Penn Highlands Healthcare

Financial Assistance Policy

– *Plain Language Summary*

At **Penn Highlands Healthcare** we understand that when individuals come to us for care they could be experiencing something urgent that may be unfamiliar or at times frightening. At those times, concerns especially about having an unplanned medical bill should not stop them from having the necessary care they need. At Penn Highlands Healthcare we strive to provide quality service and safety to the communities we serve regardless of an individual's ability to pay. Our **Financial Assistance Policy (FAP)** exists to provide eligible individuals partially or fully discounted emergent or medically necessary hospital/physician care. Individ-uals seeking Financial Assistance must apply for the program, which is summarized below.

Eligible individuals: Patients receiving urgent or medically necessary care must submit a Financial Assistance Application (includ-ing required documentation), and who are determined eligible for Financial Assistance by PHH.

Eligible Services: Emergent and/or medically necessary healthcare services provided by Penn Highlands Healthcare (PHH), which includes Brookville, Connellsville, Clearfield, DuBois, Elk, Huntingdon, Mon Valley, State College and Tyrone facilities, Penn Highlands Healthcare at Home and the Penn Highlands Physician Network (PHPN).

How to Apply: Financial Assistance Applications may be obtained and/or submitted as follows:

You can view the full Financial Assistance Policy or download an application by visiting our website at www.phhealthcare.org/FAP. You may also pick-up an application at any PHH facility.

You may request an application to be mailed to you by calling 814-375-4200.

Determination of Financial Assistance Eligibility – Generally, individuals are eligible for financial assistance based upon their income level according to the federal poverty guidelines and their ability to pay.

- Individuals with a family income of 200% of the federal poverty guidelines or less may be eligible for a discount of 100%.
- Individuals with a family income of 201% to 250% of the federal poverty guidelines may be eligible for a discount of 80%.
- Individuals with a family income of 251% to 300% of the federal poverty guidelines may be eligible for a discount of 70%.
- Individuals with a family income of 301% to 350% of the federal poverty guidelines may be eligible for a discount of 50%

Eligible individuals will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) to individuals with insurance.

Financial assistance is not available for individuals who opt out of available insurance coverage, or those who fail to reasonably comply with insurance requirements, such as obtaining authorizations or referrals.

Penn Highlands Healthcare

Financial Assistance Program

The following highlighted items are required to process your application. **FINANCIAL ASSISTANCE CHECKLIST**

Proof of income is required – if items are missing, entire application will be returned.

1. INCOME (PLEASE PROVIDE ONE COPY OF ALL THAT APPLY)
   - One recent paystub
   - Social security benefits letter
   - Pension Statement
   - Unemployment (Reward Letter)

2. 2026 FEDERAL TAXES (COMPLETE)
   - If you do not file, please indicate this on the application

3. ONE BANK STATEMENT ONE BANK STATEMENT FOR EACH ACCOUNT

   *** PHOTOS OR SCREENSHOTS OF DOCUMENTS CANNOT BE ACCEPTED

Return application and required income verifi ation to:

By Mail

Penn Highlands DuBois
PO Box 447
DuBois, PA 15801

By Fax 814-372-2541

By Email PHFA@phhealthcare.org

Financial Assistance Application

Please Print All Information MRN:

Patient's Name	Date of birth	□ Single □ Married □ Widowed □ Divorced
Street Address, City, State, Zip Code		Daytime phone
Do you have health insurance? ☐ Yes ☐ No		
***If* yes**, Insurance Name	Policy #	
Employment Status ☐ employed ☐ retired ☐ unemployed	Name of Employer	
Have you applied for Medical Assistance ☐Yes ☐ No ***If* yes**, do you have a denial ☐ Yes ☐ No	Did you file taxes last year? ☐ Yes ☐ No	
Spouse 's Name	Date of birth	
Employment Status of spouse ☐ employed ☐ retired ☐ unemployed	Name of Employer	

Family – means the individual/patient, individual's/patient's spouse and all of the individual's/patient's children, natural or adoptive, 18 years of age or under who live at home, or students of any age as long as the parent is still claiming the student as a dependent.

Dependent's name	Date of birth	Relationship to patient	MRN (office use only)

I hereby state that the information given herein is true and correct. I authorize any required verification, including credit bureau report. I understand that if this information is determined false or deceptive, I will be liable for payment of charges for all services rendered. I understand that this request for financial assistance may not pertain to other health care providers.

Patient signature:_____

FOR BUSINESS OFFICE USE ONLY

Reviewed by : _____ Date of Review: _____

Approved _____% Denied ☐ Reason _____

Supervisor sign off: _____ Date: _____

PATIENT PROTECTION AND AFFORDABLE CARE ACT
NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

Penn Highlands Healthcare (PHH) admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; written information in other formats (large print, audio, accessible electronic formats, other formats);
- Provides free language services to people whose primary language is not English, such as: qualified interpreters; and information written in other languages.

If you need these services, contact Trisha Salome, Civil Rights Coordinator.

If you believe that PHH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Trisha Salome, Civil Rights Coordinator, 100 Hospital Avenue, DuBois, Pennsylvania 15801; telephone number 814-375-6329; fax number 814-372-2574; or e-mail: TASalome@phhealthcare.org.

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, Trisha Salome, Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with:

Office or Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509 HHH Bldg
Washington, D.C. 20201
Customer Response Center: 800-368-1019
TDD: 800-537-7697
https://www.hhs.gov/ocr/complaints
Email: ocrcomplaint@hhs.gov
(Within 180 days from the date of incident)

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675 Harrisburg, PA 17120
Inquiries: 717-787-1127
Email: RA-PWBEOAO@pa.gov
(Within 90 days from the date of incident)

Pennsylvania Human Relations Commission
333 Market Street, 8th Floor
Harrisburg, PA 17101
https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx
Inquiries: 717-787-4410
TTY users only: 717-787-7279
(Within 180 days from the date of incident)

PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

Required Taglines under Section 1557 of the Affordable Care Act

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al. 1-814-375-6178

Chinese: 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。請致電. 1-814-375-6178

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. 1-814-375-6178

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. 1-814-375-6178

Deitsch (Pennsylvnia German/Dutch): ACHTUNG: Wann du Pennsylvanisch Deitsch schwetzscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. 1-814-375-6178

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-814-375-6178

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. 1-814-375-6178

Arabic: العربية: تنبيه. خدمات المساعدة اللغوية المجانية. فستتوفر لك، العربية اللغة تتحدث كنت إذا وسائ تتوفر كما 1-814-375-6178

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le 1-814-375-6178

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Rufen Sie 1-814-375-6178

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-814-375-6178

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-814-375-6178

French Creole (Haitian Creole): Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le 1-814-375-6178

Mon-Khmer, Cambodian: សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ*សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ 1-814-375-6178

Portuguese: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Ligue para 1-814-375-6178