

**COFFEE HEALTH GROUP
APPLICATION FOR CHARITY/FINANCIAL ASSISTANCE**

Section I

PATIENT NAME: (LAST) _____ (FIRST) _____ (M.I.) _____

SPOUSE: (LAST) _____ (FIRST) _____ (M.I.) _____

ADDRESS: (STREET/PO.BOX) _____

CITY, STATE _____ ZIP CODE: _____

PATIENT SOCIAL SECURITY #: _____ PHONE NUMBER: (_____) _____

PATIENT EMPLOYER: _____ WORK NUMBER: (_____) _____

SPOUSE SOC.SEC.NUMBER: _____

SPOUSE EMPLOYER: _____ WORK NUMBER: (_____) _____

LAST DATE OF HOSPITALIZATION: _____

Section II

LAST 12 MONTHS

LAST 3 MONTHS

PATIENT'S GROSS INCOME: _____

OTHER FAMILY INCOME: _____

TOTAL FAMILY INCOME: _____

NUMBER IN FAMILY: _____

If any of the income listed above will be reduced from this date forward due to any reason, please attach documentation.

This application should be returned within 14 days.

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any assistance (Medicare, Medicaid, Insurance, etc.) which may be available for payment of my hospital charge and I will take any action reasonably necessary to obtain such assistance and will assign or pay the hospital the amount recovered for hospital charges. I understand that balances resulting from failure to comply with any insurance requirements will be excluded. Charity cannot be approved until all other avenues of payment are exhausted.

I understand that this application is made so that the hospital can judge my eligibility for charity based on the established criteria on file in the hospital. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate. Your signature below entitles Coffee Health Group to access any credit reports necessary to make a determination. A determination will be made within 14 days of receipt of all necessary documentation.

APPLICANT'S SIGNATURE : _____ DATE OF REQUEST _____

APPROVAL SIGNATURE: _____ DATE OF APPROVAL _____

If you need help please call 256-768-8344