



FINANCIAL ASSISTANCE APPLICATION

ASSETS Patients must meet both the income and assets criteria. Refer to the Eligibility Criteria on page 4.

When determining eligibility for financial assistance, a husband and wife's assets must be used for an adult, and combined parents assets must be used for a minor child.

Liquid Assets Includes:

Cash	\$ _____
Savings accounts	\$ _____
Checking accounts	\$ _____
Other assets: _____	\$ _____

NOTE: Refer to Required Document Checklist below and attach the required documents.

LIABILITIES

Current monthly rent payment	\$ _____
Current monthly mortgage payment	\$ _____
Current monthly home equity payment	\$ _____
Credit card debt (Total)	\$ _____
Other outstanding loan payments	\$ _____
Outstanding medical bills	\$ _____
Other (please specify): _____	\$ _____
Total Liabilities	\$ _____

Is any other financial assistance available to you (i.e. church)? Yes No
 If "Yes", do we have your approval to contact the person/organization? Yes No

Person/organization to contact _____ Phone # _____

Prepared by: _____ Relationship to Patient: _____

Applicant's Signature _____ Date: _____

FAP DETERMINATION-To Be Completed by CHCC Staff

Finance Department Staff:

Approved: Yes No Free Care Sliding Fee Scale Amount or % _____

Director of Patient Accounting _____ Date _____

EVP Finance/CFO _____ Date _____

Mental Health Staff:

Administrator / Director _____ Date _____

Long Term Care / Staff:

Administrator/Director _____ Date _____

NOTE: Attach additional sheets as needed.

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REQUIRED DOCUMENT CHECKLIST

To process your financial assistance application, additional information and documentation is required in addition to your completed application. Therefore, please submit the following documents with your completed application before the deadline:

- HEALTH INSURANCE** – copies of your primary and secondary insurance cards (ie Medicare, Medicaid, Blue Cross, commercial insurance, etc.).
- IDENTIFICATION** – two (2) forms of identification with signatures preferred (i.e.: driver’s license, voter’s registration card, passport, alien registration, or any picture ID). An insurance card can be used as one form of identification.
- FAMILY SIZE** – list all family members, their social security numbers and dates of birth.
- INCOME** – copies of pay stubs (three months prior to date of service or the most current showing year to date income), most current W2 form, social security benefits (print-out from Social Security Office or copies of social security checks), proof of unemployment/public assistance, and any other source of income.
- ASSETS** – copies of bank statements for checking, savings accounts and CDs as well as copies of financial statements from other financial institutions that you have investment accounts with.
- TAX RETURN**- copy of the last tax return you filed and last year’s W2 form.
- NOTARIZED LETTER**- If no income and/or asset information is available, a notarized letter detailing your financial circumstances may be acceptable.



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ELIGIBILITY CRITERIA for Financial Assistance Effective: March 19, 2018

INCOME CRITERIA

The table below describes the percentage of charges paid when gross annual income is within the following poverty income guidelines, published by the Department of Health and Human Services (HHS).

Family Size	Patient pays 0% of charges ≤200%	Patient pays 20% of charges >200≤225%	Patient pays 40% of charges >225≤250%	Patient pays 60% of charges >250≤275%	Patient pays 80% of charges >275≤300%	Patient pays 100% of charges >300≤500%
1	\$24,980 or less	\$24,981 to \$28,103	\$28,104 to \$31,225	\$31,226 to \$34,348	\$34,349 to \$37,470	\$37,471 or more
2	\$33,820 or less	\$33,821 to \$38,048	\$38,049 to \$42,275	\$42,276 to \$46,503	\$46,504 to \$50,730	\$50,731 or more
3	\$42,660 or less	\$42,661 to \$47,993	\$47,994 to \$53,325	\$53,326 to \$58,658	\$58,659 to \$63,990	\$63,991 or more
4	\$51,500 or less	\$51,501 to \$57,938	\$57,939 to \$64,375	\$64,376 to \$70,813	\$70,814 to \$77,250	\$77,251 or more
5	\$60,340 or less	\$60,341 to \$67,883	\$67,884 to \$75,425	\$75,426 to \$82,968	\$82,969 to \$90,510	\$90,511 or more
6	\$69,180 or less	\$69,181 to \$77,828	\$77,829 to \$86,475	\$86,476 to \$95,123	\$95,124 to \$103,770	\$103,771 or more
7	\$78,020 or less	\$78,021 to \$87,773	\$87,774 to \$97,525	\$97,526 to \$107,278	\$107,279 to \$117,030	\$117,031 or more
8	\$86,860 or less	\$86,861 to \$97,718	\$97,719 to \$108,575	\$108,576 to \$119,433	\$119,434 to \$130,290	\$130,291 or more
For families greater than 8 members, add amount below to the highest amount in the column for each additional family member:						
8 or more add to column	\$8,840	\$9,945	\$11,050	\$12,155	\$13,260	

NOTE: A pregnant woman is counted as two family members.

ASSETS CRITERIA

Individual assets cannot exceed \$7,500 and family liquid assets cannot exceed \$15,000.