

**MADISON PARISH HOSPITAL, MPH RURAL HEALTH CLINIC, & LEONARD P. NEUMANN, JR RHC  
CHARITY CARE/FINANCIAL ASSISTANCE APPLICATION**

<b>Patient Information</b>			<b>Today's Date:</b>	
First Name:	Middle:	Last:	Other Names:	
Home Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Home Phone #:		Cell Phone #:		
Date of Birth:	Social Security #:		Do you have insurance: (circle one) Yes No	
Marital Status (circle one)	Single	In a relationship	Married	Divorced Separated Widowed

<b>Household Size</b>		
Name (please list yourself in the household)	Date of Birth	Social Security Number

***The following income information is mandatory for application to be reviewed:  
All income must be verified for application to be considered***

<b>Household Income</b>					
Name	3 Months Current Total Income	Prior Year Total Income	Employer:		
You	\$	\$			
Spouse	\$	\$			
Children	\$	\$			
Other	\$	\$			
	\$	\$			
Total	\$	\$			
<b>Other Income</b>	<b>You</b>	<b>Spouse</b>	<b>Children</b>	<b>Other</b>	<b>Subtotal</b>
<b>Social Security</b>					
<b>Public Assistance</b>					
<b>Retirement Pension</b>					
<b>Food Stamps</b>					
<b>Child Support/Alimony</b>					
<b>Interest Income</b>					
<b>Other</b>					
<b>TOTAL</b>					\$

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information and/or omissions may disqualify me from further consideration for charity care/financial assistance and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Madison Parish Hospital or the Rural Health Clinic if there is a significant change in my income. If approved for charity care/financial assistance under this application I will comply with all rules and regulations of Madison Parish Hospital and Rural Health Clinic. I hereby acknowledge that I have read the foregoing disclosure and understand it.

Date: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

## DOCUMENTATION REQUIREMENTS FOR CHARITY CARE/FINANCIAL ASSISTANCE APPLICATION

You must provide proof of eligibility (income verification). If you cannot obtain these items that applicable to your income, please call and we will assist you in finding out what other documentation may be used to verify your income.

- Wages (includes self-employment)    Paycheck stub (most current 3 months)    Dated letter from Employer
- Social Security                                       Award Letter                                       Benefit Check
- Self-Employment                                       Income Tax Return and all Schedules                                       Records of Earnings & Expenses
- Unemployment Benefits                                       Award Letter                                       Benefit Check
- Alimony/Child Support                                       Letter from Court                                       Child Support/Alimony Check Stubs
- Workers Compensation                                       Award Letter                                       Check Stubs
- Evidence of Denials                                       Medicaid

***PRIOR YEAR'S INCOME TAX RETURN MUST BE INCLUDED WITH ALL APPLICATIONS***  
***Applications returned/submitted without documentation will be denied and returned***

***INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY DENIED***

Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8	Each additional person	Poverty Level	Patient Payment Responsibility
\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560	\$5,140	100%	Nominal Fee \$20.00
\$18,225	\$24,650	\$31,075	\$37,500	\$43,925	\$50,350	\$56,775	\$63,200	\$6,425	125%	20%
\$21,870	\$29,580	\$37,290	\$45,000	\$52,710	\$60,420	\$68,130	\$75,840	\$7,710	150%	40%
\$25,515	\$34,510	\$43,505	\$52,500	\$61,495	\$70,490	\$79,485	\$88,480	\$8,995	175%	60%
\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280	200%	80%
\$29,161	\$39,441	\$49,721	\$60,001	\$70,281	\$80,561	\$90,841	\$101,121	\$10,281	>200%	100%