



Dear Patient,

Enclosed is an application for Uncompensated / Charity Care, which will be used to determine your payment responsibility for the medical services you receive from Good Shepherd.

Determinations are based on a family's current income and number of dependents. In addition, expenses and available financial resources are taken into consideration.

Please complete the enclosed application and return to:

John J. Sipko, Director of Patient Financial Services
Good Shepherd Rehabilitation Hospital
Good Shepherd Plaza
850 South Fifth Street
Allentown, PA 18103

In order to process this application, you must include one of the following:

- Copy of your latest Federal tax return (if not available state reason)
- Proof of current income-for example, copies of recent pay stubs, pension checks, and/or a bank statement.

Approval for Good Shepherd's Uncompensated / Charity Care is also contingent upon all other funding sources being pursued for payment of your medical services. This includes applying for Medicaid (Medical Assistance) which can be done through your County's Assistance Office, and forwarding a copy of their determination of your eligibility to us.

If you have any questions, please do not hesitate to contact us at 610-776-3279.

Sincerely,

John J. Sipko
Director of Patient Financial Services