

Patients who need Financial Assistance

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

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

How to apply:

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

- Most recently filed Federal Income Tax Return
- Most recent four (4) paystubs
- Most recent four (4) checking and savings bank statements
- Social Security Income Determination
- VA income
- Unemployment income
- Pension income
- Distribution confirmation from estates or liability settlements (Financial Assistance will not be considered until the final settlement of the estate or litigation)
- Medical Assistance or Health Insurance Marketplace Determination
- Proof of citizenship or lawful permanent residence status (green card)
- If household has no income, letter from person(s) who are assisting with living expenses
- Any other information requested by PSH to adequately review the financial assistance application to determine qualification for Financial Assistance.

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

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

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

Thank you,
Penn State Health, Financial Counseling



Financial Assistance Application

LOCATION FOR SERVICES:

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

PATIENT INFORMATION:

Patient Name: _____ Patient Number: _____
 Patient Name: _____ Patient Number: _____
 Patient Name: _____ Patient Number: _____

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

Guarantor Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Guarantor Home Phone: _____ Cell Phone Number: _____
 Place of Employment: _____ Guarantor Work Phone: _____
 Social Security Number: *(last four digits)*: _____
 Number of dependents that you are financially responsible for (include self): _____

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

SIGNATURE (GUARANTOR) _____
DATE

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

- Most recent filed IRS Tax Forms (1040) and any schedules, ex: C, D, E, F
- Four (4) most recent paycheck stubs
- Four (4) most recent bank statements (Please include information from both Checking and Savings accounts)
- Social Security Income Determination
- VA income
- Unemployment income
- Pension income
- Distribution confirmation from estates or liability settlements
- Medical Assistance or ACA Notice of Determination
- Proof of citizenship or lawful permanent residence status (green card)
- If household has no income, letter from person(s) who are assisting with the living expenses
- Proof of all other income received in the current year

Please mail completed application to:

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