



वित्तीय सहयोग नीति – परिशिष्ट B

स्वीकृत गर्ने:	स्वीकृत गरिएको पछिल्लो मिति:	जारी गरिएको मिति:	संस्करण: 2024-1
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प्रिन्ट गरिएका प्रतिहरू सन्दर्भका लागि मात्र हुन् । पछिल्लो संस्करणका लागि कृपया विद्युतीय प्रति हेर्नुहोस् ।

वित्तीय सहयोग नीति परिशिष्ट B

वित्तीय सहयोग नीति अन्तर्गत नसमेटिएका प्रदायकहरू

वित्तीय सहयोग नीति (Financial Assistance Policy, FAP) हेलेन एम. सिम्पसन रिहेबिलिटेसन हस्पिटल (Helen M. Simpson Rehabilitation Hospital) मा लागू हुन्छ । तल सूचिकृत चिकित्साकर्मीको समूहद्वारा उपलब्ध गराइने सेवाहरू यस FAP अन्तर्गत समेटिएका छैनन् ।

यस FAP अन्तर्गत नसमेटिएका तर UPMC Pinnacle अन्तर्गत रहेका प्रदायकहरूद्वारा उपलब्ध गराइने सेवाहरू UPMC Pinnacle वित्तीय सहयोग नीति अन्तर्गत समेटिएका हुन सक्नेछन् । कुनै प्रदायक UPMC Pinnacle को प्रदायक हो कि होइन भनेर पुष्टि गर्नका लागि कृपया 1-800-675-6368 मा फोन गर्नुहोस् वा UPMC Pinnacle वित्तीय सहयोग नीतिलाई अनलाइनमा www.pinnaclehealth.org मा हेर्नुहोस् ।

यो सूची 1/1/2024 सम्म लागू रहेको थियो । यदि तपाईंले कुनै प्रदायक यहाँ सूचिकृत भएको देख्नुभएन र सो प्रदायक यस FAP अन्तर्गत समेटिएका हुनुहुन्छ कि हुनुहुन्न भनेर पुष्टि गर्न चाहनुहुन्छ भने कृपया सेवास्थलमा रहेको भर्ना कार्यालयलाई सम्पर्क गर्नुहोस् ।

चिकित्सक वा प्रदायकको नाम:

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MORGANSTEIN STEVEN E	MORGANSTEIN DEFALCIS REHAB INSTITUT
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OWENS RUSSELL S	UROLOGY OF C PA
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