



Frequently Asked Questions

Q. What is Community Care?

A. A Saint Vincent Health Center program designed to assist persons with Saint Vincent Health Center medical bills who are under-insured, or uninsured, and who have limited income and resources. Patients may also request financial planning and Community Care evaluation prior to a hospital service.

Q. What is the Community Care decision based on?

A. Your yearly net income after taxes, the size of your family and other factors such as savings and investments. These factors will be compared to guidelines approved by the Saint Vincent Health Center Board of Trustees to determine eligibility for community care.

Q. What documentation is required?

A. Tax return for the most recent year. Proof of current income, such as 4-6 recent paystubs, a benefit letter from Social Security Administration or a benefit letter from the Unemployment Compensation office. Other documentation may be required based on individual circumstance.

continued on back

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Q. What if I exceed the income limit?

A. Paid and unpaid medical expenses related to the current course of treatment will be considered. Such bills may include doctor's office visits, testing and prescriptions.

Q. How do I apply?

A. Call the Saint Vincent Patient Accounting-Customer Service office weekdays to request a financial evaluation form for Community Care. Ask questions and discuss your concerns during the phone call. The form will be sent to your home to complete and return by mail with the required documentation.

Q. What accounts are considered for partial or full write off?

A. All open accounts due to Saint Vincent Health Center, The Saint Vincent Surgery Center, the Saint Vincent Medical Group, the Saint Vincent Outpatient Center at Union City The Saint Vincent Imaging Center and Rehab Solutions are included. Accounts already referred to an outside collection agency are not considered.

For more information call 452-5011 or toll free 1-877-278-4396, Monday-Friday from 8 a.m. to 4:30 p.m.

Saint Vincent Health System
232 West 25 Street, Erie, PA 16544
www.saintvincenthealth.com
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Community Care Policy At Saint Vincent Health Center



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At Saint Vincent Health Center it is our mission to provide medically necessary treatment and service to all persons, regardless of their ability to pay for care. This mission is communicated to patients and their family members through signs posted in the health center and, wherever possible, by patient accounting representatives.

The information below may also help you determine if ***this account and others may qualify for partial or full write off under our Community Care policy.***

Saint Vincent is not permitted to routinely waive the portion of our charge which is the patient's responsibility (co-payment), however, all patients and/or their representatives are permitted to apply for Community Care. **An application is required**, along with certain pieces of financial documentation that are used

to verify your income and expenses. Upon your request, an application will be mailed to you along with a set of instructions. You can also pick up an application at our Cashier's Office. Once we receive the application and all requested



verification documents, we will assess your potential qualification for this program. **Where approved, all current, open accounts will be considered for a partial or full write off and you will no longer be held liable for payment of some or all of the account.**

To obtain an application or more information regarding this program, please call us at 452-5011 or toll free at 1-877-278-4396. If you do not feel that you qualify, you can still take

advantage of some of our **discount programs**, available to most patients who do not have any insurance coverage, or do not have coverage that will pay for all the costs of the service rendered. If you have questions, please do not hesitate to call us at the numbers given above.

Current Income Guidelines for Community Care consideration:

Family Size	Federal Poverty Level	Comm Care Income*
1	\$ 9,800	\$29,400
2	13,200	39,600
3	16,600	49,800
4	20,000	60,000
5	23,400	70,200
6	26,800	80,400
7	30,200	90,600
**8	33,600	100,800

*If you feel that your income is at or below the guidelines listed here or if you have high medical bills, please contact us at 452-5011 and we will be glad to advise you.

**For family units with more than eight (8) members, add \$10,200 for each additional member.