Mercy

Mercy Financial Assistance Program Application

Date:

Responsible Party Name:
Address:
City & State:

Account Number (s):

Mercy strives to aid patients and families who are truly unable to fulfill their financial obligations for medical services provided. We offer Medicaid screenings, a Financial Assistance Program and discounted fees for uninsured patients who do not qualify for the Financial Assistance Program. Interest free loans and long-term payment options are also available.

Please provide **all of** the following documents in the checklist below:

- ☐ Financial Assistance Application (following page of this document)

- ☐ If any household member included on the financial assistance application is uninsured and requesting financial assistance, we ask that they contact our Medicaid screening service at 1-844-764-6850 to determine Medicaid eligibility. If eligible, we will help you apply. It is required that all uninsured patients call the screening line before submitting this application.

- ☐ A complete copy of the most current years required filing of Federal Income Tax return, including **all** forms and schedules, for **all** household member(s) included on the financial assistance application.
  - ☐ If you do not file Federal Income Tax, please complete the 4506-T (Proof of non-filing) form attached to this application.
    a. Complete the top portion of the form
    b. Check box #7
    c. Sign at the bottom of the form and return with application
    This form provides proof that you do not file income taxes and is required to process your financial assistance application.

- ☐ Copies of proof of income for **all** household member(s) included on the financial assistance application.
  - ☐ Income sources including Interest, Salary (**60 days of pay stubs needed**), Rent, Alimony, Pensions, Disability, Dividends, Social Security (need most recent benefit letter), Unemployment Benefit Letter, Child Support, Student Grants, Workers Compensation, Public Assistance
  - ☐ If you do not have income – please provide a Statement of Support signed by whomever is providing your support. You may provide a handwritten letter or use the attached form.
  - ☐ If you are Self-employed and have business income, we will need a **year-to-date profit and loss** spreadsheet/statement for the current year.

If **ALL** requested documents are not received, we may be unable to process your request for financial assistance. Please ensure you return **ALL** requested documents within 15 days. If all requested documents are not received in that timeframe, we will proceed with our normal collections process.

To read more about what could be covered if you are approved, how it will be applied and more about our Financial Assistance policies, please visit www.mercy.net/assistance

ALL fields ***must*** be completed for application to be processed; indicate n/a on all fields that do not apply.

Responsible Party Information				
Responsible Party Name:	**DOB:**	**Phone number:**	**Account number:**	
Current Mailing Address		**City, State, Zip**	**Marital status:** ☐ Single ☐ Married ☐ Legally Separated ☐ Divorced ☐ Widowed	**Family size:** *Complete Household section below
Employer Name: **Years Employed:**	**Self Employed:** **Years Employed:**		**Email Address:**	

Household Information Please attach a separate sheet for additional household members, including all required documents					
First & Last Name	**Relationship**	**DOB & SSN/ ITIN**	**Employed**	**Full time student**	**Gross monthly income if 18 or over – Check all applicable forms of income and indicate total amount received from all sources. (Documents for each income source required)**
	Self	☐ No SSN/ ITIN	☐ Yes ☐ No	☐ Yes ☐ No	☐ Wages ☐ Unemployment ☐ Workers Compensation ☐ Disability ☐ Pension(s) ☐ Social Security ☐ Alimony ☐ Child Support ☐ Government Assistance ☐ Other
		☐ No SSN/ ITIN	☐ Yes ☐ No	☐ Yes ☐ No	☐ Wages ☐ Unemployment ☐ Workers Compensation ☐ Disability ☐ Pension(s) ☐ Social Security ☐ Alimony ☐ Child Support ☐ Government Assistance ☐ Other
		☐ No SSN/ ITIN	☐ Yes ☐ No	☐ Yes ☐ No	☐ Wages ☐ Unemployment ☐ Workers Compensation ☐ Disability ☐ Pension(s) ☐ Social Security ☐ Alimony ☐ Child Support ☐ Government Assistance ☐ Other
		☐ No SSN/ ITIN	☐ Yes ☐ No	☐ Yes ☐ No	☐ Wages ☐ Unemployment ☐ Workers Compensation ☐ Disability ☐ Pension(s) ☐ Social Security ☐ Alimony ☐ Child Support ☐ Government Assistance ☐ Other
		☐ No SSN/ ITIN	☐ Yes ☐ No	☐ Yes ☐ No	☐ Wages ☐ Unemployment ☐ Workers Compensation ☐ Disability ☐ Pension(s) ☐ Social Security ☐ Alimony ☐ Child Support ☐ Government Assistance ☐ Other
		☐ No SSN/ ITIN	☐ Yes ☐ No	☐ Yes ☐ No	☐ Wages ☐ Unemployment ☐ Workers Compensation ☐ Disability ☐ Pension(s) ☐ Social Security ☐ Alimony ☐ Child Support ☐ Government Assistance ☐ Other
		☐ No SSN/ ITIN	☐ Yes ☐ No	☐ Yes ☐ No	☐ Wages ☐ Unemployment ☐ Workers Compensation ☐ Disability ☐ Pension(s) ☐ Social Security ☐ Alimony ☐ Child Support ☐ Government Assistance ☐ Other

If your financial situation has changed within the last 12 months, please explain below.

I represent that the information provided is true and accurate to the best of my knowledge. I, as payor and signer of this form; certify to the social security number provided to be my legally assigned, individual social security number.

Signature of Patient/Responsible Party	Social Security Number	Date
______________________	______________________	________
Signature of Spouse/Co-Applicant	Social Security Number	Date
______________________	______________________	________

You will be notified by letter of the application determination. If you need assistance completing your application or have questions, please send an inquiry through our MyMercy customer service messaging center or contact us at 1-855-420-7900 (Monday – Friday 7:30 a.m. – 7 p.m. Central).

Please submit your application and all supporting documents to one of the following:

Mercy Health
Attention: Financial Assistance
1570 W Battlefield, Suite 120
Springfield, MO 65807
(**Mailing address only**)

Fax: 417-829-4604

Email: MercyPatientServ@Mercy.net
Attach as PDF Document
Include: Account #; Name; Date of Birth

Mercy
1570 W Battlefield Suite 120, Springfield, MO 65807

Statement of Support

This letter is to be completed by the person who supplies our patient with housing and other living costs.

I verify that ___________________________________is not currently employed and receives no income from any source.
Last date of employment ___________________.
I, _______________________currently provide basic monthly expenses.
I estimate that I pay $____________________in monthly expenses.
I have supplied these items since _________________.
Where and with whom does the patient live? Name: ___________________________________
Address: _________________________________
City: _________________ State: ______________

Check all that apply

I currently:
___Supply his/her shelter in my home or on my property.
___Supply his/her utilities.
___Supply his/her food.
___Medical expenses (doctor visits, medication)
___Other Creditors ____
___I am related to the patient (parent, grandparent, sister, brother, other _____________)
___I am a friend of the patient

The patient does the following:

___Takes care of my property or me.
___Performs yard work or other maintenance.
___Baby-sits
___Occasionally helps to pay certain bills.
___Cannot help at all due to his/her medical condition.
___Other____

____ ______________________
Signature of person who is helping patient **Date**

____ ______________________
Address **Phone #**

Form **4506-T** (March 2021)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit *www.irs.gov/form4506t*.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. / /   / /   / /   / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions) Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date