

FINANCIAL ASSISTANCE

ELIGIBILITY GUIDELINES

Dear Patient,

Below is a list of important information that you will need to provide regarding your application for financial assistance.

All verification documents must be submitted as soon as possible. If the verification documents are not received quickly, we will assume you have the ability to make payment and request that you please contact our Account Resolution Department to establish payment arrangements for your hospital bill(s).

IMPORTANT INFORMATION:

Eligibility is based on current Federal Poverty Guidelines, as defined in the Federal Register.

Any extenuating family situations may also be considered in the final determination of assistance.

PROOF OF INCOME:

In order to establish your Annual Net Income, the following documents are required.

- Last four (4) pay stubs, yearly ledger to date if self-employed and/or proof of child support
- Three most recent bank statements
- Copy of last year's W2 forms
- Copy of last year's complete tax form
- Room and Board Letter if applicable or Rent Receipt
- Drivers License (Photo I.D.)
- Social Security Card
- Please provide us with any extenuating family situations that may be considered in the final determination of assistance.

QUESTIONS?

Please feel free to call our office Sunday - Saturday 8:00am - 11:00pm at (773) 947-7500 ext. 7996 or 7997

Please send copies of above documents to the below address or fax number:

Jackson Park Hospital

7531 S. Stony Island Ave

Chicago, IL 60649

Attention: Financial Assistance Department

(773) 947-7996

Jackson Park Hospital is requesting disclosure of information that is necessary to determine eligibility for the Charity Care Program. Nondisclosure of the information may prevent application from being processed.

	\$ Total for Last 3 Months
Copy Page 1 (most recent tax return-net income)	_____
Employment (Take Home Pay)	_____
Spouse's Employment Compensation	_____
Unemployment Compensation Benefits	_____
Social Security Benefits	_____
Illinois Public Aid or General Assistance	_____
Pensions	_____
Other (Interest, Child Support, Dividends, etc.)	_____
Total Household income	_____
Total Family/Household Size	_____

I declare that the above statement of facts provided by me are true and correct to the best of my knowledge. I also certify that I have fully disclosed all information requested.

Signature **Date**

+++++

(For JP office use only)

MANG Denial Date: _____ **Application Date:** _____

- **Approved Date:** _____ **Approved by:** _____
- **Denial Date:** _____ **Denied by:** _____

FINANCIAL DISCLOSURE FORM

(Use reverse side or additional paper if needed)

Patient

Name: _____ Account: _____

Responsible Party

Name: _____

Phone: (Day) _____ (Evening) _____

Address: _____

City _____ State _____ Zip _____

List of Your Monthly Gross income:

Responsible Party's Salary Before Deductions \$ _____ Pension \$ _____

Spouse's Salary Before Deductions \$ _____ Pension \$ _____

Social Security \$ _____ Unemployment \$ _____ Child Support \$ _____

Others \$ _____ Investment Income \$ _____

Available Assets:

Checking \$ _____ Savings \$ _____

Property \$ _____ Liquid Assets (Stock Bonds/IRA/CD) \$ _____

Other \$ _____

Monthly Expenses:

Rent/Mortgage/Room/Board \$ _____

Medical Insurance \$ _____ Monthly Medical Expenses \$ _____

Loans \$ _____ Other \$ _____

Total Monthly Expenses \$ _____

I hereby state that the information provided in this document is true and accurate to the best of my knowledge.

Signature _____ Date _____

Have you applied for financial assistance at Jackson Park Hospital in the last 12 months?

YES _____

NO _____

THE FOLLOWING PRIVACY NOTICE DESCRIBES HOW YOUR CONFIDENTIAL HEALTHCARE INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to healthcare professions for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released for the purpose of a Jackson Park Hospital client receiving payments for providing you with needed healthcare services.
- Your confidential healthcare information may be released to the Social Security Administration (SSA) and/or your state's Disability Determination Unit (DDU) for the purpose of assisting you with the federal disability application.
- Your confidential healthcare information may be released to specific social service agencies for the purpose of assisting you with social service needs and identified resources.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public healthcare organization or federal organization in the event of a communicable disease, or an untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You have the right to restrict the use of your confidential healthcare information. However, Jackson Park Hospital may choose to refuse your restriction if it is in conflict with providing you quality healthcare, in the event of an emergency situation, preventing receiving payment of services, or if the restriction is in conflict with the services Jackson Park Hospital is contractually bound to provide to its client.
- You have the right to receive confidential communications about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.

PRIVACY NOTICE (continued)

- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of electronic transmission or on paper.
- Jackson Park Hospital is required by law to protect the privacy of health information. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- Jackson Park Hospital will abide by the terms of this notice. Jackson Park Hospital reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information.
- You have the right to complain to Jackson Park Hospital if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to:

Jackson Park Hospital
7531 S. Stony Island Ave
Chicago, IL 60649

- All complaints will be investigated. There will be no personal issues raised as it pertains to filing a complaint with Jackson Park Hospital.
- To request information regarding the Jackson Park Hospital Privacy Policy, please write;

Jackson Park Hospital
7531 S. Stony island Ave
Chicago, IL 60649