



Financial Assistance Policy – Appendix B

Approved by:	Date Last Approved:	Date of Issue:	Version: 2018-1
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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Financial Assistance Policy Appendix B

Providers Not Covered Under the Financial Assistance Policy

The Financial Assistance Policy (FAP) applies to Penn State Health Rehabilitation Hospital. Services provided by the practitioner groups listed below are not covered under this FAP.

Services Provided under Penn State Hershey Medical Center providers, while not covered under this FAP, may be covered under the Penn State Hershey Medical Center Financial Assistance Policy. To verify whether a provider is a Penn State Hershey Medical Center provider please see the Penn State Hershey Medical Center Financial Assistance Policy on line at www.pennstatehealth.org.

This listing is effective as of 10/1/2018 and is updated quarterly. If you do not see a provider listed here and want to verify whether that person is covered under this FAP, please contact admissions at our facility or call the CBO at (866)284-0235.

Practice Name: