

For Hospital Use Only:

Pt Name: _____

Account #: _____

Date Mailed/Given to Pt: _____

By Whom: _____

Dept: _____



Financial Assistance Application - Short Form

Dear Patient:

We ask that you complete the form below and return it to Patient Accounts-Financial Assistance Office. We will review the information and determine if you are eligible for our Financial Assistance program.

Patient Name _____

Marital Status (please check one):

- ☐ Married
☐ Separated
☐ Widowed
☐ Divorced
☐ Single

Social Security # _____

City/State/Zip _____

Phone # _____

* Current Monthly Household Income _____

County of residence _____

Total Yearly Household Income _____

of Dependents under 18 years _____

Employer Name _____

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

Date of application _____

Medicaid Y / N

Social Security Disability Y / N

Victim's Compensation Y / N

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

* May require verification

2007 Income Guidelines

2013 Financial Assistance Income Guidelines

Family Size	Annual Income									
	100%	95%	90%	80%	70%	60%	50%	45%	40%	0
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

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