

**FISCAL DEPARTMENT**  
**Financial Assistance Policy**  
**POLICY NUMBER IN-25**

- I     **POLICY:**                   Financial Assistance Policy (referred to as “FAP”)
- II     **DEFINITION:**            The purpose of this policy is to establish guidelines to properly define the financial assistance policy of the hospital, uncompensated care as MVH Care, bad debt or contractual allowance.
- III    **RESPONSIBILITY:**        Senior Vice President/Treasurer, Vice President/Controller, Director of Revenue Cycle, Manager of Revenue Integrity
- IV     **PROCEDURES:**

Monongahela Valley Hospital, Inc. has an open admissions policy. Appropriate goods or services will be provided to all who seek them without regard to race, creed, color, handicap, religion, national origin, or their ability to pay.

How to apply for assistance

Financial assistance applications are available in the emergency room and admissions areas and by request or on our website [www.monvalleyhospital.com](http://www.monvalleyhospital.com) . Paper copies of the FAP, FAP application form, and plain language summary of the FAP are available upon request and copies are in the emergency room and admissions areas. Any patient or any person involved in the care of a patient may apply for financial assistance during the application period.

Incomplete FAP Application

For individuals who submit an incomplete FAP application during the application period (240 days), the hospital will attempt to notify the individual about how to complete the FAP application and give reasonable opportunity to so within 30 calendar days.

Presumptive FAP-eligibility

Presumptive FAP-eligibility occurs when determinations are based on third-party information or prior FAP eligibility determinations. If the hospital determines that the individual is FAP-eligible based on information other than that provided by the individual or based on a prior FAP-eligibility determination.

If the individual is presumptively determined to be eligible for less than the most generous assistance available under the FAP, the hospital will:

- 1) Notify the individual regarding the basis for presumptive FAP-eligibility determination and the way to apply for more generous assistance under the FAP;
- 2) Give the individual a reasonable period of time to apply for more generous assistance before initiating ECA's to obtain the discounted amount owed; and
- 3) If the individual submits a complete FAP application seeking more generous assistance during the application period, the hospital will determine whether the individual is eligible for a more generous discount. A hospital will have made reasonable efforts if it determines whether the individual is FAP-eligible for the care based on a complete FAP

application regardless of whether the hospital has notified the individual. A hospital will not fail to have made reasonable efforts if upon receiving a complete FAP application the hospital facility believes the individual may qualify for Medicaid and the hospital postpones determining whether the individual is FAP-eligible for the care until after the individuals' Medicaid eligibility has been made.

#### Collection Activity

Monongahela Valley Hospital will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient or person with fiduciary duty of the patient is eligible for financial assistance under this Policy.

The following is a list of other providers that are **not** covered by the MVH Financial Assistance Policy:

- Emergency Resource Management, Inc.
- Imaging Associates of Greater Pittsburgh
- Mon Valley Anesthesia
- Mon Valley Medical Associates
- Mon Valley Pathology Associates
- Southwestern PA Cardiovascular Associates
- UPMC Heart and Vascular Institute Monongahela
- Mon Vale Radiation Oncology, Inc.
- Mon Vale Clinical Professionals, Inc.

Listed below, by definition, are the guidelines that distinguish a bad debt account from MVH Care and contractual allowances.

- 1) Uncompensated Care - when medical services have been provided to a patient, and a determination made that payment for these services will not be received. Uncompensated Care includes both Bad Debt and MVH Care.
- 2) Bad Debt - Bad debt is defined as payment not received for services rendered for which payment is anticipated and credit is extended. Bad debt patients do not meet the criteria for MVH Care; that is, they are considered able to pay, but unwilling to satisfy their outstanding obligations.
- 3) MVH Care – MVH care is defined to include all the under-reimbursed costs of caring for low-income patients who either are enrolled in a government program, such as Medicaid, or are uninsured. These patient's circumstances must meet the Hospital's established MVH Care Policy, and the patients are judged to be financially unable to satisfy their debt.
- 4) Contractual Allowance - the difference between gross charge and the amount a provider contractually agrees to accept from payors, as payment in full.
- 5) Bad Debt vs. MVH Care Guidelines - establishing guidelines or criteria to distinguish the patient's unwillingness to pay (Bad Debts) and a patient's inability to pay (MVH Care) should be verified as soon as possible, whether prior, during, or subsequent to the admission process. The timing criteria for determination of a patient's ability or lack of ability to pay for services may affect the way in which an account is ultimately classified, since all patients are considered as being able to pay until information is produced that indicates otherwise. In some cases, medical indigence is readily

apparent, and the determination can be made prior to or soon after the patient's admission/visit.

- 6) Uninsured Patient Discount – Monongahela Valley Hospital, Inc. will give uninsured patients a 71.8% discount on gross charges for medically necessary or emergency care, reducing the amounts they owe to that of which a patient's insurance typically pays.

Monongahela Valley Hospital, Inc. re-calculates this discount percentage each year.

To calculate this amount, Monongahela Valley Hospital, Inc. uses the "look-back" method described in the IRS and Treasury's proposed rules on the Patient Protection and Affordable Care Act (PPACA).

In following this method, Monongahela Valley Hospital, Inc. used medical claims data from the past year to determine what portion of gross charges are typically paid (by the payer and the covered individual) for claims for emergency and medically necessary care where the primary payer was Medicare fee-for-service or a private commercial insurer.

- 7) Under-insured patients are defined as those patients having a deductible amount in excess of \$7,500.00.
- 8) The following guidelines will be considered for patients to qualify for Bad Debt and MVH Care.

A) Full MVH Care:

- 1) Gross income should fall within established or recognized standards for determination of poverty level following Hill-Burton Poverty Income Guidelines (Department of Health and Human Services Published Poverty Guidelines), considering family size, geographic area, and other pertinent factors. In all cases, individuals with incomes that are less than those established under the Hill-Burton Poverty Income Guidelines qualify as MVH Care. (Some persons may exceed poverty income levels but still qualify for partial MVH Care services when additional criteria are considered). Poverty income levels are defined in schedule A when patient liability is greater than \$300.
- 2) In cases where patients have not cooperated with the hospital's efforts to obtain financial information to make a determination for either a medical assistance application or charity care, the hospital will use the financial assistance program through the Recondo system to determine if the patient would have been eligible for either full or partial charity care and will make the appropriate adjustment prior to writing the account off to bad debt.
- 3) MVH Care eligibility is based on factors such as indigence, medical hardship, financial hardship, absence of an estate and homelessness.
- 4) Unpaid Medicaid and Medicaid HMO claims for co-payments.
- 5) Patients who are denied Medicaid eligibility for reasons other than excessive income.

- 6) Any patient who qualifies for Medical Assistance will automatically qualify for MVH Care.
- B) Partial MVH Care:
- 1) Net worth can be considered including all liquid assets owned, less liabilities and claims against assets.
  - 2) Employment status should be considered along with future earning capability. The likelihood of future earnings sufficient to meet the obligation within a reasonable period of time (i.e., two years) should be considered.
  - 3) Family size will be considered.
  - 4) Other financial obligations including living expenses and other items that are reasonable and necessary will be considered.
  - 5) The amount(s) and frequency of the hospital bill(s) will be considered.
  - 6) All other resources should first be applied, including Medicaid and other third party sources.
  - 7) In cases where patients have not cooperated with the hospital's efforts to obtain financial information to make a determination for either a medical assistance application or charity care, the hospital will use the financial assistance program through the Recondo system to determine if the patient would have been eligible for either full or partial charity care and will make the appropriate adjustment prior to writing the account off to bad debt.
  - 8) MVH Care eligibility is based on factors such as indigence, medical hardship, financial hardship, absence of an estate and homelessness.
  - 9) Unpaid Medicaid and Medicaid HMO claims for co-payments.
  - 10) Patients who are denied Medicaid eligibility for reasons other than excessive income.
  - 11) Write-off of a portion of an account as MVH Care will be considered in instances where the patient is able to pay part of the account. When the burden of healthcare bills decrease the patient's resources to the point of established poverty levels, partial MVH Care allowances will be provided. See Schedules B and C.
  - 12) Any patient who qualifies for Medical Assistance will automatically qualify for MVH Care.
- C) Uninsured and under-insured patients desiring elective services
- 1) Patients who desire elective services but are uninsured or have a large insurance deductible, first must meet with the Manager of Revenue Integrity and/or the Patient Financial Counselors, to discuss financial arrangements.
  - 2) Patients will be advised to apply for Medical Assistance and/or MVH Care prior to services being provided.
  - 3) If it is determined the patient does not qualify for any MVH Care or if the patient chooses not to meet with the Manager of Revenue Integrity, the Hospital will accept a reasonable down payment prior to provision of services, or can refuse to provide these elective services if the patient fails to make an acceptable down payment.

- D) Final determining that the hospital has made reasonable efforts to determine whether an individual is FAP-eligible and, therefore, engage in extraordinary collection efforts must be done in compliance with the following authorization limits by authorized individual:

Senior Vice President/Treasurer	Over \$75,000
Vice President/Controller	up to \$75,000
Director of Revenue Cycle	up to \$50,000
Manager of Revenue Integrity	up to \$50,000
Patient Financial Counselors	up to \$25,000

- E) Write-off Limits

- 1) Write-offs shall be done in compliance with the hospitals write-off Authorization limits by authorized individuals as listed in IN-21, as follows:

Senior Vice President/Treasurer	Over \$15,000
Vice President/Controller	up to \$15,000
Director of Revenue Cycle	up to \$10,000
Contract Management Supervisor	up to \$5,000
Manager of Revenue Integrity	up to \$5,000
Manager of Revenue Enhancement	up to \$5,000
Automatic Small Balance Write-Off	up to \$4.99

- 2) Monongahela Valley Hospital, Inc. will issue an annual news release informing the public of the existence of the hospital's MVH Care policy. Those who believe they may qualify will be encouraged to contact the hospital for an application. You can request a free copy of this policy at our facility at 1163 Country Club Road, Monongahela, PA, 15063, request a free copy by mail by calling us at 724-258-1179 or mailing a request to 1163 Country Club Road, Monongahela, PA, 15063, or access it free of charge online here at [www.monvalleyhospital.com](http://www.monvalleyhospital.com). Applications will be valid for up to six months unless the patient's financial situation changes significantly or they are able to obtain health insurance.

REVIEWED	REVISED
8/98	8/98
4/99	4/99
7/99	7/99
4/02	5/02
5/03	5/03
7/04	7/04
2/05	2/05
7/06	none
3/07	3/07
4/07	4/07
2/09	2/09
10/09	10/09
12/09	12/09
5/10	5/10
10/10	11/10
12/10	12/10
02/11	02/11
02/12	02/12
08/12	08/12
05/13	05/13
11/13	11/13
01/14	01/14
09/14	09/14
01/15	01/15
01/16	01/16
06/16	06/16
09/16	09/16
10/16	10/16
09/17	09/17
10/17	10/17
01/18	01/18
02/2020	02/2020

## SCHEDULE A

### 2020 POVERTY GUIDELINES

SIZE OF FAMILY UNIT	POVERTY GUIDELINE
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

For family units with more than 8 members, add \$4,480 for each additional member. (2020 guidelines)

## SCHEDULE B

### FOR PARTIAL MVH CARE ALLOWANCES

#### PERCENTAGE OVER POVERTY LEVELS

#### AMOUNT OF ALLOWANCE

160%	OVER POVERTY LEVELS	95%	ALLOWANCE
170%	OVER POVERTY LEVELS	90%	ALLOWANCE
180%	OVER POVERTY LEVELS	85%	ALLOWANCE
190%	OVER POVERTY LEVELS	80%	ALLOWANCE
200%	OVER POVERTY LEVELS	75%	ALLOWANCE
210%	OVER POVERTY LEVELS	70%	ALLOWANCE
220%	OVER POVERTY LEVELS	65%	ALLOWANCE
230%	OVER POVERTY LEVELS	60%	ALLOWANCE
240%	OVER POVERTY LEVELS	55%	ALLOWANCE
250%	OVER POVERTY LEVELS	50%	ALLOWANCE
260%	OVER POVERTY LEVELS	45%	ALLOWANCE
270%	OVER POVERTY LEVELS	40%	ALLOWANCE
280%	OVER POVERTY LEVELS	35%	ALLOWANCE
300%	OVER POVERTY LEVELS	30%	ALLOWANCE
301%	OVER POVERTY LEVELS	20%	ALLOWANCE
400%	OVER POVERTY LEVELS	20%	ALLOWANCE



**SCHEDULE C**  
**INCOME EXCEEDING VERIFIED MANDATORY LIVING EXPENSES**

**AMOUNT OVER  
EXPENSES**

**AMOUNT OF  
ALLOWANCE**

<100.00/MONTH

At Management's discretion-  
Based on the Patient's needs

100.00 TO 149.00/MONTH

90% ALLOWANCE

150.00 TO 199.00/MONTH

70% ALLOWANCE

200.00 TO 250.00/MONTH

50% ALLOWANCE

## **MVH CARE NOTICE**

Monongahela Valley Hospital offers free financial counseling to patients who are in need of assistance to resolve their debt. There are several programs available to the public through various third party agencies including, but not limited to, the Medical Assistance Program.

This hospital provides free care to persons who qualify. If you cannot afford the cost of care, you are encouraged to apply for free care. You may obtain information and an application in the Credit Department of Monongahela Valley Hospital or by calling 724-258-1188 or you may download an application at [www.monvalleyhospital.com](http://www.monvalleyhospital.com). Monongahela Valley Hospital's Department of Financial Counseling and Collections can answer questions and provide additional information and appropriate applications. For further information, please call Monongahela Valley Hospital's Office of Financial Counseling and Collection at 724-258-1188.

## MEMORANDUM

DATE:

TO: MVH Care Applicant

FROM: Financial Services Department

We were notified of your request for consideration under Monongahela Valley Hospital's MVH Care guidelines. Attached is an MVH Care application form. Please be sure to complete the form in its entirety so there will be no delays in the consideration of your request.

If you have any questions or concerns, please contact us by phone at 724-258-1179 between 8 am and 3 pm, or at 724-258-1198 after 3 pm, or by mail at Monongahela Valley Hospital, Attn.: Financial Services Department, 1163 Country Club Road, Monongahela, PA, 15063.

Please return the information requested in the envelope provided within 14 days.

/gan

**MONONGAHELA VALLEY HOSPITAL**  
**MVH CARE APPLICATION**

*Please attach proof of income from the past 30 days to this application. Please verify all income listed in Section One and Section Two. If you are unable to verify some or all of your income, please explain why on an attached sheet of paper. Applications will not be rejected for inability to verify income, provided that reasonable explanation for the inability is given.*

- Pay stubs or letters from employers, listing wages before taxes.
- Award letters or bank statements showing deposits of Social Security, other disability, pension, worker's compensation, or unemployment compensation payments.
- Award letters, court documents, or bank statements showing deposits of child or spousal support payments.
- Documentation of other sources of income.
- If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide (e.g., grocery purchases or rent and utility payments).
- Health Savings Account (HSA) and other dedicated account statements.
- Checking and Savings account statements.
- Copy of Health Insurance Card(s), if applicable.

**Form Revised 11-10**

Please complete all questions in this section. Failure to complete this section could result in delays in evaluating eligibility for MVH Care.

**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Preferred calling time: \_\_\_\_\_

Current Health Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Name/Number: \_\_\_\_\_

**Household Members:**

Please attach additional sheets of paper if household has more than eight members.

	Name	Relationship:	Age:
1.	_____	self	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

GUARANTOR/PATIENT NAME:

MVH ACCOUNT #: \_\_\_\_\_ BALANCE: \_\_\_\_\_

MVH ACCOUNT #: \_\_\_\_\_ BALANCE: \_\_\_\_\_

MVH ACCOUNT #: \_\_\_\_\_ BALANCE: \_\_\_\_\_

TOTAL BALANCE (ALL ACCOUNTS): \_\_\_\_\_

**1. HOUSEHOLD INCOME (MONTHLY)**

A. Wages

1. Total wages of patient/guarantor: \_\_\_\_\_  
(Attach copy of paycheck stub)
  - 1a. Employer Name: \_\_\_\_\_
  - 1b. Employer Address: \_\_\_\_\_
2. Spouse's Name: \_\_\_\_\_
  - 2a. Total Wages of Spouse: \_\_\_\_\_  
(Attach copy of paycheck stub)
  - 2b. Spouse's Employer Name: \_\_\_\_\_
  - 2c. Employer Address: \_\_\_\_\_

**II. OTHER INCOME**

**Pensions:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_  
**Other Disability:** \_\_\_\_\_ **SSI:** \_\_\_\_\_  
**Cash Assistance:** \_\_\_\_\_ **Unemployment Comp.:** \_\_\_\_\_  
**Worker's Comp.:** \_\_\_\_\_ **Child Support:** \_\_\_\_\_  
**Spousal Support:** \_\_\_\_\_ **Other (Please explain):** \_\_\_\_\_  
**Veteran's administration (VA) Benefits:** \_\_\_\_\_ **Annuities:** \_\_\_\_\_  
**Other Unearned Income (includes Trusts, Interest/Dividends, etc.):** \_\_\_\_\_

**III. TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

**IV. Household (Countable) Resources**

Please list your available accounts and liquid assets for your household. A liquid asset is defined as cash or any type of negotiable asset that can be converted quickly and easily into cash. Do not include your home, household items, vehicles, IRAs, 401(k) accounts and other non-liquid assets.

**Certificates of Deposit:** \_\_\_\_\_ **Stocks or bonds:** \_\_\_\_\_  
**Trust Fund:** \_\_\_\_\_ **Savings account:** \_\_\_\_\_  
**Checking Account:** \_\_\_\_\_ **Savings Certificates:** \_\_\_\_\_  
**US Savings Bonds:** \_\_\_\_\_ **Christmas or Vacation Club:** \_\_\_\_\_

Health Savings Account (HSA) funds: \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

FOR HOSPITAL USE ONLY

TOTAL NET SCHEDULED ASSETS \$ \_\_\_\_\_

**Optional Questions**

*If you so choose, please answer the questions below to provide a better understanding of your ability to pay for medical care. Higher-than-average or otherwise unusual expenses may result in an adjustment of income downward. Lower-than-average expenses will not result in an adjustment of income upward.*

**Monthly Household Expenses**

Mortgage/Rent: \_\_\_\_\_ Property Taxes: \_\_\_\_\_

Insurance: \_\_\_\_\_ Auto Loan: \_\_\_\_\_

Credit Cards (Total): \_\_\_\_\_ Water: \_\_\_\_\_

Gas: \_\_\_\_\_ Oil: \_\_\_\_\_

Electric: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child Support: \_\_\_\_\_ Spousal Support: \_\_\_\_\_

Health Savings Account (HAS) Contributions: \_\_\_\_\_

Other (Please Explain): \_\_\_\_\_

**Monthly Medical Expenses**

Insurance Premiums: \_\_\_\_\_ Equipment: \_\_\_\_\_

Doctors' Visits: \_\_\_\_\_ Prescriptions: \_\_\_\_\_

Other (Please Explain): \_\_\_\_\_

ALL OF THE INFORMATION IS TRUE AND COMPLETE, AND MAY BE VERIFIED WITH THE LISTED INSTITUTIONS. I REQUEST EACH LISTED INSTITUTION TO RELEASE ALL OF MY PERSONAL ACCOUNT BALANCE INFORMATION TO MONONGAHELA VALLEY HOSPITAL IN ORDER TO VERIFY THE BALANCES/AMOUNTS LISTED.

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**Date**

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**Signature of Applicant**



Monongahela Valley Hospital Care Approval

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

MVH ACCOUNT NUMBER: \_\_\_\_\_

SERVICE DATE: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

Dear \_\_\_\_\_:

I am pleased to inform you that your MVH Care Application has been approved for a \_\_\_\_\_% reduction on the account listed above. The amount adjusted is \$\_\_\_\_\_ and a balance of \$\_\_\_\_\_ remains as your responsibility. Please contact our financial counselors at 724-258-1179 between 8 am and 3 pm, or 724-258-1198 after 3 pm, Monday through Friday, to make arrangements regarding your balance.

The MVH Care approval is good for one (1) year from the approval date. If you have any additional questions or concerns, please call the above numbers. Thank you for choosing Monongahela Valley Hospital as your healthcare provider.

Sincerely,

Patient Financial Counselor

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

PATIENT NAME: \_\_\_\_\_

MVH ACCOUNT: \_\_\_\_\_

SERVICE DATE: \_\_\_\_\_

Dear Patient:

Your application for MVH Care has been denied for the following reason(s):

\_\_\_\_\_ You are over income according to the guidelines set forth by the Department of Health and Human Services.

\_\_\_\_\_ According to the guidelines set forth by the Department of Health and Human Services, you are "over assets"

\_\_\_\_\_ You failed to provide the information required to determine eligibility.

\_\_\_\_\_ MVH Care provides for uncompensated services for patients who do not qualify for assistance from other payors. You failed to follow through on this process.

Please contact me by calling 724-258-1198 to arrange payments. Thank you.

Sincerely,

Patient Financial Counselor

## COLLECTABILITY DETERMINATION WORKSHEET

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ACCOUNT #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

ACCOUNT BALANCE: \_\_\_\_\_

PERCENTAGE OF MVH CARE: \_\_\_\_\_

DETERMINED BY SCHEDULE A, B, OR C: \_\_\_\_\_

AMOUNT OF ALLOWANCE: \_\_\_\_\_

BALANCE DUE FROM PATIENT: \_\_\_\_\_

DETERMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# **ANNUAL NEWS RELEASE**

## **PUBLIC NOTICE MONONGAHELA VALLEY HOSPITAL, INC. MVH CARE POLICY**

**MONONGAHELA VALLEY HOSPITAL, A NOT FOR PROFIT ORGANIZATION, PROVIDES UNCOMPENSATED SERVICES TO PATIENTS WHO DO NOT QUALIFY FOR ASSISTANCE FROM VARIOUS THIRD PARTY AGENCIES. THESE CHARITABLE FUNDS ARE ALLOCATED TO INPATIENT AND OUTPATIENT SERVICES FOR FULL OR PARTIAL BENEFITS.**

**THE MVH CARE PROGRAM OF MONONGAHELA VALLEY HOSPITAL AUGMENTS ITS COMMITMENT TO ENHANCE THE HEALTH OF THE RESIDENTS OF THE MID MON VALLEY AREA. IF YOU ARE UNABLE TO RESOLVE YOUR DEBT OR THINK YOU MAY HAVE A NEED FOR THIS PROGRAM, AND BELIEVE YOU MAY QUALIFY FOR MVH CARE, PLEASE TELEPHONE MONONGAHELA VALLEY'S OFFICE OF FINANCIAL COUNSELING AND COLLECTIONS AT 724-258-1188.**

**AN APPLICATION WITH ALL APPROPRIATE ATTACHMENTS MAY BE FILED WITH MONONGAHELA VALLEY HOSPITAL, AND IF APPROVED, WILL BE VALID FOR UP TO ONE YEAR FROM THE APPROVAL DATE.**



## Financial Assistance Policy – Plain Language Summary Monongahela Valley Hospital, Inc.

### Financial Assistance Offered

Monongahela Valley Hospital (MVH) offers financial assistance through its Financial Assistance Policy to patients unable to pay for emergency or medically necessary care.

### Eligibility Requirements and Assistance Offered

Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, and assets.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges.

Patients must fully comply with the application process, including submitting bank statements and pay stubs, as well as completing the application process for all available sources of assistance, including Medicaid or Medical Assistance.

### How to Apply for Assistance

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient's care. The patient or responsible party will then be encouraged to complete a financial assistance application.

Financial assistance is limited to medical care provided at Monongahela Valley Hospital, Inc. Expenses such as durable medical equipment and prescriptions are not covered under the Financial Assistance Policy. MVH will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

### Where to Obtain Copies

Monongahela Valley Hospital's Financial Assistance Policy and Application are available free of charge by calling Patient Financial Counselors at 724-258-1179 and by requesting a copy by mail or email. The policy and application are also available online for downloading and printing at [www.monvalleyhospital.com](http://www.monvalleyhospital.com). Copies of the policy and application are also available in the Emergency Department, the Admissions Department and all Registration areas for Monongahela Valley Hospital locations.

### Contact for Information and Assistance

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from Patient Account Services:

- Online at [www.monvalleyhospital.com](http://www.monvalleyhospital.com)
- By calling 724-258-1179 or visiting a credit office location in the hospital

### For Non-English Speakers

Translation of the Financial Assistance Policy, Financial Assistance Policy Application and this Plain Language Summary are available through Language Line.

### No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.