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Financial Assistance Application (FAA)

Patient Demographics

Patient Name: Last, First, Middle	**Social Security # (If available)**	**Date of Birth**	**Account #** **Location of Service**
Guarantor Name: Last, First, Middle	**Social Security # (If available)**	**Date of Birth**	**Relationship to Patient**
Patient/ Guarantor Address	**County of Residence**	**Home Phone #**	**Alternate Phone #**
City	**State**	**Zip Code**	**Homeowner? Yes No**
Have you applied for Medicaid or any other State/County Assistance? (Circle one) Yes No **If Yes, Please provide the following:**			
Application Date:		**Status of Application:**	
Caseworker Name:		**Caseworker Phone Number:**	

Household Information

Marital Status:	**Married**	**Single**	**Separated**	**Divorced**	**Widowed**

Dependent Names	**Relationship**	**Date of Birth**

Employment/Household Income and Expenses

Patient/Guarantor Employer Name	**Gross Monthly Income: $**	**Provide verification**
If income is $0, please explain.		**Provide documentation**
Spouse's Employer Name	**Gross Monthly Income: $**	**Provide verification**
If income is $0, please explain.		**Provide documentation**
Other Income Source:	**Gross Monthly Income: $**	**Provide verification**
EXPENSES ARE NOT REQURIED FOR NHSC APPLICATIONS		
Household Monthly Expenses	**Total Monthly Expenses: $**	

IMPORTANT: To qualify for assistance, at least one piece of supporting documentation that verifies household income may be required. Supporting documentation can include but is not limited to, most recent year's tax return, a current W-2, 1 month of current pay-stubs, signed letter of support, etc.

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PLEASE READ THE FOLLOWING BEFORE SIGNING AND DATING THE APPLICATION

Please be advised that your signature indicates you have agreed to attach income verification.

- I certify that the information I have provided is true and accurate to the best of my knowledge.
- I will independently or with the assistance of hospital personnel apply for ANY and ALL Assistance which may be available through federal, state, local government and private sources to help pay this healthcare bill.
- I understand that if I do not cooperate with my healthcare provider in providing requested information, my application may be denied for possible financial assistance.
- I understand that the information which I submit is subject to verification by my healthcare provider, including credit reporting agencies and subject to review by Federal and/or State agencies and others as required.
- I understand that additional information may be requested in order to qualify for assistance.

Signature (Applicant/Guarantor)	**Date**

Return Completed Application and Documents to:

FINANCIAL ASSISTANCE CENTER
PO BOX 660872
DALLAS, TX 75226-0872

Phone: 844-286-5546

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Office Use Only

Reason for visit:	FPL%
Total Charges: $	Total Adjustment: $

Verification Documents:

	YES	NO
Identification/Address: Driver's license, picture ID, or other		
Family Size/Income: Tax return, pay stubs, or other		

Approval (s):

Name (Printed)	Name (Signature)	Title	Date
Name (Printed)	Name (Signature)	Title	Date
Name (Printed)	Name (Signature)	Title	Date
Name (Printed)	Name (Signature)	Title	Date

Comments: _____

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Kentucky	Saint Joseph East	502-587-4540	Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202
Kentucky	Saint Joseph Jessamine	502-587-4540	Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202
Kentucky	Saint Joseph London	502-587-4540	Attn: EES/MECS 312 S. 4th St Louisville, KY 40202
Kentucky	Saint Joseph Martin	502-587-4540	Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202
Kentucky	Saint Joseph Mt. Sterling	859-497-5130 or 859-497-5157	Attn: EES/MECS PO Box 7 Mt. Sterling, KY 40353
Kentucky	University of Louisville Hospital	502-562-4943	Attn: Admissions Department 530 South Jackson Street Louisville, KY 40202
Minnesota	LakeWood Health Center	844-286-5546	Financial Assistance Center P.O. Box 660872 Dallas, TX 75266-0872
Minnesota	St. Francis Healthcare	844-286-5546	Financial Assistance Center P.O. Box 660872 Dallas, TX 75266-0872
Minnesota	St. Gabriel's Hospital	844-286-5546	Financial Assistance Center P.O. Box 660872 Dallas, TX 75266-0872
Minnesota	St. Joseph's Area Health Services	844-286-5546	Financial Assistance Center P.O. Box 660872 Dallas, TX 75266-0872

Nebraska	CHI Health Saint Elizabeth regional	402-219-8868	Attn: EES/MECS 555 S 70th Street Lincoln NE 68510
Nebraska	CHI Health Saint Francis	308-398-5475	Attn: EES/MECS 10 East 31st Street Kearney NE 68847
Nebraska	CHI Health Good Samaritan	308-865-7179	Attn: EES/MECS 10 East 31st Street Kearney NE