



## FINANCIAL ASSISTANCE APPLICATION

Date:

Dear Patient,

JCH HealthCare provides a reasonable amount of care without or below charges to persons who cannot afford to pay for the services.

If you do not believe that you are able to pay for the care and treatment you need, please complete the **JCH HealthCare Financial Assistance Application** and submit proof of income within 2 weeks from the date of service or this letter.

Please **apply for Medicaid coverage** with the state, to see if you qualify. We will need the response from Medicaid if you are accepted or denied coverage.

When applying for financial assistance, we must have the following information from everyone in the household even if they are not responsible for your bills. The following documents **MUST** be included with your Financial Assistance Application:

- **Federal tax return with W-2's**
- **3 months of income statements** (pay stubs, rental income, Social Security, unemployment, worker's compensation, alimony, child support or other forms of income)
- **3 months of checking & savings account statements**

If you do not have checking or savings, please send copies of bills

After a request is received, a written notification of approval or denial will be sent to you. If you have any further questions, please contact the JCH Financial Counselor at 618.498.8326.

Thank you,

JCH Financial Counselor  
Jersey Community Hospital  
400 Maple Summit Road  
Jerseyville, IL 62052  
(Office located at the JCH East Annex, side entrance)

**Please complete the JCH Healthcare Financial Assistance Application and return it and ALL supporting documentation.**

JCH Healthcare Financial Assistance Application

**APPLICANT INFORMATION**

LAST NAME:	FIRST NAME:	DATE OF BIRTH:	SOCIAL SECURITY #: (OPTIONAL)	
STREET	APT #	CITY	STATE	ZIPCODE
EMPLOYER NAME:		EMPLOYER PHONE:		
EMPLOYER ADDRESS:				

**CO-APPLICANT INFORMATION**

LAST NAME:	FIRST NAME:	DATE OF BIRTH:	SOCIAL SECURITY #: (OPTIONAL)	
STREET	APT #	CITY	STATE	ZIPCODE
EMPLOYER NAME:		EMPLOYER PHONE:		
EMPLOYER ADDRESS:				

**DEPENDANT INFORMATION**

		Lives at this address	
Name: _____	Age: _____		Y / N
Name: _____	Age: _____		Y / N
Name: _____	Age: _____		Y / N
Name: _____	Age: _____		Y / N
Name: _____	Age: _____		Y / N

INCOME INFORMATION- List all household income, including rental income, Social Security, unemployment, workers compensation, alimony, child support, or any other forms of income.

*\* Please attach additional sheets if needed.*

**DESCRIPTION of INCOME**

Type of Income/Employer Name:	Received:	Gross Amount:
_____	W/Bi-W/Monthly	\$ _____
_____	W/Bi-W/Monthly	\$ _____
_____	W/Bi-W/Monthly	\$ _____
_____	W/Bi-W/Monthly	\$ _____
_____	W/Bi-W/Monthly	\$ _____

Have you applied for Assistance through the Department of Public Aid? (Optional)	Yes / No
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Is so, was your application approved or denied? (Optional)	Approved / Denied
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JCH Healthcare Financial Assistance Application

I certify that all information stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to verify all information submitted. I agree to immediately supplement my application with any changed financial circumstances or requests for additional information/documentation. Charity Assistance may be extended to subsequent treatment subject to full disclosure of any additional financial information requested.

I understand that I can apply for Financial Assistance even if I have a pending liability/ worker's compensation claim, or an insurance claim. If it is determined at anytime the information provided is found to be false and/or inaccurate, all financial assistance will be reversed, and I will accept responsibility for the full balance due and immediate payment of any and all outstanding balances.

SIGNATURE:

DATE:

**Please return the completed application and requested documents to the facility listed below:**

**JCH East Annex Building  
220 East County Road  
Jerseyville, Il. 62052  
618-498-7518 or 618-498-8326**

**If you have any questions, please contact the Financial Counselors at the numbers listed above.**