

Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792

Page: 1 of 16

Date: August 2017

Department: General Manual

Subject: Financial Assistance

PURPOSE:

To assist patients who are uninsured or underinsured to qualify for a level of financial assistance, in accordance with their ability to pay. Financial assistance may be provided in the form of free care for patients who qualify or a discount may be applied to inpatient and/or outpatient service charges (excluding cosmetic or self-pay flat rate procedures).

POLICY:

The determination of a patient's financial responsibility will be made according to a patient's ability to pay, as indicated by the eligibility criteria established within the procedural guidelines of this policy. These guidelines include:

- Completion of the Unity Health Financial Assistance Application

Resources are limited, so it is necessary to establish limits and guidelines. These limits are not designed to turn away or discourage those in need from seeking treatment. They are in place to assure that the resources Unity Health can afford to devote to its patients are focused on those who are most in need and least able to pay, rather than those who choose not to pay. Financial assessments and the review of patients' financial information are intended for the purpose of assessing need, as well as gaining a holistic view of the patients' circumstances. Unity Health is committed to the following:

- Communicating with patients so they can more fully and freely participate in providing the needed information without fear of losing basic assets and income
- Assessing the patients' capacity to pay and establish payment arrangements that do not jeopardize the patients' health and basic living arrangements or undermine their capacity for self-sufficiency
- Upholding and honoring patients' rights to appeal decisions and seek reconsideration, and to have a self-selected advocate to assist the patient throughout the process
- Providing options for payment arrangements without requiring that the patient select higher cost options for repayment.

DEFINITIONS:

Bad Debt Expense: Uncollectible accounts receivable that were initially expected to result in cash received (i.e. the patient did not meet Unity Health's Financial Assistance eligibility criteria). They are defined as the provision for actual or expected uncollectible accounts resulting from the extension of credit.

Catastrophic Financial Assistance: Assistance available to all uninsured patients who have a balance owed for medical care who do not qualify for the Medical Assistance program but have an extraordinary balance owed; a debt that is catastrophic to the family income base. Determination is made through the

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Kevin Burton

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Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792
Page: 2 of 16
Date: August 2017

Department: General Manual

Subject: Financial Assistance

Unity Health Catastrophic Financial Assistance Committee on a case-by-case basis.

Charity Care: Charity care is care that represents the uncompensated cost to a hospital of providing funding or otherwise financially supporting healthcare services on an inpatient or outpatient basis to a person classified as uninsured or otherwise financially indigent. Charity care services are those that may not initially have been expected to result in cash received. Charity care results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

Current Medical Debt: Self-pay portion of current inpatient and outpatient account(s). Depending on circumstances, accounts related to the same episode of illness may be combined for evaluation. Internal and external collection agency accounts are considered as part of the current medical debt.

Family/Household: A group of two or more persons related by birth, marriage (including any legal common law spouse), or adoption who live together. All such related persons are considered as members of one family.

Liquid Assets: Money that can be accessed in a relatively short period of time, which may include cash/bank accounts, certificates of deposit, bonds, stocks, cash value of life insurance policies, and pension benefits.

Living Expenses: A per person allowance based on the Federal Poverty Guidelines times a factor of two, and adjusted for the Arkansas Wage Index. Allowance will be updated annually when guidelines are published in the Federal Register.

Payment Plan: When the patient is unable to pay his or her portion of healthcare costs all at one time, Unity Health will arrange to accept the amount due in regular installments over a defined period of time. Payment plans are expected to be resolved within one year. Payment plans extending beyond one year will be classified as bad debt expenses, and forwarded to the Internal Collections Unit for processing.

Projected Medical Expenses: A patient's significant, ongoing, annual medical expenses, which are reasonably estimated to remain as non-covered by insurance carriers (e.g., drugs, co-payments, co-insurance, deductibles, and durable medical equipment).

Sliding Scale: An income-based scale that is adjusted to reflect the patient's ability to pay based on the income level of the household. Table A reflects household income levels indexed according to the Federal Poverty Level.

Supersedes Policy Dated:
January 2014

Prepared by:
Kevin Burton

Approved by:

Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792

Page: 3 of 16

Date: August 2017

Department: General Manual

Subject: Financial Assistance

TABLE A

# Persons in the Family	Income Level				
1	\$18,707	\$21,046	\$23,384	\$25,723	\$28,061
2	\$25,227	\$28,380	\$31,533	\$34,687	\$37,840
e	\$31,746	\$35,714	\$39,682	\$43,651	\$47,619
e	\$38,265	\$43,048	\$47,832	\$52,615	\$57,398
e	\$44,785	\$50,383	\$55,981	\$61,579	\$67,177
6	\$51,304	\$57,717	\$64,130	\$70,543	\$76,956
7	\$57,839	\$65,069	\$72,298	\$79,528	\$86,758
8	\$64,390	\$72,438	\$80,487	\$88,536	\$96,584
Allowance to Give	100%	80%	60%	40%	20%

Episode of Illness: Medical encounters/admissions for treatment of a condition, disease, or illness in the same diagnosis-related group (DRG), or closely related DRG occurring within a 120-day period.

Supporting Documentation: Pay stubs, 1099s, workers' compensation documentation, social security letters, disability award letters, bank statements, brokerage statements, tax returns, life insurance policies, real estate assessments, credit bureau reports, and other documentation typically utilized to establish income levels and charity care or Medical Assistance eligibility.

Take Home Pay: Patient's and/or responsible party's wages, salaries, tips, interest dividends, corporate distributions, net rental income before depreciation, retirement/pension income, social security benefits, and other income as defined by the Internal Revenue Service after taxes and other deductions.

Underinsured: Unity Health considers a patient underinsured when a patient's primary, secondary, and/or other insurance will not cover a specific service or procedure at any hospital or healthcare facility.

Uninsured: Unity Health considers a patient uninsured when the patient has no insurance coverage.

Uninsured Allowance: An uninsured allowance will be available to all patients who are without insurance and do not qualify for any financial assistance. The discount will be 65% for all hospital inpatient services, 75% for hospital outpatient services, and 50% for services provided in the clinic setting. These discounts are determined by taking 12 months' claims paid by Medicare Fee for Service and all Private Insurers, and calculating the average discount given to those payers. The discount percentage will be updated annually and distributed by Administration to all Unity Health facilities and departments one month before the start of the new fiscal year, to be effective on the first day of the upcoming fiscal year.

Supersedes Policy Dated:
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Prepared by:
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Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792
Page: 4 of 16
Date: August 2017

Department: General Manual

Subject: Financial Assistance

SPECIAL INSTRUCTIONS/FORMS TO BE USED

- Financial Assistance Application (Attachment A)

PROCEDURE:

I. Identification of Potentially Eligible Patients:

1. An evaluation for Financial Assistance can be initiated in a number of ways, including the following:
 - a. A patient with a self-pay balance due notifies the self-pay collector that he/she cannot afford to pay the bill and requests assistance.
 - b. A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with the current or previous medical services.
 - c. A physician or other clinician refers a patient for a financial assistance evaluation for potential admission.
2. When possible, prior to the admission or registration of the patient, Unity Health will conduct a pre-admission/pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission or pre-registration interview is not possible, this interview should be conducted upon admission or registration, or as soon as possible thereafter. In the case of an emergency admission, Unity Health's evaluation of payment alternatives should not take place until the required medical care has been provided. At the time of the initial patient interview, the following information should be gathered:
 - a. Routine and comprehensive demographic and financial data.
 - b. Complete information regarding all existing third party coverage.
3. Identification of potentially eligible patients can take place at any time during the rendering of services or during the collection process (including bad debt collection).
4. Those patients who may qualify for financial assistance from a governmental program should be referred to the appropriate program, such as Medicaid, prior to consideration for financial assistance.
5. Prior to authorizing the filing of a collection lawsuit on an account, a final review of the account will be conducted by the Patient Financial Services Director or his/her designee to ensure that no application of financial assistance was received. Prior to a lawsuit being filed, the AVP of Fiscal Services' approval is required.

II. Determination of Eligibility:

1. All patients identified as potential financial assistance recipients should be offered the opportunity to apply for financial assistance. If this evaluation is not conducted until after the patient leaves the facility, or in the case of outpatients or emergency patients, a Financial

Supersedes Policy Dated:
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Prepared by:
Kevin Burton

Approved by:

Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792

Page: 5 of 16

Date: August 2017

Department: General Manual

Subject: Financial Assistance

Counselor will mail a financial assistance application to the patient for completion. In addition, the hospital will provide a plain language summary of the financial assistance policy to the patient with all billing statements and communications within the first 120 days following the first billing statement. When no representative of the patient is available, the facility should take the required action to have a legal guardian/trustee appointed or to act on behalf of the patient in this regard.

2. Requests for financial assistance may be received from:
 - a. The patient or guarantor
 - b. Physicians or other caregivers
 - c. Various Unity Health clinics, practices, or other facilities
 - d. Unity Health Administration
3. Other approved programs that provide for primary care of indigent patients.
4. The patient should receive and complete a written application (Attachment A) and provide all supporting data required to verify eligibility.
5. In the evaluation of an application for financial assistance, a patient's family income and medical expenses will be the determining factors for eligibility. A credit report may be generated for the purpose of identifying additional expense, obligations, and income to assist in developing a full understanding of the patient's financial circumstances. The AVP of Fiscal Services maintains the final authority to determine whether or not Patient Financial Services exerted reasonable effort to assist a patient in attaining Financial Assistance under this policy.

III. Screening Process:

1. It begins upon the completion of the Financial Assistance Application.
2. The application should be completed by either the patient, a family member of the patient, the Financial Counselor, Collector, Customer Service Representative, or a Medical Assistance Eligibility Determination Representative.

IV. Financial Assistance:

1. It will be granted, based on household income schedule associated with the sliding scale income table. Questions concerning the application process may be directed to (501)380-1022.

V. Family Assets:

1. They shall be considered when evaluating the applicant's level of medical indigence.
2. In doing so, patients qualifying for charity based on balances greater than \$5,000 will be referred to an outside entity for asset verification.

a. Responsible Party

Authority Limit

Supersedes Policy Dated:
January 2014

Prepared by:
Kevin Burton

Approved by:

Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792
Page: 6 of 16
Date: August 2017

Department: General Manual

Subject: Financial Assistance

Financial Counselors or Customer Service Rep	< \$5000
Patient Financial Services Director	\$5,000 - \$25,000
AVP of Fiscal Services	> \$25,000

- b. Upon the patient's completion of the application and submission of appropriate documentation, the Financial Counselor or Customer Service Representative will complete the Unity Health portion of the Financial Assistance Application using either the manual form (Attachment A) used by the patient or an electronic form (Unity Health Financial Assistance application). The information shall be forwarded to the Patient Financial Services Director or designee for determination, as required. Financial Assistance approvals will be made in accordance with the guidelines, and documented on the form used to complete the application.
- c. Accounts for which the Financial Counselor, Customer Service Representative, or Patient Financial Services Director identified special circumstances that affected the patient's eligibility for financial assistance will be referred to the Unity Health AVP of Fiscal Services for final determination.
- d. Accounts that do not clearly meet the criteria will be reviewed by the Financial Counselor. The decisions and rationale for those decisions will be documented and maintained in the account file, and sent to the patient in a timely manner.
- e. A scanned electronic record shall be maintained, reflecting authorization of financial assistance. These documents shall be kept for 10 years.
- f. If, due to special circumstances, a patient refuses to cooperate, or if an incomplete application is submitted, the Financial Counselor will provide written notice to the patient explaining what is needed for completion, send a plain language summary of the financial assistance policy, and provide written notice to the patient of the collection actions that could occur if the application is not completed.

VI. Financial Assistance and/or Charity are based on the following:

1. State and county residency
2. Individual or family income
3. Individual or family net worth
4. Employment status and earning capacity
5. Family size
6. Amount and frequency of bills for healthcare services
7. Other sources of payment for the services rendered
8. Other financial obligations

Supersedes Policy Dated:
January 2014

Prepared by:
Kevin Burton

Approved by:

Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792

Page: 7 of 16

Date: August 2017

Department: General Manual

Subject: Financial Assistance

VII. Financial Assistance Applications:

1. They will be completed within the fiscal year of the date of treatment, whenever possible.
2. Hospital charges incurred within one year of a financial assistance application may be considered for write-off.
3. Ambulatory Clinic balances due at the time of application approval (for Outpatient Departments of Unity Health) will be considered for write-off.
4. Charges for services by entities not owned by Unity Health will not be considered for Financial Assistance. (See attached "501(r) Healthcare Provider List" for a list of providers and their coverage status)

VIII. Collection Efforts:

1. Including those by internal or external collection agencies, are to be considered part of the information collection process and can appropriately result in identification of eligibility for financial assistance.
2. In the event a patient does not qualify for financial assistance, and fails to make payments or arrangement for payments within 120 days of notification that the patient did not qualify, Unity Health will utilize the services of external collection agencies to help collect the patient's debt to the hospital.

IX. Charges for non-covered services:

1. Charges that are remaining after third-party payments may be eligible for financial assistance write-off.
2. Eligibility requirements must be met.

X. Determination of Eligibility for Financial Assistance:

1. Once this occurs, Unity Health will discontinue all billing or collection efforts on the account and adjust the patient receivable by writing-off the account as Financial Assistance.
2. Appropriate adjustment code must be used.

XI. Patients may qualify for financial assistance as medically indigent:

1. Medical indigence is established when a patient has catastrophic medical expenses but does not qualify for Medical Assistance through the guidelines of Table A.
2. In such cases, an application for assistance may be completed and considered. Determination is through the Unity Health Catastrophic Financial Assistance Committee on a case-by-case basis.

XII. After qualifying for financial assistance:

Supersedes Policy Dated:
January 2014

Prepared by:
Kevin Burton

Approved by:

Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792
Page: 8 of 16
Date: August 2017

Department: General Manual

Subject: Financial Assistance

1. The patient will be contacted and the patient's account will be documented to reflect that charity care approval was granted.
2. The following adjustment codes are to be used for write-offs:
 - a. 99026: A/R Charity Write-off
 - b. 99079: Under-insured Adjustment
 - c. 99026: Bad Debt Charity Write-off

XIII. Notification of Eligibility Determination:

1. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial (if appropriate), will be provided, generally within 45 days of the Financial Counselor's decision after reviewing a completed application. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information to do so. If a patient is determined to be eligible, Unity Health will provide a billing statement that indicates the amount owed that is eligible for financial assistance.
2. If a patient disagrees with the decision, the patient may request an appeal process in writing within 45 days of the denial. The Financial Counselor will again review the application, and escalate it to the AVP of Fiscal Services for a determination. Decisions reached will normally be communicated to the patient within 45 days, and will reflect the Committee's final and executive review.
3. Collection activity will be suspended during the consideration of a completed financial assistance application, or an application for any other healthcare coverage (e.g., Medicare, Medicaid, Family Care, etc.). A note will be entered into the patient's account to suspend collection activity until the financial assistance or other application process is complete. If the account has been placed with a collection agency, the agency will be notified by telephone to suspend collection efforts until a determination is made. This notification will be documented in the account notes. The patient will also be notified verbally that the collection activity will be suspended during consideration. If a financial assistance determination allows for a percent reduction, but leaves the patient with a self-pay balance, payment terms will be established on the basis of disposable income.
4. If the patient complies with a payment plan to which Unity Health has agreed, the facility shall not otherwise pursue collection action against the patient. However, if a patient misses one monthly payment, the account may be referred to the Internal Collections Unit, and the account may be referred to a collection agency if more payments are missed.
5. A patient will be given a discount only if the account has an open self-pay balance. The determining factor for refunding monies back to the patient will be the date the patient becomes eligible. For example, if a patient is making payment arrangements on an account and part way

Supersedes Policy Dated:
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Kevin Burton

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Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792
Page: 9 of 16
Date: August 2017

Department: General Manual

Subject: Financial Assistance

6. through the agreed upon contract term the patient becomes eligible for financial assistance (e.g., they lose their job, etc.), then the monies paid (before the date of job loss and financial assistance eligibility) will not be refunded. If a patient makes payments on an account, and during the time in which the payments were made the patient qualified for financial assistance, then those monies will be refunded to the patient. The Patient Financial Services Director is authorized to make exceptions to these guidelines.
7. If the patient has a change in financial status, the patient should promptly notify the facility's Patient Financial Services Director or designee. The patient may request and apply for financial assistance or a change in their payment plan terms.

XIV. Availability of policy:

1. Unity Health will provide any member of the public or state governmental entity a copy of its financial assistance policy, upon request. The policy will also be available on the hospital website, at all points of registration within the facility, and will be provided by mail to anyone requesting it at no charge. A plain language summary of the policy will be made available in these locations as well.

XV. Application forms:

1. Unity Health will make the financial assistance application form available on the hospital website, at all points of registration within the facility, and via mail to anyone requesting it at no charge.
2. This will determine a patient's eligibility for financial assistance.

XVI. Monitoring and Reporting:

1. Unity Health will maintain a log of approved Charity Care accounts, reflecting the appropriate information to claim the adjustment of charity for Disproportionate Share funding. A financial assistance log from which periodic reports can be developed shall be maintained, aside from any other required financial statements. Financial assistance logs will be maintained for ten years. At a minimum, the financial assistance logs are to include:
 - a. Account number
 - b. Date of service
 - c. Application mailed (y/n)
 - d. Application returned and complete (y/n)
 - e. Total charges
 - f. Self-pay balances
 - g. Amount of financial assistance approved

Supersedes Policy Dated:
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Prepared by:
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Approved by:

Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792
Page: 10 of 16
Date: August 2017

Department: General Manual

Subject: Financial Assistance

- h. Date financial assistance was approved
 2. Viewing capability of financial assistance logs will be utilized to exchange financial assistance information between Unity Health facilities if applicable. A patient who uses multiple facilities, services, or practices at Unity Health will be able to have his or her approved financial assistance documented by one facility; thereby preventing the need for the patient to reapply for assistance. The Unity Health facilities will be able to reference the log and note in the patient's account that the patient has already been approved for assistance. This will be considered sufficient documentation to extend that patient financial assistance.
 3. The cost of financial assistance will be reported annually in the Community Benefit Report. Charity Care will be reported as the cost of care provided (not the charges for that care) using the most recently available operating cost and the associated cost-to-charge ratio, which is generated monthly.

XVII. Presumptive Financial Assistance Guidelines and Eligibility Criteria:

1. In the following situations, a patient is deemed to be eligible for a 100% reduction from charges (i.e. full write-off):
 - a. If a patient is currently eligible for Medicaid, but was not eligible on a prior date of service. Instead of making the patient duplicate the required paperwork, the facility will rely on the financial assistance determination process from Medicaid up to 12 months prior to the eligibility date.
 - b. If a patient states he or she is homeless and the facility, thru its own due diligence, does not find any evidence to the contrary. The due diligence efforts are to be documented.
 - c. If a patient dies without an estate.
 - d. If a patient is mentally or physically incapacitated and has no one to act on his/her behalf.

XVIII. Payment Plans (See Policy Payment Plans):

1. Unity Health may provide care for a patient whose financial status makes it impractical or impossible to pay the patient portion balance in a single lump sum payment. In such circumstances, establishment of payment arrangements is consistent with, and essential to, the execution of our mission, vision, and values.
2. To assist the patient in meeting his/her financial responsibilities, Unity Health allows patients to make payment arrangements when payment in full is not possible. Unity Health will provide long and/or short-term payment plans, based on patient/guarantor needs and financial situations. If the patient/guarantor qualifies for a payment plan, then the Customer Service Representative, Financial Counselor, or Patient Financial Services Representative will inform

Supersedes Policy Dated:
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Prepared by:
Kevin Burton

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Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792
Page: 11 of 16
Date: August 2017

Department: General Manual

Subject: Financial Assistance

the patient about his/her responsibilities under the payment arrangement program, as detailed in the Unity Health "Payment Plans" policy.

3. All Unity Health registration representatives will inform eligible patients/guarantors of the Unity Health payment plan policy if a patient is unable to pay his/her self-pay amount in full.
4. Insured patients will not be referred to a collection agency unless first offered the opportunity to request a reasonable payment plan for the amount owed. Uninsured patients must be given the opportunity to assess the accuracy of their bill, apply for financial assistance, and avail themselves of a reasonable payment plan prior to the pursuit of collection agency activity.
5. If the patient cannot meet the requirements of the payment arrangement program, the patient should be evaluated for financial assistance.
6. Payment plans on partial charity care accounts need to be individually developed with the patient.

XIX. In administering this policy, Unity Health will:

1. Ensure the dignity of the patient/guarantor
2. Encourage upfront financial counseling
3. Be patient-centric and patient-friendly
4. Serve the healthcare needs of everyone, regardless of ability to pay
5. Communicate collection procedures

XX. Exclusions: Medical expenses excluded from uninsured discounts:

1. Individuals eligible for administrative discounts
2. Elective cosmetic surgery services or other elective non-covered services for which a price has been negotiated
3. Accounts for which any third parties may be liable for services
4. Balances due (such as deductibles and co-pays) after payment are made by a primary insurer

XXI. Uninsured Allowance:

1. An uninsured allowance will be available to all patients who are without insurance and do not qualify for any financial assistance. The discount will be 65% for all hospital inpatient services, 75% for hospital outpatient services, and 50% for services provided in the clinic setting.
2. These discounts are determined by taking 12 months' claims paid by Medicare Fee for Service and all Private Insurers, and calculating the average discount given to those payers.
3. The allowance percentage will be updated annually and distributed by Administration to all Unity Health facilities and departments one month before the start of the new fiscal year, to

Supersedes Policy Dated:
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Unity Health

Policy and Procedure Manual

Policy/Procedure

Number: 9500.0792
Page: 12 of 16
Date: August 2017

Department: General Manual

Subject: Financial Assistance

be effective on the first day the upcoming fiscal year

STANDARD	RELATED SOURCES
Related Unity Health Policy	PFS Policy – Installment Payments
	PFS Policy – Central Cashiering
	PAS Policy – Cash Collection
	PAS Policy – Inpatient Admission and Financial Responsibility
	PAS Policy – Verification of Insurance Benefits
	PAS Policy – Clearance External Transfers and Direct Admissions
	PAS Policy – Discharge Clearance
Other Local Policy	501(r) Healthcare Provider List
State Dept. of Health Reference	
NFPA	
OSHA	
NCQA	
HIPAA	
CMS	
OIG	
Anti-Kickback Statutes	
Other	

Distribution: System-Wide
Filing Instructions: General Manual

Annual Review: Date: _____ By: _____
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Supersedes Policy Dated:
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Approved by:



UNITY HEALTH
3214 EAST RACE AVENUE
Searcy, AR 72143

Patient Name: _____

Patient Number: _____

Dear Patient or Guarantor:

You may qualify for the Financial Assistance Program at Unity Health!

Please fill out this application and submit it back to Unity Health as soon as possible to see if you qualify for a discount on your healthcare costs.

*Application must be complete to be considered for financial assistance.
Please submit this information within 14 days.

- TOTAL HOUSE HOLD INCOME TO DATE- _____**
- COPY OF _____ INCOME TAX RETURN**

If you have any questions about the financial assistance program, please call or come by the Business Office at Unity Health.

Sincerely,

Financial Counselor
(501) 380- 1022

APPLICATION FOR FINANCIAL ASSISTANCE

Name of Head of Household: _____
(LAST) (FIRST) (MIDDLE)

Current Mailing Address: _____
(Street / PO Box) (CITY) (STATE) (ZIP)

Home Telephone: _____ Mobile/Cell Phone: _____

Employer: _____ Employer's Phone: _____

Employer's Address: _____
(Street / PO Box) (CITY) (STATE) (ZIP)

Social Security Number (Head of Household): _____

Spouse's Name: _____
(LAST) (FIRST) (MIDDLE)

Spouse's SS#: _____ Employer: _____

Employer's Address: _____
(Street / PO Box) (CITY) (STATE) (ZIP)

Employer's Phone Number: _____

Do you have any Insurance Coverage? ___ Yes ___ No

If Yes, what kind? _____

PLEASE LIST ALL FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD INCLUDING YOURSELF AND SPOUSE:

Name: (Last, First, Middle)	Date of Birth	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ATTACHMENT A

Total Household Income for the last 12 months

INCOME: List all GROSS INCOME including CASH for all members listed on Page 1:

EMPLOYMENT EARNINGS:
(Including Self Employment)

Head of Household: \$ _____

Spouse: \$ _____

Other working family members: \$ _____

Farm Income: \$ _____

SOCIAL SECURITY Income:
(Any family members) \$ _____

Child Support / Alimony: \$ _____

Military Family Allotments: \$ _____

Retirement / Pension: \$ _____

Other Income not listed:
(Any family members) \$ _____

TOTAL INCOME: \$ _____

ATTACHMENT A

Unity Health
Application for Financial Assistance

EXPENSES WORKSHEET

	<u>Monthly</u>	<u>Annual</u>
Electric Bill	\$ _____	\$ _____
Water Bill	\$ _____	\$ _____
Telephone Bill	\$ _____	\$ _____
Automobile Expenses	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Food (do not include food stamps)	\$ _____	\$ _____
Insurance:		
Automobile	\$ _____	\$ _____
Home	\$ _____	\$ _____
Life & Health	\$ _____	\$ _____
Installment Payments:		
House	\$ _____	\$ _____
Car	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other Payments:		
Hospital	\$ _____	\$ _____
Doctor	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL EXPENSES:	\$ _____	\$ _____

I certify that the above information is true and accurate to the best of my knowledge. As part of the application process, Unity Health may verify information contained in my application and in other documents required in connection with the application, either before the application is approved or as a part of its quality control program. Further, I will make application for any assistance (Medicaid, Medicare, insurance, etc.) which may be available for payment of my medical charges, and I will take action reasonably necessary to obtain such assistance and will assign or pay to Unity Health the amount recovered for medical charges. If any information I have given proves to be untrue, I understand that Unity Health may reevaluate my financial status and take whatever action becomes appropriate.

Applicant's Signature

Date of Request