



MAURY REGIONAL MEDICAL CENTER

REQUEST FOR FINANCIAL ASSISTANCE

I hereby request that Maury Regional Hospital, d/b/a Maury Regional Medical Center, 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 Medical Center. 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. **MARITAL STATUS** (please check the appropriate box)

Married Divorced Single Legally Separated

5. **APPLICANT'S EMPLOYMENT STATUS** (please check the appropriate box)

Employed Full Time Employed Part Time Retired Disabled Not Employed

6. **EMPLOYER:** _____ **YEARS EMP:** _____

(If less than 1 year, please list previous employer and employment dates below)

PREVIOUS EMPLOYER: _____ **DATES:** _____

7. **SPOUSE'S EMPLOYMENT STATUS** (please check the appropriate box)

Employed Full Time Employed Part Time Retired Disabled Not Employed

8. **SPOUSE'S EMPLOYER:** _____ **YEARS EMP:** _____

(If less than 1 year, please list previous employer and employment dates below)

PREVIOUS EMPLOYER: _____ **DATES:** _____

9. **INSURANCE COMPANY NAME:** _____

(If you do not have insurance through an employer or an individual policy, answer question 7.)

10. 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.)

11. **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. Please attach a copy of your denial letter or proof of your ineligibility for TennCare.

12. FAMILY INFORMATION: *List all dependents, including yourself, that live in your household.*

	NAME	DATE OF BIRTH	AGE	RELATION
A)	_____	_____	_____	_____
B)	_____	_____	_____	_____
C)	_____	_____	_____	_____
D)	_____	_____	_____	_____
E)	_____	_____	_____	_____
F)	_____	_____	_____	_____

13. INCOME: *Check all that apply and include the monthly amount.*

PROOF OF INCOME IS REQUIRED—see attached page for acceptable proof of income.

Source	Amount	Source	Amount
<input type="checkbox"/> Wages	\$ _____	<input type="checkbox"/> Alimony/Child Support	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Food Stamps	\$ _____
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Rental Income	\$ _____
<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Other (please explain)	\$ _____

14. ASSETS: *Please list all that apply for the entire household.*

Liquid Assets

Checking Account Balance(s) \$ _____

Savings Account Balance(s) \$ _____

CDs/Bonds/Stocks/IRAs, etc. (total balances) \$ _____

Auto/Truck Assets

Make/Model/Year _____ Estimated Value\$ _____ Loan Balance\$ _____

Make/Model/Year _____ Estimated Value\$ _____ Loan Balance\$ _____

Property Assets

Home (residence) Fair Market Value \$ _____ Mortgage Balance \$ _____

Other Property:

(vacation, rental, etc.) Fair Market Value\$ _____ Mortgage Balance\$ _____

Other Assets

Other (ATVs, Boats, Motorcycles, etc.) (list approximate value) \$ _____

15. EXPENSES: *Please list the monthly amounts below.*

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

Rent/Mortgage \$ _____ Auto Loan Payments \$ _____

Phone/Cable \$ _____ Other Loan Payments \$ _____

Credit Cards \$ _____ Alimony/Child Support \$ _____

Utilities (gas, electric, water, etc.) \$ _____

Insurance (auto, home, life, medical, etc.) \$ _____

Other (please explain) \$ _____

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

I hereby do affirm that the information contained in this application is accurate and I authorize Maury Regional Hospital d/b/a Maury Regional Medical Center to use information on my credit report in their process of determining my eligibility for their Financial Assistance Program.

SIGNATURE _____ **DATE** _____

Proof of Residency Requirements:

Please provide proof of your address (a copy of your Driver's License, other form of ID, check stub, bank statement, utility bill, etc.)

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 and proof of food stamps or any other government support if applicable. (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 on Worker's Compensation, you must provide proof of approval or denial of worker's compensation benefits (a copy of the approval/denial forms, a copy of the check, etc.)

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

If you receive Food Stamps or other governmental support, you must provide proof of the amount (a copy from the Dept of Human Services, a copy of your approval letter, etc.)

Proof of Assets Requirements:

Please attach copies of any bank statements, certificates of deposit, IRAs, stocks, bonds or other form of liquid assets listed on your application.

If you do not send in proof of all income listed and all other requested information, you will be denied financial assistance. If you have any questions, please call (931) 380-4084 and ask to speak with a Financial Counselor.