

**INCOME VERIFICATION FORMS NEEDED FOR DETERMINING
FINANCIAL ASSISTANCE**

St. Mary's Medical Center will make medically necessary services available on an inpatient or outpatient basis to individuals who cannot afford to pay for such services as determined by its hospital Uncompensated Care Policy. The Medical Center will not discriminate based on race, color, sex, handicap, religion or national origin in determination of financial indigency. Financially indigent shall mean uninsured or underinsured patients who have no abilities to pay due to their income levels.

Eligibility for financial assistance will be determined by comparing household family income and number in family against the Federal Poverty Guidelines. The following items must be given to a St. Mary's financial counselor in order for you to be considered for financial assistance.

- ___ Two pay stubs from the last 3 months pay periods.
- ___ Federal Income Tax Return from the previous year.
- ___ Social Security determination form received in December.
- ___ Federal Income Tax Form Schedule C for self-employed individuals.
- ___ Child Support.
- ___ Letter from Supporter, Dated and signed with phone number to contact.
- ___ Unemployment Compensation Forms.

The above forms need to be submitted to a St. Mary's Medical Center Financial Counselor along with a completed Financial Assistance Application. We will respond to you within 10 working days of the receipt of all required information whether your financial assistance has been approved or denied. If your application has been approved the financial assistance will be good for any medically necessary services that occur within 90 days after the application. If you have any questions, please do not hesitate to call our Uncompensated Care Coordinator at 304-526-1539.

Guarantor Signature: _____ Date: _____

Patients Name: _____

Patients Account Number: _____