

CAPITAL REGION MEDICAL CENTER

1125 Madison St.  
Jefferson City, Missouri 65101

**REQUEST FOR FINANCIAL INFORMATION**

**Please complete application and attach a copy of previous year Federal Tax return. Return application within 10 days to qualify for assistance.**

**In keeping with effective stewardship, CRMC will limit our financial assistance program to those who are residents of our 9 (nine) service counties: Callaway, Cole, Moniteau, Maries, Miller, Osage, Boone, Morgan and Gasconade**

ACCOUNT (s) #
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PATIENT NAME	AGE	PHONE #	MARITAL STS. S M D W
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GUARANTOR	AGE	RELATIONSHIP TO PATIENT
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SPOUSE NAME	AGE	PHONE #
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APPLICANT'S ADDRESS – STREET	PREVIOUS EMPLOYER	LAST DATE EMPLOYED
CITY, STATE, ZIP	DO YOU RENT <input type="checkbox"/> OWN <input type="checkbox"/>	

GUARANTOR EMPLOYER NAME	PHONE #	SPOUSE EMPLOYER NAME	PHONE #
ADDRESS		ADDRESS	
POSITION/TITLE	HOW LONG EMPLOYED?	POSITION/TITLE	HOW LONG EMPLOYED?
Monthly Net Income		Monthly Net Income	
<b>INCOME:</b>		<b>INCOME:</b>	
Wages	SSI	Wages	SSI
Pension	Rent Income	Pension	Rent Income
Alimony/Child	Other	Alimony/Child	Other

<b>MONTHLY EXPENSES:</b>			
Housing	Phone	Insurance-Health	Utilities
Food	Clothing	Child Care	Car
Insurance-Home	Insurance-Car	Fuel	Other

COMBINED MONTHLY INCOME \$	TOTAL MONTHLY EXPENSES \$	Number in Household (Claimed on income taxes)
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<b>ASSETS:</b>			
Checking Acct Balance:	Stocks/Bonds/Mutual Funds Value:	Real Estate #1 Value:	Automobile (Make/Model/Year):
Savings Balance:			
Other (Money Market, CD's IRA's) Value:		Real Estate #2 Value:	

<b>LIST CREDIT REFERENCE AND MONTHLY PAYMENTS:</b>				
Creditor's Name and Address	Line of Credit	Balance	Monthly Payment	Up to Date?

**To be eligible for additional help, you must:**

Be a United States citizen and a Missouri resident

Have income within the guidelines for eligibility listed in a chart below (200% Of Federal Poverty Level)

Have limited resources available to help you pay your bill:

Resources such as savings, checking, cash, IRAs and retirement accounts may be considered if the combined amount is above:

- \$1,000 if you are single
- \$2,000 for households of two
- \$4,000 for households of three or more

Your home and automobiles will not be considered. However, other personal property, such as real estate in addition to your home, recreational vehicles, and crops or livestock without a lien may be considered as an available asset to help pay your bills.

You must cooperate to apply for MO HealthNet (Medicaid) if you have a family with children, or if you are pregnant, age 65 or older, blind, or unable to work for more than a year because of your health.

You may be eligible for assistance if you have been approved for state or federal programs such as a government food assistance program or Medicaid.

All available financial resources will be evaluated before determining financial assistance eligibility not only of the patient but also of other persons having legal responsibility to provide for the patient, such as a parent of a minor child or a patient’s spouse.

**Applying for assistance**

Here is the process, step by step:

**Step 1:** Fill out an application which is available in English and Spanish. Applications are available from Capital Region Medical Center:

**Step 2:** Gather your documents. We will need:

1. For income proof, we need your recent tax return or three to six months of pay stubs. If you have not filed taxes we need a letter of Non-Filing from the IRS.
2. Copy of EBT card or letter from Medicaid for Food Stamps
3. Copy of Social Security letter of award

**Step 3:** Sign and return your application. :

1. Mail your application and documents to 1125 Madison St. Jefferson City MO 65101.
2. You may also bring the application to any Financial Counselors at the hospital outpatient location or the Southwest Campus at 1432 Southwest Blvd Jefferson City, Mo.
3. Fax to the Patient Financial Services office at 573-632-5932

We will review your application and let you know if you are approved for financial assistance. The average processing time for your application is 15 to 30 days if all information is provided. You will receive billing statements until your application is reviewed.

You will be notified in writing about the approval or denial of this application. If approved, your application will be **valid for 6 months** for *emergent, medically necessary or urgent visits*.

**The Federal Poverty Guidelines are used in conjunction with Assets, Income and Expenses when evaluating the financial assistance criteria.**

**Eligibility Guidelines for Assistance Based on Annual Income**

<b>FEDERAL POVERTY LEVEL FOR FY2019</b>			
FPL %		100%	200%
<b>FAMILY SIZE</b>	<b>1</b>	\$12,490	\$24,980
	<b>2</b>	\$16,910	\$33,820
	<b>3</b>	\$21,330	\$42,660
	<b>4</b>	\$25,750	\$51,500
	<b>5</b>	\$30,170	\$60,340
	<b>6</b>	\$34,590	\$69,180
	<b>7</b>	\$39,010	\$78,020
	<b>8</b>	\$43,430	\$86,860
For each additional person add		\$4,420	

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

The undersigned represents that all statements in this form are true and made for the purpose of obtaining credit. Verification may be obtained from any source named in this form. The Undersigned agrees to allow Capital Region Medical Center to contact any or all of the above references for credit verification.