

How do I apply for financial assistance?

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

Step 1: Request an application form.

These forms are available at no charge by visiting our website at geisinger.org or by calling 800-640-4206. In addition, these forms are available at all Geisinger hospital emergency departments and admission areas and clinic locations.

Step 2: Complete and return the form.

Once you have completed the application, mail to:

Geisinger Uncompensated Care Services 49-38
100 N. Academy Ave.
Danville, PA 17222-4938

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 counselors.

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.

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

Financial assistance forms are available in Arabic, English, Chinese, Nepali, Spanish and Vietnamese.

To learn more about Geisinger's financial assistance policies, or to apply for financial assistance for your care, visit our website at geisinger.org or call our knowledgeable patient service representatives at 800-640-4206. In the event where no financial assistance application is received, Geisinger may use presumptive analytic tools to assess your eligibility for financial assistance.

Thank you for choosing Geisinger. We value the opportunity to care for you.

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Financial assistance

We can help

Geisinger

Geisinger – Committed to care

Providing healthcare for those in need

Geisinger is committed to providing medically necessary 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

- Your financial circumstances will not affect the care you receive. All patients are 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 or limited insurance benefits and/or limited financial resources, you may be eligible for assistance. Uninsured patients are required to apply for Pennsylvania Medical Assistance.
- Approval of financial assistance is determined by Geisinger’s policy guidelines, which are explained in this brochure.
- Depending on the amount of your current balance and your financial circumstances, repayment plans are available with minimum monthly payments as low as \$25.
- 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 counselor.
- To apply for financial assistance, you must provide us with all information necessary to apply for other funding sources that may be available to you, such as Medical Assistance, Medicare Disability or other federal or state programs.
- You are financially responsible for your healthcare and for applying for financial assistance. Geisinger will make application materials easily available. To request an application, visit our website at geisinger.org or 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 annually.

- You may qualify for assistance if your household income is 300 percent or less of the current federal poverty guidelines.
- To determine if you qualify for financial assistance, use the income matrix below as a guide to determine whether your household size and income is less than 300 percent of the federal poverty level.

Household size	300% of federal poverty level
1	\$ 38,640
2	\$ 52,260
3	\$ 65,880
4	\$ 79,500
5	\$ 93,120
6	\$ 106,740
7	\$ 120,360
8	\$ 133,980
For each additional person, add	\$ 13,620

- Final determination is based on an evaluation of income, information provided on the financial application, and assets compared to patient liability. Patients deemed eligible under Geisinger’s financial assistance program will receive 100 percent discount on medically necessary charges.

Exclusions

While Geisinger’s Financial Assistance Program covers most services, there are some exclusions, such as, but not limited to:

- Cosmetic services
- Elective reproductive services
- Transplant-related services
- Bariatric-related services
- Routine dental care or cosmetic dental reconstruction
- Other services, at Geisinger’s discretion

To reach a financial counselor, call **800-640-4206**.

