



Rural Health Clinic Financial Assistance Application

Jennie Stuart Medical Center Rural Health 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

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 Rural Health Center Financial Assistance Application
- 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.

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.



RURAL HEALTH CLINIC FINANCIAL ASSISTANCE APPLICATION

ACCOUNT INFORMATION			
Date of Visit:		Location of Visit:	

PATIENT INFORMATION	
Account Number:	
Patient Name:	
Patient DOB:	
Patient Phone:	
Patient Address:	

GUARANTOR INFORMATION	
Relation to Patient:	
Name:	
DOB:	
Phone:	
Guarantor Address:	

Household Member (spouse and/or dependents under 19)	Age	Relationship to Patient
1		
2		
3		
4		
5		

MONTHLY HOUSEHOLD INCOME				
SOURCE	SELF	SPOUSE	OTHER*	TOTAL
Employment/Self-Employment Income				
Retirement/Pension/Social Security				
Unemployment/Work Comp/Disability				
Dividends/Interest/Rental Income				
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)				

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.

Applicant Signature:		Date:	
Name of Individual Completing Form:		Date:	
Signature of Financial Counselor:		Date:	

