

ST. LUKE'S MEDICAL CENTER

Financial Assistance Application

It is the policy of St. Luke's Medical Center to provide essential services regardless of the patient's ability to pay. Assistance is offered based on family size and annual income. Please complete the following information and return to St. Luke's Medical Center to determine if you or members of your family are eligible for assistance.

The discount will apply to all services received at St. Luke's Medical Center, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Annual Household Income

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross wages, salaries, tips, w-2 income forms, etc.				
Income from business, self-employment and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income.				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources.				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name

Signature Date

OFFICE USE ONLY

Patient _____ Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

VERIFICATON CHECKLIST	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, last 3 bank statements, budget/financial statement, or other		
Insurance: Insurance Cards		
Other: Mortgage equity, letter of denial from Social Services after 3 evaluations, pension statements- most recent		

Assets: Residence: Own: _____ Rent: _____ Monthly Payments \$ _____

Cost: \$ _____ Present Loan Balance \$ _____

Auto: Year _____ Make _____ Monthly Payments\$ _____

Book Value: \$ _____ Present Loan Balance \$ _____
(List other vehicles under other assets)

Checking Account: Yes _____ No _____ Current Balance \$ _____

Savings: Yes _____ No _____ Current Balance \$ _____

Bank: _____ Phone: _____

Address: _____

Life Insurance Policy: Yes _____ No _____ Loan on Policy \$ _____

Company _____

Address _____

Phone No. _____

Pension Plan / IRA: Yes _____ No _____ Loan on Policy \$ _____

Company _____

Address _____

Phone No. _____

Other Assets (describe): _____

Value \$ _____

Other Real Estate (describe) _____

Value \$ _____

I affirm that the information provided is true and correct to the best of my knowledge.

Signature

Date