Financial Assistance Application

1. GENERAL INFORMATION:

Patient Account Number _____ Patient Name _____

Patient Social Security Number _____ Telephone Number _____

Date of Birth _____ Email Address _____

Address _____

City _____ State _____ Zip _____

2. HEALTH INFORMATION STATUS/THIR PARTY PAYOR INFORMATION:

Private Insurance _____ Medicare _____ CHIP _____

Group Insurance _____ Medicaid _____ Vocational Rehab. _____

Other _____

3. HOUSEHOLD MEMBERS:

Name of Member	Relationship to Patient	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. INCOME INFORMATION:

ONE OF THE FOLLOWING THREE DOCUMENTS MUST BE ATTACHED O APPLICATION WILL BE DENIED AS INCOMPLETE:

- Three (3) months of check stubs (or as many as you have) for all working members of the household.
- Last year's W-2 form for all working members of the household or your last years tax return.
- If you are unemployed and not receiving benefits you will need a letter of support from the person providing the support. (Included with this application).
- If you are a student on your own, a copy of your award letter for the current year.

I attest that the information provided in this application is correct. I understand that misrepresentation of any information provided will result in denial of charity care allocation. I acknowledge that if any information I have given is false or misleading and results in approval of charity care allocation, the hospital may take whatever action it deems appropriate which may include revocation of charity allocation approval and reinstituting.

Signature _____ Date _____

Witness _____ Date _____

NOTE: This is the final page of the OCH Policy/Form. Next page contains revision history only.

FINANCIAL ASSISTANCE LETTER OF SUPPORT

Patient Information

Date _____

Account Number _____ Date of Service _____

Patients Name _____ Phone Number _____

Address _____

_____

Remainder of form to be completed by person paying living expenses or providing living assistance to patient.

Name _____ Relationship _____

Address _____ Phone Number _____

_____

I, _____ provide shelter and financial assistance (food and utilities only) to: _____. I have provided assistance from _____ (date) to _____ (date).

_____ Date _____

Signature of person providing assistance

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