



## The Guthrie Clinic Financial Assistance Policy – Plain Language Summary

The Financial Assistance Policy (“FAP”) of The Guthrie Clinic, which includes Guthrie Medical Group, Robert Packer Hospital, Corning Hospital, Cortland Medical Center, Troy Community Hospital, Robert Packer Hospital at Towanda Campus, Guthrie Home Health, Guthrie Lourdes Hospital, Guthrie Lourdes Retail Pharmacy, Guthrie Lourdes Medical Group and Guthrie Hospice (collectively "The Guthrie Clinic") is available to a patient who are uninsured and/or underinsured with a demonstrated inability to pay. Financial assistance applies to medical necessary services that are provided and billed by the entities above including emergency room care.

If you are having trouble paying your medical bill, you may qualify for a discount. Patients are encouraged to complete & submit a financial assistance application, which are available **online at Guthrie.org**, by calling **570-887-2051**, or on the back of your After Visit Summary as well as in all registration areas.

**Submit or mail** your completed application to: Attention: Financial Counselors, The Guthrie Clinic, Patient Financial Services Department, One Guthrie Square, Sayre, PA 18840

**Financial Assistance Eligibility:** Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than 200% of the Federal Poverty Level (“FPL”). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Federal Poverty Level	Discount Amount
Less than 200% of FPL	100% discount; waive all out-of-pocket charges for emergency and medically necessary non-excluded services
201% to 300% of FPL	Uninsured patients: Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid.  Underinsured patients: Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing
301% to 400% of FPL	Uninsured patients: Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid  Underinsured patients: Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing

All applicants will receive a written approval or denial information including appeal instructions within 30 days of receipt of a complete application. Guthrie also provides free Language Assistance Service by calling 570-887-2600.

Note: Financial assistance does not cover services provided or billed by a non-Guthrie entity, convenient items or personal charges, non-medically necessary services (i.e., cosmetic, oral, bariatric surgery), routine dental care, eyewear/contact lenses, skilled nursing home services, or Guthrie’s Twin Tier Services (i.e, Med Supply Depot or Pharmacy services).

For help, assistance or questions please call the Financial Counseling Office at (570) 887-2051.