



Financial Assistance Policy A-401

ADDENDUM E

FAP Application Outcome Letters

FAP Approval Letter



(Date)

Patient Name

Street Address

City, State Zip

Re Acct:

Dear,

A review has been completed in regards to your Financial Assistance application.

Meadville Medical Center is able to provide assistance at this time. Based on the information received we have determined that you qualify for 100% financial assistance. Your account has been adjusted accordingly.

Please contact me at 814-333-5737 should you have any questions.

Thank you for choosing Meadville Medical Center for your medical needs.

Sincerely,

Brenda Lewis

Financial Counselor

Phone 814-333-5737

Fax 814-373-3518

blewis@mmchs.org

FAP Denial Letter



(Date)

Patient Name

Street Address

City, State Zip

Re Acct:

Dear,

A review has been completed in regards to your Financial Assistance application.

Meadville Medical Center is able to provide assistance at this time. Based on the information received we have determined that you qualify for 100% financial assistance. Your account has been adjusted accordingly.

Please contact me at 814-333-5737 should you have any questions.

Thank you for choosing Meadville Medical Center for your medical needs.

Sincerely,

Brenda Lewis

Financial Counselor

Phone 814-333-5737

Fax 814-373-3518

blewis@mmchs.org

