

**INCOME VERIFICATION FORMS NEEDED FOR DETERMINING
FINANCIAL ASSISTANCE**

St. Mary's Medical Center will make medically necessary services available on an inpatient or outpatient basis to individuals who cannot afford to pay for such services as determined by its hospital Uncompensated Care Policy. The Medical Center will not discriminate based on race, color, sex, handicap, religion or national origin in determination of financial indigency. Financially indigent shall mean uninsured or underinsured patients who have no abilities to pay due to their income levels.

Eligibility for financial assistance will be determined by comparing household family income and number in family against the Federal Poverty Guidelines. The following items must be given to a St. Mary's financial counselor in order for you to be considered for financial assistance.

____ Two pay stubs from the last 3 months pay periods (If you are not employed or received social security but you have listed a spouse you must provide a signed letter stating that you and or your spouse receive no income)

____ Bank Statement from the past 30days or if you do not have a bank account a signed letter from yourself stating that you do not have an active account in your name.

____ Federal Income Tax Return from the previous year. If you do not file taxes please initial _____

____ Social Security determination form received in December. (For yourself and spouse if one is listed)

____ Federal Income Tax Form Schedule C for self-employed individuals.

____ Child Support if it is received.

____ Letter from Supporter, if you live in a household and pay rent, utilities, etc Dated and signed with phone number to contact.

____ Unemployment Compensation Forms.

Married _____ Single _____ Divorced _____ Widowed _____

*****Please note if information requested is not complete your application can not be processed and will be mailed back to you.**

When listing dependents- this means anyone under the age of 18 unless they are in high school and only if you are the official guardian of the listed dependent. (Please provide proof if not biological parent)

The above forms need to be submitted to a St. Mary's Medical Center Financial Counselor along with a completed Financial Assistance Application. We will respond to you within 10 working days of the receipt of all required information whether your financial assistance has been approved or denied. If your application has been approved the financial assistance will be good for any medically necessary services that occur within 90 days after the application. If you have any questions, please do not hesitate to call our Uncompensated Care Coordinator Jessie Downing at 304-526-1539 or you may email at Jessica.downing@st-marys.org . Please return application to 2900 1st Ave Huntington, WV 25702.

By signing below you are confirming that all information provided is true.

Guarantor Signature: _____ Date: _____

Patients Name: _____ Acct _____ MRN _____