

[CARE AID Community-Assistance-Reaches-Everyone: St. James Parish Hospital’s medical bill credit policy which can qualify community members for free or reduced hospital charges based on a brief application and necessary documentation.]

The federal government prohibits health care providers from waiving Medicare deductible and coinsurance amounts or giving discounts to Medicare patients, except in certain limited situations. Many non-government payers also prohibit healthcare providers from discounting patient bills without passing the discount along to the payer. It is the policy of St. James Parish Hospital to abide by federal and state laws and its agreements with payers, such as insurance companies.

St. James Parish Hospital *will review your application only after all necessary information is supplied.*

## GENERAL INFORMATION

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Patient Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Marital Status (Circle):**    **Single**        **Married**        **Divorced**        **Widowed**

**Guarantor (If Different from Patient):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Guarantor Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

## SPOUSE/DEPENDENT INFORMATION

Name	Relationship	Date of Birth

\*A dependent will be considered if included on the tax return.

## EMPLOYMENT INFORMATION FOR EACH HOUSEHOLD MEMBER (Last 12 Months)

Employer	Phone Number	Years Employed	Income

## INCOME INFORMATION (Circle All that Apply)

- |                        |                    |                   |                      |
|------------------------|--------------------|-------------------|----------------------|
| Wages                  | Social Security    | Pension           | Investment           |
| Alimony                | Child Support      | Unemployment      | Workers Compensation |
| Veteran's Compensation | Receipt of Estates | Retirement Income | Interest Income      |
| Rental Income          | Royalties          | Dividends         | Other _____          |

Annual Income for Last 12 Months: \$ \_\_\_\_\_

**\*Checklist of Copies Needed:**

1. You and your spouses most recent tax return \_\_\_\_\_ 2. Your last income checks so that annual amount can be calculated \_\_\_\_\_  
 3. Your Spouse's last income checks so that annual amount can be calculated \_\_\_\_\_ 4. Death Certificate (If Applicable) \_\_\_\_\_

## ASSET INFORMATION

Type of Asset	Amount
Cash	
Savings/CD's	
Investments (Stocks, Bonds, etc.)	
<b>TOTAL ASSETS</b>	

**\*Checklist of Copies Needed:**

1. Current bank statement \_\_\_\_\_ 2. Current savings statement \_\_\_\_\_ 3. Current investment statement \_\_\_\_\_

## MEDICAL INDIGENCE

Medical Bills for last 12 months \$ \_\_\_\_\_

\*A patient may qualify for medical indigence if medical bills (paid and unpaid) from the past 12 months are more than 20% of your yearly income.

## PLEASE CHECK ANY SERVICES YOU RECEIVE

- |   |   |
|---|---|
| <input type="checkbox"/> State-Funded Prescription Program<br><input type="checkbox"/> Care from a Homeless Shelter or Clinic<br><input type="checkbox"/> Participation in WIC<br><input type="checkbox"/> Food Stamp Eligibility<br><input type="checkbox"/> Subsidized School Lunch Program | <input type="checkbox"/> Eligibility for Medicaid Spend-Down or Take Charge<br><input type="checkbox"/> Low Income/Subsidized Housing<br><input type="checkbox"/> Children with Medicaid Coverage<br><input type="checkbox"/> Patient Deceased With No Estate |
|---|---|

## ATTESTATION

I \_\_\_\_\_ (name) on \_\_\_\_\_ (date) understand that the above information can be verified by St. James Parish Hospital and subject to review by Federal and State Enforcement Agencies. I certify that the above information is true and correct. Upon receipt of the above mentioned information and the signed attestation, your outstanding balance will be considered for possible financial assistance. We thank you for your understanding and cooperation with this policy.

**Do you have any Health Insurance?**    Yes    No

\*If you were denied because of a Pre-Existing Condition, we can refer you to someone who may be able to help you find coverage. For more information, call our Financial Counselors at 225.869.5512, extension 2912.

**MAIL APPLICATION TO: Attention Financial Counselor  
 1645 Lutcher Ave., Lutcher, LA 70071**

You will be notified of application results by phone or mail.