St Luke's
UNIVERSITY HEALTH NETWORK

Business Office
PO Box 5489
Bethlehem, PA 18015
Attention: Financial Counselor
Phone: (484) 526-8000
Fax#: 833-616-4601

Financial Assistance Application

- A separate application is required for each member of the household requesting financial assistance, including minor children. Only one set of supporting documentation is needed per household.
- You must complete all pages of the application form.
- If you need help with the application, you may call the number above.

Last/First Name:	Social Security #	Date of Birth:
Mailing Address:	City: State: Zip Code:	
Phone#	Message Phone #	E-mail Address
Do you have Insurance Yes No If yes, list Insurer and Insurance ID #	Have you applied to Pennsylvania Medicaid within the last year. Yes No Unsure	Circle one **PA Medicaid Eligible** **Denied PA Medicaid** **Did not Apply**

It is necessary for St Luke's University Health Network (SLUHN) to ask some personal questions to determine if you are eligible for financial assistance. This information will be kept on file in confidence. You must verify your income with copies of your yearly federal Tax return, Payroll check stubs, Social Security benefits statements or other income sources. Bank statements cannot be used for the purpose of verifying income.

- If this information is found to be false, I will lose my eligibility for the program and be liable to repay any benefit I have received.
- If my income or household size changes, I am required to notify the Financial Counselors as soon as possible.
- If I am found to be eligible for the reduced fees but failed to make required payments my account may be sent to a collection agency.
- The time frame of this application maybe extended or reduced at the discretion of SLUHN based on medical needs as assessed by SLUHN.

I do hereby swear and attest that all the information above is true and correct.

Patient Signature:	Date:
Parent/Legal Guardian Signature:	Date:

Household: Please list all names and dates of birth for all members of your household including yourself.

- If you file taxes, your household, is you, your spouse, and any dependents you claimed on your taxes.

- If you are claimed as a dependent by someone else, your household, is you, the person who claims you and anyone else listed on their tax return.
- If you do not file taxes and are not claimed as a dependent by anyone else, your household is you and your spouse and children if they live with you.

Proof of income

- You need to provide proof of income for each of the following sources of income for each member of your household to determine eligibility. Please note that we cannot accept bank statements as proof of income.
- If you have no Income, you will need to contact a Financial Counselor to request a "Zero Income Worksheet."
- If you cannot provide proof of income, you will need to contact a Financial Counselor to request a "Declaration of Income Statement."

Employed:

- Please provide paystubs for the last 3 months if they do not have a year-to-date accrual. If they have a year-to-date accrual, you will need to supply the most recent paystubs for 1 month.

Taxes

- Please provide your most Recently **signed** federal tax return.
- If you do not file taxes, you will need to write a letter stating, you do not file taxes with your signature and contact the IRS for a free non-filing status letter at 1-800-908-9946 or 1-800-829-1040.
- If you cannot locate a copy of your tax return, you must request a free transcript from the IRS by (www.irs.gov/individuals/Get-Transcript) or by calling 1-800-908-9946 or 1-800-829-1040
- Most recent federal Income tax return of anyone who has claimed you as a dependent.
- Your most recent Federal Tax Return is required for Self-Employment and Rental Income.

Resources

- Please provide Checking/Savings/Money Market account statements for the last 3 months for income and resources verification. (Please include full statements for each account)

Letter of Hardship

- Please provide an explanation of the circumstances for your Financial Assistance request

Current Benefits Statements:

- **Please provide the following statements if applicable**

Unemployment **Social Security Award Letter** **TANF** **Worker's Compensation**
Long- or Short-Term Disability **Child Support/Alimony** **Retirement pension/ annuity**

Last Name	First Name	Date of Birth	Gross Income	Relation	Income Source with proof attached

By Signing below, I declare that the data and information listed above is accurate and true to the best of my knowledge and ability. I also certify that I have included all supporting documentation for each income source. This application is to be returned within 30 days, completed with all necessary documents.

Patient Signature:	Date:
Parent/Legal Guardian Signature	Date: