For Hospital Use Only:	
Pt Name:	
Account #:	
Date Mailed/Given to Pt:	
By Whom:	
Dept:	

NATHAN LITTAUER Hospital & Nursing Home

"It's Your Life. Live it well."

Financial Assistance Application

Nathan Littauer Hospital is committed to providing medical care to those patients who may not have sufficient financial resources to meet their medical care needs. To apply for Financial Assistance for your hospital account(s), The Financial Assistance Applicaton must be completed fully, signed returned to the hospital. Please return all supporting documents with the application. **APPLICATION AND DOCUMENTATION MUST BE RETURNED TO THE HOSPITAL AT 99 E STATE ST, GLOVERSVILLE NY 12078 TO THE ATTENTION OF PATIENT FINANCIAL SERVICES.**

Upon review of the application, further information may be requested of you. Any potential source of payment, including state and federal assistance programs, all insurance sources, and legal settlements, must be exhausted before forgiveness of account balances will be considered. Your application for assistance will be given'equal consideration in a non-discriminatory manner. **Please understand that this application is for consideration of the Hospital charges only and DOES NOT'cover billing from your private physician, radiologist, emergency room physician, consulting physician, hospital retailpharmacy or any other services not provided by the hospital.**

For questions or to inquire about the status of your application, please call **518-773-5551**

Patient Name (Last, First,MI)		
Social Security #	Date of Birth	
Address	Mailing Address (If different than residence)	
County of residence	Home phone	
Employer	Phone	How long?
Previous Employer	Phone	How long?
Spouse's Employer	Phone	

Insurance

If you have medical insurance, please provide that information below. Also, if your hospitalization is the result of an injury or accident, please provide us with the necessary Auto/Homeowner's, Workers Compensation or Third Party insurance below:

Insurance Co. _____ Policy # _____

Address _____ Phone# _____

City/State/Zip _____ Insured _____ SSN# _____

Attorney Name/Address/Phone# _____

Nature of Injury or Accident _____ Police Report#

Household Members And Income Information

Please list all household members and include all sources of income for each household member, including non-employment sources, such as Worker's Compensation, Unemployment Compensation, pensions, rental income, interest from investments, dividends, trust funds, child support, alimony, income from Social Security, Veterans Administration or other benefit program.

Family Members		Monthly Gross Income	
Self		$	Source
Husband/Father	SSN	$	Source
Wife/Mother	SSN	$	Source
Dependant Children		$	Source
Name _____	Date of Birth _____		
Name _____	Date of Birth _____		
Name _____	Date of Birth _____		
Other children			
Name _____	Date of Birth _____		
Name _____	Date of Birth _____		
Name _____	Date of Birth _____		
Total Family Members			

Total Monthly Gross Income

$ _____

Financial Assistance Application

Have you filed for any state or federal assistance during the past year? Date of application: _____

Medicaid Y / N Social Security Disability Y / N Victims Compensation Y / N

Please list any recent accounts that you or your immediate family members may have at Nathan Littauer Hospital or one of our Primary Care sites.

Patient Name	**Account #**	**Date of Service**

I certify that the above information is true and accurate to the best of my knowledge. I have read and agree to comply with all terms and requirements set forth in the notice of availability of Financial Assistance.

Signature of applicant: _____

Date: _____

For Hospital Use Only: Referred to DSS ( ) SSI ( ) Victim's Comp ( ) Other _____

Acct Number	Reviewed	Approved	Denied	
	( )	( )	( )	
	( )	( )	( )	
	( )	( )	( )	
	( )	( )	( )	
	( )	( )	( )	
	( )	( )	( )	

_____

Patient/Parent/Guardian Signature Date

2014 FINANCIAL ASSISTANCE INCOME GUIDELINES

Family Size	Annual Income									
1	$11,670	$14,588	$17,505	$20,423	$23,340	$26,258	$29,175	$32,093	$35,010	Over
2	15,730	19,663	23,595	27,528	31,460	35,393	39,325	43,258	47,190	Over
3	19,790	24,738	29,685	34,633	39,580	44,528	49,475	54,423	59,370	Over
4	23,850	29,813	35,775	41,738	47,700	53,663	59,625	65,588	71,550	Over
5	27,910	34,888	41,865	48,843	55,820	62,798	69,775	76,753	83,730	Over
6	31,970	39,963	47,955	55,948	63,940	71,933	79,925	87,918	95,910	Over
7	36,030	45,038	54,045	63,053	72,060	81,068	90,075	99,083	108,090	Over
8	40,090	50,113	60,135	70,158	80,180	90,203	100,225	110,248	120,270	Over
	100%	95%	90%	80%	70%	60%	50%	45%	40%	0
			%	Discount Amount %						

* For family units of more than 8 members, add $4020 for each additional member.