



Tyrone Hospital understands healthcare costs can present a financial hardship to families and individuals. It is our intent to help those who meet certain income and asset guidelines.

### ***Instructions for applying for Financial Assistance at Tyrone Hospital, Tyrone PA***

In order to promptly process your application for financial assistance,  
***Please provide the following*** with your application:

1. ***Medicaid Notice of Decision*** --- applicants are required to apply for Medical Assistance benefits thru Pennsylvania Department of Public Welfare.
2. ***Proof of Income*** --- all that apply
  - a. A **signed** copy of the **current year's income tax return** including all forms and schedules or an explanation why an income tax return is not available.
  - b. A copy of **2 consecutive** (most recent) months of your **bank statements**, checking and savings (detail not summary)
  - c. Copies of **2 months** of recent **paychecks/unemployment checks** or a copy of your Social Security determination statement or a copy of the check(s) or a bank statement indicating direct deposits of your monthly social security/disability income

Please be sure the application is filled out completely and accurately. If there are any questions that do not apply to your situation, please state why or write "NA" (not applicable). Incomplete applications will be denied if supporting documentation is not received. The application is due within 30 days. Do not wait on Medicaid Notice of Decision to submit Free Care Application to Tyrone Hospital.

If you have any questions about the application process or need assistance in completing the application, please contact Patient Financial Services (Billing Office) at (814) 684-1255 Monday thru Friday.

## Application for Financial Assistance

Please read the following before completing the application.

### Applicants are required to apply for Medicaid thru PA Dept of Public Welfare

We must be notified of the outcome of your application for Medicaid. Whether or not you are granted Medicaid, **we require a copy of the “Notice of Decision”**.

Elective procedures are not eligible for Financial Assistance without prior approval from the Director of Patient Financial Services.

Approved accounts will be considered for reduction (10-100%) only after all insurances have paid or denied payment and the accounts have entered a self-pay status. Accounts in self pay status longer than 120 days that have gone to collections will not be considered for reduction.

All portions of the application must be complete. Incomplete applications will be denied.

Verification of all income, and any other requested material, must accompany this application. If an application is denied, a new application will need to be submitted.

The approval process may take up to 30 days. Applicants will be notified in writing of our decision.

If you have any questions regarding anything above or need help in completing the application, please call Patient Financial Services (Billing Office) at (814) 684-1255.

### 2014 Income Guidelines

Family Size	US Poverty Guidelines	200% of US Poverty Guidelines 100% coverage	300% of US Poverty Guidelines Discounted Coverage
1	\$11,670	<\$23,340	<\$35,010
2	\$15,730	<\$31,460	<\$47,190
3	\$19,790	<\$39,580	<\$59,370
4	\$23,850	<\$47,700	<\$71,550
5	\$27,910	<\$55,820	<\$83,730
6	\$31,970	<\$63,940	<\$95,910
7	\$36,030	<\$72,060	<\$108,090
8	\$40,090	<\$80,180	<\$120,270

For each additional person, add \$4,060