



**Financial Assistance Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Household Dependent Information (Please include yourself):

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

\*Please include a separate sheet for additional family members

**Gross Monthly Income Information:**

	<b>Patient Income</b>	<b>Spouse Income</b>	<b>Other Income</b>
<b>Wages/Pension</b>			
<b>Social Security Payment</b>			
<b>Unemployment Compensation</b>			
<b>Disability</b>			
<b>Workers Compensation</b>			
<b>Alimony / Child Support</b>			
<b>Dividends/Interest/Rentals</b>			
<b>All Other Income</b>			
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any assistance (Medicaid, Medicare, insurance, etc) which may be available for payment of my hospital charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges.

I understand that this application is made so that the hospital can judge my eligibility for Financial Assistance under Mount St. Mary's Hospital Financial Assistance program, based on the established criteria on file in the hospital. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate such as requesting documentation of resources.

In addition, I agree to provide additional information as requested in order to determine eligibility. I agree to inform Mount St. Mary's Hospital of any changes in my needs, insurance eligibility, income, or address as they occur.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have any questions or need help completing this application please contact the Financial Counselor's office at 716-298-2179.

You do not have to make any payment to the hospital until the hospital sends you a letter with its decision on your application.