

## 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) bank statements
- Social Security Income Determination
- 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/> 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 AM to 4:30 PM.** Your questions will be treated with courtesy and confidentiality.

Hershey Medical Center	717-531-1740 or 800-254-2619
Community Medical Group	717-531-1740 or 800-254-2619
Penn State Health Life Lion LLC	717-763-2108
St. Joseph Medical Center	610-378-2277 or 800-254-2619
Holy Spirit Medical Center	717-763-2885
Hampden Medical Center ( <i>after 10/1/21</i> )	717-531-1740 or 800-254-2619

Thank you,  
Penn State Health, Financial Counseling



### Financial Assistance Application

**LOCATION FOR SERVICES:**

- Hershey Medical Center       Community Medical Group       St. Joseph Medical Center
- Holy Spirit Hospital       Penn State Health Life Lion, LLC       Hampden Medical Center  
*(after 10/1/21)*

**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 Numbers: Guarantor: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 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
- 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 (Examples include 401K, IRA accounts, Brokerage Accounts, etc.)

**Please mail completed application to:**

<b>Hershey Medical Center</b>	<b>Penn State Health Financial Counseling</b> P. O. Box 853 CA-510 Hershey, PA 17033
<b>Community Medical Group</b>	
<b>Penn State Health Life Lion LLC</b>	
<b>St. Joseph Medical Center</b>	
<b>Hampden Medical Center <i>(after 10/1/21)</i></b>	
<b>Holy Spirit Hospital</b>	<b>Penn State Health Financial Counseling</b> 503 N 21st Street Mail Code 85-32 Camp Hill, PA 17011