



Mercy Financial Assistance Program

Date:

Guarantor Name:

Address:

City & State:

Account Number (s):

Mercy strives to provide assistance to patients and families who are truly unable to fulfill their financial obligations to us 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.

If you are **uninsured** and needing assistance, we ask that you call our Medicaid screening service at **1-844-764-6850** to see if you may be eligible for Medicaid. If you are, we'll help you apply. It is required that uninsured patients call the screening line before submitting this application.

Date call placed to Insurance Eligibility Screening line: _____

If you are **insured** or **have already been screened**, please mail all items listed below to **1730 E Portland St. Springfield, MO 65804 (mail address only location)**:

- Financial Assistance Application (following page of this document)
- A complete copy of the most current years required filing of Federal Income Tax Return; **including** all schedules, for **all** members of your household. If you have business income, we will need a **year-to-date profit and loss** spreadsheet/statement. If you do **not** file Federal Income Tax, please complete a **4506-T form**. Call 1-800-908-9946 for questions regarding this form.
- Copies of proof of income for all members of household.
 - **Income sources include:** Interest, Salary (60 days needed), Rent, Alimony, Pensions, Disability, Dividends, Social Security (need most recent benefit letter), Unemployment, Child Support, Student Grants, Workers Compensation, Public Assistance
 - If you do not have income – please provide a Statement of Support (may be attached)
- If your total income has changed significantly from your last tax return, please provide written documentation of the changes.

If any of the above documents are not submitted within 15 days, we will be unable to consider you for assistance and will proceed with our normal collections process.

Please allow ten (10) business days for us to review your submitted information. You will be notified by letter of the financial assistance discount we are able to provide. If you have any questions, please contact us at: **855-420-7900**.

Guarantor and Spouse/Co-Applicant Information

Full Name	Address City, Zip and State	Phone #	Marital Status	Employer	Length of Employment

Please list all additional household members, completing information for each person listed:

Full Name	Social Security #	Date of Birth	Relationship to Guarantor	Employer/School Attending	Length of Employment

Please provide gross income details (prior to deductions) for all employed members of household:

Source of Income	Patient	Spouse	Additional Household member(s)	Frequency of Pay (weekly, bi-weekly, monthly)	Yearly Total
Employment/Wages					
Self-employment					
Social Security/Disability					
Pension/VA Benefits					
Unemployment					
Child Support/Alimony					
Workers Compensation					
Other					

Please explain why you are requesting financial (i.e. loss of job, death in the family, divorce, extraordinary medical bills). This should be attached to the charity application.

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/Guarantor

Social Security Number

Date

Signature of Spouse/Co-Applicant

Social Security Number

Date

Note: A separate application will need to be submitted for balances that were or will be incurred as a result of receiving services in the Southwest Missouri Mercy Community: **Joplin Hospital, Carthage Hospital, Columbus Hospital, Southwest Missouri Community Clinics**. This application can be found by visiting mercy.net/JoplinFA or by calling Customer Service at 855.420.7900.