



Financial Assistance Application

(Note: This application must be filled out completely to be considered)

I hereby request that Fiver Rivers Medical Center make a determination of my eligibility for their hospital charity program in order to cover services rendered on _____.

- 1. PATIENTS NAME:
2. SS# DOB Telephone
Address (Physical Location):
City County State Zip
Current Occupation: Employer:
Previous Employer:

3. Income: List income from all sources in the family or household. Provide copies of Income Tax Returns, Pay Check Stubs, Medicaid Application Eligibility, and other monthly bills.

Table with 3 columns: Income Source, Total for Last 3 Months, Total for Last 12 Months. Rows include Wages, Farm or Self Employment, Public Assistance, Social Security, Unemployment Compensation, Workers Compensation, Alimony/Child Support, Pensions, Dividends, Interest, Rent, List Bank Checking/Savings Account, List any Credit Cards.

- 4. FAMILY/HOUSEHOLD SIZE:
Name Relationship/Age

- 5. Do you own your home or rent? Landlord
6. Have you applied for Medicaid or ARKids?
7. If so, why were you denied?
8. What steps are you taking in order to improve your current financial situation?

I affirm that the above information is true and correct to the best of my knowledge. I have not made any false statements, errors or omissions. If any information I have given proves to be untrue, I understand that this constitutes fraud and that Five Rivers Medical Center will seek legal action as deemed necessary.

Signature: _____ Date: _____

Five Rivers Medical Center is under no legal obligation to provide this charity care. It does so in order to help members of the community who are actively trying to help themselves.

FIVE RIVERS

MEDICAL CENTER

It is the policy of Five Rivers Medical Center to provide services to all patients regardless of their ability to pay.

This Financial Assistance Policy seeks to provide relief to private pay and Medicaid exhausted benefits patients who have open accounts with the Medical Center. These services are available to all patients of our hospital and related healthcare programs. Hospital discounts will be applied based on the scale below.

Situation changes can affect a patient's eligibility (death of a spouse or loss of job). This could change the status of any account where financial assistance has been denied in the past. The patient would need to reapply for financial assistance. If the patient is living in a household other than family, they must show how this household is contributing to their livelihood. Patients who exceed the income guidelines may be reconsidered when special circumstances apply. See the Sliding Scale below for Income Requirements. The Financial Guidelines are as follows:

Number of Family Members in Household

	1	2	3	4	5	6	Each Additional	Discount
100%	\$11,490	\$15,510	\$19,530	\$23,550	\$27,570	\$31,590	add \$4,020	90%
125%	\$14,363	\$19,388	\$24,412	\$29,437	\$34,462	\$39,487	add \$5,025	85%
150%	\$17,235	\$23,265	\$27,325	\$32,865	\$38,405	\$43,945	add \$5,540	80%
175%	\$20,107	\$27,142	\$31,832	\$38,272	\$44,712	\$51,152	add \$6,440	75%
200%	\$22,980	\$31,020	\$36,340	\$43,680	\$51,020	\$58,360	add \$7,340	70%
225%	\$25,825	\$34,897	\$40,847	\$49,087	\$57,327	\$65,567	add \$8,240	65%
250%	\$28,725	\$38,775	\$45,355	\$54,495	\$63,635	\$72,775	add \$9,140	60%
275%	\$31,597	\$42,652	\$49,862	\$59,902	\$69,942	\$79,985	add \$10,040	55%
300%	\$34,470	\$46,530	\$54,370	\$65,310	\$76,250	\$87,190	add \$10,940	50%
325%	\$37,342	\$50,407	\$58,877	\$70,717	\$82,557	\$94,397	add \$11,840	45%
350%	\$40,215	\$54,285	\$63,385	\$76,125	\$88,865	\$101,605	add \$12,740	40%
375%	\$43,087	\$58,162	\$67,892	\$81,532	\$95,172	\$108,812	add \$13,640	35%
400%	\$45,960	\$62,040	\$72,400	\$86,940	\$101,480	\$116,020	add \$14,540	30%

*Based on the 2013 Poverty Guidelines, Federal Register.

All patients initially identified as self-pay will be given a 30% discount from hospital charges. Additional discounts may apply after completing an application to the hospital's financial assistance program.

All Financial Assistance Applications must be turned in to the Financial Counselor.