FINANCIAL ASSISTANCE PROGRAM REQUIREMENTS





Thank you for choosing Truman Medical Centers (TMC) for your healthcare needs.

TMC accepts most commercial and government sponsored health insurance plans. If you have a question regarding coverage or to find out if TMC accepts your health insurance, please visit www.trumed.org (Financial Assistance) or contact us at (816) 404-3040 for more information.

For those who do not have healthcare coverage, our Financial Counseling Center will assist you with determining potential eligibility for medical coverage assistance programs such as Medicare, MO HealthNet (Medicaid), the Crime Victims Compensation Fund or TMC Financial Assistance (Discount, valid for 12 months from date of issue).

Some of these programs require an application to be filed within the first 90 days from the date medical services were received, so please contact us as soon as possible.

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In order to provide you with very good customer service and accurately assist with your eligibility, you are REQUIRED to provide the following information/forms/documents:					
PLEASE NOTE: Exceptions may be made if you are currently homeless or receiving Food Stamps.					
Name Please return information by this date: All verifications must be dated within the same 30 day timeframe.					
Patient Identification Your identification must include your name, photo and date of birth. Please provide one of the following: • Driver's License • Passport • Permanent Resident Card • Student Identification Card, Birth Certificate or Insurance Card, if 17 years or younger					
Proof of Residence Patients must provide proof of their residence. If you currently reside in a local shelter, you must provide a current letter on the shelter's letterhead verifying you currently reside there. Acceptable forms include:*					
 Utility Bill (gas, electric, water only with a statement date within 30 days Current Lease Agreement Mortgage Bill or Real Estate Deed 					
If you have no proof of address, you may provide a notarized letter of support from the person you are living with along with a copy of their utility bill to show that address. *We apologize, but your TMC bill, University Physicians Associates bill, rent payment receipt, advertisement or junk mail, driver's license and personal letters are not acceptable forms of proof of residence.					
Current Filed Federal Tax Return (REQUIRED)-We may ask for up to 2 years of tax returns You can contact the IRS at 1-844-545-5640					
Schedule C, if self-employed If self-prepared, a transcript from the IRS is needed If you did not file taxes last year, please provide a Wage and Income Transcript from the IRS					

Household Income					
You will need to provide proof of all household income, earned or unearned, as well as any assistance through other programs you may receive. This information includes, but is not limited to:					
Paystubs -We may as			kman's Compensation		
Current Social Securit			award letter		
Pension/Retirement a	•		on 8/Utility Assistance		
Unemployment Bene			al Income		
Alimony/Child Suppo			ent Financial Aid, Loans and/or	Grants	
Veteran's Administra			employment income (previous y		
		·	dule C	,	
If you do not have an i	ncome, you are required t	o provide a r	notarized statement from the p	erson who is helping you at	
this time.					
Other					
Other Requirements	(varies by program) - A	dditional info	ormation may be required, inclu	uding:	
Social Security Cards		Mar	riage License		
	Certified Copy of Birth Certificate		vorce Decree		
			f of Separation		
			nded tax return		
Other					
MO HealthNet for Pregr					
If you are pregnant, you may be eligible for this program. Proof of Pregnancy, photo ID and a signed "Due Date" Statement					
is required.					
Cocial Cocurity Disability	. a., CCI				
Social Security Disability or SSI To apply the security Disability or SSI					
To apply, you may schedule an appointment with a TMC Disability Counselor. You may also visit the nearest Social Security Office, apply by telephone at 1-800-772-1213 , or apply online, at http://ssa.gov/ . Applying for disability may be required					
to be eligible for MO Healt			. Applying for c	alsability may be required	
10 20 0.16.10.10 10 11.00 11.00.10	milet (medicala) ee relage				
Have you been a Victim	of a Crime in Missouri a	and filed a p	olice report?		
Please visit http://www.d	os.mo.gov/dir/programs/	cvc/ for mor	e information on eligibility.		
TMC Health Sciences District	r Medical Assistance Prog TMC Lakewood	rams, piease	visit the Financial Counseling (University Health	Center at: Swope Health Services	
	7900 Lee's Summit Road		2101 Charlotte St	3801 Blue Parkway, 1 st Floor	
Kansas City, MO 64108	Kansas City, MO 64139		Kansas City, MO 64108	Kansas City, MO	
Monday-Friday 7am – 4:30 pm	Monday-Friday 7am – 4:30 pm		Monday-Friday 7am – 4:30 pm	Monday-Friday 8am-4:30 pm	
(Subject to change)	By Appointment (Limited Walk-	ins Available)	By Appointment (Limited Walk-ins)	By Walk-in & Appointment	
Or visit our website at http://www.trumed.org/patients-visitors/financial-services/financial-counseling to apply online.					
	16		and the form of the co		
o Vou may return it to	•	return reque	sted information:		
You may return it to any of the locations above You may also utilize drap boyes located just incide of the main entrance of the Health Sciences District (formark).					
 You may also utilize drop boxes located just inside of the main entrance of the Health Sciences District (formerly Hospital Hill) and in the registration area inside the Bess Truman Family Medicine Center Entrance at Lakewood 					
 You may fax it to (816) 404-4065 					
 If you are signed up for myTruHealth, you can attach your information in a message to Financial Assistance 					
o If you are not signed up for myTruHealth, you can do so at www.trumed.org/visitors-patients/my-truhealth					
Additional information may be required. Financial Customer Service is available at (816) 404-3040 for any questions you may have.					
rinancial Customer Service is available at 1010/ 404-3040 for ally questions you may have.					