

ALL REFERENCES TO SELF-PAY CONTAINED IN THIS POLICY ARE VOID. PLEASE REFER TO THE [INTERIM UNINSURED/SELF-PAY DISCOUNT POLICY](#) LOCATED ON OUR WEBSITE AND WITHIN VARIOUS AREAS THROUGH THE JEFFERSON HEALTH HOSPITAL FACILITIES.

Policy: Administrative  
Subject: Financial Assistance Policy

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## **Financial Assistance Policy for Hospitals of Lehigh Valley Health Network**

### **I. Scope**

Consistent with the mission and values of Lehigh Valley Health Network, it is the policy of its subsidiary hospitals and certain other providers (See Attachment B), collectively referred to in this policy as “LVH”, to provide Emergency and other Medically Necessary Care to all individuals without regard to their ability to pay for services.

This policy is based on financial need and does not consider age, race, social or immigration status, sexual orientation or religious affiliation.

### **II. Definitions**

**Amount Generally Billed (AGB):** The average amount paid by all private in-network health insurers, as well as Medicare for Emergency or other Medically Necessary Care. LVH employs the “look back method” as defined in section 501(r)(5)(b)(1) of the Internal Revenue Code. LVH will limit amounts charged for Emergency or other Medically Necessary Care provided to individuals eligible for Financial Assistance under this policy to not more than AGB. The calendar year 2023 AGB is as follows and will be updated annually:

<u>Hospital</u>	<u>AGB</u>
Lehigh Valley Hospital	18% of gross charges
Lehigh Valley Hospital - Hazleton	16% of gross charges
Lehigh Valley Hospital – Pocono	20% of gross charges
Lehigh Valley Hospital - Schuylkill	22% of gross charges

**Coinsurance:** A patient payment required by the patient’s health insurance plan for the patient to share financial responsibility for the services rendered. For example, if the insurer will pay 80% of an approved amount, then the coinsurance will be 20%. Coinsurance formulas vary from plan to plan.

**Co-payment:** The flat fee a patient is required to pay under the terms of his/her health insurance plan each time he/she receives health care. For example, \$20 each time a patient visits the doctor. Copayment amounts vary from plan to plan.

**Countable Assets:** Liquid assets, including publicly traded securities, that are available for payment of personal and household expenses. As defined in the DPW Medical Assistance Bulletin, Hospital Uncompensated Care Program and Charity Care Plans countable assets do not

include non-liquid assets such as homes, vehicles, household goods, IRAs and 401(k) accounts (except for those amounts voluntarily withdrawn).

**Deductible:** The amount a patient must pay (typically on an annual basis) out-of-pocket for health care under the terms of his/her health insurance plan before their plan becomes responsible.

**Eligibility Period:** Except as provided below, the eligibility period for Financial Assistance is six (6) months beginning on the date the individual is determined to be eligible for Financial Assistance (Note: individuals covered by an Out-of-Network Insurance Plan are eligible on an account-by-account basis). All open accounts for services provided to individuals prior to a determination of eligibility for Financial Assistance will be discounted pursuant to this policy. Any uninsured individual who was approved for Financial Assistance and receives inpatient, observation, surgery, emergency room, or other services during the six (6) month eligibility period will need to be screened for Medical Assistance eligibility prior to the awarding of any Financial Assistance. If an individual's Qualifying Income or Countable Assets changes during the eligibility period, his/her Financial Assistance determination may change.

**Emergency Care:** Medical care provided to treat an injury or a sudden onset of an illness or disease manifesting itself by acute symptoms of sufficient severity such that if left untreated it could reasonably be expected to put the health of an individual, or the health of an unborn child, in serious jeopardy.

**Financial Assistance:** A reduction in the patient responsibility amount to less than the AGB. Financial Assistance is available to uninsured patients who participate in the process set forth in this policy to evaluate their ability to pay for services and have annual Qualifying Income less than 400% of the Federal Poverty Level. Financial Assistance is available to insured patients who are covered by an In-Network Insurance Plan with Deductibles, Co-payments, or Coinsurance amounts, as well as certain medically necessary non-covered services, and have annual Qualifying Income less than 400% of the Federal Poverty Level. Financial Assistance is available to insured patients who are covered by an Out-of-Network Insurance Plan regarding any amounts owed after at least 75% of gross charges have been paid and have annual Qualifying Income less than 400% of the Federal Poverty Level. (Note: No Surprises Act accounts are excluded)

**In-Network Insurance Plan:** An insurance plan with which LVH has a participating provider relationship.

**LVHN Service Area:** The following Pennsylvania counties: Lehigh, Northampton, Bucks, Montgomery, Berks, Schuylkill, Dauphin, Lackawanna, Lebanon, Northumberland, Luzerne, Carbon, Columbia, Pike, Monroe, Susquehanna, Montour, Sullivan, Wayne and Wyoming counties. Only permanent residents of the LVHN Service Area or trauma patients transported to LVH may apply for Financial Assistance.

**Medically Necessary Care:** Medical care considered as reasonable and necessary to prevent diagnose and/or treat an illness, injury, condition, or disease that meets generally accepted standards of medicine, is clinically appropriate and not primarily for the convenience of the patient.

**No Surprises Act (NSA):** The No Surprises Act protects individuals covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers.

**Non-covered services:** Services not normally reimbursed by health insurance plans including, but not limited to, certain cosmetic surgery, certain dental procedures, Cardiac Rehab Phase III, private room charges if applicable, and certain Bariatric Services; provided however, that for insured patients, Financial Assistance may be applied to medically necessary non-covered services.

**Out-of-Network Insurance Plan:** An insurance plan or employer-sponsored health benefits (ERISA) plan with which LVH does not have a participating provider relationship.

**Qualifying Income:** All sources of income for an individual and his/her family. Qualifying Income includes, but is not necessarily limited to, all components of the individuals and his/her spouse's and household members' gross income as stated on IRS 1040 form.

**Self-pay:** An individual who, whether insured or not, elects to be solely and exclusively responsible for payment on account of healthcare provided to him/her or who is ineligible to apply for or is denied benefits under this FAP.

**Underinsured:** A patient who has a health insurance plan with limited benefits and whose coverage exhausts before LVH is satisfactorily reimbursed. These patients will be afforded the same benefits under this policy as self-pay patients.

**Uninsured:** A patient who does not have health insurance, is not currently covered by any third-party payer program including auto insurance and/or workers' compensation and has no expectation of recovering damages from third parties on account of LVH charges. This includes an individual whose insurance coverage is terminated while receiving services at LVH and is thus individually liable for some portion of his/her bill. Individuals who have a health and medical savings account (HSA) or a flexible spending account (FSA) are not considered uninsured.

### **III. Goals, Principles and Procedures**

#### **A. Goals**

This policy is intended to meet the charity care and financial assistance requirements of the Pennsylvania Tobacco Settlement Act, the Pennsylvania Institutions of Purely Public Charity Act, section 501(r) of the Internal Revenue Code, the DPW Medical Assistance Bulletin addressing Hospital Uncompensated Care Program and Charity Care Plans and the Hospital Association of Pennsylvania Charity Care and Financial Aid Guidelines for Pennsylvania Hospitals.

## **B. Principles**

This policy applies to all eligible individuals who request to participate in the process to evaluate their ability to pay for hospital services. The Financial Assistance Policy (also commonly referred to as the “FAP”) incorporates the following principles:

- Uninsured individuals who qualify for Financial Assistance are never expected to pay more than the Amount Generally Billed (AGB) for Emergency or other Medically Necessary Care. AGB is determined periodically by calculating the average of payments made by private in-network insurers as well as Medicare. Individuals must cooperate with LVH by applying for insurance, government assistance, or other sources of payment.
- Uninsured individuals who do not qualify for Financial Assistance and self-pay individuals will have their bills for Emergency and other Medically Necessary Care provided at LVHN hospitals reduced to 50% of gross charges. The reduction for LVPG accounts will be reduced to 60% of gross charges.
- Financial Assistance is only available to individuals residing permanently in the LVHN Service Area, or trauma patients transported to LVH.
- Uninsured individuals with annual Qualifying Income less than 400% of the Federal Poverty Level will qualify for Financial Assistance and will be expected to pay an amount less than AGB. LVH will employ the Federal Poverty Guidelines (see Attachment A for income based on family size) published annually by the U.S. Department of Health and Human Services.
- Insured individuals who are covered by an In-Network Insurance Plan with a patient responsibility amount owed due to a Deductible, Coinsurance or Co-payment, or because certain medically necessary care is not covered, are eligible for Financial Assistance for such patient responsibility amounts if their annual Qualifying Income is less than 400% of the Federal Poverty Level.
- Excluding eligible No Surprises Act accounts, insured individuals who are covered by an Out-of-Network Insurance Plan are eligible for Financial Assistance (on an account-by-account basis) with regard to any amounts owed after a minimum of 75% of the gross charges have been paid.
- To be eligible for Financial Assistance, insured individuals must cooperate with LVH by providing coordination of benefit information to LVH and/or their insurers when requested to do so.
- To be eligible for Financial Assistance, uninsured individuals must cooperate in applying for Medical Assistance when requested to do so.

- Individuals approved for Financial Assistance will be expected to pay 20% of gross charges for all eligible dental procedures.

All individuals indicating an inability to pay will be assisted in applying for insurance, government assistance or other sources of payment and will be evaluated for eligibility for Financial Assistance under this policy. Consistent with LVH’s mission, all applicants will be screened without prejudice or discrimination.

Both eligibility for Financial Assistance and the amount of Financial Assistance is based on an individual’s Qualifying Income (see chart below). In situations where an individual is unable to participate in the process to evaluate his/her ability to pay for Emergency or Medically Necessary Care, other factors will be considered as evidence of the individual’s eligibility for Financial Assistance. Other factors include 1) determination that a deceased individual’s estate is insufficient to pay for services, 2) the individual has been screened or has completed a Medical Assistance application indicating income and countable assets for purposes of qualifying for Medical Assistance, 3) LVH has evidence the patient has no income due to being incarcerated or 4) the LVH medical record suggests the patient is unable to pay for services, such as when the medical record indicates the patient is homeless.

**Financial Assistance Payment Guidelines for  
Hospital Emergency/Medically Necessary Care to  
Uninsured Patients & Emergency/Medically Necessary Non-Covered Services for Insured  
Patients**

Annual Qualifying Income is:

	Less than 200% of FPL	200% to 300% of FPL	300% to 400% of FPL
Patient Payment is:	no payment	10% of AGB	20% of AGB

**Financial Assistance Payment Guidelines for  
Hospital Patient Responsible Amounts, Such as Deductibles, Co-payments and  
Coinsurance**

Annual Qualifying Income is:

	Less than 200% of FPL	200% to 400% of FPL
Patient Payment is:	no payment	50% of balance

In cases of documented extreme hardship where an individual’s Qualifying Income exceeds 400% of the Federal Poverty Level, and upon approval of the Hospital Vice President, Patient Financial Services, an amount less than AGB may be accepted to satisfy an individual’s

responsible amount. In such special situations, information regarding the individual's Countable Assets will be requested and considered.

### Third Party Claims

In the event that a patient has received services from LVH or other providers covered by this policy on account of injuries sustained in an accident for which a third party may be liable, then the patient, or his/her representative, will be requested to provide information regarding the circumstances of the incident in which the patient was injured and whether the patient has or intends to pursue a claim against the party(ies) allegedly causing his/her injuries. If patient has retained legal counsel with respect to such claim, patient will be expected to identify his/her attorney. LVH and other providers covered by this policy may postpone a determination of patient's eligibility for a discount under this policy pending final resolution of such third-party claims.

### Kidney Transplant Exception

LVH will cover the cost for antiviral regimens for up to 2 (two) donor patients who qualify for the HCV infected kidney transplanted to a HCV negative patient and their insurance does not cover the antiviral regimens. Any additional patient requests for forgiveness for these medications requires approval from the Executive VP/CFO.

## **C. Procedures**

### 1. Notification

Copies and a summary (Attachment C) of this Financial Assistance Policy (or FAP for short) can be obtained in English and Spanish via:

- email at [patient.billing@lvhn.org](mailto:patient.billing@lvhn.org) or through [mylvhn.org](http://mylvhn.org)
- by contacting a Financial Counselor at any LVHN Hospital or call (484)884-0840
- on-line at [lvhn.org/financial-services/get-financial-assistance](http://lvhn.org/financial-services/get-financial-assistance)

All points of service will have summaries of the FAP and will provide a copy upon request or notification of inability to pay for services. A summary of the FAP will also be displayed at all service locations. All inpatients registered as uninsured will be contacted and the FAP will be explained. If the primary language of any population constitutes more than 5% of the residents of the community served by LVH the FAP will be made available in that language.

### 2. Application/Assistance/Evaluation

Registration staff, Financial Counselors, Patient Access staff, Patient Financial Services staff, Patient representatives, Case Management staff and corresponding representatives of providers covered by this policy will have a working knowledge of the policy and will assist financially responsible individuals (referred to in this section as "patients"), with the payment of their bills. Financial Assistance applications will be provided to every patient or family member registered as uninsured or who indicates an interest in Financial Assistance. A Financial Assistance Application is attached to this FAP as (Attachment D).

Registration staff, Financial Counselors, Patient Access staff, Patient Financial Services staff, Patient representatives, Case Management staff and corresponding representatives of providers covered by this policy will refer uninsured in-patients, scheduled ambulatory patients, and certain outpatients to the eligibility team responsible for processing Medical Assistance applications with the Pennsylvania Department of Public Welfare. Individuals not meeting the Pennsylvania Department of Public Welfare criteria for Medical Assistance will be referred to the LVHN financial counselors for evaluation of whether they may be eligible for Financial Assistance.

Financial counselors will interview patients and secure Financial Assistance applications that include proof of income.

Financial Assistance Application Specialists will determine if the patient qualifies for Financial Assistance and approve or deny the application depending upon the criteria stated in the LVH Payment Forgiveness Guidelines. (Attachments E-1 and E-2)

Patients will be notified in writing whether the application is approved or denied.

If the application is denied, charges will be reduced to the self-pay rate. Financial counselors will be available to discuss payment options with the patient including establishing a mutually agreeable payment plan.

If a patient is approved for Financial Assistance, the patient is required to notify LVH Patient Financial Services of any claim against, or recovery from, a third party believed to be responsible for causing the patient's injuries for which LVH provided care.

If a patient has a claim or potential claim against a third party from which the hospital's bill may be paid, the hospital may defer its Financial Assistance determination pending disposition of the third-party claim.

If a patient is approved for Financial Assistance, and it is later determined that he/she has or will receive a third-party settlement for the injuries for which LVH provided services, that approval will be reclassified and re-evaluated in light of the specifics of the patient's recovery.

### 3. Collections

Payment of outstanding balances of individuals who do not qualify for benefits under this FAP and who have the ability to pay for the services rendered to them will be pursued using standard LVHN collection practices which include:

- 30-day billing cycle with a total of 4 bills being sent to the patient
- Account balances not on a payment plan or not paid in full after the 120-day billing cycle will be sent to an attorney or collection agency
- Financial Assistance application can be completed within the first 240 days of the collection process (the Eligibility Period) and will be considered for approval

LVH collection practices meet the requirements of section 501(r) of the Internal Revenue Code and the Fair Debt Collection Practices Act.

It is the policy of LVH to pursue collection of patient balances from individuals who have the ability to pay for these services. Collection procedures will be applied consistently and fairly. These collection procedures may include: letters requesting payment, phone calls requesting resolution of the balance, letters indicating the account may be placed with an attorney or collection agency. In certain cases, LVH may authorize an attorney to pursue legal action against a patient and, per Pennsylvania law, his/her spouse or, if the patient is a minor, his/her parent(s) to collect an outstanding balance. Such legal action may result in a judgment being entered against the patient and in appropriate circumstances his/her spouse or parent(s).

**IV. Attachments**

- a. LVHN Income Guidelines
- b. Provider List
- c. Financial Assistance Policy Summary
- d. Financial Assistance Application
- e. LVH Payment Forgiveness Guidelines

**V. Approval**

 Signature	<u>Executive, V. P. and Chief Financial Officer</u> Thomas J. Marchozzi	<u>3/6/24</u> Date
 Signature	<u>President and Chief Executive Officer</u> Brian Nester, D.O.	<u>3/5/2024</u> Date

**VI. Policy Responsibility**

Department of Patient Financial Services  
Department of Patient Access (for Attachment B)

This policy will be updated when necessary for changes in the Federal Poverty Guidelines and any applicable law or regulation. Substantive policy changes will be reviewed and approved by the Hospital Board.

**VII. References**

- Act 77 of 2001 - Pa. Tobacco Settlement Act
- Act 55 of 1997 - The Institutions of Purely Public Charity Act
- Section 501(r) Internal Revenue Code
- Pennsylvania Department of Public Welfare, Medical Assistance Bulletin  
01-10- 24, Hospital Uncompensated Care Program and Charity Care Plans

HAP – Charity Care and Financial Aid Guidelines for Pennsylvania Hospitals  
Federal Poverty Guideline – Federal Uncompensated Care and Uncompensated Services  
Program Bulletin, issued annually

### **VIII. Disclaimer Statement**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with all applicable federal, state and local statutory or regulatory requirements and/or operational standards including but not limited to: The Patient Protection and Affordable Care Act of 2010, EMTALA, Act55 and 501R. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the departments of Risk Management and/or Legal Services.

### **IX. Date**

Origination: May, 1979  
Reviewed/Revised: March, 2005  
Reviewed/Revised: July, 2005  
Reviewed/Revised: March, 2006  
Reviewed/Revised: March, 2007  
Reviewed/Revised: April, 2008  
Reviewed/Revised: July, 2013  
Reviewed/Revised: March, 2014  
Reviewed/Revised: January, 2015  
Reviewed/Revised: January, 2017  
Reviewed/Revised: April, 2018  
Reviewed/Revised: January, 2019  
Reviewed/Revised: January, 2020  
Reviewed/Revised: January, 2021  
Reviewed/Revised: January, 2022  
Reviewed/Revised: January, 2023  
Reviewed/Revised: February, 2024

**Financial Assistance Policy****2024 Federal Poverty Guidelines for the 48 Contiguous States  
and the District of Columbia**

<u>Size of Family Unit</u>	<u>Poverty Guidelines</u>	<u>200%</u>	<u>300%</u>	<u>400%</u>
1	\$15,060	\$30,120	\$45,180	\$60,240
2	\$20,440	\$40,880	\$61,320	\$81,760
3	\$25,820	\$51,640	\$77,460	\$103,280
4	\$31,200	\$62,400	\$93,600	\$124,800
5	\$36,580	\$73,160	\$109,740	\$146,320
6	\$41,960	\$83,920	\$125,880	\$167,840
7	\$47,340	\$94,680	\$142,020	\$189,360
8	\$52,720	\$105,440	\$158,160	\$210,880

Family units with more than 8 members add \$5,380 for each additional member.

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**Financial Assistance Policy**

List of Providers

The following is a list of providers who are covered by the Financial Assistance Policy when delivering Emergency or other Medically Necessary Care:

Lehigh Valley Physician Group (LVPG)

Any primary care provider or specialist not specifically listed above, is not covered by this Financial Assistance Policy.

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## Financial Assistance Policy Summary

### **Policy Summary**

It is the policy of the Lehigh Valley Health Network's subsidiary hospitals and certain other providers (LVH) to provide emergency or other medically necessary care to all individuals without regard to their ability to pay for such services. LVH's Financial Assistance Policy applies to all individuals who participate in the process to evaluate their ability to pay for hospital and physician services. Uninsured patients who participate in the financial assistance program will be eligible for discounted care if family income is less than 400% of the Federal Poverty Level. For insured patients, financial assistance for deductibles, coinsurance and copayments, as well as certain medically necessary non-covered service, is available if family income is less than 400% of the Federal Poverty Level.

All sources of patient and qualifying patient family income will be included when determining eligibility for financial assistance. Income includes the patient's, spouse's and household members' 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 (commonly known as AGB).

In appropriate circumstances, LVH will assist in setting up payment plans.

### **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 based on financial need, without taking into account age, race, social or immigration status, sexual orientation or religious affiliation.
2. All In-patient, Out-patient, Ambulatory, Emergency Room, and designated patients will be screened for Medical Assistance benefits and referred to LVH's 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 LVH 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:
- [www.lvhn.org/financial-services/get-financial-assistance](http://www.lvhn.org/financial-services/get-financial-assistance)
- Contact a Financial Counselor at any LVHN hospital, or call at 484-884-0840
- Email us at [patient.billing@lvhn.org](mailto:patient.billing@lvhn.org) OR [mylvhn.org](http://mylvhn.org)

### **Disclaimer Statement**

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



## Lehigh Valley Health Network Financial Assistance Program Application

Lehigh Valley Health Network (LVHN) offers financial assistance for medically necessary care provided to eligible individuals and families. Your financial need will determine a reduction or elimination of your financial obligation.

### **You may qualify for LVHN's Financial Assistance Program (FAP) if you:**

- Have limited or no health insurance.
- Your health insurance is participating with Lehigh Valley Health Network location of service.
- Your out-of-network insurance plan has paid at least 75% of gross charges.
- Are not eligible for government assistance such as Medicaid.
- Cooperate in providing necessary information to support your financial needs.
- Reside in the following counties: Berks, Bucks, Carbon, Columbia, Dauphin, Lackawanna, Lebanon, Lehigh, Luzerne, Monroe, Montgomery, Montour, Northampton, Northumberland, Pike, Schuylkill, Sullivan, Susquehanna, Wayne, and Wyoming.

### **The process to apply for Financial Assistance is as follows:**

- Complete the LVHN Financial Assistance Program application.
- Include documentation listed on checklist.
- In order to determine eligibility, LVHN will need proof of your income and household size (We use the Federal Poverty Guidelines to determine financial need)
- Income used to determine eligibility includes, but is not limited to: Wages, Social Security, IRA, Interest, Pension, Disability, Workers Compensation, and Unemployment Compensation
- You will need to help LVHN determine if there are payment options through insurance such as Workers Compensation, Auto, Liability, Medicaid, etc.
- If needed, LVHN will assist in setting up a payment plan for any balance for which you are financially responsible.
- This program will be applied only to eligible services provided by LVHN.
- After you complete the application, LVHN will notify you by mail to inform if you qualify for the Financial Assistance Program
- Health Insurance must be listed on application.

### **You may be required to complete a Medical Assistance application at any time during the process.**

- **Failure to cooperate in the Medical Assistance application process will terminate your FAP eligibility.**

If you have any questions regarding this application, please contact:

LVHN Financial Counselor office message line at 484-884-0840  
Monday through Friday 8:00 AM to 4:00 PM EST

- For more information about our Network, please visit us at: [www.lvhn.org](http://www.lvhn.org)

# Financial Assistance Program Application Checklist –

(Please review entire Checklist providing ALL information that applies to you)

## 1. If you have income:

- Attach a copy of your most recent Federal Income Tax Return (1040 Page 1 & 2, 1040A, 1040EZ If you filed taxes or are claimed as a dependent, you must supply a copy of the return)
- If you cannot locate a copy of your return, you must request a free transcript from the IRS by ([www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript)) or calling 1-800-908-9946 or 1-800-829-1040
- We reserve the right to request that you provide a free transcript of your tax return at any time

## 2. If you did not file a federal tax return, you must:

- State in writing why you did not file a Federal Income Tax Return on a separate sheet of paper AND contact the IRS for a free Non-Filing Status Letter at 1-800-908-9946 or 1-800-829-1040
- Send us a copy of the most recent federal income tax return of anyone who claimed you as a dependent

## 3. Attach additional proof of household income, if applicable:

“Household income”- Refers to all individuals who are claimed as dependents on your federal tax return.

- 1099 forms or award letters: Social Security, Pension/Retirement, Disability, etc. <http://www.ssa.gov/onlineservices/>
- Unemployment Notice of Financial Determination or Workers Compensation
- Pay stubs for the last three months or the most current year to date pay stub.
- If you are self-employed, you must include a Schedule C and/or statement of income and expenses.

## 4. If you have no income or no reported income:

- A letter indicating that you have no income will be required.

## 5. Letter of Denial for Medical Assistance: (please provide copy of ALL pages of the letter)

- Based on initial financial screening, you may need to apply for Medical Assistance and provide a copy of your Letter of Denial before LVHN can approve your application

## 6. Proof of Identification and Residency, examples include:

- Current and valid Pennsylvania driver’s license
- Any other current and valid photo identification issued by a Pennsylvania agency. (Temporary IDs are not acceptable)
- Valid U.S. Passport
- Real estate tax or utility (gas, electric, water, sewer, cable) bill issued within the last 60 days. **Must show current address to be considered within county guidelines.**

## 7. Completed and signed Financial Assistance Program application:

- Make sure to complete and include **all information** that applies to you.



**Financial Assistance Program Application (Page 2)**

**\*Financial Assistance Is Not Health Insurance\***

Did LVHN provide care for injuries suffered in an accident caused by someone else?  Yes  No

If yes, describe below the circumstances of that accident. If you intend to make a claim against the person responsible for causing your injuries, or if you have already recovered any amount on account of such a claim, please identify any attorney you have retained to represent you in connection with that claim.

Date of Accident: \_\_\_\_\_  
 Nature of Accident: \_\_\_\_\_  
 Responsible Party: \_\_\_\_\_  
 Name and Phone Number of Attorney: \_\_\_\_\_

Monthly Household Income: Give monthly income for yourself and other household members. Also attach copies of your Federal Tax Return and other proof of income documents (see documentation checklist).

	Self	Spouse		Self	Spouse
Wages/Self-Employment			Unemployment		
Social Security			Workers Compensation		
Pension or Retirement Income			Alimony and Child Support		
Dividends and Interest			Other Income		
Rents and Royalties			Total Monthly Family Income		
			Adjusted Gross Income		

I certify that the above information is true and complete to the best of my knowledge.  
 I agree to apply for any assistance (Medicaid, Medicare, insurance) which may be available for payment of my LVHN account, and I will take any action reasonably necessary to obtain such assistance.

I understand that this application is made so that LVHN can determine my eligibility for Financial Assistance. If any information I have given proves to be false, I understand that LVHN will re-evaluate my financial status and qualification for Financial Assistance.

I authorize any bank, loan institution, insurance company, employer, or any creditor whatsoever of the undersigned to release any information requested by LVHN pertaining to any and all financial matters involving or relating to the undersigned.

I understand if I am approved for Financial Assistance and make a claim to recover damages from the third party causing the injuries, for which I received care at LVHN, or my own un/underinsurance, I am required to notify LVHN Patient Financial Services of that claim. I further understand that under those circumstances my Financial Assistance approval will be reclassified and placed in a pended status until the claim is resolved and it is determined how much of my recovery should be paid to LVHN.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ (Must be Power of Attorney or Parent or Legal Guardian of Minor Child- must show proof)

Do you give us permission to speak to someone else regarding your FAP application and related information?  Yes  No

If yes, who can we speak to? \_\_\_\_\_

**Please detach this form and upload to MyLVHN, Fax 484-884-8527 or forward it to:**

**Lehigh Valley Health Network**  
 ATTN: Patient Access, Financial Counselor,  
 2100 Mack Blvd, 3<sup>rd</sup> Floor  
 PO BOX 1866  
 Allentown PA 18105-1866 1/16/2023-LT

Lehigh Valley Physician Group  
 Payment Forgiveness Guidelines  
 Effective 2024

Annual Income Levels

Family Size	Dept of Health and Human Services Guideline Poverty Level	200% of Poverty Level	300% of Poverty Level	400% of Poverty Level
1	\$15,060	\$30,120	\$45,180	\$60,240
2	\$20,440	\$40,880	\$61,320	\$81,760
3	\$25,820	\$51,640	\$77,460	\$103,280
4	\$31,200	\$62,400	\$93,600	\$124,800
5	\$36,580	\$73,160	\$109,740	\$146,320
6	\$41,960	\$83,920	\$125,880	\$167,840
7	\$47,340	\$94,680	\$142,020	\$189,360
8	\$52,720	\$105,440	\$158,160	\$210,880

For families/households with more than 8 persons, add \$5,380 for each additional person

Expected Patient Payment Rate for the Income Categories Above (multiply balance by percent below)

Amount of Patient Responsibility (A)	Income 200% of Poverty Guideline or less	Income 300% of Poverty Guideline or less	Income 400% of Poverty Guideline or less	Income Greater than 400% of Poverty Guideline
Uninsured Patients	0% (A)	10% (B)	20% (B)	Please refer to FAP Policy
Insured Patients	0% (A)	10% (B)	20% (B)	N/A

(A) No payment required if Annual Income is 200% or less of the Federal Poverty Level

(B) Payment amount discount percentage taken off outstanding balance

Lehigh Valley  
 Payment Forgiveness Guidelines  
 Effective 2024

Annual Income Levels of Patients

Family Size	Dept. of Health and Human Services Guideline Poverty Level	200% of Poverty Level	300% of Poverty Level	400% of Poverty Level
1	\$15,060	\$30,120	\$45,180	\$60,240
2	\$20,440	\$40,880	\$61,320	\$81,760
3	\$25,820	\$51,640	\$77,460	\$103,280
4	\$31,200	\$62,400	\$93,600	\$124,800
5	\$36,580	\$73,160	\$109,740	\$146,320
6	\$41,960	\$83,920	\$125,880	\$167,840
7	\$47,340	\$94,680	\$142,020	\$189,360
8	\$52,720	\$105,440	\$158,160	\$210,880

*For families/households with more than 8 persons, add \$5,380 for each additional person.*

**Example #1** - Uninsured Patient, Income of \$60,000  
 for a family of 3, total charges of \$50,000

**Total Charges:** \$50,000  
**Uninsured Patient discount for LVH CC:** \$41,000  
**Amount Generally Billed:** \$9,000      18% of total charges  
**FAP %:** 10%  
**Patient Responsibility:** \$900

**Example #2** - Insured Patient with patient liability for deductibles, coinsurance and copayments for a family of 3 with an income of \$60,000, total charges of \$50,000

**Total Charges:** \$50,000  
**Contractual Allowance:** \$37,500  
**Expected total insurance/patient payment:** \$12,500  
**Payment from Insurance:** \$11,000  
**Total patient liability for ded/copymt/coinsurance:** \$1,500  
**FAP %:** 50%  
**Patient Responsibility:** \$750