

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, your questions will be treated with courtesy and confidentiality.

Hershey Medical Center	717-531-6976 or 800-254-2619	Monday through Friday 8:00 AM to 5:00 PM
Community Medical Group	717-531-6976 or 800-254-2619	Monday through Friday 8:00 AM to 5:00 PM
Penn State Health Life Lion LLC	717-763-2108	Monday through Friday 8:00 AM to 5:00 PM
St. Joseph Medical Center	610-378-2277 or 800-254-2619	Monday through Friday 8:00 AM to 4:30 PM
Holy Spirit Hospital	717-763-2885	Monday through Friday 8:00 AM to 4:30 PM
Hampden Medical Center (<i>after 10/1/21</i>)	717-531-6976 or 800-254-2619	Monday through Friday 8:00 AM to 5:00 PM

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
<i>(after 10/1/21)</i> |

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
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For your application to be processed, the following information (if applicable) 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:

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