



## **Financial Assistance Policy A-401**

### **ADDENDUM D**

#### **Financial Counselors**

Meadville Medical Center

Financial Assistance Offices

751 Liberty St

1034 Grove St

16792 Conneaut Lake Rd

Meadville, PA 16335

(814) 333-5000 Extensions: 5682, 5737, 5761,

(814) 373-3038 Oncology Patients

#### Hours of Operation:

Monday 7:00am – 4:30pm

Tuesday 7:00am – 4:30pm

Wednesday 7:00am – 4:30pm

Thursday 7:00am – 4:30pm

Friday 7:00am – 4:30pm

SaturdayClosed  
SundayClosed  
Holidays (Observed)Closed

Meadville Medical Center Financial Assistance Program Application

Note: This application is for Meadville Medical Center charges only (does not include independent physician professional charges)

Please complete all questions in this section. Failure to complete this section could result in delays in evaluating eligibility for charity care.

SECTION ONE: REQUIRED QUESTIONS

Patient InformationPLEASE PRINT ALL INFORMATION

Last Name\_\_\_\_\_ First Name\_\_\_\_\_ M.I.\_\_\_\_\_

Date of Birth\_\_\_\_\_ Patient Social Security Number\_\_\_\_\_

Street Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Primary Phone\_\_\_\_\_ Secondary Phone\_\_\_\_\_

Current Health Insurance Company Name\_\_\_\_\_

Policy Number\_\_\_\_\_ Group Name/Number\_\_\_\_\_

Household Members

Please attach additional sheets of paper if household has more than eight members.

Name:Relationship:Age:

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

8. \_\_\_\_\_

Monthly Household Income

Monthly Income Source	Applicant	Co-Applicant	Combined Income
Employment Income			
Social Security			
Disability			
Pension			
Unemployment			
Workers Compensation			
Veterans Benefits			
Investment Income			
Rental Property			
Annuities			
Other			
Other			

Household Countable Resources

Please list your available accounts and liquid assets for your household. A liquid asset is defined as cash or any type of negotiable asset that can be converted quickly and easily into cash. Do not include your home, household items, vehicles, IRAs, 401(k) accounts and other non-liquid assets.

Checking Account	
Savings Account	
Certificate of Deposit	
Stocks or Bonds	
Trust Fund	
U.S. Savings Bonds	
Christmas/Vacation Club	
Health Savings Account (HSA)	
Other (please explain)	

**SECTION TWO: VERIFICATION OF INCOME AND COUNTABLE RESOURCES**

Please attach proof of income from the past thirty (30) days and current resources to this application. Please verify all income and resources listed in Section One. If you are unable to verify some or all of your income and resources, please explain why on an attached sheet of paper. Applications will not be rejected for inability to verify income or resources provided that reasonable explanation for the inability is given. Acceptable sources of verification include, but are not limited to:

- Pay stubs or letters from employers, listing wages before taxes.
    - Most recent Federal Income Tax Return
  - Award letters or bank statements showing deposits of Social Security, other disability, pension, worker’s compensation, or unemployment compensation payments.
  - Award letters, court documents, or bank statements showing deposits of child or spousal support payments.
    - Documentation of other sources of income.
- If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide (e.g., grocery purchases or rent and utility payments).
- Health Savings Account (HSA) and other dedicated account statements.
    - Checking and Savings statements, most recent.
    - Copy of Health Insurance Card(s), if applicable.
      - Copy of Driver’s License.

**SECTION THREE: CERTIFICATION**

Please sign and return the completed application with the items listed in Section Two to:

Meadville Medical Center

Financial Counseling

751 Liberty St

Meadville, PA 16335

If you have any questions or need additional assistance, please call us at 814-333-5737



•  
•  
•  
•  
•  
•  
•  
•  
•  
•  
•