



4500 Memorial Drive  
Belleville, Illinois 62226

## APPLICATION FOR FINANCIAL ASSISTANCE - INSTRUCTIONS

These instructions will help you prepare your Application for Financial Assistance and assist us in determining your eligibility. Please send us any of the documentation listed below that pertains to you and your household, and attach it to the fully completed application. **(IMPORTANT: If any required information is missing, we will be unable to complete the review of your application and a denial letter will be sent.)**

### After your application is complete:

- Mail completed application, release for information and copies of required documentation to the address below.
- Memorial's Financial Counselor will review and verify the information on your application.
- If approved for financial assistance, your account will be adjusted with the appropriate discount.
- You will be notified by mail of approval or denial within 15 business days after review of a completed application.

### **REVIEW OPTIONS BELOW AND ATTACH COPIES OF DOCUMENTATION ON ALL THAT PERTAINS TO YOU AND ANY MEMBER OF YOUR HOUSEHOLD.**

### Send copies of:

- Last 2 paycheck stubs showing gross year-to-date earnings.
- If paid in cash - statement from employer showing year-to-date earnings.
- Either of the following:
  - Social Security check or, if directly deposited, bank statement reflecting payment.
  - Statement from Social Security Administration showing amount of Social Security payment.
- Statement from the Division of Employment Security showing unemployment compensation benefit amount. If you have not applied, you must do so before consideration for financial assistance.  
If benefits have been denied, send verification of denial.
- Federal 1040 or other tax return for the most recent completed tax year.
- W-2 Wage and Tax Statement for most recent calendar year (2009).
- Last 2 bank checking/savings statements.
- Proof of financial support. If no job or income, please provide a letter from the individual(s) who provide support.
- Other: child support, pension, annuities, and/or any other assets or income. Current statement from financial institution that holds your investments as well as the year to date interest earned on any/all assets.

If you have any questions regarding the application process, please contact our Financial Counselor directly at (618) 257-5530; FAX (618)257-5557.

Mail your completed application and copies of applicable supporting documentation to:

**MEMORIAL HOSPITAL  
Patient Accounts Department  
4500 Memorial Drive  
Belleville, Illinois 62226**



4500 Memorial Drive  
Belleville, Illinois 62226

**APPLICATION FOR FINANCIAL ASSISTANCE**

Name(s) of patients that you wish to be considered by this application:

<b>NAME</b>	<b>ACCOUNT NUMBER</b>	<b>RELATIONSHIP TO APPLICANT</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

People currently living in your household:

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>AGE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INCOME** (for each member of household)

	<b>Income/Wages</b> (week/month)	<b>Employer Name</b>	<b>Other Income</b> (Unemployment, child support, Social Security, Retirement, etc.)
Patient	_____	_____	_____
Spouse	_____	_____	_____
Other	_____	_____	_____

**BANKING** (for each member of household)

	<b>Bank Name/Checking</b> <b>Account Balance</b>	<b>Bank Name/Savings</b> <b>Account Balance</b>	<b>List Investments</b> (Stocks, Bonds, CDs, etc.)
Patient	_____	_____	_____
Spouse	_____	_____	_____
Other	_____	_____	_____



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**MEMORIAL HOSPITAL and MEMORIAL CARE CENTER**

I, \_\_\_\_\_, give permission to Memorial to contact third parties to release to Memorial, information which relates to the determination of financial assistance.

I represent that the information provided in this application is true, accurate, and complete. I understand the application is the basis of, and will become a part of, the Application for Financial Assistance with Memorial, and that the information provided is material to Memorial. Memorial is relying on this information in determining whether to extend financial assistance and Memorial may rescind financial assistance if the application contains any misrepresentations or omissions. I also further agree to notify Memorial immediately of any changes in the information provided.

I understand I have the right to revoke this consent at any time by notifying the authorized party with a dated, written revocation and that my revocation has no effect on disclosures made prior to the time I delivered it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date