

## **Financial Assistance Policy Summary/LVH-Schuylkill**

### **Policy Summary**

It is Lehigh Valley Health Networks (LVHN) policy to provide emergency or other medically necessary care to all individuals without regard to their ability to pay for services. LVHN's Financial Assistance Policy applies to all individuals who participate in the process to evaluate their ability to pay for LVHN services. Uninsured patients that participate in LVHN's financial assistance program will be eligible for some amount of discount if family income is less than 400% of the Federal Poverty Guideline. For insured patients, financial assistance for deductibles, coinsurance and copayments is available if family income is less than 300% of the Federal Poverty Guideline

All sources of patient and qualifying patient family income will be included when determining if the patient qualifies for Financial Assistance. Income includes the patient's and spouse's adjusted gross income as stated on the IRS 1040 form.

Patients who are uninsured and qualify for financial assistance will have their charges reduced to the Amount Generally Billed (AGB).

### **Provisions**

All patients indicating an inability to pay will be screened for eligibility for the Medical Assistance Program under the Financial Assistance Policy.

1. All applicants will be screened without prejudice and without discrimination.
2. All In-patient, Ambulatory, Emergency room, and designated Out-patient patients will be screened for Medical Assistance benefits and referred to our Medical Assistance vendor where applicable.
3. Patients qualifying for Medical Assistance benefits will also qualify for financial assistance.
4. Patients who do not qualify for Medical Assistance will be considered for financial assistance using proof of income on the Medical Assistance vendor's close out letter, the Department of Public Welfare's documentation of income, and the LVHN financial screening application and payment forgiveness guidelines.

### **How can I get more information or a copy of the Financial Assistance Policy?**

- Print or download a copy on-line at:  
[http://www.lvhn.org/uploads/Our\\_Services/FinancialAssistanceApplication2014.pdf](http://www.lvhn.org/uploads/Our_Services/FinancialAssistanceApplication2014.pdf)
- Complete application checklist for requirements-Proof of residency, income and dependents will be required for application.
- Approved, denied and pended application notifications will be sent to all patients.
- Contact a Financial Counselor at any of our Hospital Facilities or call them at 484-884-0840
- You could also contact a Financial Counselor at LVH-Schuylkill East 570-621-4783, and LVH-Schuylkill South 570-621-5152
- Email us at [patient.billing@lvhn.org](mailto:patient.billing@lvhn.org) to request a copy of verify information

#### **Disclaimer Statement:**

Our policy is intended to provide a description of recommended courses of action to comply with all federal, state and local statutory or regulatory requirements. We recognize that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate.