

Summary of Patient Financial Assistance Policy

Objective

Excelsa Health's policy is to provide Emergency Care and Medically Necessary Care on a non-profit basis to patients without regard to race, creed, or ability to pay. As such, patients who do not have the resources to pay for services provided at our facilities may request financial assistance for emergency and medically necessary care.

The following is a summary of Financial Assistance available at all Excelsa Health hospitals, which include Frick, Latrobe, and Westmoreland Hospitals. This summary is not applicable to Excelsa Health Medical Group, which has its own Financial Assistance policy. Nor does it apply to any independent physician practices, such as radiologists or pathologists.

Financial Assistance Offered

If you do not have insurance and your family income does not exceed four times the Federal Poverty Income Guidelines (FPIG), we provide financial assistance for emergency and other medically necessary care at a discounted rate. All applicants must be screened for Medicaid coverage and must cooperate with the Medicaid eligibility process to be considered for financial assistance. If you are found eligible for financial assistance under our Policy, you will receive free or discounted assistance according to the following income criteria:

- If your annual family income is 250% of the FPIG or less, you will receive free care
- If your annual family income is between 251% and 400% of the FPIG, you will receive care discounted to the amount we generally bill insured patients for such services

If your insurance does not provide coverage for medically necessary services you are seeking or you have exhausted your lifetime maximum insurance benefits, as long as you meet our income criteria, you will be eligible for financial assistance.

Additional Ways to Qualify

If you do not meet the income criteria above, regardless of your insurance status, you may be considered on a case-by-case basis for financial assistance under the following circumstances:

- Medically Indigent: If you have a balance due to Excelsa Health hospitals greater than 30% of your annual family income, you will be considered for financial assistance
- Exceptional Medical Circumstances: If you have an extreme personal or financial hardship, you may contact us to be considered for financial assistance.

Charges Will Not Exceed Amounts Generally Billed.

If you receive financial assistance under our Policy, you will not be charged more for emergency or other medically necessary care than the amount we generally receive from patients having Commercial Insurance or Medicare coverage.

How to Obtain Copies of our Policy and Application.

You may obtain a copy of our Policy and the Financial Assistance application form:

- By calling 724-689-1850 and selecting Option 2. This will connect you directly to our PFAP counselor. A copy of our Financial Assistance Policy, plain language summary, and PFAP application form will be mailed to you free of charge.
- Upon discharge from any hospital, a packet is provided to patients with no insurance. These packets include a Medical Assistance application, plain language summary, and PFAP application form.
- Upon request from any of our Admissions areas.
- Visit the Excela Health website at www.excelahealth.org. Toward the bottom left of the screen, choose Pay My Bill. Across the bottom of the next screen, click on Billing Policies to locate additional information regarding our Patient Financial Assistance policy, Patient Financial Assistance application, and Billing and Collection policy.

How to Apply for Assistance.

You may apply at any point in the scheduling or billing process by completing and submitting an application along with all necessary income documentation. All applications whether mailed or delivered in person will be forwarded to our PFAP counselor for evaluation and processing. If you feel you may have a medically indigent or exceptional medical circumstance, contact our PFAP counselor for assistance in initiating an application. If you need any assistance in applying, please contact our PFAP counselor at 724-689-1850 and select Option 2.

Return your completed applications to: Excela Health Business Office, Attention: Financial Assistance, 134 Industrial Park Road, Suite 2400, Greensburg, PA 15601

The logo for Excela Health features the word "Excela" in a large, white, sans-serif font, with a green swoosh underline that starts under the 'E' and curves under the 'a'. Below "Excela", the word "Health" is written in a smaller, green, sans-serif font.

Excela
Health