Cecilia Mendoza Cortes-Rogers MD  
Roland Crevecoeur MD  
Anthony Camillo Damin PA-C  
Michael John Davies MD  
Lance C DeFrancisco MD  
Levi Nicholas DeLozier MD

Lori A Demko CRNP  
Anuradha Murty Dharbhamulla MD  
John Michael Dinger MD  
Johnathan Richard Dodson CRNP  
Michael James Drass MD  
Michelle Lee Dunio CRNP  
David Clayton Faber MD  
Katelyn Mary Flynn PA-C  
Katherine Mae Ford CRNP  
Anthony Joseph Froncillo DO  
Gregory John Fulchiero MD, MS  
Keri R Fulton CRNP  
Zane H Gates MD  
James Anthony Gerardo MD, PhD  
Erin Elizabeth Gilroy PA-C  
Adam Clayton Goddard DDS  
David Adair Green MD  
Joshua Robert Greenleaf DO  
Anju Gupta MD  
Pawan Kumar Gupta MD, FACP  
Andrew William Gurman MD  
Nadine M Gwizdak CST  
Sean P Hampton DO  
Mary Catherine Haney PA-C  
Nathan Harker NP  
Elizabeth A Heverly PA-C  
Johnson Grant Hormell MD  
Patricia Mary Hoyne MD  
George Hromnak MD  
Joseph Huang MD  
Michelle Jarvis PA-C  
Daniel Blair Johnson CRNP  
Renee Lynne Jones MD  
Alice Plummer Joyce MD  
John Patrick Joyce MD  
Alan Joseph Kanouff DO  
Kusum Rajgopal Kansal MD  
David Lee Kerstetter MD  
Mansoor S Khalid Path A  
Mushtaq Hussain Khalid MD  
Fred K Khalouf DO  
Nicholas Craig Kinback MD  
Alan Jan Kivitz MD  
Mandi Lyn Krach CRNP  
Barbara Maurice Labban MD  
Andrea Lynne Lacki PA-C  
Melissa Marie Lafferty PA-C  
Elizabeth Lantzner CRNP

Lori Ann Lavelle DO  
Susan M LeComte RN  
Alexis Nicole Prebihilo Ley DPM  
Joshua Lim MD  
Christopher James Lincoski MD  
Chelsea Nicole Link PA-C  
Darron Blaine Locke MD  
Catherine M Long ST  
Megan Melissa Long PA-C  
Robert Brian Louton MD  
Kornel Lukacs MD  
Jordan M Luther PA-C  
Maryann Lyons PA-C  
Jill Lynn Madden PA-C  
Swathi Malepati DO  
Mark Dane Maney PA-C  
Marcos A Manon MD  
Matthew Benjamin Maserati MD  
Elaine Matisko CRNP  
Chris Stephen McClellan DO  
Lisa Long McElheny RN  
Ralph David McKibbin MD  
Hailee Amber Merrill PA-C  
Russell Paul Miller MD  
Rafael Angel Morales MD  
Vincent Francis Morgan MD  
Lenore Jolene Moyer DPM  
Donald E Mrdjenovich DPM  
Frederick Timothy Murphy DO  
Heidi Ann Murphy PA-C  
Barbara J Naimoli DO  
Nikita Igorevich Neverov MD  
Hugh D Newman DO  
Daniel Thomas Novak DMD  
Thanna N Oddo PA-C  
Femi Adewale Olokodana MD  
Ciceron L Opida MD  
William John Paronish MD  
Susan Jane Parr AUD  
Mitul Takshak Patel MD  
Rakesh R Patel DO  
Hector Luis Peniston-Feliciano MD  
Joshua Port MD  
Gregory M Price MS  
Laurence Alan Primack MD  
Angel Quiano Raposas MD  
Gary A Raymond DPM  
John Francis Reinhardt DO  
Sarah Marie Reinhardt DO  
Elias Mounif Rifkah MD

Jay Allen Robinson MD  
Gina Lee Roland PA-C  
Jeffrey Marvin Rosch MD  
Angela Wai-Chung Rowe DO  
Matthew Thomas Sabol DPM  
Anan H Said MD  
Shawn Craig Saylor DO  
Victoria J Scott CRNP  
Sohail Shariff MD  
Robert J Singer DO  
Duminda S Siripala MD  
Kumbalatara A Siripala MD  
Maheshwaran Sivarajah MD, MS  
Laurie S Smith CRNP  
Todd Allen Sponsler MD  
Kimberly A Springer CST  
Todd Michael Stasik PA-C  
Lora Steffie CRNP  
Alyson R Stephens RPA  
Matthew Dwight Straesser MD  
Gregory Charles Sweeney MD  
Aaron Ludwig Thompson PA-C  
Lynn Wachter Thompson-Gregory CRNP  
Yaquob Tokhi DO  
Kara Anne Topka PA-C  
Molly Bernadette Trostle DO  
William Andrew Tyndall MD, PhD  
Jonathan P Van Kleunen MD  
John M Vargo PA-C  
Rakesh C Verma MD  
Barbara Lauren Walton MD  
Christine Elizabeth Weikert DPM  
Susan J Wertz RPA  
William Joseph Wiedemer DPM  
Jodi Musselman Yingling BSN  
Nader Younes MD  
Adnan M Youssef MD  
Medhat Zaher MD  
Kayla Marie Zeigler PA-C  
Ryan Joseph Zlupko MD

### **UPMC Bedford**

Jay Berdia MD  
Rebecca Stevens Rustine Coleman Psy D  
Jeremy Michael Drelich MD  
Katherine Corman Erlichman DO  
Bernadette Flynn DO  
Adam Theodore Gerstenblith MD  
Samuel L Glass MD  
Brian Thomas Goss PA-C



Gerald Evans Gronborg DPM  
Faina Gurevich MD  
Evangeline Hillegass MD  
Matthew Wayne Hillegass MD  
Timothy Horsky DO  
Allen Ying-Hsiang Hu MD  
Christopher J Kardohely DPM  
Tessa Ann Knisely AUD  
Kasaiah Makam MD  
Sarah Molitoris PA-C  
Eugene Paul Nallin MD  
Cheri Oswant AUD  
Robert Eric Parnes MD  
Henry William Shoenthal MD  
Tarin Amy Sill PA-C  
Michael Ian Vengrow MD  
James Hogg Vreeland MD  
David James Warrow MD  
Brandon Jason Wilt DPM  
John Joseph Wroblewski MD  
Stephen J Yanoshak DO

### **UPMC Chautauqua**

Vijaya Kumar Agarwala MD  
Michel E Akl MD  
Maria Eliza Alexianu MD, PhD  
Evan David Allen MD  
Nancy A Allen MD  
Eric Robert Anderson MD, PhD  
Eric D Arnone MD  
Denis Stuart Atkinson MD  
Sara Banerjee MD  
Andrew Jeffrey Barbash MD  
Tamara Thair Barghouthi MD  
Ajay Behari MD  
Myriam Nimr Shafik Benjamin MD  
Kirsten A Bishop PA-C  
Josiah R Blanchard PA-C  
Shrikant C Bodani MD  
Brian J Bohner MD  
Alan D Bolnick MD  
Jay M Bolnick MD  
Raymond Elwood Bozman MD  
Timothy Paul Braatz MD  
Mary E Brooks CRNA  
Casey Thomas Cheney Brown CRNP  
Brian Burgoyne MD  
Karen Stark Caldemeyer MD  
Christopher Sterling Cammock DO  
Virginia Bianka Champion MD

Julie Y Chao MD  
Scott Brian Chelemer MD  
Tzu-Shao Chen MD  
Hilary Clinger CRNP  
Joel Stuart Cohen MD  
Miguel A Colon CRNA  
Diane Huntington Conley MD  
Brian Gordon Cromwell MD  
Corey G Daniels DO  
Elizabeth Ann Daniels DO  
Robert L Daniels MD  
Steven Quinton Davis MD  
Steven Ward Davis MD  
Heidi Frutchy DeBlock MD  
Andrea DeLeo DO  
Maria Isabel Diaz MD  
Ayala Digli MD  
Michael Justin Dinkels MD  
Lynn Marie Dunham MD  
Claudine Gabriella Dutaret MD  
Andrea Toufexis Esch DO  
Theodore Tom Faber MD  
Gregory Paul Fairchok MD  
Caroline Andrea Fearman RNFA  
David Matthew Fedor DO  
Jerezem Sison Fegley CRNP  
Timothy Fernstrom DO  
Caroline Ferris MD  
James Michael Tildesley Foster MD  
Martin Joseph Fowler DO  
Isosceles D Garbes MD  
Mason Clark Gasper DO  
Jane Birgitta Gauriloff-Rothenberg MD  
William Alfred Geary MD, PhD  
Christina Sharon Geatrakas MD  
Jacob H Gebrael MD  
Georgia Gianakakos MD  
Susan Kathleen Gibbons MD  
Reshma Ramesh Gokaldas MD  
Neil L Goldberg MD  
Joel Eleazar Gomez MD  
Lyndon Scott Gritters MD  
Soleyah Caridad Groves MD  
Adam Hecht MD  
Aaron Carl Heide MD  
Katlyn Deanne Hodak CNM  
Susanna Elizabeth Horvath MD  
Michael Loren Hynes MD  
Jairus Tesorero Ibabao MD  
Arshad Iqbal MD

Todd Allen Jacobson MD  
Simha Vivek Jagadeesh MD  
Karen S Kelly CRNA  
Scott Robert Kerns MD  
Tariq Mahmood Khan MD  
Tasneem Naushad Khimji MD  
Eugene Taeho Kim MD  
Shwan Kim MD  
Susanne Kim MD  
Rachel E King CRNP  
Andrew J Kiskadden CRNA  
Leroy J Korb MD  
Dani Korya MD  
William Sanford Krinsky MD  
Kedar Kulkarni MD  
Dawn M Lai CRNA  
Christine Anne Lamoureux MD  
Douglas M Larson DDS  
James M Larson DDS  
Glenn T Leonard MD  
Jon Michael Lewis MD  
Thomas P Long MD  
Benjamin Boe Luong MD  
Myles J Lyons RNFA  
Patricia Owensby Macfarlane MD  
Kyle Manscuk PA-C  
Molly Mason CRNA  
Mayank Mathur MD  
Pratik Mansukh Mavani MD  
Kevin Michael McDonnell MD  
Ainsley D McFadgen MD  
Megan Barnhart McGreevy MD  
Allen James Meglin MD  
Jeffrey D Menoff DDS  
Korinda L Messenger CNM  
Barbara Ann Mincarelli MD  
Anthony Ansar Mohamed MD  
Joshua D Morais MD  
Davit Mrelashvili MD  
Adnan Munir MD  
Muhammad Munir MD  
Shahram Nafisi MD  
Khanh Lebao Nguyen MD  
Donald Thomas Nicell MD  
Peter Joseph Nicholson MD  
Rabin K Nouranifar MD  
Michael Kevin Novick MD  
Jucelle Occidental MD  
Joanne Mary Ondrush MD  
Joseph Daniel Orié MD

Kalpesh Prahladbhai Patel MD  
Ruben D Penaranda MD  
Albert J Persia MD  
Nikki M Peterson CNM  
Surjeet Singh Pohar MD  
Alan Goodale Pratt MD  
Rebecca E Pratt MD  
Brigitte Prinzivalli-Rolfe MD, PhD  
Jerzy Przygodzki MD  
Thomas A Putnam MD  
Bruce Ian Reiner MD  
Chad M Ristau CRNA  
Paul Gordon Henry Robbins DO  
Catherine Celeste Roberts MD  
Alison Robinette MD  
Carrie Lynn Rowan DO  
Mitchell Jay Rubin MD  
Todd Louis Samuels MD  
James M Scarpino DDS  
John Edwin Schrecengost MD  
Mitchell Lonny Schwartz MD  
Panna Ramanlal Shah MD  
Sergey Shkurovich MD  
Ashley A Siliano RNFA  
Douglas R Sillart MD  
Paul Harry Singer MD  
Kristen M Siracuse CRNP  
Peter Jeffrey Sloane MD  
James Howard Sloves MD  
Cynthia Marie Soriano MD  
Michael Lawrence Stanchina MD  
John Henry Susz DPM  
Sara A Swanson CRNP  
Gregg Peter Sydow MD  
Joel R Szymczak RNFA  
David William Todd DMD, MD  
Gene Tulman MD  
Christie Elaine Tung MD  
Terrance Thomas Ursetta DO  
Michael Joseph Vecchione DO  
Umamaheswara R Vejjendla MD  
Quang Dang Vu MD  
Lisa Ann Walter CRNP  
Keith John Webb CRNA  
Meredith Marlinda Webb MD  
William Michael Whetsell MD  
Ryan Gerry White MD  
Jason A Williams MD  
Joseph Post Williams MD  
William Joseph Wong MD

Brian Peter Yuskevich MD

**UPMC Children's Hospital of  
Pittsburgh**

Barry Jay Asman MD  
Wendy Neel Bacdayan MD  
Kimberly Marie Backman PA-C  
Jeffrey Brian Banyas MD  
Heather Ilycia Baumhardt DDS  
Kate Meghan Belser MD  
Charles William Bemm MD  
Janet Marie Breslin MD  
Corinne F Brooks MD  
Beverly Ann Brown MD  
Ashley Hope Browne PA-C  
John Francis Buzzatto DMD  
David John Cahill MD  
Mary Margaret Carrasco MD  
Sara Serbin Cartieri MD  
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Kenneth Paul Cheng MD  
Christine Lee Cheng-Florendo MD  
Judith A Cohen MD  
Theresa Marie Crocenelli MD  
Kristy Gilbert Cupelli DMD  
Alene Marie D'Alesio DMD  
Brian Peter Davies MD  
Erin D Davies MD  
Yolanda E Dingess MD  
Paul Floyd Dubner MD  
Victoria Dunaevsky MD  
Martin Edward Eichner DDS  
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Ira Jacob Fox MD  
Monica Lynn Garrick Drago MD  
Andrew Robert Georgeson MD  
Sakineh Ghorbanian MD  
Keith Gjebre DMD  
Jerome Ernest Gloster MD  
James Lee Goldsmith DDS  
Robert S Gorby MD  
Linda Marie Gourash MD  
Dayle Bonnie Lynn Griffin MD  
Lorelei Grunwaldt MD  
Michael Jerome Hanna DMD  
Robert Charles Heslop MD  
Carl Andrew Hildebrandt MD  
Sarah Caroline Homitsky MD  
Darren Loran Hoover MD  
Jane Hughes MD

Lynne Marie Johnson MD  
Prapti Mulraj Kanani MD  
Shernaaz Behram Kapadia MD  
Edwin Bennett King MD  
Jessica Lindenberger CRNP  
Brian Stephen Martin DMD, MS  
Elizabeth Waring Massella MD  
Amy Lynne McGarrity MD  
Brook Marie McHugh MD  
Kraig Calvin McKee DDS  
Amy Gates Nevin MD  
Lawrence Steven Newman PhD  
Raymond C O'Toole MD  
Michael Joseph Palumbo MD  
Joseph Carmine Paviglianiti MD  
Eric Anthony Pennock MD  
Jadranka Popovic MD  
Jennifer Ellen Preiss MD  
McKenzie Nicole Reamer PA-C  
Deborah Rotenstein MD  
Shannon Nicole Rouse CRNP  
Richard Carl Ruffalo DMD  
Jennifer Schaefer CRNP  
Ellen Tessler Scholnicoff MD  
Lindsay A Schuster DMD, MS  
Vijayalakshmi Selvaraj MD  
Ryan Patrick Shaw DMD  
Sara B Silvestri MD  
Leslie M Slowikowski DMD  
Eric Ryan Smiga DMD  
Jane Ann Soxman DDS  
Joseph Matthew Stacy DDS, MDS  
Maurielle Louise Stacy DDS  
Sara Stewart DO  
Angela Mary Stout DMD  
Paul Joseph Trainer MD  
Katherine L Walczak MD  
Jennifer Ruth Waters DMD  
Lynne Louise Williams MD  
Albert A Wolf MD  
Katelyn Marie Woods DMD  
David Andrew Wyszomierski MD  
Katharine E Yoder MD  
Katerina A Zavaras-Angelidou MD

**UPMC East**

Rami F Abraham MD  
Amer Ziad Akhrass MD  
Mouhanad K Al-Fakih MD  
Andrew C Allison DO

Salah Aldin Almoukamal MD  
Gregory Theodore Altman MD  
Kamal Amin MD  
Naomi Anderson PA-C  
Paul Edwin Antalik MD  
Jeffrey Russell Antimarino MD  
David Pierre Anto MD  
Natalie D Austin PA-C  
Michael Joseph Azar MD  
Abdul Rab Aziz MD  
Jayshiv Badlani MD  
David Joel Baker MD  
Nabil Richard Barbara MD  
Robert Dean Beasley DO  
Linda Yick Belayev MD  
Paul D Bianculli MD  
Lana Bliner CRNP  
Eugene Anthony Bonaroti MD  
Patricia Lynn Bononi MD  
George R BouSamra MD  
Joel Dean Brown MD  
Carl Otto Bruning MD  
Matthew David Burger PA-C  
Gerald Thomas Byers MD  
Joanne Szalkay Byers MD  
Karla B Cepeda MD  
Ramesh Rama Chandra MD  
Aiysha Iftikhar Chatha MD  
Todd A Cindric DPM  
Francis R Colangelo MD  
Allison Kristin Corridon CRNP  
Frank Joseph Costa MD  
James Stephen Costlow MD  
Robert Anthony Crossey DO  
Jacob A DiCesare DO  
John DiStazio DPM  
Benjamin E Dratch DO  
Aashish Dua MD  
Monica Pathak Dua MD  
Stephanie Christine Elliott CRNP  
Nosheen Fahd MD  
Cierra Figan PA-C  
Kathleen Lisa Filiaggi MD  
Michael Eric Filiaggi DO  
Donna Marie Finnegan PA-C  
Erin B Flynn Davis DNP, CRNP  
Seth David Fox DO  
Meghan Elizabeth French CRNP  
Sheng Fu MD  
Athanasios Georgiades MD

Craig William Giger PA-C  
John Gill DO  
Vincent Anthony Golik CRNP  
Dinakar Golla MD  
Suman Golla MD  
Irving Sass Gottfried MD  
Mark Charles Gottron DO  
Anuradha Krishne Gowda MD  
Kristen Nichole Gregory PA-C  
Gregory Flinn Habib DO  
Gregory Halenda MD  
Christopher Dean Hart PA-C  
Caitlin Herbener PA-C  
Latika Hinduja DPM  
Charles James Hrach MD  
Steven J Hussein MD  
Desiree Hykes DO  
Justin Prakorb Isariyawongse MD  
Muna Nassar Jabbour MD  
Rajiv Kumar Jana DO  
Satish Babu Kanakamedala MD  
Walid Ahmad Kassir MD  
Margaret Kedzie DPM  
Michael Patrick Kelley MD  
Dana Michelle Kelly PA-C  
Nufayl Khan MD  
Paul Charles Kleist MD  
Sangeeta Lakshmi Komerally MD  
Kotayya Kondaveeti MD  
Ravi Kondaveeti MD  
Radhika Kotha MD  
Laken Kuntz CRNP  
Lauren Marie Lasko CRNP  
Tatiana Leibu MD  
Rong-Chung Lin MD  
Joseph H Liput MD  
Alexandra LiVecchi CRNP  
Kelli Sherry Logue PA-C  
Patrick Michael Lowden MD  
Matthew N Magdic DNP, CRNP  
Emanuel E Mamatias MD  
Samuel G Marcotullio DO  
Gregory Samuel Markantone DPM  
Stephen S Markantone DPM  
Eric M Mastrogiacomo DO  
Marie Marguerite Matarazzo PA-C  
Leena Ahmad Matthews MD  
David Gregory Mayernik MD  
Kenneth Robert McGaffin MD, PhD  
Richard Neal McQuigg MD

Anil Subramania Menon MD  
Brigee Lynne Mick PA-C  
Roberta Neal Miller MD  
Heather Marie Miske DO  
Sujal H Modi MD  
Christian Andrew Moore MD, DMD  
Tyler Moore MD  
Ezz-Eldin Moukamal MD  
Palaniappan Muthappan MD  
Kalyan Chakravarthy Muvvala MD  
Pamela Hetherington Myers CRNP  
Peter Sami Naman MD  
Brinda Kulkarni Navalgund MD  
Yeshvant A Navalgund MD  
Julie Marie Nelson DO  
Erin Newell CRNP  
Ruba Nicola MD  
Jawdat Alexander Nikoula MD  
Neelima Nimmagadda MD  
Terrence J Obringer DO  
Brenda L Offord PA-C  
Chukwuemeka Tochukwu Okafor MD  
Phillip George Painley DO  
Joseph D Pasquino DPM  
Geno Joseph Pavlick MD  
Brandi L Penatzer PA-C  
Andrew Robert Pogozelski MD  
Matthew Pontoriero PA-C  
Jenna Porter Rowe CRNP  
Phalgun S Prativadi MD  
Victor Robert Prisk MD  
Manjusha Rajamohanty MD  
Kamala Alla Rajupet MD  
Jenifer HT Reddy MD  
Ragoor Kumar Reddy MD  
Siddharth Burugupalli Reddy MD  
Nicole Renzi PA-C  
Stephanie Lynn Rocca CRNP  
Richard H Rosenthal MD  
Thomas Kostas Rosvanis MD  
Jennifer Ellen Rudin MD  
Darius Saghafi MD  
Imran Khalid Sandhu MD  
Saima Sandhu MD  
Giridhar Ananda Rao Santebennur MD  
Chaitali Sarkar MD  
Megan Nicole Sauter PA-C  
Lauren Marie Scala PA-C  
Becky Marie Sederwall PA-C  
Giath Shari MD

Jose Americo Silva MD  
Daljit Singh MD  
Aleah Marie Sisitki PA-C  
Christy Smith CRNP  
Steven N Sotos MD  
Brian Michael Spar MD  
Nangali Srigurappa Srinivasa MD  
Taylor Nicole Stewart CRNP  
Hanna Jay Stragand PA-C  
Joseph John Stuckert II MD  
Alexander Tal MD  
Brian Michael Thomas MD  
Jason Preston Thomas MD  
Michael P Toshok DO  
Darlene Michelle Ursiny CRNP  
Namratha Vemulapalli MD  
Lindsay Melissa Venditti MD  
Perinkulam Vedanarayanan Viswanathan MD  
Heidi Michelle Webb PA-C  
James Weiss MD  
Mark Anthony Wells CRNP  
Dorothy Tan Wilhelm MD, MPH  
Paul Michael Willis MD  
Jeffrey Todd Wincko MD  
Melissa Loucks Winfield PA-C  
Kevin Michael Wong MD  
Chelsea M Workman PA-C  
James J Worry PA-C, PhD  
Danielle Wymard-Tomlinson CRNP  
Rashmi Mansingh Yadav MD  
Leslie Bollibon Zuverink MD

### **UPMC Hamot**

Sarah Elizabeth Achenbach MD  
Sartaj Sultana Ahmed MD  
John David Albert MD  
David Ricardo Pereira Almeida MD  
John Lawrence Alonge DDS  
Jack Bryant Anon MD  
Luis F Aparicio MD  
Autumn Nicole Arkwright CRNA  
Timothy Joseph Armanini DDS  
Sara Atallah MD  
Douglas B Babel MD  
Muhammad Ahsan Baig MD  
Hallie N Baldwin DA  
Robert Christopher Baldwin MD  
John David Basile DMD  
Alexander C Batchev DO

Robert V Beckman CRNA  
Kim Jean Bennett CNM  
Eric Wright Bernstein MD  
Zahida Bhatti MD  
Kathleen Szabo Bindeman CRNA  
Lynne Marie Birkmeyer MD  
Karim Wafic Bitar MD  
Donald E Bittner MD  
Margaret Mary Boyd CNM, DNP  
Kiersten M Brandt RNFA  
Mary Bowlby Breckur CRNP  
Gary Thomas Brotherson MD  
Kathe S Bryson MD  
Jan Francis Brzozowski MD  
Emily Delores Burns PA-C  
Michelle Pray Cacchione CRNA  
Drew James Carlin DMD  
John M Carney MD  
John Salvatore Caroccio SRNA  
Sean Thomas Carroll DO  
Mary Beth Cermak MD  
Kenneth David Chinsky MD  
Edward Charles Clark MD  
Mindy Michelle Clark CNM  
Anthony James Colantonio MD  
Nefretiri Maya Coleman CRNA  
Joshua David Constable DO  
Emmanuelle Cordero Torres MD  
Ashley S Corle SRNA  
Freda Watson Cornfield CRNA  
Kristen L Cozzens DA  
Andrew Jared Creager MD  
Ellen Elizabeth Dailey MD  
James Patrick Dailey MD  
Darija Davidson SRNA  
Heather M Davis MA  
Nicole Ann Davis CRNA  
Miranda Marie Deering PA-C  
Peter Louis Depowski MD  
Joseph Michael DiFranco DPM  
Eric David Divell CRNA  
Paula Jordan Dorris CRNA  
Terese Cerny Downing CRNA  
Darren Elliot Dreyfus DO  
Robert Byron Dugan DO  
John Phillip Dupaix MD  
Sarah Marie Eakin MD  
Haley Michelle Englert PA-C  
Jason Roger Fantini PA-C  
Joanne Finn MD

Shaun P Firster CRNA  
Kimberly Graziano Fitzpatrick CRNA  
Shannon Rae Folga CRNA  
Rick Allen Fornelli MD  
Melissa Halpern Fowler MD  
Corinna Catherine Franklin MD  
Katelyn M Fuller CRNA  
Kelsey Fuller CRNA  
Lisa B Ganz CRNA  
Gerald D Garcia MD  
Rodica Gavrilă MD  
Jon Andrew Glass PhD  
Scott Alan Griffith MD  
Joshua David Hall SRNA  
Robert Frederick Haverly MD  
Steven John Heaney MD  
Kristy M Herrmann OphT  
Christopher Dale Hess DPM  
Kevin Michael Hibbard MD  
Bradley W Hoge CRNA  
Mark A Hogue Psy D  
Morgan Timothy Holmes DPM  
Thomas R Hornyak SRNA  
Claire A Huebner CRNA  
Alexys C Hunzeker PA-C  
Vincent Michael Imbrogno DO  
Andrea Toulson Jeffress MD  
Ulysses Johnson CRNA  
Katarzyna Jurecki MD  
David Jonathan Kadouri MD  
Samuel Allen Kim MD  
Alyssa Kimmy CRNA  
Robert Joseph Kinkoph MD  
Michael Thomas Kolodychak DMD  
Tammy Lynn Kordes PhD  
Alexander Kosenko MD  
Jessica N Koval PA-C  
Stephanie Elaine LaJohn CRNA  
Donald E Larmon CRNA  
Ronald P Leemhuis MD  
Joseph A Leone DO  
Nicole Letto CRNP  
Howard Myles Levin MD  
Michaela Richelle Lewis PA-C  
William B Liller ST  
Ruthann Irene Lipman DO  
Sidney Philip Lipman MD  
Micaela Marie Lippert PA-C  
James P Litwin CRNA  
Mark Roncalli LoDico MD

Matthew Jean-Paul LoDico MD  
John David Lubahn MD  
Marion Gerald Macaluso CRNA  
Robert Lawrence Mailliard Psy D  
Henry Francis Malarkey MD  
Michael A Maldonado CRNA  
Samer Mansour DDS  
Melinda Button Markiewicz CRNA  
Anthony Scott Marshall DO  
Brett Anthony Mascia MD  
Kaara Lyn Matkovich CNM  
Lisa Marie May PhD  
Donald McAleer Psy D  
Kelly A McBride DA  
Jeffrey Peter McGovern MD  
Carolyn J Meade CRNA  
Mary A Mello DA  
Brad W Metzenbacher CRNA  
Sara A Meyer DO  
Alyssa Mineo Psy D  
Mark M Mitros MD  
Moheb Michael Mosa MD  
Stephen Kimberly Mosier MD  
Heather Renee Mozdy CNM  
Debra Heyz Myers CRNA  
Roger Alan Myers CRNA  
Timothy E Myers CRNA  
Jennifer Maag Naber MD  
Chris Lee Nelson DPM  
Douglas M Nelson DPM  
Daniel Dudley Noble MD  
Kevin J Novak MD  
Suzanne Danielle Oliveria PA-C  
Daniel Joseph Olson DPM  
Jonathan Bradley Oster MD  
Kristen Marie Overholt SRNA  
David E Palo DDS  
John Killebrew Perry MD  
Michelle A Peters CRNA  
Beth Pike CRNA  
Frank Clark Pregler DO  
Megan Elizabeth Rahill CRNA  
Tessa Lee Ray CRNA  
Padmanabha Rengabhashyam MD  
Jeffrey Allen Richmond MD  
Brittany Marie Rogerson CRNA  
Christopher Michael Rooney MD  
Joseph E Rowane DO  
Jerome T Rupp CRNA  
Anthony David Sala DO

Michael E Sala DO  
Jennifer Marie Salisbury CRNA  
Stephen Eugene Schell MD  
Julie A Schwab CNM  
Michael P Schwabenbauer PhD  
Elayne M Schweikert CRNA  
Nicholas Joseph Sciamanda CRNA  
Michael Alan Scutella MD  
Colleen Ann Shine ST  
Mark J Shulkosky MD  
Richard Walter Siegler MD  
Ashley E Siggia SRNA  
Kathy Osborn Simanowski CRNA  
Aundrea Leann Simko CRNA  
Matthew E Simmons DDS  
Asim Ranjan Singh MD  
Michael Slampak CRNA  
Amanda Ryan Spector DO  
Laura Sproat MD  
Kirk W Steehler DO  
Tara L Steiner CRNA  
Jaime Steinsapir MD  
William Andrew Stevens DO  
Susan Marie Stubenhofer CRNA  
William K Swanson DO  
Cassidy G Sykola CRNA  
Emily Suzanne Sykola CRNA  
Philip Henry Symes MD  
Scott Douglas Taylor MD  
Natalie Emma Teygart DO  
Joseph Martin Thomas MD  
Larry Wade Thompson MD  
Joselyn Tolon DA  
Joshua David Trayer CRNA  
Jeffrey Michael Troutman DO  
Susan W Troutner PhD  
Jacqueline Tuthill DDS  
Jacob M Tuttle CRNA  
Shawn Paul VanHove MD  
Cathleen M Veith DO  
Kaleigh Marie Vinesky PA-C  
Michelle Elizabeth Vitale CRNP  
Annette Veronica Wagner MD  
Brent Edwin Walker MD  
Abbey E Warner DA  
Sarah Lynn Warner MD  
Barbara Elaine Warr CRNA  
Kathleen Ann Wernicki CRNA  
Eric Robert Wildauer DO  
Diane M Worley CRNA

Lindsay Wright ST  
Wei-Lung Sam Wu MD  
Sarah Elizabeth Yearwood CRNA  
Andrea L Yochim CRNP  
Edward Matthew Zimm DO  
Jessica Zoltowski CRNA  
Cheryl A Zukowski DA

### **UPMC Horizon**

Bruce Edward Abbott DPM  
Michael E Abdul-Malak MD  
Alysandra Andrusky PA-C  
Anup Singh Bains MD  
Paige N Baker PA-C  
Michael Craig Beaudis DPM  
Jeffrey Allan Bedlion MD  
Matthew Thomas Bee MD  
April Lynne Boariu CST  
Arthur Michael Brant MD, PhD  
Ronald Patrick Brennan MD  
Francisco J Cano-Diaz MD  
Iftikhar Ahmed Chatha MD  
Paul Martin Chlpka MD  
Vern Michael Chuba DPM  
John W Clemenza DMD, MD  
David Brennan Cline MD  
Angela Gabriella Cobucci PA-C  
Lynn Ann Colaiacovo MD  
Stephen Michael Conti MD  
Colby Lynette Cox DPM  
Matthew David Crago DO  
John Thomas Cunningham MD  
Charles Edward DAuria DO  
Henry Debiec DO  
Lawrence A DiDomenico DPM  
Nathaniel S Doe MD  
Bryan Doner DO  
Austin W Ebert PA-C  
Taran Paige Eisler LPN  
Christopher Allen Enoch DO  
Marcus FG Estafanous MD  
Fred P Gallo PhD  
Mark A Gersman MD  
Ryan Dallas Hancox DO  
Barbara E Harper CRNP  
Farooq Hassan MD  
William Ronald Henwood DO  
Heather K Heutsche CRNP  
Angela Pierce Soper Hogue MD  
David Grover Hoyt DO

Joseph Thomas Joseph MD  
Michael John Jurenovich DO  
Joseph Randy Kalik DO  
Stephen Richard Kaufman MD  
Michael Carl Koprucki MD  
James Joseph LaPolla DPM  
Tac Z Lee MD  
Patrick Michael Martinucci DO  
Alexandra Lee McClurg PA-C  
Michael P Messina DO  
Howard Moore SA  
Robert David Multari DO  
Christopher John Nagle DPM  
Ziba Naseri PA-C  
Jennifer Janet Nix CRNP  
Joel Erik Nystrom MD  
Sophia Ioannis Pachydaki MD  
Kathleen S Padgitt MD  
Barbara A Paglia PhD  
Hasit P Pandya MD  
Richard Anthony Papa DO  
Keyur Dilip Patel DO  
Rajvi Patel MD  
Constantine Nicholaievitc Petrochko MD  
Scott Ford Pickering MD  
Robert W Piston MD  
Nichole Marie Pore CRNP  
Heather Joy Porter DO  
Jennifer Piscitella Presnar MD  
Daniel L Reed CRNP  
Carmelita Ronquillo Reyes DPM  
Valeri L Roth DO  
Lisa Ann Rowley CRNP  
Deepam Rusia MD  
Paige M Saadeh CRNP  
Tracey Lynn Schaaf CST  
John Patrick Scullin MD  
Andrea Jill Shaer MD  
Robert Jude Shellito DPM  
Benjamin L Shipton DO  
Milan Shumkaroff RN  
Edward George Smith MD  
Grace Lee Smith MD  
Sherif Awad Soliman MD  
Henry D Spingola DPM  
Christopher Sprando MD  
Robert L Stein DO  
Brian Szabo DPM  
Gabriel Ong Te MD  
David Alan Tonnies MD



Anthony Frederick Uberti MD  
Janet L Urey RN  
Robert Peter Vande Kappelle MD  
Sabrina K Varga MD  
Leonidas G Vassilaros MD  
Debbie Lee Walker CRNP  
Robert Edward Wenz MD  
Russell T Wible DMD  
Mehrddad Zarrinmakan MD  
John M Ziegler DPM

### **UPMC Jameson**

Wasim Ahmed MD  
Zahid Akram MD  
Mohammad Irshad Ali MD  
Mariya Hristova Apostolova MD  
Muhammad Arif MD  
Samuel Christopher Baroody DO  
Daniel Joseph Callaghan MD  
Sarah Ann Calve PA-C  
Kendra Blair Christy CRNP  
Lauren Coe DPM  
Leslie Robert Cohen MD  
Sean Adam Connelly DO  
Michael Yman DeJesus MD  
Matthew Taylor Dogan PA-C  
Ladan Espandar MD  
Robert Joseph Fadden MD  
Renee Flannagan MD  
Carlos Isidro Flores MD  
Nora Flores-Paras MD  
Steven Alexander Gabriel MD  
James Larimer Gardner MD  
Steven Brian Gilman MD  
Vidhi Gupta MD  
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Karen Marie Jerome-Zapadka MD  
Ramesh Kaul MD  
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Benjamin Alberto Laracuenta MD  
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Jerzy Kazimierz Magda MD  
Maritoni Cynthia Malvar MD  
Thomas Joseph Malvar MD  
Silvia Elena Medrano-Coleman MD  
Richard Lee Micco DPM  
Alisha Renee Miller MD  
Angelo J Mitsos DPM

Julie Anna Mrozek DPM  
Haley Nicole Mudrick CRNP  
Anastasia Marie Neil DO  
Sandra Lee Noll DPM  
Alison Jean O'Donnell DO  
Ben Brian Lopez Ong DO  
Shawn Anthony Panella CRNP  
David Wayne Pence PA-C  
John Patrick Powers DPM  
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Danielle Nicole Rand PA-C  
Sunder Ram Rao MD  
Hany Sadek Rezk-Tadrous MD  
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Roberto Omar Salcedo MD  
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Adam Patrick Thompson DPM  
Holly Ann Tice CRNP  
Cassandra Tonkinson CRNP  
Eva Toth MD  
Erin Beth Unen PA-C  
Dominic Geno Ventura DO  
April Lynn Vinopal PA-C  
Dustin Mark Wallace MD  
Samantha Herrmann Walsh PA-C  
Paul Eugene Wawrzynski MD  
John D Wrightson MD  
Carrie L Zernick PA-C  
Wayne Michael Zimmer MD

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Joseph M Bender MD  
Praful U Bhatt MD  
Veeral Ravindra Bhoot DO  
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Alison A Botek MD  
James Adam Caffrey DO  
Stefano Carpenetti DO  
Tong Saa Chai MD  
Pravinchandra Gordhanbhai Chapla MD  
Harjot Singh Dulai MD  
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Gordon Alexander Haskell MD  
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Wingrove Theophilus Jarvis MD  
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Vaishali S Lafita MD  
Jhansi Rani Lanka MD  
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Ajeet Singh Mehta MD  
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Rajesh Jerambhai Patel MD  
Mary Elizabeth Piergallini MD  
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Gregg David Schubach MD  
Ami Narider Sethi MD  
Andrew Howard Shaer MD  
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James Earl Sweetland MD  
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**UPMC Magee – Women’s Hospital**

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Gregory Charles Anderson MD  
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Alfonso John Barbaty DO  
Femabelle R Bautista DO  
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Mallory Anne Boscan PA-C  
Matthew Stephen Caldwell CRNA  
Anne Chen MD  
Wayne C Chen DO  
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Pamela J Clair MD  
Bridger Wesley Clarke MD  
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Michael Joseph Daly MD  
Armando A Davila MD  
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Anthony Michael DiGioia MD  
Allison DiPlacido CRNP  
Divna Djokic MD

Brian W Donnelly MD  
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Carol Victoria Duncan-Gloster MD  
Shannon Dyda PA-C  
Robert Gordon Edwards MD  
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Aya Filomena Eliza-Christie CNM  
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Pamelyn Lancelin Francis MD  
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Hilary McCardle Garbon MD  
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Lucas Jerome Godinez DO  
Nia Graziano CNM  
Stephen Mitchel Greene MD  
Sarah E Hall PA-C  
Alicia Jane Hartung DO  
Katie Lynn Heinrich CRNA  
Rachel Nicole Heintz CRNP  
Jessie Sue Holmquist CNM  
Dennis Jay Hurwitz MD  
Lisa Hwang MD  
Ditte Knudsen Karlovits DO  
Heather L Killough CRNP  
Brian Andrew Kilpela MD  
Anthony Louis Kovatch MD  
Shashi Kumar MD  
Kathleen Garver Lamb MD  
Marian Gail Landau DO  
Amy A Maddalena DO  
David A Martin CRNA  
Ann Margaret McCarthy CNM  
Emily C McGahey CNM  
James G Mermigas DNP, CRNA  
Megan Nicole Morris PA-C  
Krishna Narayanan MD  
Kellie D Novakovich CRNA  
Christine Marie Patti MD  
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Michael E Petrosky MD  
Michael Raymond Pinsky MD  
Sheila Ramgopal MD  
Sugandhi Reddy MD  
Heather Nicole Rialti PA-C  
Ashley N Riley MD  
Gloria Seijas Romero MD  
Jennifer Rose Romero MD  
Margaret Quinn Rosenzweig CRNP  
Nikita Roy MD

AnnMarie D Sabovik DO  
Shelley Satterlee DO  
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Levi Walker MD  
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Jonathan Weinkle MD  
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Todd H Wolynn MD  
Mary Zervos DO

**UPMC McKeesport**

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Phillip W Brown DPM  
Maricel Del Carmen Castaner MD  
Mehboob Khurram Chaudhry MD  
Louis August DiToppa DO  
Thomas Francis Findlan DO  
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Eric Albert Freiwald DPM  
Rocco Anton Fulciniti MD  
Joseph Paul Gioffre DPM  
Jason Ashley Hughes DPM  
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Pradeep Kumar MD  
Mujahed Lateef MD  
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Antonia Aoiagan Mendoza MD

Robert N Mitro DO  
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Brian Joseph Nash PA-C  
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Anita A Onufer DPM  
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Jan Pomiecko MD  
Thomas Ray Powell MD  
Hashim Raza MD  
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Julius Peter Roll MD  
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Victoria Michelle Sepesky MD  
Prabhat Seth MD  
Ravi Ramalingam Shankar MD  
Vera Victoria Sherman MD  
John Michael Snyder DPM  
Joel Christian Socash PA-C  
Lawrence Mitchell Stokar MD  
Audelia Abra Stoutamire CRNP  
Kristin Jane Thomas DPM  
Zachary Michael Thomas DPM  
Irene Tsironis MD  
Michael Veltre DPM  
Robert Curtis Waligura DO

**UPMC Mercy**

Omar Farooq Abbasi MD  
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Ravikumar Alagar MD  
Mitchell Edward Antin DO  
Ragunath Appasamy MD, PhD  
Daniel Patrick Ballard MD  
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Stacy M Bangert PA-C  
Nicholaus Edward Barbosa DMD, MD  
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Randall Lee Beatty MD  
Donald Joseph Beck DPM  
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Sergei Naum Belenky MD  
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Cory Bolinger MD  
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James F Brungo DPM  
Thomas Andrew Burk MD  
Ellen Patrice Carrington DO

David Baines Catalane MD  
Alan R Catanzariti DPM  
Mark Andrew Cedar DO  
Richard Marion Celko DMD  
Hugo Jose Cerri MD  
Joseph Salvatore Certo DMD  
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Douglas Austin Chen MD  
Vibha Satyam Chikani MD  
Benjamin B Chun MD  
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Paul William Conrad MD, PhD  
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Larry Lyon Cunningham DDS, MD  
Patrick S Dalton DMD  
Rena Lynn Daniels Simmons DPM  
David John Dattilo DDS  
Pierre-Alain Lucien Dauby MD  
Arthur David MD  
Sarah Demarco Davies DDS, MD  
James Nicholas DeAngelo DO  
Joseph Paul DeJonckheere MD  
Bernard H Doft MD  
Bhavank V Doshi MD  
Michael Fackovec MD  
Christopher George Fleissner DO  
Norman J Frey DO  
Deborah Ann Gentile MD  
Mark Alan Gindlesperger PA-C  
David Vaughn Glorioso MD  
Peter Michael Grondziowski MD  
Christopher J Hajnosz DPM  
Rekha Dinker Halligan MD, PhD  
Majid M Hashmi MD  
Dawn Varner Herzig DO  
Elias Youssef Hilal MD  
Todd Alan Hillman MD  
Molly Danielle Hlavay PA-C  
Kelsey Teresa Hochleitner PA-C  
Remington Isadore Horesh DO  
Brandon Scott Humberger DMD  
Nenad Janicijevic MD  
Tracy Nicole Javaherian MD  
Christina Lynn Johnson DPM  
Diane Johnson DPM  
Barbara Juriga DO  
Michael A Kail DDS  
Edward George Kaliman MD

Kevin Patrick Kane MD  
Charles J Kent MD  
Laurie A Kilkenny MD  
Jared Evan Knickelbein MD, PhD  
Srinivas Sai Appala Kondapalli MD  
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Stephen J Kruljac DPM  
Amit C Ladani MD  
Chhaganlal Dudabhal Ladani MD  
Shabbir Lakdawala MD  
Michael Edward Lally MD  
Mary Parks Lamb MD  
Stacy Lane DO  
Craig Allen Lang DPM  
Victoria Margaret Langa MD  
Jungmin Lee MD  
Scott Leone DO  
Andrew Hans Leuenberger MD  
David Louis Limauro MD  
Paul Timothy Lobur MD  
Nicholas James Lowery DPM  
Jiayun Lu MD  
Xuong Cam Lu MD  
Ann Holleran Martinick CRNP  
Hall Thomas McGee MD  
Mary Ann Mikneovich MD  
David Lee Miller MD  
Clyde Paul Mitchell MD  
Daniel Richard Molcsan DPM  
Kenneth Gerard Molinero DO  
Ellen Haidet Mustovic MD  
Kathleen Mary O'Connell DPM  
Lisa Ann Oliva DO  
Karl Raymond Olsen MD  
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Shelley R Palmer PA-C  
Kaushik Purushottambhai Patel MD  
Rajal G Patel DO  
Wendy Ann Patronas PA-C  
Andrew Perez MD  
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Terence James Philbin MD  
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Thomas Becket Pinto MD  
Daniel William Pituch MD, DMD  
John Michael Prendergast MD  
Ari E Pressman MD  
Lawrence James Purpura MD  
Derrico Vincent Quattrone DPM  
Neeta Chaganlal Raja DO

Jethalal Lakhamshi Rambhia MD  
Patrick Gerard Reilly MD  
Neil A Robertson DMD  
Pinchas Rosenberg MD  
Richard C Rosenbloom MD  
Mark Joseph Sangimino MD  
Rick Lynne Scanlan DPM  
Theresa Marie Schuerle DO  
Jay M Schulhof DMD  
Vijaya G Seshadri MD  
Sandeep Bagotra Sharma MD  
Harvey D Shipkovitz MD  
Willis Dresdale Shook MD  
Shripaad Y Shukla MD  
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Samuel Thomas Simone MD  
Kurt Richard Stahlfeld MD  
Charles Vaughn Strimlan MD  
John Symms MD  
Bonnie S Tatar DPM  
Angela M Torchia PA-C  
Swarna Varma MD  
Thierry Charles Verstraeten MD  
Avni Patel Vyas MD  
Jack Todd Wahrenberger MD  
Margot Ariel Waldman DPM  
Valerie M Winter DPM  
James Scott Withers MD  
Marina Zaretskaya MD  
Tailun Zhao MD

### **UPMC Muncy**

David Joseph Ball DO  
Ralph R Barnard MD  
Mark D Beyer DO  
Brian O Buschman MD  
Margaret Tustin Dangle RN  
Dilip Kumar Elangbam MD, FACP  
Joseph Hall Giomariso MD  
Jendy Yon Harer DO  
Scott McBain Hartzell MD  
David Edward Kahler DO  
Jamie L Kramm DPM  
Ronald A Laino PA-C  
Joseph J Lexon MD  
David A Lightman MD  
Mindy L Lowe RN  
George A Manchester MD  
Mark D Mathason DO  
Kelly L Miller CST

Manuel Moreno MD  
Karen Mothersbaugh CST  
David Alexander Newman MD  
Kevin L Pigos MD  
Hallie A Shuler DPM  
Peter Basil Trevouledes MD  
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Cathleen A Woomert MD  
Steven E Yordy MD

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David Michael Andres DO  
Norman King Beals MD  
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David Robert Brooker MD  
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Terry E Buckwalter DO  
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Curtis Wendell Cooke MD  
Robin L Copley CRNA  
David Scott Currier MD  
Bridgett K Davis MD  
Lyudmila V Demko DO  
Garrett W Dixon MD  
Susan Victoria Estrada-Te MD  
Bradley Alan Fell MD  
David Alan Femovich MD  
Pavel Valentinovich Gatynya MD  
John M Glabicki CRNA  
Richard W Graf CRNA  
Glenn Gordon Hamm MD  
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Dawn Brightwell Holloway CRNA  
Joseph David Jones RPA  
Gerard F Kenney MD  
Mark P Koehler CRNA  
Timothy Adam Kozek CRNA  
Amy Kathleen Kunkle DO  
Algie Michael LaBrasca DO  
Renee I Lencer RPA  
David Raymond Lord PT  
Darren Timothy Loughran DO  
Marievic Gacusan Manrique MD  
Frederico Alfafara Padin MD  
Parag Dhirajlal Parekh MD  
Nia Patel CRNA  
Thomas Clinton Pfennigwerth DPM

Amanda Lea Quigley CRNA  
Gerald Joseph Ross MD  
Susen Allen Rossino MD  
Leonid Feodor Samodelov MD  
Paula Rihel Schall CRNA  
Timothy Joseph Scott DPM  
Brian J Soriano MD  
Silvana Heather Spertus DO  
Jay David Stevens MD  
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Stephany Suzanne Swart MD  
Alon Tatsas MD  
Maribeth Dailey Thomas CRNA  
Paul Joseph Valigorsky MD  
Roger Steven Henry Virgile MD  
Mary S Williams CRNA  
Samuel Earl Wilson MD  
Keith Ross Wolfe DO  
Gordon Edgar Wuebbolt MD

**UPMC Passavant**

Debra Tanner Abell MD  
Syed Tahir Ali MD  
David Bradley Amos MD  
Rachael Anstine PA-C  
Kate Elizabeth Bachner CRNP  
Sarrah Germaine Bair CRNP  
Virginia Marian Balderston MD  
Marshall Louis Balk MD  
Christ Anthony Balouris MD  
John A Bamonte DMD  
Michael Kim Ban DMD  
Halie N Banas PA-C  
Ivan Adam Baumwell MD  
John L Behm MD  
Christine A Bell CRNP  
Elisabeth Calvo Bergman MD  
Amy E Betschart PA-C  
Laura Jean Blinn PA-C  
Nicole M Bowan PA-C  
Richard Allen Bowers MD  
Maria Lynn Bozzo PA-C  
Aaron M Brinster DDS, MD  
Anna M Brunette PA-C  
Karen Giovannitti Bucher DO  
Pamela Rose Bucher PA-C  
Glenn Allen Buterbaugh MD  
Kristin L Buterbaugh MD  
Joseph Edward Calhoun DO  
Caleb Robert Campbell MD

Brian Gabriel Cenci CRNP  
Louis M Certo MD  
Julio Alfonso Clavijo-Alvarez MD  
Douglas Frank Clough MD  
Wayne E Clouse DPM  
Christine Elaine Collins PA-C  
Steven Alan Conner DPM  
Matthew Joseph Coppola MD  
Melanie Elizabeth Costa MD  
Joshua Paul Dalessio MD  
Nikhil Kanaiyalal Dave MD  
Ashim Kumar Dayalan MD  
Sarah Elisabeth Lawton de Lima DNP,  
CRNP  
Elizabeth Denniston PA-C  
Dina Marie Difeo CRNP  
Kelly Distelrath CRNP  
Oriente DiTano MD  
Preeti Rajesh Divekar MD  
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Mark Thomas Dosch DO  
Michael Joseph Dugan DMD  
Debra Jean Dunn CRNP  
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Francesco Maria Egro MD  
Chigozirim N Ekeke MD  
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Mark R Fantaski MD  
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Ryan Flanigan PA-C  
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Aaron G Grand MD  
Eric Scott Griffin DO  
Daniel Kenneth Grob MD  
Kayla Guntrum CRNP  
William Charles Hagberg MD  
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Kurt Matthew Heil MD  
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John Francis Hornyak DPM  
Robert Paul Horodnic DO  
Amy C Horvat CRNP

Joseph Ettore Imbriglia MD  
Suad A Ismail MD  
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Timothy Douglas Jacob MD  
Ben Jagiello MD  
Ravi Janardhanan MD  
Brian Foster Jewell MD  
Jeffrey Scott Karlik MD  
Troy Michael Karlik DO  
Sandeep Kathju MD, PhD  
Barbara A Kepes CRNP  
Sidrah Khan MD  
Joseph K Kimmell DO  
Lauren Kinder CRNP  
David John Kobaly MD  
Zakery Austin Koban PA-C  
Christopher Glenn Koman MD  
Ryan Nickolas Konek PA-C  
Frank Joseph Koziara MD  
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Vickie Lynn Laney DNP, CRNP  
Mark Joseph Langhans MD  
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Prudencio Cuison Lucero MD  
Halina Elizabeth Luckiewicz MD  
Karen Kulick Luther DPM  
David Brian Maclsaac DO  
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Madhuri Vasudeo Mahajan MD  
Vasanti H Majmudar MD  
Shawn Marsh DMD  
Rebecca Lynn McGinley PA-C  
Monisha Medhi MD  
Kelley Michelle Meyer CRNP  
Sarah Marie Miller DO  
Shelley Marie Miller CRNP  
Marcia Carmen Mitre MD  
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Casey Ann Moffa DO  
Ronald Octavius Monah MD  
JB Moses MD  
Jeffrey Bolton Mulholland MD  
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Nimish Sunil Naik MD  
Lisa Marie Nath MD  
Parineesha Nath MD  
Theresa Lindrose Neff CRNP  
Kristina Joy Nicholson MD  
Lauren Lynn Novak PA-C  
Attila P Nyilas PA-C  
Mark Thomas O'Donnell DPM  
Hayden Orlor PA-C  
Michael R Pagnotto MD  
Santosh Makarand Pandit MD  
Alexander Anthony Perri PA-C  
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Robert Michael Pfoff MD  
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Robert H Potter MD  
Katherine Moll Reitz MD  
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Jacob William Rigg PA-C  
Wayne Donald Roccia DMD  
Jeffrey Rockacy MD, DMD  
Shelby Elizabeth Rowe PA-C  
Regis Paul Rumpf MD  
Michael T Ryan DPM  
Andrew Graham Sahud MD  
Shelley Ann Savoroski PA-C  
Tad Daniel Scheri MD  
Stephanie Lynn Schneck-Jacob MD  
Michael Philip Schneider MD  
Karen L Schogel MD  
Nancy A Schoman CRNP  
Adrienne Lee Schouchoff MD  
Amy T Schuler PA-C  
Angela Marie Sciulli PA-C  
Michael Jude Seel MD  
Christopher Warren Shaver PA-C  
Donald R Shoenthal MD  
Benjamin Shtrahman MD  
Samir Singh DMD  
Gregory Thomas Smith MD  
Jessica Lynn Spragg CRNP  
Carey Beth Steinmetz PA-C  
Samuel Joseph Stepanow MD  
Kristen Ann Stephen MD  
M Colleen Sullivan CRNP  
Nadia K Sundlass MD  
Patrick Edward Sweeney DMD, MD  
Sharon Lynn Taylor MD  
Prashan Heran Thiagarajah MD

Andrew William Thomas MD  
Stephen John Thomas MD  
Paul David Tippet MD  
Tracy Lynn Tresky CRNP  
George S Tunder DMD  
Michelle Suzanne Victain DO  
Tara Lynn Vietmeier CRNP  
Janet Dolores Viha MD  
Allison Dawn Wade PA-C  
Maneesha Ann Walker PA-C  
Nicole Marie Waltrip MD  
Gabriel Theodore Weinberg DO  
John Patrick Welsh MD  
Gerard Joseph Werries MD  
Nicole Dalton Wheeler MD  
Mallory E Willett CRNP  
Kathleen Coccia Winberg CRNP  
Mark Abraham Woodburn MD  
Anna Ivanovna Wooten MD  
Mary Katherine Wray PA-C  
Jenna A Zidasek CRNP  
William Scott Zillweger MD  
Kristen Marie Zon PA-C  
Michelle L Zuba DO

### **UPMC Presbyterian**

Edward Charles Adlesic DMD  
Sam Sarmad Bakuri DMD  
Marissa Whitney Barash Psy D  
Richard Earl Bauer DMD, MD  
Barbara Lynn Baumann PhD  
Elizabeth Bilodeau DMD, MD  
Tabitha L Brown Psy D  
Susan Elizabeth Calderbank DMD  
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John Joseph Charletta DMD  
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Gilles Clermont MD  
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Roshan Dhawale MD, MPH  
James Burl Dickey MD  
Alexandre Yurievitch Dombrovski MD  
Andrea Morgan Elliott MD  
Linda Faith Fried MD  
Stephanie Marie Gigler Psy D  
Lawrence L Gipson MD  
Malcolm Stuart Harris MD  
Danika Adria Dodds Hogan MD  
Seth Andrew Holst MD

Heidi M Huber DMD  
Michael John Hurley CRNA  
David J Kolko PhD  
Maribeth Krzesinski DDS  
Nina Leezenbaum PhD  
Cathryn Lehman PhD  
Alyssa K Mathews PA-C  
Anna Miller MD, PhD  
Candace A Mix MSN  
Margarita Patricia Nuhfer PhD  
Mark W Ochs DMD, MD  
Paul M Palevsky MD  
Padma Palvai MD  
Amelia Arianne Pare MD  
Elizabeth Clark Pawlowicz DMD  
Kees Hugo Polderman MD, PhD  
Carolyn Rickard PA-C  
Joseph Jason Scherer MD  
Scott Kevin Schweizer MD  
Paul Scolieri MD  
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Donna Polenik Simpson CRNP  
Thomas Cecil Smitherman MD  
Mark Francis Sosovicka DMD  
Kurt Fry Summersgill DDS, PhD  
Katalin Szanto MD  
Lynne Marie Taiclet DMD  
Sarah Lynn Thompson CRNP  
Amilcar Arnaldo Tirado MD  
Aaron Wang MD  
Steven Darrow Weisbord MD  
Sonia Veronica Welch MD  
Deborah A Wolfe Psy D  
Helen J Wood Psy D  
George Alan Yeasted MD  
Sachin Yende MD  
Roger Paul Zelt MD

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Amesh Ashok Adalja MD  
Marc Jeffrey Adelsheimer MD  
Lawrence Nathan Adler MD  
Ana Carolina Aguilar Cordova MD  
Barry Leonard Alpert MD  
Ali Imran Amjad MD  
Helen Ifeyinwa Analo MD  
Frank Burke Artuso MD  
Niyati N Asher MD  
Amir Azarbal MD  
Vijay Kumar Bahl MD



Roxana Francisca Barad MD  
Alexander Barsouk MD  
Gary Robert Bergman MD  
Bernard J Bernacki DO  
Erin Kelley Bilecki PA-C  
Elana Joy Bloom MD  
Lance Matukas Bodily MD  
Brian Keith Bonner MD  
John William Bookwalter MD  
Yvette Lynn Broadnax MD  
David Gene Brodland MD  
Laura Bucci DO  
Daniel Eugene Buerger MD  
David George Buerger MD  
Patricia Hogan Canfield MD  
Avery Clarke Capone MD  
Raymond A Capone MD  
Robin Lynn Chimile PA-C  
Phillip Hyunchul Choo MD  
Vasiliki A Christopoulos MD  
Robert H Coblentz MD  
Krista Lynn Cooke MD  
Samantha Crouse CRNP  
Flavia Evangelista Davit MD  
Joel Nelson Diamond MD  
Imad Domat MD  
Howard David Edington MD  
Kimberly Christine Evans CRNP  
Marcus Alan Fannie PA-C  
Michelina Fato MD  
Francis Thomas Ferraro MD  
Rick Samuel Ferris DO  
Robert B Fields PhD  
Gene Grant Finley MD  
Douglas Daniel Fletcher MD  
Andrea Rose Fox MD  
Ryan Andrew Franceschelli PA-C  
David Ross Freeman MD  
Paul J Friday PhD  
Kadie Ann Fritz PA-C  
Jennifer H Gallagher DO  
Melissa Ann Galvin PA-C  
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Mark J Geller MD  
Teresa Lorena Giraldo MD  
Christopher Alan Gisler MD  
Juan Marcelo Giugale MD  
Ravindra Shrikant Godse MD  
Mami Goto MD  
Amit Goulatia MD

Carol M Greco PhD  
David George Hall MD  
Gordon Louis Handelsman MD  
John Theodore Haretos MD  
Aylene Sharp Harper PhD  
Bobbie Lee Hawranko DMD  
Jay Bernard Herman MD  
Sarah Christine Hern PA-C  
Christie J Hilton DO  
Karl William Holtzer MD  
Katherine Alice Homrok MD  
Gregory Liu Hung MD  
Frances Elizabeth Irvin MD  
Mohammed Fakhru Islam MD  
Hodan Aden Ismail MD  
Shahnaz Siddiqi Jagiello PA-C  
Ben Morris kalsmith MD  
Uma Mohan Kannapadi MD  
Abdul Qayyum Khan MD, MPH  
Tessa Maria Kracinovsky PA-C  
Aaron Francis Kulick MD  
Kenneth Howard Lentz MD  
David Jeffrey Levenson MD  
Michael Levine MD  
Jon Alexander Levy MD  
Marc Daniel Liang MD  
Paul S Lieber MD  
Hugo Lin MD  
Marcy Lindley DNP, CRNP  
Robert Gary Liss MD  
Andrew Barbrow Lobl MD  
Gregory Scott Long MD, PhD  
Jennifer Kay Lucy PA-C  
Cari Elizabeth Lyle MD  
Vasanth Channiga Madhavan MD  
Sathish Lakshminarayan Magge MD  
Daniel March MD  
Leo R McCafferty MD  
Michael Patrick McGonigal MD  
Donald Joseph McGraw MD  
Robin Ann McGuire DO  
Dana Christopher Mears MD  
Michael David Miller MD  
Nancy Brant Miller CRNP  
Ricci Anthony Minella MD  
John Jacob Missry MD  
Miroya Jean Monsour MD  
LeRoy Calvin Moore MD  
Margaret Sue Morton MD  
Maria Mowassee CRNP

Nancy Mramor PhD  
Michael Ryan Mull PA-C  
Thanh Giang Nguyen MD  
Jingjiang Nie MD  
James Patrick O'Toole MD  
Joseph Frederick O'Toole MD  
Heo-Jeng Ooi MD  
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Tracy L Prizant MD  
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Antonio Ripepi MD  
Steven Lee Romiti MD  
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Robert John Ruffner MD  
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Sutthichai Sae-Tia MD, PhD  
Jesse Anthony Sally DO  
Karl R Saltrick DPM  
Julie M Sandifer CRNP  
Arunkumar Sanjeevi MD  
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Usha Sharma MD  
Grant John Shevchik MD  
Laura Marie Shymansky MD  
Diane Marie Sober MD  
Venkatraman Srinivasan MD  
Jason Christopher Stepp MD  
Przemyslaw Jerzy Sutkowski MD  
Stuart G Tauberg MD  
Minhduc Tran DO  
Meghan K Borden Trojan DO  
Kendra Lyn Valdez CRNP  
Vincent Vess DPM  
Andrew Cazimer Waligora MD  
Donna Mae Warren PA-C  
Joseph Lee Weaver MD  
Ingrid A Wecht MD  
Joshua Wietholder PA-C  
Nicole Wingard PA-C  
Timothy P Wolfe CSFA  
Jessica Lynn Yohe PA-C  
Hashem Ali Younes MD

Richard Kent Zimmerman MD, MPH  
John Albert Zitelli MD

### **UPMC St. Margaret**

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Tony J Albertelli DPM  
Adolfo G Bagnarello MD  
Sachin Bahl MD  
Ma Charmaine Rapadas Batac MD  
Judah Beck MD  
Angelo Castiglione MD  
Brian Cicuto DO  
P Christopher Coburn PhD  
Angelo Constantino MD  
Joan Marie Devine MD  
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Valerie Perks Donaldson MD  
Raymond Robert Drabicki MD  
Rinku Mitra Dutt MD  
Colleen Kennedy Ebbert MD  
James Norman Edmonds DMD  
Lisabeth Sidwell Ernharth PA-C  
Eric Todd Evans MD  
Christopher Falcon DO  
Jonna N Falkner PA-C  
Morgan Francis Flaherty MD  
Thomas Allen Franz MD  
Anthony Edmund Good DNP, CRNP  
Richard Lee Green MD  
Reem Salah Hanna MD  
Vish Venkatesh Iyer MD  
Micah Abram Jacobs MD  
Jeffrey Neal Kann MD  
Steven Enright Kann MD  
Usha Rani Karumudi MD  
Katie Marie Kinley PA-C  
Walter G Krasinsky MD  
James Martin Kreshon DO  
Margaret Sue Lally MD  
Karen Baker Lauer MD  
Jeffrey David Lemberg MD  
Jerry Lynn MD  
Joseph A Martinez MD  
Christopher Henry Martone DMD  
Anna T Mathew MD  
Debra Ruth McFadden MD  
Thomas Lawton Mertz DO, PharmD  
Elliot Morton Michel MD  
Nabil Harby Mikhael MD  
Valliammai Muthappan MD

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John Patrick Nairn MD  
Jeffrey S Nigro DPM  
Nicki Dowdy Nigro DPM  
Joshua J Onder PA-C  
Kaitlin Vaughan Peters MD  
Matthew Shane Petrie MD  
Paul Matthew Phillips MD  
Chandra Reddy Polam MD  
Raymond Edward Pontzer MD  
Scott L Portnoy MD  
Moses Sundar Raj MD  
Kimberly Anne Rau MD  
Richard A Rectenwald DPM  
Lloyd K Richless MD  
Laurie Ann Roba MD  
Laxmi Shah DO  
J Stephen Shymansky MD  
Stuart Lee Silverman MD  
Benjamin Richard Smolar MD  
Michelle Parr Sparks DPM  
Majella Angelie Cabantog Steinberg DO  
James A Tauberg DMD  
Michael J Tometsko PA-C  
Mahesh K Varindani MD  
Andrew George Vayonis MD  
Seshaiyengar Venkatesh MD  
John T Wagner DPM  
Madeline Ann Wahl PA-C  
Lisa J Watters DPM  
Jeffrey George Weaver DO  
Gayle Ann Williams MD  
Milas Zernich MD  
Brian William Zimmer DO  
Lindsey Marie Zubritsky MD

**UPMC Wellsboro**

Kathryn S Abadi PA-C  
Ahmad Hamed Abdelaal MD  
Anitha T Abraham MD  
Fareed Ahmad MD  
Maria D Alvarado MD  
Anne M Anderegg LCSW  
Allan O Anyumba DO  
Olufemi Awosika MD  
Laura Elaine Bailey CRNP  
Lakshmi R Beeravolu MD  
Tyler O Benelli LCSW  
Oscar G Bernal MD  
Durga Prasad Bestha MD

Ram Niwas Bishnoi MD  
Richard Francis Black DMD, MPH  
Kathryn G Brodrick LCSW  
Tamika Burrus MD  
Kelly Sue Carr CRNP  
Gerald H Cerrone PhD  
Barry Arnold Clark MD  
Carlos Collin MD  
David M Connuck MD  
Maria Luisa Cruz MD  
Christina T DeAngelis MD  
Jonathan Lee Demchak PA-C  
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Angela Dixon CRNP  
Perry Wynn Doan DO  
Kristina E Duffy MD  
George Reyes Dy MD  
Uzma S Faheem MD  
Grady D Gafford MD  
Avnit Golten MD  
Arun Kumar Gopal MD  
Wayne H Gordon MD  
Edmund Paul Guelig MD  
Jaime Michelle Hatcher-Martin MD  
Matthew P Heckman MD  
Sara Jane Hernandez PA-C  
Karen Anne Hoerst MD  
Alyssa Lynn Hoffman LCSW  
Kenneth A Hogrefe MD  
Ewald Horwath MD  
Jonathan Hulkower MD  
Lara Jaussi DO  
Claudine Elaine Jones-Bourne MD  
Suman Arul Kalanithi MD  
Brian W Kirkpatrick MD  
Elizabeth M Koury PA-C  
Stuart Andrew Leder MD  
Gem-Estelle Maun Lucas DO  
Karen J Lurito MD  
Hao Anh Ly MD  
Lori A Makos LCSW  
Robert A Mangano MD, FACC  
Brian Jeremy Marcus MD  
Sonya L Martin MD  
Olivia Clara Mays CRNP  
Paige Ellen McLaughlin MD  
Martha N Millan-Sanchez MD  
Lex A Mitchell MD  
Vikrant Mittal MD  
Mark Molckovsky MD

Johanna L Morton MD  
Allison M Moss PA-C  
Francis Raymond Murphy MD  
Michael Ng MD  
Mandeep Singh Oberoi MD  
Andrew Venters Owens DO  
Matthew D Pegher DO  
Alberto Penalver MD  
Christina Maria Quijano MD  
Lina Teresa Ramos Sepulveda MD  
Sara J Ritchey PA-C  
Guillermo Luis Rodriguez MD  
Kamaldeen Rizvie Saldin MD  
Michael Sanfilipo MD  
Diana Santiago-Vergara MD  
Amrou Sarraj MD  
Victor Sawhney MD  
Nicholas Daniel Scharf CRNP  
John Paul Schosheim MD  
Phyllis B Scott MD  
Jason Y Shen MD  
Shirah Shore MD  
Eric B Sklar MD  
Suzanne M Stepanski DO  
Annie English Sumrall CRNP  
Donald John Sweeney DO  
Sarah Anne Taylor DC  
Shanti Sengamalam Thirumalai MD  
Kyle Edward Ungvarsky MD  
James E Updyke PA-C  
Anthony Vitto MD, PhD  
Jon Vogler PA-C  
Beth A Weaver CRNP  
Jacqueline Nicole Wiand PA-C  
Charles Windham MD  
Edgar Wong MD  
Adrienne Yourek MD  
Shumin Zhang MD  
Thomas Joseph Ziemba DO

**UPMC Williamsport**

Jamie L Adam MD, PhD  
Anjali Agrawal MD  
Manohar Aribandi MD  
Gregory V Babigian MD  
Thomas P Baker CRNA  
James Steven Baldys MD  
Christine M Barbour Kavanagh CRNP  
William P Bartlow MD  
John Charles Becker DO

Michael I Belenko MD  
John Marley Bernard MD  
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Patricia J Bozza DMD  
Brian Mark Broaddus MD  
Vandi Lam Ly Bryant MD  
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John Thomas Burns MD  
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Mona Pinghua Chang MD  
Lee Michael Ciccarelli MD  
Ryan Allen Collins MD  
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Nabeel Saleem Dar MD  
Linda L Davis CRNP  
Joseph DeMay MD  
Nicholas Joseph Dillman MD  
Gary M Dincher DPM  
Abike Durojaye MD  
Kenneth R Durrwachter MD  
Stephen Barnett Eagles MD  
Katherine L Engel PA-C  
Durriya Safiuddin Esaa MD  
Jessica I Etzweiler CSFA  
Daniel Peter Everett PA-C  
Lauren E Fabian PA-C  
Todd W Fausnaught MD  
Margaret Mary Fynes MD  
Margaret M Goodman MD  
Mitchell Douglas Gorman DO  
Gary J Gower CSFA  
Patricia L Green CRNP  
Ediz Ibrahim Gurpinar MD  
Megan M Gusick CRNP  
Alysha L Hammer CSFA  
Steven A Hartung DPM  
Nicole Marie Hepler CRNP  
Vincent Paul Herbst MD  
Thomas Joseph Heromin MD  
Pamela J Herrington MD  
Christopher Norman Hobbie MD  
Mark Wayne Hogge MD  
David Charles Holman DPM  
Joseph Izzo MD  
Geneva Johnson CSFA  
Michael William Jones MD  
Morgan L Jones CSFA  
Arjun Kalyanpur MD

Sanjay V Kamath MD  
Kevin P Kinkead MD  
Prakash George Koshy MD  
Sue Kymble CSFA  
Steven J Leung MD  
Kathleen Claire Lewis DO  
Frederick J Lombard DO  
Valerie N Lundy ST  
Gwendolyn R Martin DO  
James B McClain DO  
Matthew James McClain MD  
Heather R McCormick CRNP  
Jamie Mechtly CSFA  
Srikanth Medarametla MD  
Sonya Lynn Miles CRNP  
Lisa D Miller PA-C  
Mark Andrew Miller DO  
Steven Harris Millmond MD  
Harry D Mintzer DO  
Robert Muller MD  
Tonaya Murray CSFA  
Tania R Myers CSFA  
Patricia Neff RNFA  
Collier Bussey Nix MD  
Onyekachi Ogbonna MD  
Timothy Paul Pastore MD  
Shailesh Dinbandhu Patel MD  
Norman Edward Pennington MD  
Karen Peterman CRNP  
David C Petersen CRNP  
Ralph Pinchinat DO  
Christopher Plank CSFA  
Edward S Podczaski MD  
Danae M Powers MD  
Robert E Purcell MD  
David Quintana MD  
Nancy J Ramin DPM  
Charlotte G Ratke CSFA  
James W Redka MD  
Jennifer M Reese CRNP  
Vijay Kumar Rekhala MD  
Kayla Donn Richardson MD  
Benjamin Jason Rogoway MD  
Marc Stephen Rosenthal DMD, MD  
Amjad Ali Safvi MD  
Veronica Sawyer RNFA  
Samuel E Schrack DO  
Douglas Scott MD  
Robert Dean Silberg MD  
Amber L Snyder CSFA

Charles Alan Steen MD  
Michael D Steltz MD  
Iwao Keith Tanaka MD  
Ralph E Thomas MD  
Sumathi Wable MD  
Thomas Evans Wallace MD  
Leonard A Weber PA-C

### **UPMC Kane**

RAFIK BEN ABDA MD  
YULIA BRONSTEIN MD  
JENNIFER E BRYANT MD  
JOHN K CHANG MD  
STEVEN WARD DAVIS MD  
THERESA ANN DEMARCO MD  
JON MICHAEL FORAL MD  
RAVI M GIYANANI MD  
CHARLES STEPHEN HENRY MD  
BLAKE ANDREW HOUSLER OD  
CHRISTOPHER j HURT MD  
TIMOTHY H JAN DO  
KATHRYN W JARRETT MD  
GUILLERMO JIMENEZ MD  
BRETT JOSEPH KARLIK MD  
KRISHNAN KARTHA MD  
LARRY S KESSLER MD  
JESSICA J KRAEFT MD  
KEDAR KULKARNI MD  
CHRISTINE A LAMOUREUX MD  
KAY D LOZANO MD  
JUSTIN LY MD  
CHRISTOPHER J MACDONALD MD  
JAMES L MANWILL MD  
SHADEN MOHAMMAD MD  
NAUSHEEN NAVEED MD  
DONALD THOMAS NICELL MD  
MICHAEL A NISSENBAUM MD  
JACOB K OOMMEN MD  
BRUCE IAN REINER MD  
MICHAEL CHARLES RETHY MD  
CHRISTOPHER E RICKMAN MD  
ALISON M ROBINETTE MD  
JOSEPH M ROZELL MD  
JAMIL SARFRAZ MD  
SERGY SHKUROVICH MD  
GARY SCOTT SMITH MD  
JOHN E STEWART  
ARLENE SUSSMAN MD  
WILLIAM P TARRANT MD  
KURTIS L TEDESCO MD

WENDY LAINE ZIMMER MD

**UPMC Somerset**

Brandon J Wilt DPM  
Deborah A. Baceski MD  
Philip A. Basala DO, FPMRS  
Samir Hadeed MD  
David A. Hajel DMD  
Jae U. Hong MD  
Cyril Nathaniel MD  
William O. Thompson MD  
Daniel C. Vittone MD  
Jeremy M. Drelich MD  
Anthony J. Giampolo MD  
Glenn J. Kashurba MD  
Andrew J. King MD  
Suzanne H. Blasko MD  
Barbara J. Campbell MD  
Michael L Delrosario DDS  
Fred R. Ellis DMD  
John W. Geary DMD  
Peter C. Jacobson DMD

Samer S Makhoul MD  
David R. Oliver-Smith MD  
Christopher S Poggi DO  
Michelle R. Sredy MD  
Jan R. Devries MD  
Leonardo S. Tensuan MD  
Vasil X Parousis MD

**No Facility Affiliation**

Jean Sylvestre Ayissi Essono CRNP  
Ashley A Boots CRNP  
David Wayne Crippen MD  
Michelle Culler CRNP  
Theodore Stuart Fagrelus MD  
Yolanda C Lang CRNP  
Chuan Liang MD  
Jennifer McAllister CRNP  
Kathy K Metz CRNP  
Brenda Jean Milito CRNP  
Beverly K Park CRNP  
Erin Elizabeth Splendore CRNP  
Shelly Kay Suski PA-C  
Heather Ann Swiech CRNP  
Kayla Weaver CRNP