



**MAURY
REGIONAL
HOSPITAL**

1224 TROTWOOD AVENUE • COLUMBIA, TENNESSEE 38401

REQUEST FOR FINANCIAL ASSISTANCE

I hereby request that Maury Regional Hospital make a written determination of my eligibility for financial assistance for services rendered. I understand that the information that I submit is subject to verification by Maury Regional Hospital. I also understand that if the information that I submit is determined to be false, that my request for financial assistance will be denied and the charges for services rendered will be my full responsibility.

1. **FULL NAME:** _____
2. **ADDRESS:** _____ **CITY:** _____ **ZIP:** _____
3. **PHONE NO:** _____ **SOCIAL SECURITY NO:** _____
4. **EMPLOYER:** _____ **YEARS EMP:** _____
(If less than 1 year, please list previous employer and employment dates below)
PREVIOUS EMPLOYER: _____ **DATES:** _____
5. **SPOUSE'S EMPLOYER:** _____ **YEARS EMP:** _____
(If less than 1 year, please list previous employer and employment dates below)
PREVIOUS EMPLOYER: _____ **DATES:** _____
6. **INSURANCE COMPANY NAME:** _____
(If you do not have insurance through an employer or an individual policy answer question 7.)
7. **ARE ANY ACCOUNTS THE RESULT OF AN ACCIDENT THAT MAY BE COVERED BY AUTO INSURANCE, WORKER'S COMPENSATION, OR LIABILITY?** _____
(If the answer is YES, you must contact our office so we can file the insurance before those accounts can be considered for Financial Assistance.)
8. **TENNCARE ELIGIBILITY:**
Have you applied for TennCare? _____ If so, when? _____
Have you been approved for TennCare? _____ If so, when? _____

You must be denied for TennCare because of ineligibility. If you are denied because you did not follow through with the process, you will also be denied Financial Assistance.

9. **FAMILY INFORMATION:** List all dependents including yourself that live in your household. If you need more room, write on back or use separate sheet of paper.

A) _____ RELATION _____ AGE _____

B) _____ RELATION _____ AGE _____

C) _____ RELATION _____ AGE _____

D) _____ RELATION _____ AGE _____

E) _____ RELATION _____ AGE _____

10. **INCOME:** List family income total for last 12 months fill in all. **If you have been employed at your present employer less than 1 year, you must provide YTD income from previous employer.**

YOUR INCOME: _____ **Weekly, Bi-Weekly, Monthly**
(Please circle one)

SPOUSE'S WAGES: _____ **Weekly, Bi-Weekly, Monthly**
(Please circle one)

YOUR MONTHLY SOCIAL SECURITY INCOME: _____

SPOUSE'S MONTHLY SOCIAL SECURITY INCOME: _____

MONTHLY PENSIONS: _____

ALIMONY/CHILD SUPPORT: _____

UNEMPLOYMENT: _____ **DATE UNEMPLOYED:** _____

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED,
YOU MUST ATTACH PROOF OF THE ABOVE LISTED INCOME.
(SEE "PROOF OF INCOME REQUIREMENTS" BELOW)

If the information requested is not accurate or included, your application will be denied.

I hereby authorize Maury Regional Hospital to use information on my credit report in their process of determining my eligibility for their Financial Assistance Program.

SIGNATURE _____ **DATE** _____

PROOF OF INCOME REQUIREMENTS

MAKE SURE THE FOLLOWING PROOF OF INCOME THAT APPLIES TO YOU IS PROVIDED OR YOUR APPLICATION WILL BE DENIED.

For those who draw Social Security:

A copy of SS check or a copy of your **2 most recent and consecutive bank statements** that show name of the bank, you and/or spouse's name and amount of check(s) that is/are direct deposited. The 1099 form from the Social Security department, or the letter from Social Security showing how much you will be drawing for this year.

If you draw retirement, a copy of your retirement check or your **2 most recent and consecutive bank statements** if direct deposited.

If you are employed, a copy of your W2, or a copy of the previous year's tax return. If you are applying in the month of June or after, a copy of your **2 most recent and consecutive check stubs showing Year to Date income.**

If you receive child support or alimony, a copy of the court order showing how much you receive and if it is weekly, monthly, etc., or a copy of the check you receive, also stating if you receive weekly, monthly, etc.

If you have no income, a **notarized letter** from whomever is helping you with food and or shelter and which also states that you are unemployed. (If you have had any income for the year, you must also provide proof of that income.)

If you have been laid off from work, you must show date laid off and when you started receiving unemployment checks and a copy of how much you receive. You may also provide a copy of a 1099.

If you are self employed, you must submit a copy of your tax return for the previous year.

The following items must be attached regardless of your income — a copy of your 2 most recent and consecutive bank statements for any and all bank accounts.

Please also list, on the back of the application, your household and medical expenses. You may use a separate sheet of paper if necessary.

If you do not send in proof of all income listed and all other requested information, you will be denied financial assistance.