JCH HealthCare

FINANCIAL ASSISTANCE APPLICATION

Date:

Dear Patient,

JCH HealthCare provides a reasonable amount of care without or below charges to persons who cannot afford to pay for the services.

If you do not believe that you are able to pay for the care and treatment you need, please complete the **JCH HealthCare Financial Assistance Application** and submit proof of income within 2 weeks from the date of service or this letter.

When applying for financial assistance, we must have the following information from everyone in the household even if they are not responsible for your bills. The following documents **MUST** be included with your Financial Assistance Application:

Federal tax return with W-2's

3 months of income statements
(pay stubs, rental income, Social Security, unemployment, worker's compensation, alimony, child support or other forms of income)

3 months of checking & savings account statements
If you do not have checking or savings, please send copies of all bills.

After a request is received, a written notification of approval or denial will be sent to you. If you have any further questions, please contact the JCH Financial Counselor at 618.498.8326.

Thank you,

JCH Financial Counselor
Jersey Community Hospital
400 Maple Summit Road
Jerseyville, IL 62052
618.498.8326
(Office located at the JCH East Annex, side entrance. 220 East County Road, Jerseyville)

Please complete the JCH HealthCare Financial Assistance Application and ALL supporting documentation.

JCH HealthCare

Financial Assistance Application

Instructions: **Complete** the application in full, **sign** the authorization to verify information.

Applicant Information

Last Name	First	M.I.	Date of Birth	Social Security Number	# of Dependents

Street	Apt #	City	State	Zip	Home Phone

Employer	Position	Cell Phone

Employer Address	City	State	Zip	Work Phone

Co-Applicant – Must complete if you rely on the income of another person(s)

Last Name	First	M.I.	Date of Birth	Social Security Number	Relationship

Employer	Position	Cell Phone

Employer Address	City	State	Zip	Work Phone

Dependent Information	Name / Age / Live at above address Yes No	Name / Age / Live at above address Yes No
Name / Age / Live at above address Yes No	Name / Age / Live at above address Yes No	Name / Age / Live at above address Yes No

Description of Income	**Paid To**	**Gross Amount (before taxes/deductions)**
__Weekly __ Bi-Weekly __ Monthly		
__Weekly __ Bi-Weekly __ Monthly		
__Weekly __ Bi-Weekly __ Monthly		
__Weekly __ Bi-Weekly __ Monthly		

Assets/Banking Information	Checking Account / Bank Name	Savings Account / Bank Name

Year / Make Model	Year Purchased / Tax Assessed Value / Loan Balance
Auto(s)	**Home**
Year / Make Model	**Other Real Estate**
Year / Make Model	**RV/Boat**

Monthly Expenses	Rent/Mortgage	Utilities	Water/Sewer	Telephone

Groceries	Auto Payment(s)	Auto Insurance	Health Insurance	Property taxes not included in Mortgage

Other (Describe)	Other (Describe)	Other (Describe)
Other (Describe)	Other (Describe)	Other (Describe)

I certify that all information stated in this Application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to verify all information submitted. I agree to immediately supplement my application with any changed financial circumstances or requests for additional information/documentation. Charity assistance may be extended to subsequent treatment subject to full disclosure of any additional financial information requested. I understand that I cannot apply for if I have a pending liability claim, worker's compensation claim, or insurance claim. If it is determined at anytime the information I provided is found to be false and/or inaccurate, all charity care will be reversed and I will accept responsibility for full and immediate payment of any and all outstanding balances. I also agree to accept payment responsibility according to the terms and conditions of JCH for any amount due after any partial assistance may be awarded.

Signature: **Date:**