Bartlett Regional Hospital

Charity Care: Checklist and Instructions

1. **Medicaid Application Review/Determination:** This step must be completed before the Charity Care application can be considered. (See business office staff for information.)

2. **Required Documentation:** Please include copies of the following documents with your completed Charity Care application **If you do not include the required documentation or submit an incomplete application, your application will be denied.

- Last 3 bank statements
- Pay stubs for the last 3 months
- Tax return for the past year

Complete the attached financial statement to report income from any of the sources:

• Gross wages Child support and/or alimony

• Self-Employment Income Military Family Allowances

• Public Assistance • Rental Income

• Social Security • Interest dividend income

• Unemployment compensation financial aid grants/scholarships

• Pension Strike Benefits

• Housing allowances All other taxable income

• Dividends from the Permanent Fund

• Workers' Compensation

Complete and submit your application including all required documentation. If you do not, your account may be turned over to a collection agency. If you need assistance completing this application or if you have any questions about the program, please contact our financial advisor at 907-796-8328.

Application includes Bartlett Regional Hospital Facility Charges Only

This application applies to facility fees provided at Bartlett Regional Hospital. It does not include physician or other provider or laboratory fees that are billed separately from hospital fees. You may receive bills from multiple physicians for their services, including but not limited to your anesthesiologist, hospitalist, pathologist, radiologist, cardiologist, emergency room physician, and other specialists who participate in your care. If you have questions regarding the bill for their services and would like to inquire about their financial assistance plan, please contact the individual provider directly.

What is Bartlett Regional Hospital's Charity Care Program?

Bartlett Regional Hospital's Charity Care Program first opened on May 26, 1992, and allows our patients to receive certain approved services at no or reduced cost when they meet program eligibility requirements. Charity Care is not an insurance program and is not intended to replace benefits that are received or could be received from government-supported programs, such as Medicare, Medicaid, Denali Kid Care, or other private resources.

Who is eligible?

Participants must meet the program's income and resource requirements established by Bartlett Regional Hospital. These guidelines change each year and can be found on the Request for Charity Care. Applications are available in our Patient Financial Services Department or on our website at https://www.banletthospital.org/patients-visitors/financial-services/ or by calling Bartlett Regional Hospital's financial advisor at (907) 796-8328.

What type of service is eligible?

The program is available to patients' receiving emergency or medically necessary services. Contact Bartlett Regional Hospital's financial advisor to determine if the service qualifies.

How do I apply?

Contact Bartlett Regional Hospital's financial counselor at (907) 796-8328 to request an application and assessment of your eligibility for charity care. Our financial advisor will provide you with an application and explain the documents needed to apply for Charity Care.

Notification of acceptance or ineligibility will be mailed to applicants. Most requests are processed within 30 days. ***Please note: The acceptance notice does not offer Charity Care coverage for future services, only for the balances at the time the application is submitted. An individual may be required to reapply for each qualified service. Charity Care does not cover services rendered and billable by an independent medical professional.** In addition to determining eligibility for Charity Care, our financial counselor can help patients identify other payment schedules and refer them to the billing office or billing representative to set up payment plans for the remaining balances.

The need for charity care is a sensitive and personal issue for beneficiaries. All requests are confidential.

Contact Information:

Patient Financial Counselor (907) 796-8328
Patient Financial Services Billing (907) 796-8436
Website: https://www.bartletthospital.org/patients-visitors/financial-services/
Mailing Address: Bartlett Regional Hospital, 3260 Hospital Drive, Juneau, AK 99801

Bartlett Regional Hospital
Charity Care Application

Guarantor Name: _____

Guarantor Social Security Number: _____

Guarantor Date of Birth: _____

Guarantor Street Address: _____

Guarantor's Mailing Address: _____

Guarantor Phone Number: _____

Guarantor Current Employer: _____

Spouse Current Employer: _____

Dependents living in the home: _____

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

Monthly Income: (Proof of all income must be attached before the application is processed)

Guarantor's wages:	Spouse's wages:	Parents: (if applicable)
Social Security Income:	Pension	PFD:
Food Stamps: (SNAP)	Unemployment Income:	Public Assistance Income:
Corporation Dividends:	Total Monthly Income:	Total Annual Income:

1) Have you applied for Medicaid for these services? _____

2) Have you applied for Bartlett's Charity Care program in the past? _____

A) If so, when did you apply and what was the outcome? _____

Assets: Bank accounts:

Checking:

Bank Name: _____ Account Number: _____ Balance: _____

Bank Name: _____ Account Number: _____ Balance: _____

Savings:

Bank Name: _____ Account Number: _____ Balance: _____

Bank Name: _____ Account Number: _____ Balance: _____

IRA:

Bank Name: _____ Account Number: _____ Balance: _____

401K:

Bank Name: _____ Account Number: _____ Balance: _____

FINANCIAL RESPONSIBILITY

I certify that the above information is true and accurate to the best of my knowledge. I understand that payment of this bill is my responsibility and that the information provided is for the hospital to see if I will qualify for charity care. I understand that any charges that are not covered due to my failure to comply with agency/insurance requirements will not be considered in this program. My signature below constitutes permission for Bartlett Regional Hospital to verify any information provided, including a credit check where applicable. If any information I have provided turns out to be false, I understand that the Hospital will demand full payment of the debt.

Guarantor Signature: _____ Date: _____

Bartlett Regional Hospital
3260 Hospital Dr. Juneau, Alaska 99801 Phone 907-796-8328

UNEMPLOYMED PERSON SUPPLEMENT
(To be completed only if you are unemployed)

1. Are you looking for work? Yes ☐ No ☐

   Describe your efforts:

2. When do you expect to be employed?

3. Does someone provide you with room, board, clothing, or cash? If so, please list the following:
   a. Names of the following:
   b. Who provides you with housing?
   c. Who provides you with Food:
   d. Who provides you with Clothing:
   e. Who provides you with Cash:

4. If you have no income and don't get help from friends or family. Please explain:
   a. How is the rent paid?
   b. How do you buy food?
   c. What do you do for cash?
5. Have you applied for unemployment benefits?

Applicant's signature: _____

Date: _____

Bartlett Regional Hospital
3260 Hospital Dr. Juneau, Alaska 99801 Phone 907-796-8328

BANK ACCOUNT SUPPLEMENT

(To be completed only if you do not have a bank account)

If no bank account is stated on your application, please explain:

1. How do you pay rent?

2. Where do you cash your checks?

3. Does your name appear on any checking or savings accounts?

If yes, please provide the name of the bank and the type of account.

If your name appears on someone else's account and you are a signer on that account, we will Request copies of your bank statements before your request can be processed.

Applicant's Signature: _____

Date: _____