



Plain Language Summary of Financial Assistance

The Amount Generally Billed (AGB) will be applied to all uninsured patients and discounted from billed charges for emergency and other medically necessary services provided by the Hospital. Eligible patients who have household Family Income equal to or less than 450% of the Federal Poverty Level and meet certain low- and moderate-income requirements may qualify for free care or partially discounted care and extended payment plan options from Suburban Community Hospital. No patient will be charged more than Amount Generally Billed (AGB) for emergency or other medically necessary care. Emergency Department physicians and other physicians who are not employees of the hospital may also separately offer financial assistance. The accompany addendum “Financial Assistance Charity Care & Discount Payment Programs” includes details on Charity Care and the Discount Payment Program.

Patients can obtain copies of the Financial Assistance Policy and application forms on the Hospital website, <https://suburbanhosp.org/financial-assistance/>. For further information or a financial assistance application, please contact us:

610-278-2000
Suburban Community Hospital
2701 Dekalb Pike
East Norriton, PA 19401

The Financial Assistance Policy documents are available in non-English languages spoken by a substantial number of the patients served by the Hospital.

Completed applications should be delivered to:

Suburban Community Hospital
Attn: Patient Financial Services
2701 Dekalb Pike
East Norriton, PA 19401