

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



Charity Care 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 Charity Care for your hospital account(s), **The Charity Care 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?
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	<div style="border: 1px solid black; padding: 5px;"> Total Monthly Gross Income \$ _____ </div>
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		

Charity Care Application

Have you filed for any state or federal assistance during the past year?

Medicaid Y / N

Social Security Disability Y / N

Date of application: _____

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 Charity Care.

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