



Jennie Stuart Medical Center Financial Assistance Application

Thank you for choosing Jennie Stuart Medical Center for your healthcare needs! We are pleased to provide you with the enclosed application to determine if you are eligible for financial assistance. For us to process your application, the information requested on the enclosed application document must be completed in its entirety. Please be assured that the information you provide will be treated confidentially and will only be used to determine whether financial assistance can be provided to you.

It is required that you submit all applicable documentation listed below. All pages of all documents are required and no altered documents will be accepted. If Federal Income Tax guidelines require you to complete a tax return, that return must be completed before financial assistance can be considered. Failure to provide all requested information may cause your application to be denied. Falsification of any kind may result in permanent denial of financial assistance. The required documents are as follows:

- Fully completed and signed Jennie Stuart Medical Center Financial Assistance Application
- Identification documentation such as Driver's License, US passport, or other photoID
- Copy of most recent tax return
- Proof of income for all wage earners in household, for example:
 - Copies of the three (3) most recent pay stubs (year-to-date gross)
 - Most recent Social Security, disability, worker's compensation, unemployment, pensions, and any other form of income documents
 - If \$0 income, provide a statement on how you are supporting yourself financially
- Copy of current bank statements from all accounts (**all pages must be included**), including any supporting documentation claiming the source of each deposit not covered by income above.
- Two most recent investment statements from all accounts not covered by the above such as HSA, FSA, Stocks, Bonds, CD, excluding retirement accounts
- Evidence of Medicaid application or lack of eligibility. Full cooperation with our staff or contractor will be acceptable evidence.

Our Financial Counselors are available Monday through Friday from 7:00 AM until 3:30 PM to discuss the application process at 270-887-0332 or 270-887-0100 ext. 4505.

For a free copy of our Financial Assistance Guidelines, Policies, and Applications, visit our website at www.jenniestuarthealth.org under the Patients & Visitors tab. Policies and applications are offered in both English and Spanish, and Jennie Stuart Medical Center offers translation services to assist patients who speak a language other than English.

JENNIE STUART MEDICAL CENTER LOCATIONS INCLUDE THE FOLLOWING FACILITIES:

Jennie Stuart Medical Center OBGYN, 1717 High Street, Suite 4B, Hopkinsville, KY 42240
Jennie Stuart Medical Center Family Health, 105 Keeton Drive, Hopkinsville, KY 42240
Jennie Stuart Medical Center Family Health, 222 West 18th Street, Hopkinsville, KY 42240
Jennie Stuart Medical Center Family Health, 120 N. Main Street, Trenton, KY 42240
Jennie Stuart Medical Center, 320 West 18th Street, Hopkinsville, KY 42240
JSMC Wound Healing, 320 West 18th Street, Hopkinsville, KY 42240
JSMC Radiation Oncology, 320 West 18th Street, Hopkinsville, KY 42240
JSMC Ambulatory Surgery Campus, 8250 Eagle Way, Hopkinsville, KY 42240
JSMC Medical Imaging Center & Express Lab, 110 Nick Terhune Blvd, Hopkinsville, KY 42240
JSMC Dermatology, 10755 Eagle Way, Suite 202, Hopkinsville, KY 42240
JSMC General Surgery, 1722 High Street, Hopkinsville, KY 42240
JSMC Jennie Care, 10755 Eagle Way, Suite 100, Hopkinsville, KY 42240
JSMC Orthopedics, 10755 Eagle Way, Suite 200, Hopkinsville, KY 42240
JSMC Urology, 1724 Kenton Street, Suite 1C, Hopkinsville, KY 42240
JSMC Medical Oncology, 1717 High Street, Suite 1A, Hopkinsville, KY 42240
JSMC Physical Therapy, 10755 Eagle Way, Suite 102, Hopkinsville, KY 42240
JSMC MOHS & Skin Surgery, 1717 High Street Suite 2B, Hopkinsville, KY 42240
JSMC ENT, 10755 Eagle Way, Suite 201, Hopkinsville, KY 42240
JSMC General Surgery, 1722 High Street, Hopkinsville, KY 42240
JSMC Gastroenterology, 231 Burley Ave, Hopkinsville, KY 42240
JSMC Family Health, 227 Burley Ave, Hopkinsville, KY 42240
JSMC OBGYN, 1621 Nashville Street, Suite 102, Russellville, KY 42276
JSMC Neurology, 1724 Kenton Street, Suite 1A, Hopkinsville, KY 42240
JSMC OBGYN, 1717 High Street, Suite 4B, Hopkinsville, KY 42240
JSMC Family Health, 105 Keeton Drive, Hopkinsville, KY 42240
JSMC Family Health, 120 N Main Street, Trenton, KY 42286
JSMC Family Health, 222 W. 18th Street, Hopkinsville, KY 42240

FINANCIAL ASSISTANCE APPLICATION

ACCOUNT INFORMATION			
Date of Visit:		Location of Visit:	

PATIENT INFORMATION	
Account Number:	
Patient Name:	
Patient SSN:	
Patient DOB:	
Patient Phone:	
Patient Address:	
Patient Employer:	
Occupation:	
Work Phone:	

GUARANTOR/SPOUSE INFORMATION	
Relation to Patient:	
Name:	
SSN:	
DOB:	
Phone:	
Guarantor/Spouse Address:	
Employer:	
Occupation:	
Work Phone:	

HOUSEHOLD MEMBER INFORMATION			
Household Member (spouse and/or dependents under 19)	Age	SSN	Relationship to Patient
1			
2			
3			
4			
5			
6			
7			
8			

MONTHLY HOUSEHOLD INCOME					
SOURCE	SELF	SPOUSE	OTHER*	TOTAL	
Employment/Self-Employment Income					
Retirement/Pension/Social Security					
Unemployment/Work Comp/Disability					
Dividends/Interest/Rental Income					
Child Support/Alimony					
Other Income (describe below)					
Total Monthly Gross Income					A
Annual Income = (A x 12)					B
Annual Income Adjustments (describe)					
Total Annual Income Adjustments					C
Adjusted Annual Income = (B + C)					D

*Include information on all wage earners in household. Attach additional pages if necessary.

ASSETS*			
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Bank Name	Account #	Checking/Savings	Current Balance

E
E
E

Stocks, CDs, or other investments	Account #	Type of Investment	Current Balance

E

Life Insurance or Burial Plan	Policy Amount	Type	Cash Value

E

Home (Primary Residence)	Market Value	Mortg/Loan Balance	Equity Value

E

Other Property (such as vehicles, boats, equipment, rental property, land, etc...)	Market Value	Loan Balance	Equity Value

E
E
E

Total Assets = (sum of E)	
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F

Total Household Resources = (D + F)	
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COMMENTS/DESCRIPTIONS: _____

I certify that all information on this application is correct and complete to the best of my knowledge and belief. I understand and agree that if JSMC learns that I have made false statements on this application, it may seek legal action against me to recover the costs of services and attorney fees. I authorize JSMC to obtain a consumer report, including a credit report, on me and I understand that if it is used in making an adverse decision regarding my application, JSMC will provide me with a copy of the report, and I will be given a written description of my rights under the Federal Fair Credit Reporting Act.

Applicant Signature:		Date:	
Name of Individual Completing Form:		Relation to Patient:	
Financial Counselor Signature:		Date:	

*Include information on all wage earners in household. Attach additional pages if necessary.