

UPMC offers financial assistance for its medical care to eligible individuals and families. Based on your financial need, either reduced payments or free care may be available.

You may be eligible for financial assistance if you:

- have limited or no health insurance
- are not eligible for government assistance (for example, Medicare or Medicaid)
- can show you have financial need
- are a resident of western Pennsylvania
- provide UPMC with necessary information about your household finances

### About the Application Process

The process for applying for UPMC financial assistance includes these steps:

- **Complete the UPMC Financial Assistance Application form in this packet.**
  - Include the supporting documents listed in the checklist.
  - We look at your income, assets (for example, bank accounts, stocks, bonds, and other investments), and family size to determine the level of assistance available to you. We use a sliding scale, based on federal poverty guidelines.
  - Note that you must first explore whether you are eligible for some type of insurance benefits that would cover your care (for example, workers' compensation, automobile insurance, and Medical Assistance). We can help direct you to the appropriate resources.
- We will contact you to tell you whether you are eligible for UPMC financial assistance.
- We can help you arrange a payment plan for any remaining charges or bills that are not covered by UPMC financial assistance.
  - A payment plan will consider your family income, assets, and monthly expenses to set payments that you can manage.

### Filing Your Application

Please mail your completed application form and copies of your proof of income materials to:

UPMC Financial Assistance  
Quantum Building  
2 Hot Metal St., Third floor  
Pittsburgh, PA 15203

If you have any questions, please call toll-free 1-800-854-1745, press option 1, then option 6. Additional information is also available on the Web at [www.upmc.com](http://www.upmc.com). Select "About UPMC," then "Community Citizenship," and "Financial Assistance."

Your application must include copies of any of the following documents that apply to you. Please attach copies, not originals, as UPMC can't return any documents sent with the application. If any of the documents are missing, it will delay processing of your application.

### 1. If You Have Income:

- Attach a copy of your most recent Internal Revenue Service (IRS) Form 1040, if you filed one.

If you did not file a federal income tax return, you must:

- state in writing that you are not required to file and the reason why (send this with your application)
- send us a copy of the most recent federal income tax return of anyone who claimed you as a dependent

Attach additional proof of your household income, which may include:

- Social Security 1099 forms or award letters
- unemployment or workers' compensation award letters
- pay stubs for the last three months
- most recent IRS Form 1040 and appropriate schedules
- If you are self-employed, you must include a Schedule C and/or profit and loss statement.

### 2. If You Have No Income:

- If you have no income, send us a letter of support.  
The person who provides your support must sign the letter and have the document notarized.

### 3. Proof of Household Cash Available

Attach statements from the last three months for:

- checking and/or savings accounts
- stocks, bonds, certificates of deposit (CDs), high yielding interest accounts, or annuities
- any other investments, including real estate

### 4. Letter of Denial of Medical Assistance

- You need to apply for Medical Assistance and send a copy of your Letter of Denial before we can approve your application. Although financial assistance may be approved for future services, you may be required to complete a Medical Assistance Application at any time during the process.

### 5. Your Completed and Signed Financial Assistance Application Form

- Please make sure to complete all the parts of the form that apply to you. Note that a separate application must be completed for each individual patient who is requesting financial assistance.

Name of Patient: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Patient's Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State ZIP County

Daytime Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Spouse's Employer's Name: \_\_\_\_\_

**Requested Services: Check the services for which you are requesting financial assistance.**

These services were provided by (check all that apply):

- UPMC Hospitals and Clinics       UPMC Physician Services Division       UPMC Cancer Centers

If you have already received a bill, please give us your account or patient ID number: \_\_\_\_\_

- ✓ Do you have health insurance:       Yes     No
- ✓ Did you apply for Medical Assistance in the past 6 months?       Yes     No
- If yes, please enclose a copy of the Letter of Denial.

**Household Information: List ALL members of your household who were claimed on your most recent IRS Form 1040.**

<i>Names</i>	<i>Relation to Patient</i>	<i>Age</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of household members (including the patient): \_\_\_\_\_

**Monthly Household Income: Give monthly income for yourself and other household members.  
Also attach copies of your IRS Form 1040 and other proof of income documents (see documentation checklist).**

	Self	Spouse and/or other household members
Wages/self-employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Dividends and interest	\$ _____	\$ _____
Rents and royalties	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Workers' compensation	\$ _____	\$ _____
Alimony and child support	\$ _____	\$ _____
Other income	\$ _____	\$ _____
<b>Total Monthly Family Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Available Household Resources:**

**Attach copies of your household statements for the last three months to this application.**

Do you or other members of your household have a bank account?  Yes  No

- If yes, you must enclose the last three months' statements.

Check the type of accounts you have:

Checking  Savings  Money Markets  Certificates of Deposit (CDs)

Do you have any stocks, bonds, or other investments?  Yes  No

✓ Did you enclose copies of the last three months of checking and savings bank statements?  Yes  No

✓ Did you enclose copies of other statements (money market, CDs, stocks, bonds)?  Yes  No

**Give information about your ownership of real estate (homes, property) and vehicles.**

**Write zero for any of these items that you do not own.**

Real Estate Value: \$ \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Other Property: \$ \_\_\_\_\_ Mortgage Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Motor Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Own  Lease (check one) Monthly Payment: \$ \_\_\_\_\_

Motor Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Own  Lease (check one) Monthly Payment: \$ \_\_\_\_\_

**Monthly Household Expenses: Give information about the bills you pay every month.**

Mortgage/Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Real Estate Taxes: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_ Other, please describe: \$ \_\_\_\_\_

**Additional Comments:**

**Disclaimer:** I understand that the information I provide will be used only to determine financial responsibility for my charges at UPMC (medical care, including hospital and physician services) and will be kept confidential. I understand that the materials I send to prove my income and assets will not be returned. I further understand that the information which I submit concerning my annual family income and family size is subject to verification by UPMC. I understand that if any information I have given is determined to be false, it may result in reversing the financial assistance approval and I will be liable for the full amount of all charges.

My signature authorizes UPMC to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

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