



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

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 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.