



FINANCIAL ASSISTANCE

Application Form

Application Information

LMH offers financial assistance for its medical care to eligible individuals and families. Based on your financial need, either reduced or free care may be available.

You may be eligible for financial assistance if you:

- Have limited or no health insurance
- Are not eligible for government assistance (for example, Medicare or TennCare)
- Can show you have financial need
- Provide LMH with necessary information about your household finances
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About the Application Process

The process for applying for LMH financial assistance includes these steps:

- Complete the LMH Financial Assistance Application form in this packet.
 - Include the supporting documents listed in the checklist.
 - We look at your income and family size to determine the level of assistance available to you. We use a sliding scale, based on federal poverty guidelines.
 - Note that you must first explore whether you are eligible for some type of insurance benefits that would cover your care. (for example, Worker's Compensation, Automobile Insurance, or TennCare). We can help direct you to the appropriate resources.
- We will contact you to tell you whether you are eligible for LMH financial assistance.
- We can help you arrange a payment plan for any remaining charges or bills that are not covered by LMH financial assistance.
 - A payment plan will consider your financial situation to set payments that you can manage.

Filing Your Application

Please mail your completed application form and copies of your proof of income materials to the address listed below, or deliver in person to the Patient Accounts Department at LMH.

LMH Financial Assistance
1420 Tusculum Blvd.
Greeneville, TN 37745

Documentation Checklist

Your application must include copies of any of the following documents that apply to you. Please attach copies, not originals, as LMH can't return any documents sent with the application. If any of the documents are missing, it will delay processing of your application.

If You Have Income:

Attach additional proof of your household income which may include:

- Social Security 1099 forms or award letters
- Unemployment or Workers' Compensation award letters
- Pay stubs for the last three months
- If you are Self-Employed, you must include a Schedule C and/or Profit and Loss statement

If You Have No Income:

- If you have no income, send us a letter of support. The person who provides your support must sign the letter.

Letter of Denial of Medical Assistance

- You may need to apply for TennCare and provide a copy of your Letter of Denial before we can approve your application.

Your Completed and Signed Financial Assistance Application Form

- Please complete all the parts of the form that apply to you. Note that a separate application must be completed for each individual patient who is requesting financial assistance.

If you have any questions please call 423-787-5000 and ask to be transferred to Patient Accounts.



Name of Patient: _____

Patient's Date of Birth: _____ Patient's Social Security Number: _____

Address: _____
Number and Street City TN Zip County

Daytime Phone Number: _____ Alternate Phone Number: _____

Employer's Name: _____ Spouse's Employer's Name: _____

If you have already received a bill, please give us your account number: _____

Do you have Health Insurance? [] Yes [] No

Have you applied for Financial Assistance within the past 6 months? [] Yes [] No
(If yes, please enclose a copy of the Letter of Denial.)

Household Information:

List ALL members of your household who were claimed on your most recent IRS Form 1040.

Table with 3 columns: Name, Relation to Patient, Age. Includes four rows of blank lines for data entry.

Total number of household members (including the patient): _____

Monthly Household Income: List monthly income for yourself and other household members.

Also attach any proof of income documents (see documentation checklist below.)

Table with 3 columns: Income Category, Self, Spouse/Other Household Members. Rows include Wages or Self-Employment, Social Security, Unemployment, Alimony and Child Support, Pension or Retirement Income, Workers' Compensation, Other Income (Dividends, Interest, Rent, etc.), and Total Monthly Family Income.

Available Household Resources:

Do you and/or any other members of your household have a Checking and/or Savings account? Yes No
 (If yes, you must enclose the last three months' statements.)

Vehicles and Real Estate (Homes and Property): List assets you own.

Write zero for any of these items that you do not own.

Real Estate Value: \$ _____ Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Other Property: \$ _____ Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Motor Vehicle: Make: _____ Model: _____ Year: _____

Do you Own or Lease this vehicle? (check one) Own Lease Monthly Payment: \$ _____

Motor Vehicle: Make: _____ Model: _____ Year: _____

Do you Own or Lease this vehicle? (check one) Own Lease Monthly Payment: \$ _____

Monthly Household Expenses: Give information about the bills you pay every month.

Mortgage/Rent: \$ _____ Utilities: \$ _____ Real Estate Taxes: \$ _____

Food: \$ _____ Other (please describe): \$ _____

Additional Comments:

Disclaimer: I understand that the information I provide will be used only to determine financial responsibility for my charges at LMH and will be kept confidential. I understand that the materials I send to prove my income and assets will not be returned. I further understand that the information which I submit concerning my annual family income and family size is subject to verification by LMH. I understand that if any information I have given is determined to be false, it may result in reversing the financial assistance approval and I will be liable for the full amount of all charges.

My signature authorizes LMH to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: ____/____/____

Relationship to patient: _____

<u>For Hospital Use Only</u>	
<u>Approval/Date</u>	<u>Disapproval/Date</u>
_____	_____
_____	_____
_____	_____
_____	_____