PennState Health
Milton S. Hershey Medical Center

# Patients who need Financial Assistance

The Milton S. Hershey Medical Center is proud of its mission to provide excellent service to all our patients and their families. If payment of your medical bill is a concern, we may be able to assist you.

We provide financial assistance based on income, family size and assets for medically necessary and emergent services. Uninsured patients who are not eligible for financial assistance will not be charged more than the amounts generally billed to patients with insurance.

**How to apply**:

Complete a Financial Assistance Application (back of this letter) and attach the below documents (if applicable):

- Most recently filed Federal Income Tax Return
- Most recent four (4) paystubs
- Most recent four (4) bank statements
- Social Security Income Determination
- Unemployment income
- Pension income
- Distribution confirmation from estates or liability settlements (Financial Assistance will not be considered until the final settlement of the estate or litigation)
- Medical Assistance or Health Insurance Marketplace Determination
- Proof of citizenship or lawful permanent residence status (green card)
- If household has no income, letter from person(s) who are assisting with living expenses
- Any other information requested by PSHMC to adequately review the financial assistance application to determine qualification for Financial Assistance.

Please visit our website at: www.pennstatehershey.org to access our Financial Assistance Policy and additional financial assistance applications. Documents are translated in various languages and are available on the website or in person. All applicants will be notified by phone or by letter when a determination has been made regarding their financial assistance qualification.

Patient Financial Services staff is conveniently located on the Medical Center campus in the Academic Support Building, 90 Hope Drive, 2nd floor, Suite 2106. Available by phone at 717-531-5069 or 1-800-254-2619. Your questions will be treated with courtesy and confidentiality.

Thank you, Patient Financial Services

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# Financial Assistance Application

**PATIENT INFORMATION:**

Patient Name: _____ Patient Number: _____

Patient Name: _____ Patient Number: _____

Patient Name: _____ Patient Number: _____

**GUARANTOR INFORMATION**: *(Person Responsible for payment of this bill)*

Guarantor Name: _____ Guarantor Home Phone: _____

Cell Phone Number: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____Guarantor Work Phone: _____

Social Security Numbers: Guarantor: _____ Spouse: _____

Number of dependents that you are financially responsible for (include self): _____

I certify that I have read this application in full and all of the information given on this form is true, correct and complete to the best of my ability, knowledge and belief.

_____

SIGNATURE (GUARANTOR) DATE

**** For your application to be processed, the following information (if applicable) must be returned along with this form *****

- ☐ Most recent filed IRS Tax Forms (1040) and any schedules, ex: C, D, E, F
- ☐ Four (4) most recent paycheck stubs
- ☐ Four (4) most recent bank statements (Please include information from both Checking and Savings accounts)
- ☐ Social Security Income Determination
- ☐ Unemployment income
- ☐ Pension income
- ☐ Distribution confirmation from estates or liability settlements
- ☐ Medical Assistance or ACA Notice of Determination
- ☐ Proof of citizenship or lawful permanent residence status (green card)
- ☐ If household has no income, letter from person(s) who are assisting with the living expenses
- ☐ Proof of all other income received in the current year (Examples include 401K, IRA accounts, Brokerage Accounts, etc.)