PENNSTATE HERSHEY
Milton S. Hershey Medical Center

Financial Assistance for Uninsured & Under-Insured Patients

The Penn State Hershey Medical Center is proud of its mission to provide excellent service to all our patients and their families.

We provide financial assistance based on income, family size and assets for medically necessary services. If payment of your medical bill is a concern, we may be able to assist you.

How to apply:

Complete a Financial Assistance Application (back of this letter) and attach the below documents:

- Most recent IRS tax form (1040)
- Current paycheck stub
- Current bank statement
- Proof of any other income received within the current year

Visit our website at: www.pennstatehershey.org

Patient Financial Services staff is conveniently located on the campus of the Penn State Hershey Medical Center, Academic Support Building, 90 Hope Drive, 2nd floor, Suite 2106.

And available by phone at 717-531-5069 or 1-800-254-2619 Monday 8:00 a.m. – 8:00 p.m., Tuesday & Wednesday 8:00 a.m. – 5:30 p.m. and Thursday & Friday 8:00 a.m. – 4:30 p.m.

Your questions will be treated with courtesy and confidentiality.

Thank you,
Patient Financial Services

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Financial Assistance Application

PATIENT INFORMATION:

Patient Name: _____ Patient Number: _____

Patient Name: _____ Patient Number: _____

Patient Name: _____ Patient Number: _____

GUARANTOR INFORMATION: *(Person Responsible for payment of this bill)*

Guarantor Name: _____ Guarantor Home Phone: _____

Cell Phone Number: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____Guarantor Work Phone: _____

Social Security Numbers: Guarantor: _____ Spouse: _____

Number of dependents that you are financially responsible for (include self): _____

I certify that I have read this application in full and all of the information given on this form is true, correct and complete to the best of my ability, knowledge and belief.

_____

SIGNATURE (GUARANTOR) DATE

**** For your application to be processed, the following information must be returned along with this form *****

- ☐ Most recent completed IRS Tax Forms (1040) and any schedules, ex: C, D, E, F
- ☐ Most recent paycheck stub
- ☐ Most recent bank statement
- ☐ If on unemployment…Notice of Financial Determination
- ☐ Social Security Determination
- ☐ Proof of all Other income received in the current year.
- ☐ Medical Assistance denial letter