



### **Financial Assistance Application Process Description**

Crawford Memorial Hospital has a Financial Assistance Application Process to determine if a patient may qualify for help with their necessary healthcare expenses. The application process involves collecting patient financial information and verifying with documents. Financial Assistance is awarded based on a family's income in relation to Federal Poverty Guidelines and consideration of other assets, liabilities and medical expenses. Patients are notified of the financial assistance awarded and the duration that the award is in effect.

### **Financial Assistance Form Instructions**

Before considering this form, we are required to make sure that all available insurances, Medicare, Medicaid and other liable parties have been billed. If we feel you may qualify for Medicaid, we can request that you apply for Medicaid at the Department of Human Services and bring us a denial before we process your Financial Assistance Form. The Illinois Uninsured Patient Discount Act discount will also be processed using this form.

1. This form may be filled out by any person with knowledge of the patient and/or guarantor's financial situation. We will send our response to the responsible party on the patient's accounts.
2. Fill out demographic info in top section. We may request proof of address and/or dependents.
3. Source of Income should list any income you have - employment, retirement, pension, Social Security, etc. Please submit a copy of recent pay stubs that have year-to-date totals and most recent tax return. If unemployed and no taxes filed, then we need a statement indicating how you are able to pay your household expenses and a copy of most recent bank statement.
4. Fill out the remaining income and expense items that apply.
5. The next section is titled "ASSETS" and "LIABILITIES". Please list any of these items that apply. If you owe more than \$1000 to other hospitals or physicians, please enclose copies of most recent bills or statements which show the amount that you owe.
6. The person filling out the form should sign the form or have the responsible party sign the form.
7. Please return the completed form with any documents required to the Crawford Memorial Hospital Business Office, 1000 N. Allen St., Robinson, IL 62454. We will normally respond within 14 days either with a request for more information or with a decision.

Financial assistance may be granted for full or partial payment of hospital bills based on income relative to the federal poverty guidelines and consideration of other aspects of each patient's financial and medical situation. Additional Uninsured Discounts may also be granted based on Illinois' Uninsured Patient Discount Act using this form. Any amounts remaining after financial assistance has been granted are your responsibility and we will work with you to set a reasonable payment arrangement. If you have questions regarding this form or the financial assistance process, please call the Crawford Memorial Hospital Business Office at (618) 546-2568.