Allied Services is committed to providing medically necessary healthcare to those in need, regardless of their ability to pay. This policy applies to all Allied Services patients receiving medically necessary care at Allied Services Rehabilitation Hospital, John Heinz Institute of Rehabilitation Medicine and Allied Services Home Health.

Financial Assistance is available for all medically necessary care based on a patient’s eligibility. Patients may apply for financial assistance at any time – before, during, or after their care. If a patient has no health insurance, limited insurance benefits, or personal financial circumstances that limit their ability to pay, they may be eligible for financial assistance. Patients are required to apply for Pennsylvania Medical Assistance. Allied Services will guide the patient’s through the application process as necessary.

A patient of Allied Services who seeks financial assistance may apply by completing and submitting an Uncompensated Health Care Financial Assistance Program application along with supporting documentation to the Patient Accounts Department for review.

Eligibility is based on the following:

* Services received are medically necessary.
* Pennsylvania Medical Assistance notice of denial or approval for benefits
* Completed Uncompensated Health Care Financial Assistance Program application
* Supporting documentation of family’s gross income over the past 12 months and/or over the past 3 months
* Patients whose household income and family size are below 200% of the Federal Poverty Guidelines will receive a 100% discount. Patients whose household income and family size are below 400% of the Federal Poverty Guidelines will receive a 0% discount. Additional discounts in 5% increments are also available and are listed out on the back of the Uncompensated Health Care Financial Assistance Program application.

The Patient Accounts Department will mail a copy of the determination to the patient.

**AVAILABILITY OF FINANCIAL ASSISTANCE**

You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full the expected out of pocket expenses for services. Please note that there are certain service exclusions that are not typically eligible for financial assistance. Only medically necessary care ordered by a physician is covered under this policy. Financial Assistance is available for services at Allied Services Rehab Hospital and OutPatient Therapy Clinics, Heinz Rehab Hospital and Outpatient Therapy Clinics, and Allied Services Home Health.

**ELIGIBILITY REQUIREMENTS**

Financial assistance is generally determined by a sliding scale of total household income based on Federal Poverty Guidelines. Patients whose household income and family size are below 200% of the Federal Poverty Guidelines will receive a 100% discount. Patients whose household income and family size are above the 400% of the Federal Poverty Guidelines will receive a 0% discount. Additional discounts in 5% increments are available for that patient’s whose income is between 200% and 400% of the Federal Poverty Guidelines and are listed in the chart below.

**FEDERAL POVERTY GUIDELINES CHART \*EFFECTIVE AS OF March, 2019**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2019 Federal | Allied Services |  | **UNCOMPENSATED FINANCIAL ASSISTANCE REDUCTION OF DEBT** | | | | | | |  |
|  | Poverty Income | Income Guidelines |  |  |  |  |  |  |  |  |  |
| **Family Size** | Guidelines | **100%** | **95%** | **90%** | **85%** | **80%** | **75%** | **70%** | **65%** | **60%** | **55%** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **1** | $12,490 | $24,980 | 26,229 | 27,478 | 28,727 | 29,976 | 31,225 | 32,474 | 33,723 | 34,972 | 36,221 |
| **2** | $16,910 | $33,820 | 35,511 | 37,202 | 38,893 | 40,584 | 42,275 | 43,966 | 45,657 | 47,348 | 49,039 |
| **3** | $21,330 | $42,660 | 44,793 | 46,926 | 49,059 | 51,192 | 53,325 | 55,458 | 57,591 | 59,724 | 61,857 |
| **4** | $25,750 | $51,500 | 54,075 | 56,650 | 59,225 | 61,800 | 64,375 | 66,950 | 69,525 | 72,100 | 74,675 |
| **5** | $30,170 | $60,340 | 63,357 | 66,374 | 69,391 | 72,408 | 75,425 | 78,442 | 81,459 | 84,476 | 87,493 |
| **6** | $34,590 | $69,180 | 72,639 | 76,098 | 79,557 | 83,016 | 86,475 | 89,934 | 93,393 | 96,852 | 100,311 |
| **7** | $39,010 | $78,020 | 81,921 | 85,822 | 89,723 | 93,624 | 97,525 | 101,426 | 105,327 | 109,228 | 113,129 |
| **8** | $43,430 | $86,860 | 91,203 | 95,546 | 99,889 | 104,232 | 108,575 | 112,918 | 117,261 | 121,604 | 125,947 |
| **9** | $47,850 | $95,700 | 100,485 | 105,270 | 110,055 | 114,840 | 119,625 | 124,410 | 129,195 | 133,980 | 138,765 |
| **10** | $52,270 | $104,540 | 109,767 | 114,994 | 120,221 | 125,448 | 130,675 | 135,902 | 141,129 | 146,356 | 151,583 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **UNCOMPENSATED FINANCIAL ASSISTANCE REDUCTION OF DEBT** | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Family Size** | **50%** | **45%** | **40%** | **35%** | **30%** | **25%** | **20%** | **15%** | **10%** | **5%** | **0%** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **1** | 37,470 | 38,719 | 39,968 | 41,217 | 42,466 | 43,715 | 44,964 | 46,213 | 47,462 | 48,711 | 49,960 |
| **2** | 50,730 | 52,421 | 54,112 | 55,803 | 57,494 | 59,185 | 60,876 | 62,567 | 64,258 | 65,949 | 67,640 |
| **3** | 63,990 | 66,123 | 68,256 | 70,389 | 72,522 | 74,655 | 76,788 | 78,921 | 81,054 | 83,187 | 85,320 |
| **4** | 77,250 | 79,825 | 82,400 | 84,975 | 87,550 | 90,125 | 92,700 | 95,275 | 97,850 | 100,425 | 103,000 |
| **5** | 90,510 | 93,527 | 96,544 | 99,561 | 102,578 | 105,595 | 108,612 | 111,629 | 114,646 | 117,663 | 120,680 |
| **6** | 103,770 | 107,229 | 110,688 | 114,147 | 117,606 | 121,065 | 124,524 | 127,983 | 131,442 | 134,901 | 138,360 |
| **7** | 117,030 | 120,931 | 124,832 | 128,733 | 132,634 | 136,535 | 140,436 | 144,337 | 148,238 | 152,139 | 156,040 |
| **8** | 130,290 | 134,633 | 138,976 | 143,319 | 147,662 | 152,005 | 156,348 | 160,691 | 165,034 | 169,377 | 173,720 |
| **9** | 143,550 | 148,335 | 153,120 | 157,905 | 162,690 | 167,475 | 172,260 | 177,045 | 181,830 | 186,615 | 191,400 |
| **10** | 156,810 | 162,037 | 167,264 | 172,491 | 177,718 | 182,945 | 188,172 | 193,399 | 198,626 | 203,853 | 209,080 |

No person eligible for financial assistance under the FAP will be charged more for medically necessary care than amounts generally billed to individuals who have insurance covering such care (AGB). Allied Services determines AGB based on all claims paid in full to Allied Services by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims. If an individual has sufficient insurance coverage or assets available to pay for care, he/she may be deemed ineligible for financial assistance.

**Where to Find Information**

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

* Download the information online at **alliedservices.org**, key words: **FIND RESOURCES**
* Request the information in writing by mail or by visiting the Allied Services Patient Finance Dept. at 100 Abington Executive Park, Clarks Summit, PA 18411
* Request the information by calling **570 348-1364 or 1-877-727-3422.**

**Availability of Translations**

The Financial Assistance policy, application form, and the plain language summary are offered in English and Spanish. Allied Services may elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreter by request. For information about Allied Services Financial Assistance Program and translation services, please call a representative at 570 348-1364 or 1-877-727-3422.

**How to Apply**

The application process involves filling out the financial assistance form and submitting the form along with the supporting documents to Allied Services for processing. You may also apply in person by visiting the Business Office at the address listed below. Financial assistance applications are to be submitted to the following office:

Allied Services Patient Finance Office   
100 Abington Executive Park  
Clarks Summit, PA 18411

|  |  |
| --- | --- |
| Allied Services Behavioral Health  Allied Services Center City Apartments  Allied Services Center City Residence  Allied Services Center City Skilled Nursing  Allied Services DePaul School  Allied Services Developmental Services  Allied Services Hospice & Palliative care  Allied Services in Home Services | Allied Services Meade Street Residence  Allied Services Meade Street Skilled Nursing  Allied Services Pharmacy  Allied Services Skilled Nursing Center  Allied Services Terrace  Allied Services Vocational Services  Allied Services Waiver Coordination |

**Facilities Not Covered Under this Financial Assistance Policy:Allied Services Collection’s Policy**

The purpose of this policy and procedure is to provide instruction on the collection process of open balances due from patients, residents and clients of Allied Services.

Initial statement is sent to guarantor.

If payment has not been received within thirty days of the initial statement a past due statement is sent to the guarantor.

Guarantor will be contacted if open balance is over $1,000 and there has been no response to past due statement in last thirty days.

If payment has not been received within thirty days of the past due statement a first collection letter will be sent to the guarantor.

If payment has not been received within fifteen days of the first collection letter a second collection letter will be sent to the guarantor.

If payment has not been received within fifteen days of the second collection letter a third collection letter will be sent to the guarantor.

If payment has not been received within fifteen days of the third collection letter a fourth collection letter will be sent to the guarantor.

If payment has not been received within fifteen days of the fourth collection letter the balance will be written off to bad debt and referred to a collection agency or Allied’s legal team for further collection activity.