

**UPMC**  
**POLICY AND PROCEDURE MANUAL**

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

**SUBJECT: Financial Assistance Process**  
**DATE: June 12, 2020 (effective July 1, 2020)**

**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]

- UPMC Children's Hospital of Pittsburgh
- UPMC Pinnacle Hospitals

- UPMC Magee-Women's Hospital
- UPMC Carlisle
- UPMC Altoona
- UPMC Memorial
- UPMC Bedford
- UPMC Lititz
- UPMC Chautauqua
- UPMC Hanover
- UPMC East
- UPMC Muncy
- UPMC Hamot
- UPMC Wellsboro
- UPMC Horizon
- UPMC Williamsport
- UPMC Jameson
- Divine Providence Campus
- UPMC Kane
- UPMC Lock Haven
- UPMC McKeesport
- UPMC Cole
- UPMC Mercy
- UPMC Somerset
- UPMC Northwest
- UPMC Western Maryland
- UPMC Passavant
- UPMC Presbyterian Shadyside
- Presbyterian Campus
- Shadyside Campus
- UPMC Western Psychiatric Hospital
- UPMC St. Margaret

#### **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. Online virtual health care visits and related telemedicine services, including virtual specialty care and second opinion services
- g. Services performed at any UPMC Urgent Care location
- h. 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.
- i. Private duty nursing
- j. Services provided and billed by a non UPMC entity which may include lab or diagnostic testing, dental, vision and speech, occupational or physical therapies
- k. 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
- l. 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 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. 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 for patient balances consisting only of co-pays or 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

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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.

patient may not have any patient liability after insurance, unless it is a co-payment. 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. 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, with the exception of co-payment.

**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, [\(<https://www.upmc.com/patients-visitors/paying-bill/services/apply>\)](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: June 12, 2020  
(effective July 1, 2020)

**Executive Staff:**

**PRECEDE:** June 28, 2019 (effective July 1, 2019)

**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.

Center for Emergency Medicine of  
Western Pennsylvania, Inc.

Donahue & Allen Cardiology-UPMC,  
Inc.

Erie Physicians Network-UPMC, Inc.

Fayette Oncology Associates

Fayette Physician Network, Inc.

Hematology Oncology Association

Heritage Valley/UPMC Multispecialty  
Group, Inc.

Jefferson/UPMC Cancer Associates

Lexington Anesthesia Associates, Inc.

Mountain View Cancer Associates, Inc.

Oncology-Hematology Association, Inc.

Passavant Professional Associates, Inc.

Regional Health Services, Inc.

Renaissance Family Practice-UPMC,  
Inc.

Tri-State Neurosurgical Associates-  
UPMC, Inc.

University of Pittsburgh Cancer  
Institute Cancer Services

University of Pittsburgh Physicians,  
Inc.

UPMC Altoona Partnership for a Health  
Community

UPMC Altoona Regional Health  
Services, Inc.

UPMC and the Washington Hospital  
Cancer Center

UPMC Community Medicine , Inc.

UPMC Complete Care, Inc.

UPMC Emergency Medicine, Inc.

UPMC Multispecialty Group, Inc.

UPMC/HVHS Cancer Center

UPMC/Jameson Cancer Center

UPMC/St. Clair Hospital Cancer Center

UPMC/Conemaugh Cancer Center

Susquehanna Physician Services d/b/a  
Susquehanna Health Medical Group-  
SHMG

Tioga Healthcare Providers-THCP

Somerset Behavioral Health Providers

Somerset Palliative Care Associates

Somerset Facility Based EKG  
Interpretation Services

Somerset Anesthesia, Inc.  
Foundation Radiology

UPMC Somerset Ear, Nose and Throat

UPMC Somerset Behavioral Health

Somerset Health Services, Inc.

- Somerset Cardiology
- Somerset Family Practice
- Somerset Orthopedics
- Somerset Pain Management
- Somerset Pulmonary Medicine
- Somerset Surgical Services
- Somerset Women's Health Center
- Somerset Urology

## UPMC CHAUTAUQUA WCA PROVIDER LIST

| NAME                           | MI | SPECIALTY                            |
|--------------------------------|----|--------------------------------------|
| Blasius , Jonathan<br>M.D.     |    | Internal<br>Medicine &<br>Pediatrics |
| Bommireddipalli,<br>Srinvas MD |    | Internal<br>Medicine                 |
| Buonaiuto,<br>Salvatore MD     |    | Pediatrics<br>Critical Care          |

|                             |   |                       |
|-----------------------------|---|-----------------------|
| Bhowmik, Amit MD            |   | Family<br>Medicine    |
| Colosimo,<br>Christopher DO | J | Hospitalists          |
| McKimm, Scott DO            | R | Family<br>Medicine    |
| Menon ,Zubin                |   | Internal<br>Medicine  |
| Movva, Ashok MD             | B | Internal<br>Medicine  |
| Movva, Khusboo<br>MD        |   | Internal<br>Medicine  |
| Murphy, Timothy<br>DO       | G | Emergency<br>Medicine |
| Ramlal, Vanessa<br>MD       | G | Family<br>Medicine    |
|                             | S | Internal<br>Medicine  |

Sapple, Amardeep  
MD

Sarwar,  
Muhammad MD      A      Internal  
Medicine

Swagler, William  
DO      A

Toturgul, David  
MD

Ferdman, Barbara  
MD      R      Pediatrics

Grijalva, Galo MD      General  
Surgery

Andrews, Thomas  
MD      Gynecology

Shrestha, Pujan  
MD      Laborist/  
OB/GYN

Walsh, Andrea MD      Hendrika      Laborist/  
OB/GYN



|                           |         |  |
|---------------------------|---------|--|
| Patten, Maria DO          | B       | LOCUM<br>Physical<br>Medicine &<br>Rehab<br>LOCUM<br>Physical<br>Medicine &<br>Rehab |
| Shonk, John MD            |         |  |
| Johnson-Clopp, Jill<br>NP |         | OB/GYN   |
| Brar, Mandeep MD          | K       | OB/GYN   |
| Wiebenga, Jeanne<br>MD    |         | OB/GYN   |
| Dolensek, Christian<br>MD |         | OB/GYN   |
| Persaud, Andre            |         | OB/GYN   |
| Minger, Jill              |         | OB/GYN   |
| Glenn, James MD           | Michael | Orthopedics  |

Koulisis, Christo  
MD Orthopedics

Kavjian, David MD Orthopedics

Kelly, Brooke DO K Physical  
Medicine &  
Rehab

Caruso, Chelsea  
PA Orthopedics

Elton Garvin

Laguerre, Max MD S Radiology  
Oncology

Vu, Khanh Thi-Nha  
MD Radiology  
Oncology

Abbasi, Israr MD PSYCHIATRY

Bailey ,Kristine NP PSYCHIATRY

Chaudhry , Monir  
A. MD PSYCHIATRY

Holt , David LCSW  
INP MH Occasional

LCSW

Meer , Shahnawaz  
MD

PSYCHIATRY

Munella, Allison PA

PA

Sazonov, Adelia  
DO

A PSYCHIATRY

Scott , Craig  
LCSW

LCSW

Verdonik,  
Frederick

PHD

Verleni ,Gust PA

Warriner , Walter  
NPP

Whitver, Stewart  
NP

Wiktor ,Kyle NP

Mitchell, Michael  
MD

Sports Med

Mihalko ,Kerry RD  
CDE

Registered  
Dietician

Holthouse ,  
Bethann CD

Certified  
Dietician-  
Nutritionist

Zatyko , Caroline  
RD CDE

Registered  
Dietician

Tuccio , Anthony T  
DPM

Podiatry

Tuccio , Mark J  
DPM

Podiatry

Dubyne, Lauren

Audiology

Bedient , Laurie

Audiology  
Audiology

Anderson , Nancy

Miller, Brianna

Lorenc, Cynthia

Audiology  
Audiology/  
Speech

**Non-Covered Providers**  
**\*This list will be updated quarterly**  
**UPMC Altoona**

Natalie M Aikens PA-C  
Rajih A Alkhafaji MD  
Bert Joseph Altmanshofer DPM  
Gohar Ashraf MD  
Sathya Narayana Aswathappa MD  
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 Jr DMD, FAGD  
Gretchen A Black CST  
Sandralee 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  
Brittany Lauren Burke PA-C  
Daniel Wardlaw Burke MD  
James Paul Burke MD, PhD  
Ricardo C Calla PA-C  
Mark Christopher Campbell MD  
Ufuk Fusun Cardakli MD  
Ralph A Cardamone MD  
Brian Wintrode Carlin MD  
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  
Michael Jonathan Clark MD  
Vanessa Renee Colquhoun PA-C  
Bridget Olivia Corey DPM  
Cecilia Mendoza Cortes-Rogers MD  
Roland Crevecoeur MD  
Anthony Camillo Damin PA-C  
NiiDaako Pious Darko DO  
Michael John Davies MD

Donna D Davis CRNP  
Lance C DeFrancisco MD  
Levi Nicholas DeLozier MD  
Lori A Demko CRNP  
John Michael Dinger MD  
Johnathan Richard Dodson CRNP  
Mohammad Aboo Dowlut MD  
Michael James Drass MD  
Michelle Lee Dunio CRNP  
David Clayton Faber MD  
Katherine Ford CRNP  
Anthony Joseph Froncillo DO  
Gregory John Fulchiero MD, MS  
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**POLICY HS-RE0722**  
**PAGE 142**