



State Charity Care _____ %

SJH Internal _____ %

FINANCIAL ASSISTANCE PROGRAM

Date of application _____

Patient Name _____ Date of Service _____

Address _____

Phone _____ Guarantor Name/SS# _____ Family Size _____

Family Members (includes Gurantor)	Account/Pt.#	DOB	Relation	SS#	Coverage
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Determination

Medical – Your request for subsidy care has been **approved**. Your financial responsibility is _____% of the hospital bill for services rendered. The hospital may provide subsidy care of _____% of the hospital charges for any future hospital services for a period of up to 12 months from the date of this determination.

Was patient referred to Medicaid? Yes No Reason _____

Evaluator's Signature _____ Title _____

Date of Determination _____ Effective _____ Through _____

Assets Criteria

When determining eligibility for charity care, a spouse's income and assets must be used for an adult and parent's income and assets must be used for a minor child.

Liquid Assets Include:

Cash _____	Savings Accounts _____
Checking Accounts _____	CD's, Treasury Bills, Negotiable Paper _____
Stocks and Bonds _____	Property other than primary residence _____
Other Liquid Assets _____	

Income Criteria

Patient/Family Gross Income equals the lesser of the following:

Last 12 months _____ Or last 3 months x4 _____

Add 1 week x 52 _____

Income Includes:

Wages before deductions _____	Public Assistance _____
Social Security Benefits _____	Unemployment and Workmen's _____
Strike Benefits from Union Funds _____	Compensation _____
Veterans Benefits _____	Alimony/ Child Support _____
Pension Payments _____	Insurance or Annuity Payments _____
Income from Dividens, Interest _____	Farm/Self Employment _____
Rent, Estates, Trusts or Royalties _____	Other Income _____

Note: Income does NOT include the following money receipts: assets down as withdrawals from a bank; sale of property, house, or car, tax refund, gifts, one time insurance payments, or compensation from injury. Also disregarded is non- cash income, such as the bonus value of food and fuel produced and consumed on farms, and the imputed value of rent from owner occupied farm or non- farm housing.

The following information for proof of income is needed before your application can be considered.

- 1) Do you have medical insurance? Yes No
- 2) Are you eligible for public assistance? Yes No
If no, give reason _____
- 3) Were you a resident of New Jersey on the date of service in question? Yes No
- 4) Have you filed prior year's Federal Income Tax return, ie 1040,W2? Yes No
- 5) Do you receive Social Security Benefits? Yes No
- 6) Do you receive Child Support? Yes No
- 7) Do you receive income from any other sources, i.e. pension plans Yes No
Stock dividends, welfare, unemployment, Medicaid?
- 8) Do you have a bank account, checking or savings? Yes No
- 9) Have you worked in the last three months? Yes No
- 10) Do you live with someone who provided food and shelter? Yes No

If you checked yes to any of the above questions, documentation must be provided.

I understand that the information which I submit is subject to verification by the above listed health care facility and the federal or state governments. Willful misrepresentation of these facts will make me liable for all hospital charges. I authorize the Board of Social Services to release my information regarding my general assistance application to Inspira Health.

(Identification, Income, Medicaid Card: _____

If so, requested by the health care facility, I will apply for governmental or private medical assistance for payment of the hospital bill.

I certify that the above information regarding my family size, income, and assets is true and correct.

Signature of Patient or Guarantor: _____ **Date:** _____

FOR QUESTIONS ON FINANCIAL ASSISTANCE, please call our main number at: (856) 641-6336 and one of our Financial Counselors will be more than happy to assist you.