



EMHS
100 Hospital Drive
Montrose, PA 18801

570-278-3801
Fax 570-278-5043
endlesscare.org

APPLICATION FOR FINANCIAL ASSISTANCE

Section One: Required Questions/Documentation

The EMHS Financial Assistance Policy outlines the personal responsibility for obtaining other forms of payment or financial assistance, therefore, **EMHS requires a Medical Assistance Denial** as part of the process **for obtaining EMHS Financial Assistance**. By completing a Medical Assistance Application you may be eligible for medical and other benefits. The Medical Assistance Application can be obtained from the Susquehanna County Assistance Office (CAO) located at 111 Spruce Street, Montrose, PA 18801 or via phone at (570) 278-3891. The CAO can also provide assistance with completion of the application.

Please complete all questions in this section. Failure to complete this section could result in delays in evaluating eligibility for charity care.

Patient Information

Patient Name: _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Home Telephone: _____ Work Telephone: _____

Household Members

Please attach additional sheets of paper if household has more than eight members.

Name	Relationship	Age
1 _____	<u>Self</u> _____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____

Monthly Household Income

Wages (*before taxes*): _____ Pensions: _____

Social Security: _____ Other Disability: _____

SSI: _____ Cash Assistance: _____

Unemployment Compensation: _____ Worker's Compensation: _____

Child Support: _____ Spousal Support: _____

Other (*please explain*): _____

Section Two: Optional Questions

If you so choose, please answer the questions below which will provide a better understanding of your ability to pay for medical care. Higher-than-average or otherwise unusual expenses may result in an adjustment of income downward. Lower-than-average expenses will not result in an adjustment of income upward.

Monthly Household Expenses

Mortgage/Rent: _____ Property Taxes: _____

Insurance: _____ Auto Loan: _____

Credit Cards (*Total*): _____ Water: _____

Gas: _____ Oil: _____

Electric: _____ Telephone: _____

Child Support: _____ Spousal Support: _____

Other (*please explain*): _____

Monthly Medical Expenses

Insurance Premiums: _____ Equipment: _____

Doctors' Visits: _____ Prescriptions: _____

Other (*please explain*): _____

Section Three: Verification of Income

Please attach proof of income from the past 30 days to this application. Please verify all income listed in Section One. If you are unable to verify some or all of your income, please explain why on an attached sheet of paper. Applications will not be rejected for inability to verify income, provided that reasonable explanation for the inability is given.

- Pay stubs or letter from employers, listing wages before taxes.
- Award letters or bank statements showing deposits of Social Security, other disability, pension, worker’s compensation, or unemployment compensation payments.
- Award letters, court documents, or bank statements showing deposits of child or spousal support payments.
- Documentation of other sources of income.
- If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide (e.g., grocery purchases or rent and utility payments).

Section Four: Certification

Please sign and return the completed application with the items listed in Section Three to – Financial Assistance, located at Endless Mountains Health Systems, 100 Hospital Drive, Montrose, PA 18801

I certify that the information contained in this application is true and complete. I understand that willful falsification of information contained in this application will result in denial of charity care.

Signed: _____ Dated: _____