

## **Financial Assistance Policy Plain Language Summary**

**Conemaugh Health System** provides free or discounted emergency and other medically necessary care to patients who do not have insurance and who qualify for assistance under its Financial Assistance Policy. Certain exclusions apply, including, for example, elective services, balances covered by other funding sources, and failure to cooperate in securing alternative funding sources.

This document is only a summary. Please refer to the Financial Assistance Policy for complete details.

### **Eligibility Requirements and Assistance Offered Under the Financial Assistance Policy**

Patients who qualify for assistance are eligible for income-based, sliding scale discounts for emergency and other medically necessary care. In general:

- Uninsured patients whose family income is equal to or less than 200% of the Federal Poverty Guidelines are generally eligible for free emergency and medically necessary care.
- Uninsured patients whose family income is between 200% and 300% of the Federal Poverty Guidelines generally receive a sliding scale discount ranging from **100%** to **60%** for emergency and other medically necessary care.

A patient who qualifies for assistance under the Financial Assistance Policy will not be charged more for emergency or medically necessary care than amounts generally billed to patients having insurance covering such care.

### **How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application**

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application and associated instructions are available free of charge upon request by writing to Patient Financial Services. Copies can also be found in the emergency room and admission areas of the hospital. These documents may be found online at **[www.conemaugh.org](http://www.conemaugh.org)**. Translations of these documents are available upon request from Patient Financial Services and also may be found online at **[www.conemaugh.org](http://www.conemaugh.org)**.

Further information about the Financial Assistance Policy and assistance with the application process are available from a Financial Counselor via phone at **844-464-7989 (Memorial)**, **844-698-0832 (Meyersdale)** or **844-452-8054 (Miners)** or in person at **one of the Conemaugh Health System facilities. (See attached)**

### **How to Apply for Assistance under the Financial Assistance Policy**

To apply for financial assistance, please submit a complete Financial Assistance Application with supporting documents to **Conemaugh Health System** – Financial Counselor refer to **attached listing for facility address**.

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### **Submit your application to:**

#### **DLP CONEMAUGH MEMORIAL MEDICAL CENTER**

Patient Financial Services  
1086 Franklin Street  
Johnstown PA 15905  
Attention: Billing Office

#### **DLP CONEMAUGH MINERS HOSPITAL**

P O Box 689  
290 Haida Avenue  
Hastings PA 16646  
Attention: Billing Office

#### **DLP CONEMAUGH MEYERSDALE MEDICAL CENTER**

Patient Financial Services  
200 Hospital Drive  
Meyersdale PA 15552  
Attention: Billing Office

#### **CONEMAUGH PHYSICIAN PRACTICES**

1086 Franklin Street  
Johnstown PA 15905  
Attention: Billing Office

#### **NASON HOSPITAL**

105 Nason Drive  
Roaring Spring PA 16673  
Attention: Billing Office

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PATIENT ACCOUNTING CUSTOMER SERVICE DEPARTMENT AT 844-464-7989 (Memorial), 844-698-0832 (Meyersdale) or 844-452-8054 (Miners)**

Reviewed: 10/31/20; 03/10/23; 03/26/24