I. Policy

Consistent with the mission and values of Lehigh Valley Health Network, it is the policy of its subsidiary hospitals (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 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. 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 will have their bills for Emergency or other Medically Necessary Care reduced to 50% of gross charges. The reduction for LVPG accounts would be reduced to 60% of gross charges.

- Financial Assistance is only available to patients 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 Plan with a patient responsibility amount owed due to a Deductible, Coinsurance or Copayment are eligible for Financial Assistance if their annual Qualifying Income is less than 400% of the Federal Poverty Level.
- 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.

- In order 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.

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

II. **Scope**

This policy applies to LVH and those providers delivering Emergency or Medically Necessary Care in the hospital who are listed on Attachment B. The policy involves all individuals who request to participate in the process to evaluate their ability to pay for hospital services. 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 participate in its execution. A summary of the policy is available at registration sites for patients to be aware of the availability of Financial Assistance prior to the provision of services.

III. **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 2020 AGB is as follows and will be updated annually:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>AGB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lehigh Valley Hospital</td>
<td>17% of gross charges</td>
</tr>
<tr>
<td>Lehigh Valley Hospital - Hazleton</td>
<td>19% of gross charges</td>
</tr>
<tr>
<td>Lehigh Valley Hospital – Pocono</td>
<td>22% of gross charges</td>
</tr>
<tr>
<td>Lehigh Valley Hospital - Schuylkill</td>
<td>28% of gross charges</td>
</tr>
<tr>
<td>Lehigh Valley Hospital - Coordinated A-town</td>
<td>27% of gross charges</td>
</tr>
<tr>
<td>Lehigh Valley Hospital - Coordinated Bethlehem</td>
<td>27% of gross charges</td>
</tr>
</tbody>
</table>

**Coinsurance:** A patient payment required by the patient’s health insurance plan in order for the patient to share financial responsibility for the services rendered. For example, the insurer will pay 80% of an approved amount, and 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 that are considered available for payment of healthcare liabilities. 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.

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 is responsible.

Eligibility Period: 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). Open accounts for services provided to individuals, who are determined to be eligible for Financial Assistance within the previous years will be eligible for Financial Assistance. Any individual who was approved for Financial Assistance and receives inpatient, observation, surgery, emergency room, or cancer 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 of 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 that individual, or the health of a newborn 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, Copayments, or Coinsurance amounts 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, with regard to any amounts owed after a minimum of 75% of gross charges have been paid and have annual Qualifying Income less than 400% of the Federal Poverty Level. Any reduction in charges for Emergency or other Medically Necessary Care provided to uninsured individuals who do not qualify for Financial Assistance will not be considered Financial Assistance.

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 and Warren 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 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.

**Non-covered services:** Services not normally reimbursed by health insurance plans including certain cosmetic surgery, certain dental procedures, virtual video visits, 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 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 individual and his/her spouse’s adjusted gross income as stated on the IRS 1040 form.

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

**IV. Provisions**

All patients 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. 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) notification 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 determining qualification for Medical Assistance, 3) LVH has evidence the patient has no income due to being incarcerated or 4) the LVH medical record indicates the patient is unable to pay for services, such as when the medical record indicates the patient is homeless.

Payment will be pursued using standard LVH collection practices. LVH collection practices meet the requirements of section 501(r) of the Internal Revenue Code and the Fair Debt Collection Practices Act.
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.

### 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, Copayments and Coinsurance

Annual Qualifying Income is:

- Less than 200% of FPL
- 200% to 400% of FPL

Patient Payment is:
- No payment
- 50% of balance

### Kidney Transplant Exception

LVH will cover the cost for antiviral regimens for up to 2 (two) 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 would require approval from the Executive VP and CFO.

### IV. Procedure

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 or through MyLVHN
- by contacting a Financial Counselor at (484)884-0840
- on-line at www.LVHN.org.
All points of service will also have summaries of the FAP and will distribute a copy upon request or notification of inability to pay for services. All inpatients registered as self-pay will be contacted and the FAP will be explained. A summary of the FAP will also be displayed at all service locations. 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.

**Evaluation/Application**

Financial counselors, Customer Service representatives, Benefits/Verification and Registration personnel, contracted vendors, collectors and other LVH personnel will assist patients with the payment of their bills. Financial Assistance applications will be provided to every patient or family member who indicates an interest in Financial Assistance. A Financial Assistance Application is attached to this FAP as (Attachment D).

Benefits/Verification and Registration personnel will refer uninsured or under-insured inpatients, scheduled ambulatory patients, and certain outpatients to the eligibility team responsible for processing Medical Assistance applications with the Pennsylvania Department of Public Welfare. Patients 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 specialist will determine if the patient qualifies for Financial Assistance and approves or deny the application depending upon the criteria stated in the LVH Payment Forgiveness Guidelines. (Attachments E-1 and E-2)

If a patient has a claim or potential claim against a third party from which the hospital's bill may be paid, the hospital will 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 amount of the patient's recovery.

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 responsible for covering the patient's injuries for which LVH provided care.
In cases of documented extreme hardship, and upon approval of the Hospital Vice President of Patient Financial Services, an amount less than AGB may be accepted to satisfy an individual’s obligation. The individual’s Countable Assets may be considered in this situation.

Collections

All bills sent to patients registered as uninsured patients will receive a summary of the FAP with their bill. In addition, their statement will show the net amount billed for the services rendered as well as the expected payment or AGB. Payment of all outstanding patient balances 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 and will be considered for approval

It is the policy of LVH to pursue collection of patient balances from patients who have the ability to pay for these services. Collection procedures will be applied consistently and fairly for all patients. All collection procedures will comply with applicable laws and with LVH’s mission. 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 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.

V. Attachments
   a. LVHN Income Guidelines
   b. Provider List
   c. Financial Assistance Policy Summary
   d. Financial Assistance Application
   e. LVHN Payment Forgiveness Guidelines
VI. Approval

[Signature]
Executive V. P. and Chief Financial Officer
Thomas J. Marchozzi
6-16-20

[Signature]
President and Chief Executive Officer
Brian Nester, D.O.
6-16-20

VII. 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. Substantive policy changes will be reviewed and approved by the Hospital Board.

VIII. 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 (proposed)
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

IX. Disclaimer Statement

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with all 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.
X. 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
### Financial Assistance Policy

2020 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>Poverty Guidelines</th>
<th>200%</th>
<th>300%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,760</td>
<td>$25,520</td>
<td>$38,280</td>
<td>$51,040</td>
</tr>
<tr>
<td>2</td>
<td>$17,240</td>
<td>$34,480</td>
<td>$51,720</td>
<td>$68,960</td>
</tr>
<tr>
<td>3</td>
<td>$21,720</td>
<td>$43,440</td>
<td>$65,160</td>
<td>$86,880</td>
</tr>
<tr>
<td>4</td>
<td>$26,200</td>
<td>$52,400</td>
<td>$78,600</td>
<td>$104,800</td>
</tr>
<tr>
<td>5</td>
<td>$30,680</td>
<td>$61,360</td>
<td>$92,040</td>
<td>$122,720</td>
</tr>
<tr>
<td>6</td>
<td>$35,160</td>
<td>$70,320</td>
<td>$105,480</td>
<td>$140,640</td>
</tr>
<tr>
<td>7</td>
<td>$39,640</td>
<td>$79,280</td>
<td>$118,920</td>
<td>$158,560</td>
</tr>
<tr>
<td>8</td>
<td>$44,120</td>
<td>$88,240</td>
<td>$132,360</td>
<td>$176,480</td>
</tr>
</tbody>
</table>

Family units with more than 8 members add $5,600 for each additional member.
Financial Assistance Policy

List of Providers

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

Lehigh Valley Physician Group
LVHN Coordinated Professional Practice
LVHN Scranton Orthopedic Specialists
LVHN Coordinated Professional Practice of NJ

Any primary care provider or specialist, who delivers Emergency or other Medically Necessary Care in the hospital, but is not specifically listed above, is not covered by this Financial Assistance Policy.
Financial Assistance Policy Summary

Policy Summary

It is the policy of the hospitals of the Lehigh Valley Health Network (LVHN) to provide emergency or other medically necessary care to all individuals without regard to their ability to pay for such services. LVHN’s Financial Assistance Policy applies to all individuals who participate in the process to evaluate their ability to pay for hospital services. Uninsured patients that 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 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 (commonly known as 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 Medial 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/our_services/key_support_services/financial_assistance
- Contact a Financial Counselor at any of LVHN hospitals, or call at 484-884-0840
- Email us at patient.billing@lvhn.org to request a copy or 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.
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, Northampton, Northumberland, Pike, Warren and Schuylkill

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
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) 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 notarized letter of no income will be required
     (An LVHN Notary can notarize a letter stating the patient or financially responsible
     individual has no income or unreported income)

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 Is Not Health Insurance**

**FINANCIAL ASSISTANCE PROGRAM APPLICATION**

Please select the location for services-

- [ ] LVHN Allentown/Bethlehem
- [ ] LVHN Hazleton
- [ ] LVHN Schuylkill
- [ ] LVHN Pocono

**PATIENT INFORMATION** (Please Print)

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Medical Record Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Date of Birth:</td>
<td>Patient’s Social Security Number:</td>
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<tr>
<td>Address: Number and Street/City/State/Zip</td>
<td>County (Must Complete)</td>
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<tr>
<td>Daytime Phone Number:</td>
<td>Alternate Phone Number:</td>
</tr>
<tr>
<td>Employer Name:</td>
<td>Spouse’s Name:</td>
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<tr>
<td></td>
<td>Spouse’s Employer Name:</td>
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<tr>
<td></td>
<td>Spouse’s Social Security Number:</td>
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</tbody>
</table>

If you have already received a bill, please give us your account number(s):

<table>
<thead>
<tr>
<th>Dependents (including the patient): Dependents as reported on your Federal Tax Return</th>
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<tbody>
<tr>
<td>- they live with you for more than half of the year</td>
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<tr>
<td>- do not provide more than half of their own support for the year</td>
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<tr>
<td>- permanently disabled</td>
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<tr>
<td>- are under the age of 19</td>
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<tr>
<td>- are under 24 and a student</td>
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</tbody>
</table>

**Number of Dependents - Include yourself if you are the patient**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to Patient</th>
<th>Date of Birth</th>
<th>Name</th>
<th>Relation to Patient</th>
<th>Date of Birth</th>
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</thead>
<tbody>
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**Medical Resources:** Health Savings Account/ Flexible Spending Account/Medical Savings Account

Account Name:

Account Number:

**Health Insurance Information:** (Must Complete) Use extra paper if needed and include card copies

Name of Company:

Subscriber Name:

ID Number:

Group Number:

Insurance Claims Address:

Insurance Phone Number:

Have you applied for Medical Assistance in the past 6 months?  

Yes  No

If YES, please enclose a copy of the Letter of Denial or Proof of Eligibility (include letter or Access card).

If NO, please contact your local county assistance office for guidance on how to apply for these benefits.
Financial Assistance Program Application (Page 2)

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: ____________

<table>
<thead>
<tr>
<th>Monthly Household Income</th>
<th>Self</th>
<th>Spouse and/or other household members</th>
<th>Self</th>
<th>Spouse and/or other household members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Self-Employment</td>
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<tr>
<td>Social Security</td>
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<tr>
<td>Pension or Retirement Income</td>
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</tr>
<tr>
<td>Dividends and Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rents and Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unemployment
Workers Compensation
Alimony and Child Support
Other Income
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 pending 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: ____________________________
Approved By: ____________________________ Date: ____________________________

(Lehigh Valley Health Network Representative)

Please detach this form and forward it to: Lehigh Valley Health Network
ATTN: Patient Access, Financial Counselor or Fax to 484-884-8527
2100 Mack Blvd, 5th Floor
PO BOX 1866
Allentown PA 18105-1866
Lehigh Valley Physician Group  
Payment Forgiveness Guidelines  
Effective 2020

Annual Income Levels

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Dept of Health and Human Services Guideline Poverty Level</th>
<th>200% of Poverty Level</th>
<th>300% of Poverty Level</th>
<th>400% of Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>$38,280</td>
<td>$51,040</td>
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For families/households with more than 8 persons, add $5,600 for each additional person

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

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

(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 Health Network
Payment Forgiveness Guidelines
Effective 2020

Annual Income Levels of Patients

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For families/households with more than 8 persons, add $5,600 for each additional person.

Example #1 - Uninsured Patient, Income of $48,000
for a family of 3, total charges of $50,000

Total Charges: $50,000
Uninsured Patient discount for LVH CC: $40,500
Amount Generally Billed: $9,500
FAP %: 10%
Patient Responsibility: $950

Example #2 - Insured Patient with patient liability for
deductibles, coinsurance and copayments for a family
of 3 with an income of $48,000

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