Tift Regional Health System
Financial Assistance Application

GUARANTOR: _____ **APPLYING FOR:** INDIGENT CHARITY or PAY PLAN
(NO MINORS) LAST FIRST MIDDLE (CIRCLE ONE)

IF PAY PLAN: I CAN PAY $_____/MONTH

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED (CIRCLE ONE) **PAYMENT DUE ON:** _____

ADDRESS: _____ **TELEPHONE NO**: _____

CITY, STATE, ZIP, COUNTY: _____ **EMAIL:**_____

EMPLOYER OF GUARANTOR: _____

DO YOU CURRENTLY HAVE INSURANCE: Y / N IF NO, HAVE YOU HAD INSURANCE IN THE PAST 2 MONTHS: Y / N

EMPLOYER OF SPOUSE: _____

DO YOU CURRENTLY HAVE INSURANCE: Y / N IF NO, HAVE YOU HAD INSURANCE IN THE PAST 2 MONTHS: Y / N

LIST ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF, SPOUSE & DEPENDENTS UNDER 21
(*SEE ATTACHED/BACK FOR INCOME VERIFICATION REQUIREMENTS*)

NAME	RELATIONSHIP	DATE OF BIRTH	SS#	MONTHLY INCOME	
				GROSS*	NET
	SELF				

MONTHLY EXPENSES FOR PAY PLANS ONLY (PAST 3 MONTH AVERAGE) ATTACH SEPARATE PAGE FOR ANY ADDITIONAL EXPENSES:

RENT: $_____ MORTGAGE: $_____ UTILITIES: _____

PHONE/INTERNET/CABLE: $_____ GROCERIES: _____

GAS/TRANSPORTATION: $_____ AUTO LOAN: _____

AUTO INS: $_____ OTHER INS: _____

CHILD CARE: $_____ CREDIT CARDS: _____

OTHER MEDICAL: $_____ PRESCRIPTIONS: $_____

OTHER: $_____ OTHER: _____

ASSETS:

HOME VALUE (if own): $_____ OTHER PROPERTY: $_____ COUNTY:_____

VEHICLE(S) VALUE: (1) $_____ (2)$_____ OTHER ASSETS: $_____

CHECKING: $_____ SAVINGS: $_____ OTHER CASH ASSETS: $_____

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND ACCURATE FOR THE PURPOSE OF EVALUATING MY APPLICATION FOR INDIGENT/CHARITY CARE OR A PAYMENT PLAN. I AUTHORIZE TIFT REGIONAL TO CHECK MY CREDIT HISTORY IF NESSECARY. I UNDERSTAND THAT TIFT REGIONAL MAY REVERSE THE DECISION IF ACCURATE INFORMATION IS NOT PROVIDED OR IF IT IS DETERMINED THAT I AM ELIGIBLE FOR COVERAGE UNDER OTHER PROGRAMS OR INSURANCE NOT PREVIOUSLY FILED.

GUARANTOR SIGNATURE: _____ **DATE**: _____

TRHS STAFF ONLY:

INDIGENT/CHARITY: FAMILY SIZE:_____ TOTAL ANNUAL GROSS INCOME: $_____

APPROVED: INDIGENT / CHARITY **DENIED:** OVER INCOME / OVER ASSETS **EXP DATE:** _____

FINANCIAL COUNSELOR: _____ DATE: _____

FINANCIAL COUNSELOR SUPERVISOR: _____ PAS DIRECTOR: _____

RECONSIDERATION: **APPROVED:** INDIGENT / CHARITY **DENIED:** OVER INCOME / OVER ASSETS **EXP DATE:** _____

FINANCIAL COUNSELOR: _____ DATE:_____ PAS DIRECTOR: _____

PAY PLAN MONTHLY TOTALS: INCOME: $_____ EXPENSES: $_____ REMAINING: $_____

FINANCIAL COUNSELOR: _____ DATE: _____FC SUPERVISOR:_____ PAS DIRECTOR:_____

REVISED MARCH 1, 2019

Tift Regional Health System offers Financial Assistance programs. For qualified patients, these programs offer full reduction of their hospital bill (Indigent/Charity Care) or reduced monthly payment plans. The criteria for full financial assistance are based on total **gross** income, available assets, and family size. Reduced payment plans can use **net** income. Expenses will be considered for reduced payment plans **only**.

In addition to completing an application, proof of income received from all sources from all in-house family members is required for the Indigent/Charity Care programs **only**. Various types of documentation are accepted as proof of income but not all are required. The types include, but are not limited to:

- **Previous year's tax return (required if claiming any dependents under 21, other than spouse). A Dependent Attestation Form can be used if you did not file taxes the previous year. A Financial Counselor can provide this form.**
- Previous 3 month's pay stubs prior to the date of application (e.g. if you are paid weekly this would be 12 pay stubs; if you are paid bi-weekly this would be 6 pay stubs). All checks must be in consecutive order.
- Benefit award letters for Retirement, Pension, Social Security, Workers Compensation, Unemployment, Short Term Disability, or Long Term Disability **only**.
- Current bank statement showing direct deposit for Social Security or Retirement **only**.
- Written statement from person giving support that includes name of the person giving support as well as the relationship to the patient, type of support (e.g. cash, room & board, etc), and length of support. They should also sign & date the letter.
- If check stubs or tax return are not available, a written statement from the employer, on letterhead when available, can be used. **Should state the pay rate, pay frequency, and number of hours worked per week.**

Home/property owners whose total property value is **$125,000** or more should provide their most recent mortgage statement if applicable (**only** if applying for Indigent/Charity Care programs).

You may be required to apply for other government programs including, but not limited to, Medicaid and Disability prior to receiving Indigent/Charity Care approval.

Patients/guarantors may apply for financial assistance at any time up to two-hundred forty (240) days after the first post-discharge billing statement is available. Your application can not be processed until **all** required information is received. Approved applications are valid for twelve (12) months, but accounts are considered on an individual basis and must meet eligibility guidelines. If you are denied, you may reapply at any time with additional or updated information.

Certain services performed by Tift Regional Medical Center, Tift Regional Medical Center-West Campus, Cook Medical Center and some clinics will be covered. To view a complete list of covered and non-covered facilities/locations see Appendix A on our website at www.tiftregional.com.

Services that are covered by your insurance plan but are denied may not be eligible for Indigent/Charity Care assistance. Accounts that have been referred for legal action will not be eligible for Indigent/Charity Care assistance.

Please return all documentation to:

Tift Regional Health System
Attn: Financial Counseling Unit
PO Box 807
Tifton, GA 31793
Fax: 229-353-6908

A Financial Counselor is available in various locations or at 229-353-6124, option 2, to answer questions or assist with the application process. Please allow thirty (30) days for your application to be processed. A letter will be mailed to you to notify you of the determination.