UPMC

POLICY AND PROCEDURE MANUAL

POLICY: HS-RE0722-MD *
INDEX TITLE: Revenue

SUBJECT: Financial Assistance Policy
DATE: October 29, 2026

I. POLICY

UPMC is committed to providing financial assistance to people who have health care needs and are uninsured, underinsured, ineligible for a government program, do not qualify for governmental assistance (for example Medicare or Medicaid), or who are approved for Medicaid but the specific medically necessary service is considered non-covered by Medical Assistance, or otherwise unable to pay for medically necessary care. UPMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

In order for UPMC to responsibly manage its resources and provide the appropriate level of assistance to the greatest number of persons in need, patients are expected to contribute to their cost of care based on their individual ability to pay.

Patients applying for financial assistance are also expected to cooperate with UPMC's procedures for obtaining financial assistance or other forms of payment, those with the financial capacity to purchase health insurance will be encouraged to do so.

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, no patients shall be screened for financial assistance or payment information prior to the rendering of a medical screening examination and to the extent necessary, services needed to treat the patient or stabilize them for transfer as applicable. The granting of financial assistance will not take into account age, gender, race, social or immigration status, sexual orientation, gender identity or religious affiliation.

Links to policies referenced within this policy can be found in Section XIV.

II. SCOPE

This policy applies to all patients seeking emergency or other medically necessary care at UPMC Western Maryland. This policy also applies to patients seeking treatment at any UPMC Western Maryland owned physician practice. These entities are hereinafter collectively referred to as "UPMCWM."

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whom outstanding "self-pay" balances exceed their own ability to

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pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as Financial Assistance.

III. PURPOSE

UPMC Western Maryland is committed to providing quality health care for all patients regardless of their ability to pay and without discrimination on the grounds of race, color, national origin or creed. The purpose of this document is to present a formal set of policies and procedures designed to assist hospital Patient Financial Services personnel in their day to day application of this commitment. The procedures describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code and the Code of Maryland Regulations 10.37.10.26 and has been adopted by "UPMC Western Maryland' Board of Directors.

IV. PROCEDURE

OVERVIEW

1. Financial assistance can be offered before, during, or after services are rendered. After applying, the hospital will send an acknowledgment letter to the patient.
    a. For purposes of this policy, "financial assistance" refers to healthcare services provided without charge or at a reduced charge to qualifying patients.
        i. A list of our health care service providers is available at. https://www.wmhs.com/find-a-provider. Only providers employed by UPMCWM are covered under this policy and are indicated on the provider list.
    b. If a provider is not covered under this policy, patients should contact the provider's office to determine if financial assistance is available.
    c. Should a patient need assistance applying for Financial Assistance; help is available at our physical location 12500 Willowbrook Road, Cumberland, MD 21502. Patients can also call 240-964-8435 with any inquiries regarding the Financial Assistance application process.

2. Notice of the Availability of Financial Assistance:
    a. UPMCWM will make available brochures informing the public of its Financial Assistance Policy. Such brochures will be available at UPMCWM' locations.

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b. Notices of the availability of financial assistance will be posted at appropriate admission areas, the Billing Office, website, and other key patient access areas.
c. A statement on the availability of financial assistance will be included on patient billing statements.
d. A Plain Language Summary of UPMCWM' Financial Assistance Policy will be provided to patients receiving services with their Summary Bill and will be made available to all patients upon request.
e. UPMCWM' Financial Assistance Policy, a Plain Language Summary of the policy, and the Financial Assistance Application are available to patients upon request at UPMCWM or via mail as well as on UPMCWM' website at https://www.wmhs.com/patients-and-visitors/patients/financial-assistance
f. UPMCWM' Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application are available in a different language upon request.

3. Availability of Financial Assistance: UPMCWM' retains the right, in its sole discretion, to determine a patient's ability to pay, in accordance with Maryland and Federal law.
   a. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.
   b. All patients presenting for emergency services will be treated regardless of their ability to pay.
      i. For emergent services, applications for financial assistance will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

4. Limitation of Charges: Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges, as set by Maryland's Health Services Cost Review Commission (HSCRC).
   a. UPMCWM' rate structure is governed by the HSCRC rate setting authority. As an "all-payer system", all patient care is charged according to the resources consumed in treating them regardless of the patient's ability to pay.
   b. Charges are developed based on a relative predetermined value set by the HSCRC at the approved unit rate developed by the HSCRC.

5. Payment plans are available to patients with family income between 200 and 500 percent of the Federal Poverty Level for those patients who request assistance, regardless of their insurance status.

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V. PROGRAM ELIGIBILITY

1. UPMCWM strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. UPMCWM reserves the right to grant Financial Assistance without formal application being made by patients. These patients may include the homeless or returned mailed with no forwarding address.

2. Patients who are uninsured, under insured, ineligible for a government program, such as Medicaid, or otherwise unable to pay for medically necessary care may be eligible for "UPMCWM' Financial Assistance Program.

3. Services Eligible under this Policy. Health care services that are eligible for financial assistance include:
   a. Emergency medical services provided in an emergency room setting.
   b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual.
   c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
   d. Medically necessary services.

4. Exclusions from Financial Assistance: Specific exclusions to coverage under the Financial Assistance program include the following:
   a. Patients whose insurance program or policy denies coverage for the services received (e.g., HMO, PPO, Workers Compensation, or Medicaid)
      i. Exceptions to this exclusion may be made, in UPMCWM' sole discretion, considering medical and programmatic implications.
   b. Unpaid balances resulting from cosmetic or other non-medically necessary services;
   c. Patient convenience items.

5. Ineligibility: Patients may become ineligible for financial assistance, for a specific date of service, for the following reasons:
   a. After being notified by UPMCWM, refusal to provide requested documentation or information required to complete a Financial Assistance Application within the 240 days after the patient receives the first post-discharge billing statement (approximately 8 months).
   b. Unless seeking emergency medical services, having insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to UPMCWM due to insurance plan restrictions/limits.
   c. Failure to make appropriate arrangements on past payment obligations owed to UPMCWM (including those patients who were referred to an outside collection agency for a previous debt).
   d. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program, unless

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UPMCWM can readily determine that the patient would fail to meet the eligibility requirements.

6. Patients who become ineligible for the program may be required to pay any open balances and may be submitted to a bad debt agency if the balance remains unpaid in the agreed upon time periods.

7. Patients who indicate they are unemployed and have no insurance coverage-may be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section C.2 below)
   a. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums may be reviewed by appropriate personnel and recommendations may be made to Senior Leadership for approval.
   b. Individuals with the financial capacity to purchase or receive government sponsored health insurance may be encouraged to do so as a means of assuring potential coverage for health care services.

8. Coverage amounts will be calculated using a sliding scale fee scale based on federal poverty guidelines. An example of the sliding scale included in this policy.

9. A 25% discount will be extended for all Amish and Mennonite patients. For religious reasons the Amish and Mennonite community are opposed to accepting Medicare, Medicaid, public assistance or any form of health insurance coverage.

VI. PATIENT ASSISTANCE GUIDELINES

1. Services eligible under this Policy will be made available to the patient on a sliding fee scale as described in this section; additionally, payment plans based on patient's ability to pay are available on an individual basis.
2. In determining the family income, the following individuals, at a minimum, must be used in the definition of household size:
   1. A spouse, regardless of whether the patient and spouse expect to file a joint federal or state tax return.
   2. Biological children, adopted children, or stepchildren
   3. Any person for whom the patient claims a personal exemption in a federal or state tax return.
3. For a patient who is a child, the household size must consist of the child and the following individuals:
   1. Biological parents, adoptive parents, stepparents, or guardians.
   2. Biological siblings, adopted siblings or stepsiblings.
   3. Any person for whom the patient's parents or guardians claims a personal exemption in a federal or state tax return.
4. Payment plans for patients, regardless of their insurance status are available for all patients with family income between 200% and 500% of the Federal Poverty Level who request assistance.

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5. US Federal Poverty guidelines are updated annually by the Department of Health and Human Services at https://aspe.hhs.gov/poverty-guidelines. Below is an example of the sliding scale UPMCWM shall use to determine patient eligibility for financial assistance.
   a. Patients whose family income is at or below 200% of the Federal Poverty Level (FPL) are eligible to receive free care.
   b. Patients whose family income is above 200% but not more than 250% of the FPL are eligible to receive a discount of 75% of their account balance.
   c. Patients whose family income is above 250% but not more than 300% of the FPL are eligible to receive a discount of 60% of their account balance.
   d. Patients whose family income is above 300% but not more than 350% of the FPL are eligible to receive a discount of 50% of their account balance.
   e. Patients whose family income is above 350% but not more than 400% of the FPL are eligible to receive a discount of 45% of their account balance.
   f. Patients whose family income is above 400% but not more than 450% of the FPL are eligible to receive a discount of 40% of their account balance.
   g. Patients whose family income is above 450% but not more than 500% of the FPL are eligible to receive a discount of 35% of their account balance.

VII. PRESUMPTIVE FINANCIAL ASSISTANCE

1. Patients may be eligible for financial assistance on a presumptive basis. There are instances when a patient may appear eligible for financial assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or other sources that is sufficient for determining financial assistance eligibility.
   a. In the event there is no evidence to support a patient's eligibility for financial assistance, UPMCWM reserves the right to use outside agencies, or propensity to pay modeling information in determining Financial Assistance eligibility.
   b. Patients who are determined to satisfy presumptive eligibility will receive free care.

2. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
   a. Active Medical Assistance pharmacy coverage;
   b. Qualified Medicare Beneficiary (“QMB”) coverage (covers Medicare deductibles) and Special Low-Income Medicare Beneficiary (“SLMB”) coverage (covers Medicare Part B premiums);
   c. Homelessness;
   d. Maryland Public Health System Emergency Petition patients;
   e. Participation in Women, Infants and Children Programs (“WIC”);
   f. Food Stamp eligibility;
   g. Eligibility for other state or local assistance programs;
   h. Patient is deceased with no known estate; and

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i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program.

3. Patients deemed to be presumptively eligible for financial assistance based on participation in a social service program identified above must submit proof of enrollment within 30 days of such eligibility determination. A patient, or a patient's representative, may request an additional 30 days to submit required proof.

4. Exclusions from consideration for presumptive eligibility include:
   a. Purely elective procedures (e.g., cosmetic procedures).

VIII. FINANCIAL HARDSHIP

1. Patients falling outside of conventional income or who are not presumptively eligible for financial assistance are potentially eligible for bill reduction through the Financial Hardship program.
   a. Patients may qualify under the following circumstances:
      ii. Combined household income less than 500% of Federal Poverty Guidelines; or
      iii. Financial Hardship is having incurred collective family hospital medical debt exceeding 25% of the combined household income during a 12-month period.

2. UPMCWM applies the criteria above to a patient's balance after any insurance payments have been received.

3. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of this sliding scale is provided at our website; https://www.wmhs.com/patients-and-visitors/patients/financial-assistance

4. If determined eligible, patients and their immediate family are certified for a reduced-cost medically necessary care, for a 12-month period effective on the date the medically necessary care was initially received.

5. In situations where a patient is eligible for both Financial Hardship and the standard Financial Assistance programs, UPMCWM is to apply the greater of the two discounts.

6. Patient is required to notify UPMCWM of their potential eligibility for this component of the financial assistance program.

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IX. ASSISTANCE BASED ON INDIVIDUAL CIRCUMSTANCES:

UPMCWM reserves the right to consider individual patient and family financial circumstances to grant reduced-cost care in excess of State established criteria.

1. The eligibility, duration, and discount shall be patient-situation specific.

2. Patient balance after insurance accounts may be eligible for consideration.

3. Cases falling into this category require management level review and HSCRC approval.

X. ASSET CONSIDERATION

1. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient's responsibility without causing undue hardship. When assets are reviewed, individual patient financial circumstances, such as the ability to replenish the asset and future income potential may be taken into consideration.

2. The following assets are exempt from consideration:
   a. The first $100,000.00 of monetary assets for the household.
   b. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred-compensation plans. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal.
   c. Any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act.
   d. Prepaid higher education funds in a Maryland 529 program account.

XI. APPEALS

1. Patients whose financial assistance applications are denied have the option to appeal the decision. Appeals should be made in writing and mailed to: UPMCWM Willowbrook Office Complex Attn: Financial Counseling Team 12501 Willowbrook Road, Cumberland, MD 21502.
2. Patients are also permitted to request that UPMC Western Maryland reconsider the denial of free or reduced cost care by contacting the Health Education and Advocacy Unit of the Maryland Attorney General's office which can assist the patient or their authorized representative in filing and mediating a reconsideration request:

   Maryland Attorney General
   200 St. Paul Place, Baltimore, MD 21202
   www.marylandattorneygeneral.gov

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3. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

4. Appeals are documented and reviewed by the next level of management for additional reconsideration.

5. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.

6. Appeals can be escalated up to the Chief Financial Officer who will render the final decision.

XII. PATIENT REFUND

1. If, within a two (2) year period after the date of service, a patient is found to be eligible for free care under UPMCWM' Financial Assistance Program, for that date of service, the patient shall be refunded payments in excess of their financial obligation where such refund is greater than $5.00.
   a. The two (2) year period may be reduced to 30 days after receipt of the first post-discharge billing statement where UPMCWM' documentation demonstrates a lack of cooperation by the patient, or guarantor, in providing documentation or information necessary for determining patient's eligibility.

2. If a patient is found to be eligible for financial assistance after UPMCWM has initiated extraordinary collection actions (ECA), such as reporting to a credit agency, liens, or lawsuits, UPMCWM will not take any further ECA and will take all reasonable steps available to reverse any ECA already taken.

XIII. OPERATIONS

1. UPMCWM will designate a trained person or persons who will be responsible for taking Financial Assistance Applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, or other designated trained staff.

2. Every effort will be made to determine eligibility prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the applicable state Medicaid program to determine whether patients have current coverage or may be eligible for coverage where appropriate.
      i. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations).

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b. UPMCWM will provide patients with the Maryland State Uniform Financial Assistance Application and a checklist of what paperwork is required for a final determination of eligibility.
   i. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:
      a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income);
      b. Proof of disability income (if applicable);
      c. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income or documentation of how they are paying for living expenses;
      d. Proof of social security income (if applicable);
      e. A Medical Assistance Notice of Determination (if applicable);
      f. Reasonable proof of other declared expenses; and
      g. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.

3. If a patient has not submitted a complete Financial Assistance application or any required supporting documentation within 30 days after a formal request, this will result in a denied application.
   a. A deadline for submission, prior to initiation of collection actions, will be included in the letter. Such deadline will be no earlier than 30 days after the date the reminder letter is provided.
   b. No extraordinary collection actions, such as reporting to a credit agency, liens, or lawsuits, will be taken prior to 120 days after the first post-discharge billing statement (approximately 4 months).
   c. If documentation is received after collection actions have been initiated, but within the 240 days after patient receipt of the first post discharge billing statement, UPMCWM shall cease all collection actions and determine whether the patient is eligible for financial assistance.

4. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UPMCWM guidelines.
   a. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.
   b. For complete applications, the patient will receive a letter notifying them of approval/denial within 30 days of submitting the completed applications.

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c. If an application is determined to be incomplete, the patient will be contacted regarding any additional required documentation or information
   i. If a patient is determined to be ineligible prior to receiving services, efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
   ii. If a patient is determined to be ineligible after receiving services, efforts to obtain a payment arrangement will be made, subject to UPMCWM' approval, on any balance due by the patient.

5. Except as noted below, once a patient is approved for financial assistance, such financial assistance shall be effective eight (8) months prior to date eligibility determined and the following twelve (12) calendar months.
   a. For those who qualify for reduced-cost care due to financial hardship, such qualification will apply for a twelve (12) month period.
   b. If additional healthcare services are provided beyond the approval period, patients must reapply to continue to receive financial assistance.

6. The following may result in the reconsideration of Financial Assistance approval:
   a. Post approval discovery of an ability to pay; and
   b. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to UPMCWM.

7. UPMCWM will track patients' qualification for financial assistance or financial hardship. However, it is ultimately the responsibility of the patient to inform UPMCWM of their eligibility status at the time of registration or upon receiving a statement.

8. The Health Service Cost Review Commission establishes a process for a patient or a patient's authorized representative to file with the Commission a complaint against a hospital for an alleged violation of 19-214.1 or 19-214.2 of this subtitle. The email address for the Health Service Cost Review Commission patient complaint (hscrc.patient-complaints@maryland.gov)

XIV. CREDIT & COLLECTION POLICY

1. UPMCWM maintains a separate Credit & Collection Policy that outlines what actions UPMCWM may take in the event a patient fails to meet their financial responsibility.

2. A copy of the Credit & Collection policy may be obtained by requesting a copy from UPMCWM staff, or by visiting UPMCWM website

3. UPMCWM maintains a list of all non-UPMCWM providers who may care for patients while at UPMCWM. Non-UPMCWM providers bill separately for their services and not all participate in UPMCWM' Financial Assistance Program.

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4. A copy of this list may be obtained by requesting a copy from UPMCWM staff or by visiting UPMCWM' website at https://www.wmhs.com/find-a-provider

SIGNED: Jeffrey Porter
Vice President, Revenue Cycle
ORIGINAL: September 27, 2025
APPROVALS:
Policy Review Subcommittee: October 29, 2026
Executive Staff: October 29, 2026
PRECEDE: September 27, 2025
SPONSOR: Associate Director, Revenue Cycle

Attachments

*** With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.**

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2026 SLIDING SCALE ADJUSTMENTS

UPMCWM FINANCIAL ASSISTANCE PROGRAM

Patient Responsibility Percentages

Size of Family	0%	25%	40%	50%	55%	60%	65%
1	$0.00 - $31,920	$31,921 - $39,900	$39,901 - $47,880	$47,881 - $55,860	$55,861 - $63,840	$63,841 - $71,820	$71,821 - $79,800
2	$0.00 - $43,280	$43,281 - $54,100	$54,101 - $64,920	$64,921 - $75,740	$75,741 - $86,560	$86,561 - $97,380	$97,381 - $108,200
3	$0.00 - $54,640	$54,641 - $68,300	$68,301 - $81,960	$81,961 - $95,620	$95,621 - $109,280	$109,281 - $122,940	$122,941 - $136,600
4	$0.00 - $66,000	$66,001 - $82,500	$82,501 - $99,000	$99,001 - $115,500	$115,501 - $132,000	$132,001 - $148,500	$148,501 - $165,000
5	$0.00 - $77,360	$77,361 - $96,700	$96,701 - $116,040	$116,041 - $135,380	$135,381 - $154,720	$154,721 - $174,060	$174,061 - $193,400
6	$0.00 - $88,720	$88,721 - $110,900	$110,901 – $133,080	$133,081 - $155,260	$155,261 - $177,440	$177,441 – 199,620	$199,621 - $221,800
7	$0.00 - $100,080	$100,081 - $125,100	$125,101 - $150,120	$150,121 - $175,140	$175,141 - $200,160	$200,161 - $225,180	$225,181 - $250,200
8	$0.00 – $111,440	$111,441 - $139,300	$139,301 - $167,160	$167,161 - $195,020	$195,021 - $222,880	$222,881 - $250,740	$250,741 - $278,600
FPL Range	Thru 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%	401% - 450%	451% - 500%

Provider List

UPMC Western Maryland Health Services, LLC

Non-Covered Providers

UPMC Western Maryland

Liza Broll CRNA	William Lewis CRNA MHS
Melanie Meyer CRNA MSN	Jared Lamp CRNA
Sima Mason DNP CRNA	Nicholas Oscanyan CRNA
Bethany Zawisza CRNA	Emily Thomas CRNA
Wildenisse Baez Acevedo CRNA	Jason Wampler CRNA DNP
Leann Cessna CRNA	Michael Imomoh DNAP
Jennifer Kennedy CRNA	Kendra Byrum DO MS
Julie Lint CRNA	David Schalk MD
Jennifer Long CRNA	David Marshall DO
John Lucas CRNA	Ramin Ghesmati-Kalourazi MD
James Diehl CRNA	Wanwiwat Lovichit MD

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Melvin Gonzaga MD	Sergey Shkurovich MD
Amer Abu-Obeid MD	Aws Kamona MD
Anthony Tucker MD	James Earls MD
Xiaopeng Zhang MD PhD	Brian Cromwell MD
Padmanabha Rengabhashyam MD	Vikram Rao MD
Christopher Samuel MD BS	David Milikow MD
Kofi Owusu MD BSN	Maximilian Khatibi MD
Sherif Felix MD	Soran Mahmood MD
Elron Wallace MD	Shwan Kim MD
Willie Hardy MD	Matthew Roteff MD
Moheb Mosa MD	Mark Geist MD
Robin Hogenmiller CRNP	Jeffrey Jednacz MD
Anil Singh MD FACP	James Bramlette MD
Stanley Liu MD	Clarence Coleman MD
Ahmed Mohammad MD	Michele Wagoner CRNP
Mukesh Singh MD	Rondal Zapf CRNP
Mohammad Mojadidi MD, FACC FACP	Ashley Chucci ADN BSN
Gabriel Sardi MD	Betsy Lee MD
Farrukh Jalisi MD	Rayan El Sibai BS MD
Mark Warner MD	Sanjeeb Bhandari MD
Ramon Riojas MD,PhD	Justin Cheesman MD
Michael Fiocco MD	Tzvi Robbins MD BS
Vinu Abraham MD	Ronald Kinsey MD
Jennifer Shah ACNP	Eric Hansen DO
Dace Person DNP AGAC-NP	Andrew Baum MD
Zaius Marsalek CRNP	Amit Kalaria MD
Ryan Matthews CRNP ADN	Noah Keller DO
Charlisa Gibson MD	Brian Martineau MD
Harry Marshall MD	Steven Whitt MD
David Kim MD	Rameen Shafiei DO
Suman Sethi DDS	Alexa Sivic PA MS
Cynthia Parks DDS	Natalie Williams PAC MPAS
Rohit Sethi DDS	Matthew Hurley PAC MPAS
David Hijab DDS	Adam Rinehart PA BS
Howard Strauss DDS	Derek Wolfe PAC
David Moose MD DDS	Jason Lincoln PAC
Suketu Patel DMD MD	Misty Spencer CRNP BSN
Patrick Brown MD BS	Jason Layman CRNP MSN
Daniel Herring MD	April Dawson FNP-C
Paul Faucher DO	Pete Kuhn CRNP BSN
Herbert Lambert MD	Zuriashwork Damtew PAC
George Dwyer MD	Nicole Ross PAC
James Benjamin MD	Kathleen Gibbons PA
Norman Jones MD	Lexie Grimm PA
Dennis Burton MD	Mark Williams PAC BS
Nancy Ho-Laumann MD	Zachary Schreiber PA
Sulekha Parshad MD	Westley Hartley PAC MS
Jennifer Bryant MD	Emily Davis PAC
Nicholas Wilson MD	Janalene Phillips PAC

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Jason Bryant MMS	Emily Weldy PAC
Heather Peirce MD	Kathleen Woodward PAC
Amit Sachdev MD	Elena Isenbergh MD
Nii Lamptey-Mills MD	Sumit Bhutani MD
Ritu Sachdev MD	Marcia Jones CRNP
Ghazaleh Aram MD	Jessica Grove FNP RN
Kathryn Kirk MD AB	Huma Shakil MD
Mohammed Chowdhury MD	Bradley Milam BA MD
Kenneth Josovitz MD,MPH	Vikramaditya Poonai MD BSc
Tomasz Niewiarowski MD	Harjit Sidhu MD
Hemant Chatrath MD	Shiv Khanna MD
Chintamaneni Choudari MD	Solaide Akintade MD,MPH MBA
James Novick MD	Marcos Roffe MD
Amanda Hahn MD	John Pappas MD
Douglas Burka MD	Michael Arata MD
Stephanie McVicker ADN BSN	Murali Ranjithan MD
Diana Pepe CRNP RN, MSN	Shimon Aronhime MD
Allison Rexrode CRNP	Niloy Dasgupta MD
Charles Barrick CRNP BSN	Jared Lancaster PAC
Kristina Butler MSN BSN	Qamar Zaman MD
Noha Omar MD MSc	Teresa Hayes MD,PhD
Sheekha Karan MD	Vinita Singh MD
Sreelakshmi Kooragayalu MBBS MD	Harish Dave BSc (HON) MB,ChB
Sajina Bhandari MD	Gerald Sokol MD
Binita Bhandari MD	Ayodele Ayoola MD
Preethi Mereddy MD	Jacquelyn Bauer CRNP MSN
John Kottarathil MD	Michelle Davis Ramos MD
Mohamed Ghallab MD	Valerie Navarrete MD
Feiyu Hong MD BS	Jason Pryor MD,MPH
Milan Guragain MBBS MD	Teresa Wolford CRNP
Bijay Parajuli MD	Patricia Sheetz DNP CRNP
Iyad Aljadba MD	Robert Welik MD
Ramesh Kumar MD MBBS	MaryAnn Bishop MD
Prajwol Shah MBBS	Kheder Ashker MD
Moad Radaideh MD	Joshua Lim MD FAAN
Utsuk Bhattarai MBBS	Robert Lieberson MD MHA
Parmartha Basnyat MBBS	Shannon Martin CRNP
Yogesh Subedi MD	Dennis Dey MD PhD
William Lamm MD	Murtaza Amir MD FAAN
Faullin Paletsky MD	Sarim Mir MD
Khalid Hajjir MD	Tammy Crayton CRNP
Patrick Oguejiofor MBBS	Danielle Glotfelty PAC
Sagar Pokhrel MD	Rachel Kashy APRN FNP-BC
Dale Seepersad BSc MD	Haley Wolfe MSN APRN
Jafar Shabanpour MD	Tom Hartsuch MD
Puskar Poudel MD	George Khachan MD
Lokendra Chhantyal MD MBBS	Jorge Andrade MD MBA
Barbara Truscott PAC	Surendranath Ekanayake MD
Alena Weldy PAC	George Iskander MD

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Waymee Conner MD
Erica Contreras MD
Regina Zopf MD,MPH
Caroline Flint MD BS
Khadija Dugan BS MD
Owen Regan MD BA
Samir Khanjar MD
Cedric Walls MD
Arthur Thorpe MD
Zachary Mathews CRNP
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Rishi Bhatnagar MD
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Naimin Wei MD PhD
Elmer Thompson MD
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Susan Nuber MD
Soriayah Zaghab-Mathews BS MD

Debra Hurtt MD
Rodney Williams MD
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James Edwards MD PhD
Patricia Stafford CRNP MS
Connie Morris MSN CRNP
Jamie Gera PAC
Leigh Wiltison MSN BSN
Alexandria Higgins PAC
Paul Burke MPAS PAC
Amber Beckman PAC
Jason Riley DO MBA
Matthew Allaway DO
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