

**Income and Assets**

In order to determine your eligibility for financial assistance please provide us with information about your monthly before-tax household income.

Wages	\$ _____	Checking Account	\$ _____
Social Security	\$ _____	Savings Account	\$ _____
Unemployment	\$ _____	Money Market	\$ _____
Pension/Retirement	\$ _____	IRA	\$ _____
Child Support	\$ _____	Stocks/Bond/CD's	\$ _____
Workers Compensation	\$ _____	General Assistance	\$ _____
Primary Residence	\$ _____	Interest/Royalty's	\$ _____
Other Income	\$ _____		
Total Income	\$ _____	Total Assets	\$ _____

**Insurance**

Are you covered by Medicaid?     Yes     No    Policy # \_\_\_\_\_

Are you covered by Medicare?     Yes     No    Policy # \_\_\_\_\_

Are you covered by Group Policy?     Yes     No    Policy # \_\_\_\_\_

Is admission due to an accident?     Yes     No    Date of accident \_\_\_\_\_

Please include details of accident, including policy number, adjustor name and phone number and address for claim for any Auto or Work related accident. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to demonstrate financial hardship we must require the submission of the following items;

**1. Proof of Identity - One** of the following:

- Copy of Social Security Card
- Copy of state issued Drivers License
- Copy of other photo ID

**2. Verification of Current Address**

- Rent Receipt or Utility Bill

**3. Proof of Monetary Assets - ALL** of the following;

- Last 3 months Checking and Saving Account Statement
- Statement of stocks, bonds, CDs and/or 401ks
- Assessment for Home and Autos, Boats, etc;

**4. Proof of Income:**

- Last years W2's, 1099 Forms and Tax Return - **every** page including State and Federal
- Last three current pay stubs or wage verification on company letterhead
- Proof of Unemployment received for the last 12 months
- Letter from Social Security and/or Pension showing amount received monthly
- Self Employment; YTD Profit and Loss statement and Proof of Income received.
- Letter of Support if someone outside the home provides basic living expenses such as food and housing.
- If you are a student, Proof of enrollment, tuition, scholarships, books etc.

## JRMC Financial Assistance Application

Patient Name _____	Guarantor Name _____
Patient Social _____	Guarantor Social _____
Patient Date of Birth _____	Home Phone _____
Address _____	
Patient Employer _____	Annual Income _____
Job Function _____	Employer Phone _____
Guarantor Employer _____	Annual Income _____
Job Function _____	Employer Phone _____

***Family Members in Household***

<u>Name</u>	<u>Birth Date</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*By signing below you agree to be considered for Healthcare Financial Assistance. Additionally you certify that all the statements made on this application are true and complete to the best of your knowledge. Should it be determined that the information you provide is incomplete or false, any discount on your bill may be reversed and payment in full may be expected from you. By signing below, you authorize JRMC to check references and credit history in order to evaluate this application for financial assistance.*

*If you receive payment from an insurance company, workers compensation plan, or any other third party you agree to inform the hospital of any such payment. JRMC retains the right to collect the original, full billed charges should a third party provide you with payment for the hospitals services.*  
Rev.01/01/12

_____ Signature of Guarantor	_____ Date
---------------------------------	---------------

\*\*\*\*\*

Family Size _____	Annual Income _____	Poverty Level _____
Date Application Received _____	Date _____	Date _____
Income/Assets Verified _____	Date _____	Date _____
Discount Percentage _____	Date _____	Date _____
Discount Amount _____	Date _____	Date _____
Application Processed by _____	Date _____	Date _____
Approval Patient Accounts Director _____		
Approval CFO _____		

You must return ***copies*** of the following documents with this application. Any application without signature and necessary documentation will be denied.

## **Documentation Check List**

- **Proof of Identity**
  - Copy of social security card **OR** drivers license **OR** photo ID
  
- **Proof of Assets**
  - Last **three** months checking and savings account statements (credit union accounts, stocks bonds, 401k, etc)
  - Assessment for home and autos
  
- **Verification of Current Address**
  - Rent receipt, utility bill, cable bill, telephone bill, etc;
  
- **Proof of Income**
  - ❖ **If Employed**
    - Prior year tax return, every page, including worksheets and W2's, 1099's **AND**
    - 3 current paycheck stubs or wage verification on company letterhead
  
  - ❖ **If Receiving Public Assistance**
    - Copies of public assistance checks from the last 3 months **OR**
    - Award letter (i.e. disability, unemployment pay statements or social security benefits)
  
  - ❖ **If Income is Received in Cash**
    - Written statement from employer stating your gross income since January of current year.
  
  - ❖ **If Self Employed**
    - Schedule C included with prior year tax return **AND**
    - Quarterly accountant report with a written statement declaring gross income received since January of current year.
  
  - ❖ **If Dependent on Another Individual's Financial Support**
    - Include a statement from the individual stating approximate value of the support they give you monthly for rent, utilities, gas, food etc, when support began then signed and dated by the person providing support to you.
  
  - ❖ **Other Income types**
    - Proof of Child Support payments for the last 12 months
    - If you are a student - proof of enrollment, scholarships, Pell Grants, student loans, tuitions, books, etc.
    - Proof of Food Stamps if you receive food stamps