Phoebe

Phoebe
Financial Assistance Application

___ **Phoebe Putney Memorial Hospital**
___ **Phoebe Sumter Medical Center**
___ **Phoebe Worth Medical Center**

PATIENT INFORMATION U.S. Resident ◯ Yes ◯ No

Name: _____ SS#: _____ Birthdate: _____

GUARANTOR INFORMATION Married ◯ Divorced ◯ Separated ◯

Name: _____ SS#: _____ Relationship to Patient: _____

Birthdate: _____ Home Address: _____

Phone # _____ Other Phone #: _____

Guarantor Employer: _____ Position: _____

Employer Address: _____ Work #: _____

Legal Dependents **(List only those dependents that can be claim on your federal tax form.)**

Name (First, Middle, Last)	Social Sec. # (SSN)	Birthdate (mm/dd/yyyy)	Relationship

Earned Income (Income from Wages, Self Employment - list for each member that receives)

Household Member Name	Employer Name or Self-Employed	Amount	Period Weekly, Bi-Weekly, Monthly, Etc
	TOTAL		

Unearned Income (Income such as Social Security, Rental Income, Pensions, Food Stamps, etc - list for each member)

Household Member Name	Type of Income	Amount	Period Weekly, Bi-Weekly, Monthly, Etc
	TOTAL		

Assets/Resources (Types of Resources ie) bank accounts, IRAs, Retirement, Land, Stocks, Bonds, CDs, etc)

Household Member Name	Type of Asset	Bank Name (if applicable)	Value

Assets and Other Income Sources - TOTALS Summary

Total Checking Balance: _____ Total Savings Balance: _____

Monthly Pension: _____ Social Security: _____ IRA: _____ CDs: _____

Have you applied for Medicaid?
___Yes ___ No

Do you qualify for COBRA?
___Yes ___No

Do you qualify for coverage through the Health Insurance Exchange?
___Yes ___No

Do you collect a pension?
___Yes ___No
What is the monthly value of your pension?
$_____

Does anyone in the Household have 401K or 403B? ___Yes ___No

Does anyone in the Household have an IRA?
___Yes ___No

Are you a land owner?
___Yes ___ No
If yes, how many acres? ___
The value?
$_____

Do you own a second home?
___Yes ___ No

Do you own rental property?
___Yes ___No
If yes, what is the monthly income?
$_____
The value?
$_____

Have you filed for bankruptcy in the past 3 years? ___Yes ___No

Do you own any recreational vehicles?
___Yes ___No
The value?
$_____
Type:
_____

Comments:

I certify that the information contained on this application and with the accompanying documents and schedules is true and accurate to the best of my knowledge. I understand that Phoebe may verify any information given in this application and that any inaccurate or incomplete information may disqualify me and my family from eligibility and benefits under the Financial Assistance Program. I agree to apply for assistance from Medicare, Medicaid and/or other insurances if perceived to be available to me or the patient for whom I am responsible prior to submitting this application for assistance from the Financial Assistance Program. I will take any action reasonably necessary to obtain such assistance and will assign or pay to Phoebe any amounts received under these assistance programs. If eligible for benefits under the Financial Assistance Program, I agree to abide by the Program's guidelines and accept responsibility for payment of amounts not covered by the Program. My signature certifies: The information I have provided is true and accurate to the best of my knowledge. Phoebe and its affiliates, has permission to audit and verify the information I have provided, including verifying my employment, assets and credit history. I agree to report all changes to income, insurance, assets and family circumstances to the Financial Assistance Program. Failure to comply may result in termination from the program. I understand fully and accept responsibility for meeting these requirements.

Guarantor Signature _____ **Date** _____

Co-Guarantor Signature _____ **Date** _____