



## FINANCIAL ASSISTANCE PACKET

### Important:

#### **YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE:**

Completing this application will help Hopedale Medical Complex determine if you can receive free or discounted services under our Financial Assistance Policy.

Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 30 days following the date the first billing statement is mailed to the patient.

Patient (or Responsible Party) acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist HMC in determining whether the patient is eligible for financial assistance.

**Please follow the instructions below.**

## **COMPLETE ALL 3 SECTIONS**

### **1. Financial Assistance Application**

**Fill this attached form out completely; please remember to sign the bottom of page 4.**

You only need to fill out one form for everyone living in your home.

### **2. Proof of Income for everyone in your home:**

**Send copies (not originals) of all items listed below that apply.**

- Your most recent Tax return (if applicable)
- Latest W-2 form for all household members
- If you are employed: a pay stub with year-to-date income OR your last 2 pay stubs
- If you are self-employed: balance sheet and income statement for your business
- If you are unemployed: state unemployment claim AND final pay stub from last job
- Monthly Pension amount letter
- Disability income amount letter
- Social security income amount letter
- Proof of income from rental properties
- Proof of income from child support
- Proof of income from alimony
- If you have NO income, written statement from the person who supports you on how this support is paid for and how much they spend per month.
- Copy of any property tax bills (latest)

### **3. Proof of Assets for everyone in your home:**

- Bank statements for the last 2 months
- Investment statements (401K, IRA, investment account, health savings account) (latest one)



Hopedale Medical Complex

Financial Assistance Application

Are you filing for a deceased person? Yes No If yes, is there a probate estate opened? Yes No

Note: If you have declared bankruptcy after receiving our services, DO NOT complete form. Call our Patient Accounts Department immediately at 309-449-4377

Reason You Need Help with Bill

Blank lines for text entry under Reason You Need Help with Bill

Patient/Resident Name

Form fields for Patient/Resident Name: Name (last, first), Telephone, Address (street, city, state, zip), Birthday, Age, Soc. Sec. No., Martial Status

Person Responsible for Payment

Form fields for Person Responsible for Payment: PERSONAL EMPLOYMENT, Name (last, first), Employer, Address (street, city, state, zip), Telephone, Birthday, Age, Job Title, Soc. Sec. No., Martial Status, Job Status (PT, FT), Avg weekly hrs

Spouse of Person Responsible for Payment

Form fields for Spouse of Person Responsible for Payment: PERSONAL EMPLOYMENT, Name (last, first), Employer, Address (street, city, state, zip), Telephone, Birthday, Age, Job Title, Soc. Sec. No., Martial Status, Job Status (PT, FT), Avg weekly hrs

Other Information

Form fields for Other Information: List All Other People Living in the Household, Name, Relationship, Birthdate

Second Employer for Responsible Party and/or Spouse

Form fields for Second Employer: Employer, Address (street, city, state, zip), Telephone, Job Title, Job Status (PT, FT), Avg weekly hrs

**FILL IN FORM FOR EVERYONE IN HOUSEHOLD:**

Income			
Source of Income	Amount Received	How Often Received	Name of Person Receiving
Employment Income			
Employment Income			
Social Security			
Child Support/Alimony			
Pension/Comp/Unemployment			
Interest/Dividend			
Other (Explain)			
Assets			
Item	Value	Name on Account/Asset	
Checking Account #1			
Checking Account #2			
Savings Account			
Stocks/Bonds/CD's			
401(k)/IRA/Health Savings Account			
Motor Vehicles/Boats (Make & Model/Year)			
Main Home (appraised value)			
Cash Value Life Insurance			
Other Property Owned (Rentals, etc.)			
<b>Total Assets</b>			
Expenses/Liabilities			
Item	Total Amount Owed	Monthly Payments	To Whom Do You Pay
Home Mortgage Owed			
Rent (Monthly Payment)			
Utilities (Elec. Water, etc.)			
Medical Bills (not HMC)			
Alimony/Child Support			
Prescription Medicines			
Bank Loans (Car)			
Bank Loans (Personal, Student Loans, etc)			
Insurance (Auto, Health, etc)			
Credit Card Debt			
Entertainment, alcohol/tobacco			
Other (Explain)			
<b>Total Liabilities</b>			

Is there an adult disabled person living in the home? Yes No

Medicaid Eligibility Screening (check all that apply): Disabled\_\_\_ Blind\_\_\_ Pregnant\_\_\_ Dependent Children under 18 live in your home\_\_\_

IF any of the above are checked, you must apply for assistance through Medicaid before being considered for HMC Financial Assistance Program.

If you are denied by the Medicaid Program, provide a copy of your denial with this application

Have you an interest in a trust? Yes No

Are you expecting an inheritance or settlement of a personal injury case in the next 3 years? Yes No

Have you gifted any cash or property exceeding \$5,000 in value in the past 3 years? Yes No

If yes to any of the above , please explain:

**CONSENT FOR RELEASE OF INFORMATION**

I certify all information is true and correct to the best of my knowledge. I understand that providing false or misleading claims, statements, documents or concealment of a material fact may result in the immediate cancellation of any agreements previously made. I hereby grant permission to Hopedale Medical Complex, its affiliates and representatives to investigate the information contained herein.

Preparer's Signature

Date

Spouse's Signature (if married)

Date

Your complete application and all supporting documents\* may be submitted via:

**Mail:** Hopedale Medical Complex  
PO Box 267  
Hopedale, IL 61747

**Email:**  
[patientaccounts@hopedalemc.com](mailto:patientaccounts@hopedalemc.com)  
**Fax:** (309)449-4488

**Hand Deliver**  
HMC Administration Building  
107 Tremont Street  
Hopedale, IL 61747

\*Do not mail original documents. Send copies only. Documents will be destroyed after being scanned.