

Employee Emergency Fund: Medical Care Expenses

Overview

The Employee Emergency Fund makes available limited financial assistance for eligible employees when they are facing an immediate and substantial financial need. At the University of Pittsburgh, we care deeply about employees who are struggling, and already have programs that provide valuable help if and when you are facing a hardship. However, we understand that sometimes you may need extra support.

Employees eligible, across all five campuses, under this policy include full-time and part-time active executive, staff, faculty, research associates, and postdoctoral associates. Union-eligible employees should check their collective bargaining agreement for eligibility. There are no service time requirements to receive funding. Employees on a leave of absence, regardless of payment status, are eligible.

We recognize that varying local or natural disasters and personal emergencies can create temporary financial hardship for employees. As such, specific, immediate financial needs, referred to as covered hardships, have been identified as eligible for payment through the Employee Emergency Fund program.

Application Process

An eligible employee can request a net amount up to \$1,500 once every two calendar years. If an employee is awarded an amount less than the maximum and another financial need arises, that employee may submit a new application.

To request help, an eligible hardship must complete an online application and provide valid supporting documentation to explain their financial needs. Go to hr.pitt.edu/EEFapplication or scan the QR Code.



Payment to employees is not guaranteed and must be supported with documentation. Financial assistance through the emergency fund should only be requested when an eligible employee has exhausted all other available resources.

Covered Hardship: Medical Care Expenses

Employees can request financial support through the Employee Emergency Fund for medical care expenses categorized as past-due, delinquent or in collections for:

1. the employee or
2. the employee's spouse/University approved domestic partner or
3. the employee's dependent children

Required Documentation:

→ Dated copy of the non-itemized, past-due medical bill(s) with balance owed and due date

Documentation Provisions

- If submitting for an eligible family member (see above), additional documentation may be required
- If only an itemized bill is available, please redact any confidential health information (see example, page 2)
- Routine dental and vision expenses are not covered
- Statement date on medical bill cannot exceed 30 days prior to application
- The documentation provided must be valid and true, without alteration
 - If any information is determined to be false, you will be subject to the normal discipline process, including termination and/or referral for criminal prosecution, if applicable.





LIFE CHANGING MEDICINE

2 HOT METAL ST | DIST. ROOM 386 | PITTSBURGH PA 15203

Hospital/Physician Statement

For questions or to request an Itemized statement, please call (412) 864-0284 or (844) 591-5949. Online: myupmc.upmc.com

Check if address/insurance changes are on back

Addressee



FIRST NAME LAST NAME



24/7 Payment Line

Easy, automated phone payments at your convenience.

844-591-5949, option 2



PIN	Due Date	Amount Due	Paid
XXXX	Date	\$	\$

Please make checks payable and remit to:



UPMC Health Services
PO BOX 371472
PITTSBURGH PA 15250-7472

2696160160000007688740321202300000019758

myEasyMatch Code: Q78-DBX-RSQ

Please detach and return top portion with payment.

PIN	Account Name	Statement Date	Due Date
XXXX	First Name Last Name	Date	Date

Date	Service Description	Status	Charges	Payments/Adjustments	Patient Balance
If you have Medical Insurance, the amount due is reflective of balances assigned by your insurance company that typically are for copays, deductibles, and coinsurances as outlined by your insurance plan. These amounts should match your Explanation of Benefits (EOB).					
Current Physician Charges					
	Patient: First Name Last Name		\$		
				-\$	
	Payment Due:	Payment Due			\$



Personal medical information should be redacted as seen here.

Please see reverse side for Check payment info, and Financial Assistance Policies.

MOBILE QUICK PAY
Make an instant payment with your smartphone.
[use the camera on your smartphone]

Text Notifications
A friendly reminder that your statement is on the way! Enroll today at MyUPMC.com

AMOUNT DUE: \$