

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



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 Application must be completed fully, signed and returned to the hospital. Please return all supporting documents with the application. **APPLICATION AND DOCUMENTATION MUST BE RETURNED TO NATHAN LITTAUER HOSPITAL, 99 E STATE ST, GLOVERSVILLE NY 12078 ATTN: 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 retail pharmacy or any other services not directly 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
Dependent Children		\$	Source
Name	Date of Birth	Total Monthly Gross Income \$ _____	
Name	Date of Birth		
Name	Date of Birth		
Other children			
Name	Date of Birth		
Name	Date of Birth		
Total Family Members			

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

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