

HOW DO I APPLY FOR FINANCIAL ASSISTANCE?

Our goal is to make applying for patient financial aid as easy as possible. Here is the process, step by step:

Step 1: Request an Application Form.

These forms are available by calling **800.640.4206**.

Step 2: Complete and return the form.

Once you have completed the application, return it to the department where you received your care.

Step 3: We review your application.

We will review your application to determine if you qualify for assistance according to the guidelines outlined in this brochure. If there are special circumstances that affect your ability to pay, these will be reviewed by one of our Financial Assistance Consultants.

Step 4: You receive a decision.

You will receive a written decision promptly, usually within 30 days of applying. If you are denied assistance, we will provide the reason for denial. The decision will also provide you with information on how to set up a payment plan.

To learn more about Geisinger Health System's financial assistance policies, or to apply for financial assistance for your care, call **800.640.4206**.

All applications for financial assistance are kept completely confidential. The information on your application is shared only with those responsible for determining your eligibility.

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800.640.4206

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REDEFINING BOUNDARIES™

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**FINANCIAL
ASSISTANCE**

WE CAN HELP

GEISINGER HEALTH SYSTEM—COMMITTED TO CARE

PROVIDING HEALTHCARE FOR THOSE IN NEED

Geisinger has a long tradition of serving all residents of Central and Northeastern Pennsylvania. We are committed to providing healthcare to those in need, regardless of their ability to pay. This brochure explains our financial assistance policy and how to qualify and apply for financial assistance.

OUR FINANCIAL ASSISTANCE POLICY

- Geisinger hospitals and clinics are charitable organizations dedicated to providing care, regardless of ability to pay.
- Your financial circumstances will not affect the care you receive. All patients will be treated with respect and fairness.
- Assistance is available for medically necessary care. Patients may apply for financial assistance at any time – before, during or after their care.
- If you have no health insurance and/or limited financial resources, you may be eligible for free or discounted services.
- The amount of financial assistance you receive is determined by Geisinger’s financial assistance guidelines, which are explained in this brochure.
- Depending on the amount of your bill and your financial circumstances, minimum monthly payments as low as \$25 may be accepted, with no interest charged.
- If you do not qualify for financial assistance but believe you have special circumstances, you can request that your case be reviewed by a Geisinger Financial Assistance Consultant.

- If you apply for financial assistance, you must provide us with all information necessary to apply for other financial resources that may be available to you, such as Medicaid or Medicare.
- You are responsible for applying for financial assistance. Geisinger Health System will make application materials easily available. To request an application, call **800.640.4206**.

DO YOU QUALIFY FOR FINANCIAL ASSISTANCE?

Eligibility for financial assistance is based upon the U.S. Government’s Federal Poverty Guidelines. These Guidelines are updated each year.

- You may qualify for financial assistance if your household income is at or below 200% of the current Federal Poverty Guidelines.
- You may qualify for partial financial assistance, depending upon your household income and the number of members in your family. This is also based upon the U.S. Government’s Federal Poverty Guidelines.

Example #1:

There are 4 people in your family and your household income is \$42,400.

You qualify for 100% financial assistance for care provided at any Geisinger Health System hospital or clinic.

Example #2:

There are 5 people in your family and your household income is \$64,480.

You qualify for 70% financial assistance for your care at Geisinger. However, if there are special circumstances that affect your ability to pay, feel free to call and request that a Financial Assistance Consultant review your case.

Please note that if you receive partial assistance, you are still responsible for paying your portion of the bill. We are committed to working with patients to develop payment terms that are appropriate and are based on income and ability to pay. If we establish a payment plan for you, Geisinger will not charge interest on the account balance while you are making the payments.

DO YOU QUALIFY FOR FREE SERVICE?

IF YOUR FAMILY SIZE IS:

	1	2	3	4	5	6	7	8
To qualify for 100% financial assistance your household income must be:	\$20,800	\$28,000	\$35,200	\$42,400	\$49,600	\$56,800	\$64,000	\$71,200

For families with more than eight members, add \$7,200 for each additional person.
Partial financial assistance may be available for those who don’t meet the above guidelines.

TO REACH A FINANCIAL ASSISTANCE CONSULTANT OR REQUEST A FINANCIAL ASSISTANCE APPLICATION, CALL **800.640.4206.**