Health System

Huntsville Hospital
Huntsville Hospital for Women & Children
Madison Hospital
Decatur Morgan Hospital
Helen Keller Hospital
Red Bay Hospital
Athens Limestone Hospital
DeKalb Regional Hospital

Patient Name: _____ **Account #:** _____ **Date:** _____

If you are in need of services at Huntsville Hospital Health System and you are without health care coverage or have financial challenges, please complete the attached Financial Assistance Application and **return the application with the required documentation listed below** to the hospital's Financial Counseling Department within 14 days. Applications cannot be processed without required documentation.

If you have already completed a Financial Assistance Application while you were a patient at any Huntsville Hospital Health System hospital **we will need you to provide the below information to support your Financial Application** or you may contact our Financial Counseling Department by calling one of the below numbers for additional information: Huntsville and Madison Hospital (256) 265-9689; Decatur Morgan Hospital (256) 973-4688; Helen Keller and Red Bay Hospital (256) 386-4385; Athens Limestone Hospital (256) 233-9158 , DeKalb Regional Hospital 256-979-1092

When you apply for financial assistance with Huntsville Hospital Health System, you will need to provide documentations listed below that apply to you. Documentation should include **patient and spouse** (if applicable). ***Attach parent's information if patient is under age 19**. Huntsville Hospital Health System may also access your credit file and/or provide your financial information to those companies contracted by Huntsville Hospital Health System for the purpose of financial or product recovery programs for which you may qualify."

REQUIRED DOCUMENTATION:

- **You will need to provide the most recent 30 day transaction history of your (and spouse's) complete bank statement** (including **all pages of all** checking, savings, or certificates of deposits). If the bank account has been closed, you will need to provide a letter from the bank stating the account has been closed. Other assets such as real estate (other than your primary residence), rental income, or investment equity will need to be verified during the financial application process.
- If you are **unemployed and have no income**, you must provide verification of your circumstances. Verification can be provided by a written statement from your physician, church pastor, or attorney on letterhead. If you have a pending Supplemental or Social Security Claim, please provide letter from Social Security or disability attorney.
- If you are **employed**, you will need to provide verification of the last three months gross income. Verification can be a current paycheck stub with the year to date gross income or a letter from your employer on company letterhead.
- If you are **self-employed**, you will need to provide an IRS processed copy of your most recent income tax return, including schedule C and all forms.
- If you are drawing **Social Security, SSI, Social Security Disability, Veteran or Military Pension**, you will need to provide verification of that income. Verification can be provided by a current year letter from the government showing the gross amount you are drawing. If your minor children also receive a check, you must provide verification of their income as well.
- If you are drawing a **retirement check, pension, annuity, short/long term disability, or worker's compensation**, you will need to provide verification of that income. Verification can be provided by either a copy of your most recent check or letter from the income source.
- If you receive **Food Stamps, AFDC (Aid for Dependent Children), or FA (State provided Family Assistance),** you will need to provide verification of the assistance. Verification can be your approval letter outlining your proof of eligibility.
- If you receive **child support or alimony**, or get any assistance from your children's other parent (not living in the household), you will need to provide verification of that income source. Verification can be a copy of your child support order or divorce decree.
- If you are **unemployed and drawing unemployment benefits**, you will need to provide verification of the amount you receive. Verification can be your unemployment benefit approval letter.
- If you are **separated** and/or going through a divorce, you will need to provide legal proof of the separation.
- If your **monthly expenses exceed your income**, you will need to provide verification of how your monthly expenses are being satisfied. Verification can be letters of support from your family, friends, church, or other supporting organizations. If you are using credit cards, cash advances, or loans to satisfy your monthly expenses, you will need to provide copies of the most recent statement of those items.

DETERMINING ELIGIBILITY:

Huntsville Hospital Health System will determine financial assistance eligibility based primarily on Federal Poverty Income Guidelines. Any approved applications will be used for Huntsville Hospital Health System accounts ONLY.

CONTINUED COLLECTIONS DURING YOUR APPLICATION PROCESS:

Please note that extraordinary collection actions on your account will be suspended during the consideration of a completed charity application. You will have 30 days from the date of the financial application to provide all supporting documentation or your account will be released for billing. If the supporting documentation is not provided with the financial statement and/or there is any falsification of any portion of the application, your application will be denied. Huntsville Hospital Health System has the right to reverse their decision concerning financial assistance when information is presented that indicates the patient/guarantors has or had the ability to pay for their services and financial assistance should not have been approved.

Please read this document in its entirety before submitting your application.

Health System

Financial Statement

Please print and do not leave any lines blank. Print "N/A" in areas that do not apply to your circumstances.

Patient Name: Last	First	MI		
Account Number(s):				
Admission Date(s):	Reason:			
Social Security #:	DOB:	Age:	Male	Female
Marital Status (circle one) Married Common-law married Single Widowed Divorced Separated How long?				
Spouse's Name:	Spouse's Social Security #:			
Patient Home #:	Work #:	Cell #:		
Current Address:				
Street	City	State	Zip	
County:	How long at current address:			
Patient Employer:	Hire Date: (month/day/year)			
If unemployed – last date worked (month/day/year)	Reason:			
Spouse Employer:	Hire Date: (month/day/year)			
If spouse is unemployed – last date worked (month/day/year):	Reason:			

List **ALL** Bank Accounts (Name and Account #s)

Account Name	Account #	Checking	Savings	Other

Property Owned House	Land	Auto (year and make)		
Are you Renting	Buying	Own	Living with and/or supported by someone?	Who?
Number of people living in household:	Relation to you?			
List the ages of **YOUR** children still living in the household:				
Was this an accident?	Nature of accident	Date and place accident occurred		
Have you ever applied for SSI/Social Security Disability?	Date of last SSI application:			
Is the case still open and pending a decision?	If denied, have you filed an appeal?			
Do you have an attorney working on your case? Attorney Name:	Attorney's Phone # and Address:			

Health System

Income and Expenses

MONTHLY INCOME

MONTHLY EXPENSES

*If expenses are shared, please list **your** portion only

Income Type	Amount	Expense Type	Amount
Gross wages (patient)		Rent, house, or trailer payment	
Net wages after taxes (patient)		Land/lot payment	
Gross wages (spouse)		Utilities / Gas / Water	
Net wages after taxes (spouse)		Food / Phone Bill	
Gross wages/salary (parents)		Car payment / Car Insurance	
Net wages after taxes (parents)		Car payment / Car Insurance	
*If patient is a child, list income for both parents)		Child support/alimony payment	
Social Security check amount (patient)		Daycare/childcare expense	
Social Security check amount (spouse)		Education/college loans	
Social Security check amount (child)		List all insurance premiums paid:	
SSI Income (list amount & recipient)		Hospital/daily indemnity	
Military/Reserves/VA income		House/renters insurance	
Short/long term disability income		Health insurance	
Child support/alimony received		Student insurance	
Unemployment check amount		Life/burial insurance	
Retirement/pension check amount		Cancer insurance	
Workman's Compensation		Doctor and medical expenses (monthly)	
Rental income received		Prescription costs (out of pocket)	
AFDC/Family Assistance		Credit Card Name:	
Food Stamps received		Credit Card Name:	
Church assistance received		Credit Card Name:	
Other income or money received		Other expense	

Applicant's statement: I do hereby certify that the information on this form is correct and true to the best of my knowledge and that no pertinent items of information have been concealed or omitted from this application. I also understand that Huntsville Hospital has the right to reverse their decision concerning charity discounts when discovery of information is made that indicates the patient/guarantors has or had the ability to pay for their services. I am giving Huntsville Hospital; permission to access my credit file and to provide my financial information to those companies contracted by Huntsville Hospital for the purpose of financial or product recovery programs for which I may qualify. If there is anyone you would like to allow us permission to speak with in regard to completing the financial application process, please list them below as a designated person in the space provided.

DESIGNATED PERSON

PATIENT'S INITIALS TO APPROVE

PATIENT /FAMILY REPRESENTATIVE SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

BOLDER REP

FINANCIAL COUNSELOR