



FINANCIAL ASSISTANCE APPLICATION

Account Number _____
 Patient Name _____ Social Security Number _____
 Responsible Party Name _____ Social Security Number _____

Dependents in Household

(This includes spouse, children under 18 and all others claimed on your tax return)

Name	Age	Date of Birth	Social Security #
<small>(First, Middle and Last Name if different than Patient)</small>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment (Patient/Responsible Party)

Employer Name _____ Hourly Rate _____ Hours Worked Per Week _____
 Current Gross Weekly, Monthly or Yearly Income (Before Taxes) _____
 If unemployed, date last worked _____

Spouse Employment

Employer Name _____ Hourly Rate _____ Hours Worked Per Week _____
 Current Gross Weekly, Monthly or Yearly Income (Before Taxes) _____
 If unemployed, date last worked _____

Other Income

	Patient	Spouse
Social Security		
Pension		
Unemployment		
Worker's Compensation		
VA Benefits		
Rental Income		
Stocks, Bond, 401K		
Dividend/Interest		
Child Support		
Alimony		
Other		

Have you applied for Medicaid or any other State/County Assistance? _____
 If yes and known, Case Number _____ Date Applied _____

I, the undersigned, certify that the above information is true and accurate to the best of my knowledge. I understand that the information submitted is subject to verification. In the review process, a credit report may be requested to verify information provided in this application. I understand that falsification of information submitted may jeopardize my consideration for the program. Furthermore, to qualify for this program, I understand I must apply for any and all assistance that may be available to help pay this hospital bill prior to completing this application.

Signature _____ Date _____

2018
Poverty Guidelines for the 48 Contiguous States and
the District of Columbia

Family Size	Poverty Guidelines	To Qualify for 100% Assistance		To Qualify for 80% Assistance		To Qualify for 70% Assistance
		200%		250%		300%
1	\$12,140	\$24,280	-	\$30,350	-	\$36,420
2	\$16,460	\$32,920	-	\$41,150	-	\$49,380
3	\$20,780	\$41,560	-	\$51,950	-	\$62,340
4	\$25,100	\$50,200	-	\$62,750	-	\$75,300
5	\$29,420	\$58,840	-	\$73,550	-	\$88,260
6	\$33,740	\$67,480	-	\$84,350	-	\$101,220
7	\$38,060	\$76,120	-	\$95,150	-	\$114,180
8	\$42,380	\$84,760	-	\$105,950	-	\$127,140

For family units with more than (8) members, add \$4,320 for each additional member.