

BUCKTAIL MEDICAL CENTER
INSTRUCTIONS for APPLICATION FOR FINANCIAL ASSISTANCE

If you have questions or need help completing this application, please call 570-923-1000 for assistance.

SECTIONS 1, 2, 3, 4, 6, and 7 of the application must be completed, and page 1 signed and dated in order for your application to be complete and considered for assistance.

SECTION 1	<u>SECTION 1:</u>	
	<u>Applicant Information:</u>	
	NAME and Date of Birth:	Enter your Last Name, First Name, Middle Initial and Date of Birth
	ADDRESS:	Enter your current physical address (no P.O. boxes please)
	OTHER: Social Security Number	Enter your Social Security Number
	Home Phone	Enter your Current Home Phone (this can be a cell phone)
	Other Phone	Enter another phone number, if needed

SECTION 2	<u>SECTION 2:</u>	
	<u>EMPLOYMENT:</u>	
	Employed?:	Please answer Yes or No if you are currently employed, this can include: Full-time, Part-Time, PRN, Contracted or other type
	Employer?:	If you answered Yes to employment, enter the name of your employer
	Source of Income?:	If you are not employed, what is your source of income? This can be unemployment; workers' compensation; public assistance; etc.

SECTION 3	<u>SECTION 3:</u>	
	<u>APPLICANT/FAMILY:</u>	
	Is person applying same as patient?	Circle "Y" for Yes, if you are the applicant and the patient Circle "N" for No, if you are only the applicant and not the patient and enter the patient's name
	Family Size:	In this section, everyone living in the same household must be listed - Self - this name should be the same as the person in SECTION 1, also enter the age or date of birth - If the person in SECTION 1 has a spouse or partner, enter their name, age and relationship - Enter any additional members of the household by entering their name, age or date of birth and relationship (this can include children, foster children, parents, siblings, in-laws, etc.)
	Total household/family Size:	Enter the total household members as a number, example: 1, 2, 3, 4
	Are you or any household members covered by Medicaid/Assistance or another insurance?:	If the answer is Yes, write the person's name, type of insurance and the group number (if you need extra space to write, use the back of this form)

SECTION 4	<u>SECTION 4:</u>	
	If the total balance outstanding is \$500.00 or more, you must also apply for Pennsylvania Medicaid;	
	For more information or to apply, contact: PA Medicaid – call: 1-866-550-4355 or contact your local County Assistance Office at 570-748-2971; Apply for programs online at: https://www.compass.state.pa.us/Compass.Web/public/cmphome or Bucktail Medical Center at 570-923-1000 for assistance	
	Certification:	The person named in SECTION 1 must certify this application by signing and dating the application

<u>SECTION 5:</u>	<u>DO NOT USE</u> this section, it is for Bucktail Medicare Center use only
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SECTION 6	<u>SECTION 6:</u>	Did you need to apply for PA Medicaid because your balance is \$500.00 or more?; If Yes, enter the "Date Applied" in the box provided Do you file Pennsylvania or Federal income taxes? Circle "Y" for Yes and attach your most recently filed copy; Circle "N" for no and skip to SECTION 7
SECTION 7	<u>SECTION 7:</u> Income: In this section, provide all income sources for everyone in the household. This can include, but is not limited to: Employment; Public Assistance/Welfare; Social Security; SSI; Disability; Worker's Comp; Unemployment; Pension/Retirement; Interest/Dividends; self employment; child support; rental income; refunds (rent/tax); etc. Enter each Household member's name; their source or type of income; and their estimated monthly income amount in the spaces provided; use the "Is Proof Attached" boxes for tracking proof of income When you list a Household member's income, you must also provide proof of that income - This can be done by providing copies of a full month's worth of income such as: pay stubs; bank statements; annual Social Security statements, 1099's, etc. Other Resources/Assets: In this section, provide all other income sources and assets. If you live in a home, 1) enter the address 2) provide the amount of rent, lease or mortgage you pay each month 3) Provide a copy of your rent/lease or mortgage payment If you have a checking account 1) enter the current balance 2) provide a copy of your latest checking statement 3) enter the bank name and branch where the account is located If you have a savings account 1) enter the current balance 2) provide a copy of your latest savings statement 3) enter the bank name and branch where the account is located If you have other account(s) like CD's, stock, bonds, etc. 1) enter the current balance 2) provide a copy of your statement with balance(s) If you have other account(s) like Christmas Club; PayPal, etc. 1) enter the current balance 2) provide a copy of your statement with balance(s)	
SECTION 8	<u>SECTION 8:</u>	Expenses: This section is not mandatory, but it helps Bucktail Medical Center understand your ability or inability to pay for your care. Provide an estimate for all your monthly expenses in the space(s) provided. <u>If you need</u> more space, use the back of this sheet.

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