

# Bartlett Regional Hospital

## *Charity Care - Checklist and Instruction*

1. **Medicaid Application Review/Determination** – This step must be completed before application for Charity Care can be considered. (See business office staff for information.)
2. **Required Documentation:** Include copies of the following documents with your completed Charity Care application. **\*\*Failure to include required documentation or submitting an incomplete application will result in rejection of your application.**
  - Last 3 bank statements
  - Pay stubs for last 3 months min.
  - Last Year Tax Return

Please complete the enclosed Financial Statement from the following sources:

- Gross Wages
- Self Employment Income
- Public Assistance
- Social Security
- Unemployment Compensation
- Pensions
- Housing Subsidies
- Permanent Fund Dividends
- Workers Compensation
- Child support and/or alimony
- Military Family Allotments
- Income from rentals
- Income from interest dividends
- Financial Aid grants/scholarships
- Strike benefits
- All other taxable income

Please complete and return your application with all the requirements promptly. If you need financial assistance. Failure to do so may result in your account being turned over to a collection agency. If you need assistance completing this application or if you have any questions regarding the program please contact our Financial Counselor **Mireya Leyva Leon** at 907-796-8328.

**Bartlett Regional Hospital**  
*3260 Hospital Drive*  
*Juneau, Ak 99801*

## What is the Bartlett Regional Hospital Charity Care Program?

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

### Who is eligible?

Participants must meet the program's income and resource requirements set by Bartlett Regional Hospital. These guidelines are changed every year and can be found in the charity care application.

Applications are available in our patient financial services department or by calling Bartlett Regional Hospital's financial counselor at (907)796-8328.

### What Type of Service is Eligible?

The program is available for patients who receive emergent or medical necessary services. Please contact the Bartlett Regional Hospital Financial Counselor Mireya Ramirez to determine if the service qualifies for the program.

### How do I apply?

Contact Bartlett Hospital Financial Counselor at (907) 796-8328 to request an application and evaluation of your eligibility for charity care. Our Financial Counselor will provide you with an application and will explain the documents needed to apply for charity care.

Notification of acceptance or ineligibility will be sent to applicants by mail. Most applications are processed within 30 days. **Please note: Notice of acceptance does not offer Charity Care coverage for future services, only for the services requested. Persons may be required to reapply with each qualifying service. Charity care does not cover services rendered and billable by an independent medical professional.**

In addition to determining Charity Care eligibility our financial counselor can assist patients with identifying other payment programs and refer patient to the billing office to establish payment plans for remaining balances.

The need for Charity Care is a sensitive and personal issue for recipients. All requests are treated with confidentiality and reverence for each person.

### Contact Information

Patient Financial Counselor	(907)796-8328
Patient Collections Department	(907)796-8827
Location:	3260 Hospital Drive Juneau, AK 99801

# BARTLETT REGIONAL HOSPITAL

## Charity Care Application



**Guarantor Name:** \_\_\_\_\_

**Guarantor Social Security#** \_\_\_\_\_

**Guarantor Date of Birth:** \_\_\_\_\_

**Guarantor Street Address:** \_\_\_\_\_

**Guarantor Mailing Address:** \_\_\_\_\_

**Guarantor Phone Number:** \_\_\_\_\_

**Guarantor Current Employer:** \_\_\_\_\_

**Spouse Current Employer:** \_\_\_\_\_

**Dependents Living in Household:**

<b>Name:</b>	<b>Age:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Age:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Age:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Age:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Age:</b>	<b>Relationship:</b>

**Monthly Income: (Proof of all income must be attached before application will be processed)**

Guarantor Wages:	Spouse Wages:	Parents: (if applicable)
Social Security:	Pension:	PFD:
Food Stamps:	Unemployment Income:	Public Assistance:
Corporation Dividends:	<b>Total Monthly Income:</b>	<b>Total Annual Income:</b>

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:*

<i>Checking:</i>	<i>Bank Name:</i>	<i>Acct #</i>	<i>Balance:</i>
<i>Checking:</i>	<i>Bank Name:</i>	<i>Acct #</i>	<i>Balance:</i>
<i>Savings:</i>	<i>Bank Name:</i>	<i>Acct #</i>	<i>Balance:</i>
<i>IRA</i>	<i>Bank Name:</i>	<i>Acct #</i>	<i>Balance:</i>
<i>401K</i>	<i>Bank Name:</i>	<i>Acct #</i>	<i>Balance:</i>

**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 any charges that are not covered because of my non-compliance with the agency/insurance requirements will not be considered under this program. My signature below constitutes permission for Bartlett Regional Hospital to verify any information provided including a credit check when applicable. If any information I have given proves to be untrue, I understand the Hospital will require payment in full of this debt.

Guarantor signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Bartlett Regional Hospital

3260 Hospital Dr. Juneau, Alaska 99801 Telephone 907-796-8328

## UNEMPLOYED PERSON SUPPLEMENT

(To be completed only if you are unemployed)

1. Are you looking for work? Describe your efforts.
  
2. When do you expect to be employed?
  
3. Does someone provide you with housing, food, clothing or cash? If so please
  - a. List their names:
  
  - b. Housing:
  
  - c. Food:
  
  - d. Clothing:
  
  - e. Cash:
  
4. If you have no income and are not receiving help from friends or relative,
  - a. Please explain:
  
  - b. How do you pay rent?
  
  - c. How do you buy food?
  
  - d. 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 Telephone 907-796-8328

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## **BANK ACCOUNT SUPPLEMENT**

(To be completed only if you don't have a bank account)

**If no bank account is declared on your application, please explain the following:**

- 1. How do you pay your rent?**
  
- 2. Where do you cash your checks?**
  
- 3. Does your name appear on any checking or savings account?**

**If yes list the name of the bank and type of account**

*If your name appears on someone else's account and you are a signer on that account, we do still require copies of your bank statements before your application can be processed.*

**Applications Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Bartlett Regional Hospital Charity Care Program/Rainforest Recovery Center Care Program

### 2022 Poverty Guidelines

Numbers in Household	100% Write-off	75% Write-off	50% Write-off	25% Write-off	NO Write-off	
	100%	75%	50%	25%	NO	
1	\$0 - \$23,446 <i>Net Income</i>	\$23,447 - \$25,486 <i>Net Income</i>	\$25,487 - \$33,980 <i>Net Income</i>	\$33,981 - \$42,475 <i>Net Income</i>	\$42,476 <i>and over</i>	
2	\$0 - \$31,588 <i>Net Income</i>	\$31,589 - \$34,335 <i>Net Income</i>	\$34,336 - \$45,780 <i>Net Income</i>	\$45,781 - \$57,225 <i>Net Income</i>	\$57,226 <i>and over</i>	
3	\$0 - \$39,730 <i>Net Income</i>	\$39,731 - \$43,185 <i>Net Income</i>	\$43,186 - \$57,580 <i>Net Income</i>	\$57,581 - \$71,975 <i>Net Income</i>	\$71,976 <i>and over</i>	
4	\$0 - \$47,872 <i>Net Income</i>	\$47,873 - \$52,035 <i>Net Income</i>	\$52,036 - \$69,380 <i>Net Income</i>	\$69,381 - \$86,725 <i>Net Income</i>	\$86,726 <i>and over</i>	
5	\$0 - \$56,014 <i>Net Income</i>	\$56,015 - \$60,885 <i>Net Income</i>	\$60,886 - \$81,180 <i>Net Income</i>	\$81,181 - \$101,475 <i>Net Income</i>	\$101,476 <i>and over</i>	
6	\$0 - \$64,156 <i>Net Income</i>	\$64,157 - \$69,735 <i>Net Income</i>	\$69,736 - \$92,980 <i>Net Income</i>	\$92,981 - \$116,225 <i>Net Income</i>	\$116,226 <i>and over</i>	
7	\$0 - \$72,298 <i>Net Income</i>	\$72,299 - \$78,585 <i>Net Income</i>	\$78,586 - \$104,780 <i>Net Income</i>	\$104,781 - \$130,975 <i>Net Income</i>	\$130,976 <i>and over</i>	
8	\$0 - \$80,440 <i>Net Income</i>	\$80,441 - \$87,435 <i>Net Income</i>	\$87,436 - \$116,580 <i>Net Income</i>	\$116,581 - \$145,725 <i>Net Income</i>	\$145,726 <i>and over</i>	

For families/households with more than 8 persons, add \$5,900 for each additional person