

FINANCIAL ASSISTANCE APPLICATION

PROOF OF IDENTIFICATION, PROOF OF INCOME AND PROOF OF ASSETS MUST ACCOMPANY THIS APPLICATION.
SEND COPIES OF ALL REQUESTED DOCUMENTS. **DO NOT SEND ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED.**

SECTION I – Personal Information

1. Patient Name: _____
Last
First
M.I.
2. Social Security Number: _____ -- _____ -- _____
3. Date of Application: _____/_____/_____
Month
Day
Year
4. Initial Date of Service: _____/_____/_____
Month
Day
Year
5. Requested Date of Service: _____/_____/_____
Month
Day
Year
6. Street Address of Patient: _____
7. City, State & Zip Code: _____
8. Telephone Number: _____
9. Family Size* (Number): _____
10. U.S. Citizenship: Yes No Pending Application
11. Proof of Identification (Required Documentation: Citizenship papers, Passport, Birth Certificate, Drivers' License or New York City identification ("IDNYC")). **Maimonides requires that one of these documents be provided by patient as part of the Financial Assistance Application.** _____
12. Proof of Residence: (Required Documentation: Utility bills, recent rent receipts or copy of lease. **Maimonides requires that one of these documents be provided by patient as part of the Financial Assistance Application.**) _____

SECTION II – Assets Criteria

When determining eligibility for financial assistance for hospital care, an adult's assets includes his or her spouse's assets; a minor child's assets includes the assets of his or her parent(s) and/or legal guardian(s) with whom the child resides.

Maimonides requires that the documents and information listed below as proof of assets be provided by patient as part of the Financial Assistance Application.

12. Individual's Assets: _____
13. Spouse, Parent(s) or Legal Guardian's(s) Assets (if applicable): _____
14. Assets Include:
 - A. Cash (Required documentation: letter from patient attesting to amount of cash on hand)

 - B. Savings Accounts (Required documentation: copy of most recent savings account bank statement(s))

 - C. Checking Accounts (Required documentation: copy of most recent checking account bank statement(s))

D. Certificates of Deposits (Required documentation: copy of most recent bank statement(s), listing deposits)

E. Equity in Real Estate (other than primary residence) (Required documentation: letter from accountant that describes value of equity in real estate) _____

F. Other Assets (Treasury Bills, negotiable paper, Corporate stocks and bonds) (Required documentation: monthly or yearly statement received or copy of bank statement evidencing same (if interest or dividends are directly deposited))

G. Total _____

* Family size includes self, spouse residing with patient, and any dependents of patient or patient's spouse. A pregnant woman is counted as two family members. For patients who are minors, family size includes the minor, parents residing with the patient and dependents of such parents.

SECTION III –Income Criteria

When determining eligibility for hospital care assistance, an adult's income includes his or her spouse's income; a minor child's income includes the income of his or her parent(s) and/or legal guardian(s) with whom the child resides.

Maimonides requires that the documents and information listed below **as proof of income** be provided by patient as part of the Financial Assistance Application.

Income is based on the calculation of last four weeks earnings prior to the date of service.

15. Sources of Income:

A. Salary / Wage Before Deductions (Required documentation: application for publicly sponsored insurance program, pay stubs from most recent four weeks or bank statement showing last four weeks' of salary deposits/letter from employer, as applicable per below) _____

- If the patient has not filed an application for a publicly sponsored insurance program or no such application is available, the patient must provide pay stubs from the previous four weeks, which will be used to extrapolate the patient's salary/wages for the current calendar year.
- If paystubs are not available, patient must provide either: copy of bank account statement (if salary is directly deposited) or letter from employer showing gross, taxes and net for the last 4 weeks.

B. Public Assistance (Required documentation: copy of acceptance letter from Department of Social Services indicating monthly amount received) _____

C. Social Security Benefits (Required documentation: copy of Social Security award letter or copy of bank account statement (if Social Security is directly deposited)) _____

D. Unemployment & Workmen's Compensation (Required documentation: copy of compensation award letter, copy of compensation check or copy of bank account statement showing direct deposit (if compensation is directly deposited)) _____

E. Veteran's Benefit. (Required documentation: copy of check received, award letter from Veteran's Administration (if available), or copy of bank account statement (if benefit is directly deposited))

F. Alimony/Child Support. (Required documentation: copy of divorce decree showing alimony amount awarded, copy of check received or copy of bank account statement (if support is directly deposited))

G. Other Monetary Support. (Required documentation: copy of check received or copy of bank account statement showing income received (if directly deposited)) _____

H. Pension Payments. (Required documentation: copy of check received, award letter (if available) or copy of bank account statement (if payment is directly deposited)). _____

I. Insurance or Annuity Payments. (Required documentation: copy of check received monthly or copy of bank account statement (if payment is directly deposited)) _____

J. Dividends/Interest. (Required documentation: copy of check received or copy of bank account statement showing income received (if directly deposited)) _____

K. Rental Income. (Required documentation: letter from accountant stating amount of yearly rental income) _____

L. Net Business Income (self-employed/verified by independent source) (Required documentation: signed letter from accountant indicating gross amount, taxes and net amount earned weekly, bi-weekly or monthly, whichever is applicable.) _____

M. Other (strike benefits, training stipends, military family allotments, income from estates and trusts) (Required documentation: copy of check received or letter from accountant documenting other income received) _____

N. Total _____

SECTION IV – Certification By Applicant

I understand that the information which I submit is subject to verification by appropriate health care facility. Willful misrepresentation of these facts will make me liable for all hospital charges.

If so requested by the health care facility, I will apply for governmental or private medical assistance for payment of the hospital bill.

I certify that the above information regarding my family size, income, and assets is true and correct.

I understand that it is my responsibility to advise the hospital of any change in status in regards to my income or assets.

16. Signature of Patient or Legal Representative: _____

17. Date: _____ / _____ / _____
MONTH DAY YEAR

Upon submission of a completed application, including any information or documentation needed to determine eligibility, please disregard any bills until Maimonides has made a decision about whether to approve or deny the application.

Rev. 11/15