UNCOMPENSATED HEALTH CARE FINANCIAL ASSISTANCE PROGRAM

Revised: March 2019

ALLIED SERVICES INTEGRATED HEALTH SYSTEM

Uncompensated Health Care Financial Assistance Application

Dear Applicant:

Enclosed you will find a Financial Assistance application for Allied Services Integrated Health System. The Uncompensated Health Care Financial Assistance Program applies to all medically necessary charges incurred at Allied Services Rehab Hospital, Heinz Rehab Hospital or Allied Services Home Health.

Before completing this application, please read the instructions VERY CAREFULLY. Incomplete or incorrectly submitted applications will be denied.

Please call 570-348-1372 or 1-877-727-3422 with questions.

ABOUT MEDICAL ASSISTANCE

In order to qualify for this program, you must apply for Pennsylvania Medical Assistance. If you are not approved for this coverage, you may still qualify for a reduction in your fees.

You are not required to apply for Medical Assistance if your expenses are not covered under this plan.

If Allied Services requires that you complete a Medical Assistance application and you fail to do so, your Financial Assistance request will be denied as incomplete. Please send us a copy of the County Assistance office response to your Medical Assistance application immediately upon receipt.

ABOUT INCOME DOCUMENTATION

Financial Assistance eligibility decisions are based either on (a) your family's gross income over the past 12 months, or (b) four times your family's income over the past 3 months.

If you do not qualify for full Financial Assistance under the guidelines set forth by Allied Services, you may still qualify for a partial reduction. Please refer to the grid, (see reverse cover) to determine if you may qualify for any Financial Assistance.

Please do not mail any original documents with your application.

PATIENTS WITH CURRENT MEDICAL ASSISTANCE OF PENNSYLVANIA

If you have current benefits with Medical Assistance of Pennsylvania, please call the Patient Finance Department or send a copy of your Medical Assistance card with your application.

ALL OTHER PATIENTS

Your documents must include your most recent federal income tax return. You must also include the federal income tax return of anyone who you claimed as a dependent or who claimed you as a dependent.

Other documents may include W-2's, Social Security 1099's, Social Security Award Letters, and/or pay stubs for the last 3 months. This will vary depending on the types of income you have.

If you feel you may not qualify, but the documentation does not fully explain your special circumstances, you may include a letter with an explanation. Additional Financial Assistance may be granted according to your circumstances.

Be as thorough as you can. Before sending in your documents with your application, please review all your papers to ensure that enough information is available for Allied Services to complete your gross family income for the past 3 months (or 12 months). Remember, if your family income cannot be determined with the provided documents, your application will be denied.

COMPLETION OF THE UNCOMPENSATED FINANCIAL ASSISTANCE APPLICATION

Patients name should be printed, last name, first name.

The phone number is the telephone number of the person seeking assistance through the program.

Family information is for those family members living in the same household as the applicant. This also includes anyone claiming the applicant as a dependent for federal income purposes, or anyone the applicant claims as a dependent.

Income is a list of combined income "before taxes" for applicant and all other family members listed above.

Patients with no income source will need to provide a letter giving their name and explaining why they are requesting Financial Assistance. This letter must explain how they are supported. It should be signed by whoever is supporting the applicant or, if necessary, the patient themselves.

Example: My name is _____ and I am providing my nephew, _____ with room and board. He has no income and he is unable to pay his medical bills. He has had no income for _____ months. Any assistance you can provide in resolving his medical expenses will be appreciated.

If the applicant is not a United States citizen than a copy of their Resident Alien card must be included.

Since income and assets change from time to time, the approval will be granted for 1 year from the application approval date. If service goes beyond this period of time, a new application must be submitted. This could result in a higher or lower percentage of Financial Assistance or an approval on those applicants that did not previously qualify.

	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
rev 02.11.19											