



Alexian Assistance Application Guide to Preparation

This document provides additional explanations to assist you in completing your application for the Alexian Assistance program.

Overview

We realize that health care expenses can place a burden on patients and their families. Our Alexian Assistance program is designed provide financial assistance for those who meet our guidelines. We also have a responsibility to control healthcare costs and insure that the determination of financial assistance is made equitably and consistently.

Therefore, we will need your help throughout the Alexian Assistance process. We will need your help in applying for any state and federal assistance programs such as Medicaid or All Kids for which you may be eligible.

All patients that request Alexian Assistance are asked to complete an application that includes information about your financial and family situation. We also ask that you provide documents such as W-2, pay stubs and tax returns to support the information in the application. The information in the application and the documents you provide allow us to more fully understand and document your specific financial and family situation. This information allows us to provide the greatest assistance benefit and ensure that Assistance funds are provided to those who most need our assistance.

Eligibility for Alexian Assistance is based on your income level as compared to Federal Poverty Guidelines, family size and the magnitude of your medical bills.

We recognize that special circumstances may affect your financial situation and your ability to pay your hospital bill. Please include any additional information that you believe is required to explain your specific family and financial situation. These special circumstances may be considered in the determination of financial assistance. You can explain any special circumstances on a separate page and attach it to your application.

The following information explains some of the specific information requirements on the Alexian Assistance application.

Alexian Assistance Instructions

Proof of Income (Page 1):

Please provide documentation to support income levels included in your Alexian Assistance Application.

The following information is required. If you cannot provide all of the following information, please include a letter explaining why the information is not available.

- 1) **Copy of a government issued identification for the guarantor** (person responsible for paying the bill). Some examples of acceptable identification include any one of the following:
 - a) Driver's license
 - b) Passport
 - c) Visa
 - d) Birth Certificate
 - e) International identification card issued by a foreign government
- 2) **Documentation of your current income.** The information required depends on your specific circumstances.
 - a) If you are **employed**, please provide your last four pay stubs or a letter of employment verification signed by your employer on company letterhead
 - b) If you are **self-employed**, please provide a copy of your business ledger to document the income generated by your business
 - c) If you are **unemployed**, please provide a copy of your unemployment letter including a letter of exhausted benefits, if applicable.
 - d) If you are a **contractor** please provide copies of your most recent Form 1099 or another form of income verification from your employer such as a letter signed by your employer on company letterhead.
 - e) If you reported **Social Security Income** on your Alexian Assistance Application, please provide a copy of your Social Security Income award letter
- 3) **Complete copy of your Federal Income tax return for the previous year.** Please include copies of all forms and schedules that were attached to your return with your application.
- 4) **Copy of your W-2 or Form 1099 for the previous year.** This information was used to prepare your Federal Income Tax return for the previous year.
- 5) **Complete copies of your bank statements for the past three months.** You should include checking, savings and money market accounts. Please include copies of all pages of each statement
- 6) **Signed "Room and Board Statement".** Please submit this letter if you depend on someone else to help you meet all or part of your daily living expenses. This person may be your parents, other relative or friend who provides all or part of your living expenses. This letter is page 4 of the Alexian Assistance application.

Request for Determination of Eligibility for Alexian Assistance (Page 2)

Patient Name:

Please provide patient name as it appears on the patient bill

Accounts Number(s):

Please provide all account numbers included in the Assistance Application

Responsible Party/Guarantor Name:

Please provide name of person who is responsible for paying the patient's bill. This person is the patient, if over 18 years of age. If the patient is under the age of 18, the guarantor is the adult who signed the "Consent to Treat" form for the patient.

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Guarantor/Patient Social Security Number:

Please provide the social security number of the patient. If someone else is responsible for the patient's bill (guarantor), please provide the guarantor's Social Security Number. We will use the information to determine potential eligibility for government or other programs that may provide funds toward the patient's hospital bills.

Name and Address of Employer:

Name and Address of Spouse's Employer:

Please provide name and address of the patient/guarantor's employer and the patient/guarantor's spouse's employer. We will use this information as part of our income verification process. We will also determine if the employer provides any insurance that may cover all or a portion of the patient's hospital bills.

If unemployed what was the last date worked?

Please identify the last date you worked for your previous employer.

Did you have insurance coverage with your former employer?

Please identify any insurance coverage that you had at your last employer. Under COBRA laws, you may be eligible for insurance coverage for up to 18 months after you leave employment. Any such coverage under COBRA may be available to cover all or a portion of your hospital bills.

If unemployed, please describe on the reverse side how you meet your daily living expenses.

If you are unemployed, please describe how you meet your daily living expenses. Your answer may include assistance from family members, church or community groups or public assistance programs. If someone is responsible for providing funds to help you meet your monthly living expenses, please complete the Room and Board Statement on page 4 of the Alexian Assistance Application.

Please list all family member(s) who live with you.

Please provide information for ALL family members who live with you and indicate which are dependants. Determination of Alexian Assistance is based on a calculation which includes your income level **and** family size.

Financial Disclosure Form (Page 3)

Patient Name:

Please provide patient name as it appears on the patient bill

Accounts Number(s):

Please provide all account numbers included in the Assistance Application

Responsible Party/Guarantor Name:

Please provide name of person who is responsible for paying the patient's bill. This person is the patient, if over 18 years of age. If the patient is under the age of 18, the guarantor is the adult who signed the "Consent to Treat" form for the patient.

List all Sources of Your Monthly Gross Income

Responsible Party's Salary before Deductions:

Please provide the patient or other responsible party's salary before any deductions for benefits or withholdings for income taxes. This amount is commonly called "Gross Earnings" or "Gross Wages" on your paycheck.

Pension:

Please identify any monthly amount of any money you may receive under a pension plan.

Social Security:

Please identify any monthly amount you may receive from Social Security

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Unemployment:

Please identify any monthly amount you may receive from unemployment compensation.

Child Support:

Please identify any monthly amount you may receive for child support.

Investment Income:

Please identify any monthly amount you may receive in interest, dividend or other income from any investments you may own.

Checking \$; Savings\$

Please identify the current balance in your checking and savings accounts.

Property Value:

Please identify the current estimated value of your home. This information is used solely to assist in the verification of other information submitted with your application.

Liquid Assets (Stocks, Bonds, IRA, CD)

Please identify the current value of liquid investments such as stocks, bonds, IRAs and Certificates of Deposit (CDs)

Other

Please identify any other sources of income or assets, such as rental property, etc..

Monthly Expenses (Page 3)

Rent/Mortgage/Room & Board

Please identify the monthly amount you are required to spend for rent, your monthly mortgage payment (principal, interest, taxes and homeowners insurance, if applicable)

Medical Insurance

Please identify the monthly amount of any medical insurance premiums

Monthly Medical Expenses

Please provide an estimate of the monthly amount you spend on medical expenses. These expenses may include hospital and physical services as well as prescription medications.

Loans

Please identify the monthly amount you are required to pay under any loans you may have outstanding. Loans may include car payments, home equity lines or other loans.

Other

Please identify any other significant recurring monthly expenses.

Room & Board Statement (Page 4)

This form is required only if you depend on someone else to help you meet all or part of your daily living expenses. The information should be provided by and signed by the person providing funds for your living expenses.