



Financial Assistance Application

This form must be filled out in full, on paper or online at www.providencemedical.com. Also, copies of the following must be returned for you, and anyone else reporting income on your household tax return:

- Current Income Tax Return
- Last three months of paycheck stubs
- Last three months of statements for all bank accounts

If you don't have the above information or you have questions, please call us at (402) 375-3800.

Return this form and copies:

- By mail to Providence Medical Center, 1200 Providence Road, Wayne, NE 68787
- By fax to 402-375-7989.

Name:		Spouse/Others:	
SSN:	Birth date:	SSN:	Birth date:
Street Address:		City, State:	
Phone/Cell Phone:			
<p>Household income before taxes are taken out:</p> <p>Salary/Wages \$_____ Child Support \$_____ Alimony \$_____ Social Security \$_____</p> <p>Veteran's Benefits \$_____ Retirement/Pensions \$_____</p> <p>Workman's Comp/Unemployment Benefits \$_____</p> <p>Interest Earnings \$_____ Dividends \$_____</p> <p>Other Income:\$_____ Description: _____</p> <p>If Income is \$0.00 (zero) explain:</p>			
<p>Checking Account Balance: \$_____</p> <p>Savings Account Balance: \$_____</p>			
Dependents:	Name	Date of Birth	Name
	1. _____	_____	3. _____
	2. _____	_____	4. _____

Have you been on Medicaid or Disability in the past year? _____

Are you on Social Security Disability? _____

Are you on Medicaid? _____

Tell us why you need help paying your bill.

I have filled out this form with correct information. I understand that if I have been untruthful I will not qualify to get help paying my bill.

Signature

Office Use Only

Denial from Medicaid required? _____

Percentage of Eligibility - % _____

Outstanding Balance _____

Amount of Discount _____

Total Amount Due _____

Applicant is Ineligible

Reason for ineligibility: _____

Notice of Determination
sent to patient _____
Date

Signed _____
Director of Patient Accounts

Signed _____
Director of Patient Financial Service

Income Recap

Income Tax \$ _____

Gross Income \$ _____

Wages \$ _____

Social Security \$ _____

Unemployment \$ _____

Child Support \$ _____

Other \$ _____

Total Income \$ _____