



## Financial Assistance with AHN Bills

Allegheny Health Network (AHN) promises to provide medically necessary services to patients not matter how much they can pay. To fulfill our promise, we work with patients to help them meet their financial obligations for the services we provide.

### *Who may qualify for financial assistance with their AHN bills?*

Allegheny Health Network may be able to offer financial assistance with their AHN bills to patients:

- With no or limited medical insurance
- Who are not eligible for Medicare or Medicaid
- Who are United States citizens or lawful permanent resident of the United States of America
- Who live in the AHN's primary service area
- Who document financial need

### *How do I find out if I qualify for financial assistance?*

Each patient must apply for financial assistance with AHN bills. To apply:

- Download and print the Allegheny Health Network Financial Assistance Application (form and instructions) from the following website, <https://www.ahn.org/financial-assistance-ahn-bills>.
- Complete the form and submit it with required proofs of income.
- If you cannot download or print the form, need assistance filling out your application, or need help with the financial assistance process for the following hospitals, Allegheny General Hospital, Allegheny Valley Hospital, Canonsburg Hospital, Forbes Hospital, Grove City Medical Center, Jefferson Hospital, Saint Vincent Hospital, Westfield Memorial Hospital, West Penn Hospital, Wexford Hospital, AHN Harmar Neighborhood Hospital, AHN McCandless Neighborhood Hospital, AHN Brentwood Neighborhood Hospital or AHN Hempfield Neighborhood Hospital please call the Financial Advocacy department at 1-855-493-2500 or visit the admissions office at the AHN hospital where you received services.

- Mail in a request for a free copy of the Allegheny Health Network Financial Assistance Policy and Application to the address listed below:

Financial Advocacy Department  
4 Allegheny Center, 4th Floor  
Pittsburgh, Pa 15205  
or email us at [FinancialAdvocates@AHN.org](mailto:FinancialAdvocates@AHN.org)

AHN reviews each Financial Assistance Application promptly. AHN will send a letter to the patient if more information is needed.

Allegheny Health Network will notify the patient, or the patient's guarantor, or representative of the decision, in writing.

## Allegheny Health Network Financial Assistance Policy

The hospitals and physicians of the Allegheny Health Network (AHN) are committed to improving the health of our patients and the communities we serve. It is our policy to offer, without discrimination, medical care to all patients, including those who may have difficulty paying for services due to limited income. AHN limits the amounts charged for emergency or other medically necessary care provided to individuals eligible for financial assistance. These individuals are not to be charged more than the amounts generally billed (AGB) to individuals covered by insurance. To address community need, AHN offers a Financial Assistance program.

AHN's financial assistance program is described fully in the Allegheny Health Network Financial Assistance and Collection Policy that became effective Jan 1, 2018. This policy applies to AHN providers and controlled affiliates, including employed physicians. Here is a summary of the policy, which defines:

- Who is eligible, based on income guidelines, for financial assistance from AHN
- What AHN services are included and excluded under the policy
- How a patient applies for financial assistance from AHN

### Who is eligible for financial assistance?

It is AHN's policy to provide financial assistance to patients:

- Who have no or limited medical insurance
- Who are not eligible for Medicare or Medicaid
- Who are United States citizens or lawful permanent resident of the United States of America
- Who live in AHN's primary service area
- Who document financial need

### What are the income guidelines for financial assistance?

The income guidelines for financial assistance are between 100% and 200% of the latest federal poverty guidelines.

### 2021 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Household Size	Income Range	
	100%	200%
1	\$12,760.00	\$25,520.00
2	\$17,240.00	\$34,480.00
3	\$21,720.00	\$43,440.00
4	\$26,200.00	\$52,400.00
5	\$30,680.00	\$61,360.00
6	\$35,160.00	\$70,320.00
7	\$39,640.00	\$79,280.00
8	\$44,120.00	\$88,240.00

*\*Based on two times the current poverty guidelines. For families/household with more than 8 persons, add \$4,540 for each additional person.*

For Westfield Memorial Hospital, eligible income range goes up to 300% of the Federal Poverty Guidelines. Please refer to Appendix E of the Financial Assistance Policy for the complete table ranges.

### What services are eligible for financial assistance?

Financial Assistance is available to eligible patients for these services:

- Emergency medical services
- Medically necessary (not elective) services for urgent life-threatening conditions provided outside the Emergency Department
- Other medically necessary services as determined on a case-by-case basis

Financial assistance is not available from AHN for services such as:

- Services deemed "no covered" by Medicare
- Services deemed not medically necessary, including but not limited to the following:
  - Cosmetic services
  - Elective services related to reproduction, such as in vitro fertilization or vasectomy/vasectomy reversal
  - Transplant surgery and related services
  - Bariatric (weight loss) surgery and related services
  - Complementary/alternative medicine services such as acupuncture
  - Routine eye examinations
  - Contact lenses, hearing aids, cochlear implants
  - Deep-brain stimulation
  - LDL apheresis
  - Services covered by non-AHN programs or grants such as the Ryan White program for HIV/AIDS care

### How do I apply for financial assistance with AHN bills?

To apply for financial assistance with AHN bills, the patient or representative must complete and submit the Allegheny Health Network Financial Assistance Application and the required proofs of income. The application and proofs of income must be received by AHN within 240 days of the date the patient received medical services from AHN.

Provided on the website, <https://www.ahn.org/financial-assistance-ahn-bills>, the financial assistance policy, plain language summary, and application are translated into the following languages:

- German
- Italian
- Polish
- Russian
- Ukrainian
- Chinese
- Japanese
- Korean
- Maithili
- Urdu
- Uzbek
- Vietnamese
- Spanish
- Portuguese
- French
- Turkish
- Filipino
- Persian
- Hindi

### **AHN Patient Financial Services**

If you have questions, need assistance filling out your application, need a paper copy, or want more information about your Allegheny Health Network bill or our Financial Assistance program, please see the contact information below or go to the hospital registration area:

Customer Care Center: 1-844-801-8400

Financial Advocacy: 1-855-493-2500 or email at [FinancialAdvocates@AHN.org](mailto:FinancialAdvocates@AHN.org)