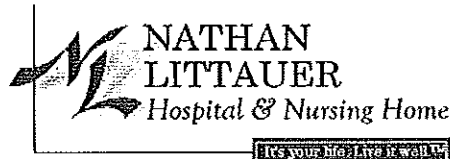


For Hospital Use Only:	
Pt Name:	_____
Account #:	_____
Date Mailed/Given to Pt:	_____
By Whom:	_____
Dept:	_____



Medicare 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.

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 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?
Employer/Spouse	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	Total Monthly Gross Income <div style="border-top: 1px solid black; height: 40px; width: 100%;"></div>	
Name	Date of Birth		
Name	Date of Birth		
Other children			
Name	Date of Birth	<div style="border-top: 1px solid black; height: 40px; width: 100%;"></div>	
Name	Date of Birth		
Name	Date of Birth		
Total Family Members			

Medicare Financial Assistance Application

Bank Name	Checking Acct #	Avg Bal.	Saving Acct. #	Avg Bal.
Assets			Total	
Vehicles	Make _____ Model _____	Year _____	Pmt. Amt. _____	Bal Due _____
	Make _____ Model _____	Year _____	Pmt. Amt. _____	Bal Due _____
Other Assets	(Stocks, Bonds, Property, Boat, Buisness etc.) _____			
Monthly Expenses				
	Monthly Payment	Payment To	Acct. #	Bal Due
Mortgage/Rent	_____	_____	_____	_____
Credit Cards	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Bank Loans	_____	_____	_____	_____
School Loans	_____	_____	_____	_____
Other Monthly Expenses	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Note: Attach additional sheet if necessary. Important: remember to attach supporting documentation.

5

Bank Name	Checking Acct #	Avg Bal.	Saving Acct. #	Avg Bal.
Assets			Total	
Vehicles	Make _____ Model _____	Year _____	Pmt. Amt. _____	Bal Due _____
	Make _____ Model _____	Year _____	Pmt. Amt. _____	Bal Due _____
Other Assets	(Stocks, Bonds, Property, Boat, Buisness etc.) _____			
Monthly Expenses				
	Monthly Payment	Payment To	Acct. #	Bal Due
Mortgage/Rent	_____	_____		
Credit Cards	_____	_____		
	_____	_____		
	_____	_____		
	_____	_____		
Bank Loans	_____	_____		
School Loans	_____	_____		
Other Monthly Expenses	_____	_____		
	_____	_____		
	_____	_____		
	_____	_____		

Note: Attach additional sheet if necessary. Important: remember to attach supporting documentation.

2007 Income Guidelines

2013 Financial Assistance Income Guidelines

Family Size	Annual Income									
1	\$11,490	\$14,363	\$17,235	\$20,108	\$22,980	\$25,853	\$28,725	\$31,598	\$34,470	Over
2	15,510	19,388	23,265	27,143	31,020	34,898	38,775	42,653	46,530	Over
3	19,530	24,413	29,295	34,178	39,060	43,943	48,825	53,708	58,590	Over
4	23,550	29,438	35,325	41,213	47,100	52,988	58,875	64,763	70,650	Over
5	27,570	34,463	41,355	48,248	55,140	62,033	68,925	75,818	82,710	Over
6	31,590	39,488	47,385	55,283	63,180	71,078	78,975	86,873	94,770	Over
7	35,610	44,513	53,415	62,318	71,220	80,123	89,025	97,928	106,830	Over
8	39,630	49,538	59,445	69,353	79,260	89,168	99,075	108,983	118,890	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.