WILSON MEDICAL CENTER

FINANCIAL ASSISTANCE INSTRUCTIONS & CHECKLIST

At your request, we have enclosed a financial assistance application. When submitting your application, please include documentation of household income. Examples of acceptable documentation include:

1. Two recent months paycheck stubs, a prior-year W-2 or tax return, Social Security or pension statement, unemployment documentation, employer verification, or other documentation of income.
2. If written income verification is unavailable, a signed self-declaration of income may be accepted.

Income includes gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

Please return your signed and completed application with available income documentation. If additional information is needed to determine eligibility, Wilson Medical Center will contact you.

You will be notified of approval or denial or if additional information is required in writing.

Completed applications may be returned in person or mailed to:

WILSON MEDICAL CENTER
Patient Financial Services
2600 Ottawa Road
PO Box 360
Neodesha, KS 66757

Please direct any questions to Wilson Medical Center's Business Office as follows:

Kristen Shaw (620) 325-8302

Respectfully,

KristenShaw

Patient Financial Services Coordinator

WILSON MEDICAL CENTER

Financial Assistance Sliding Fee Discount Application

It is the policy of Wilson Medical Center to provide essential services regardless of the patient's ability to pay. Wilson Medical Center offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk or registration office to determine if you or members of your family are eligible for a discount.

For Wilson Medical Center Hospital, the Sliding Fee Discount Program applies to primary care services provided in the Emergency Department and applicable outpatient/ambulatory settings. For Wilson Medical Center Rural Health Clinics, the program applies to eligible clinic services. Services or equipment purchased from outside providers, including reference laboratory testing, radiology interpretation by a consulting radiologist, and other such services are excluded. You must complete this application every 6 months or if your financial situation changes.

Name:_____

Street: _____City: _____State: _____ Zip:_____

Phone Number:_____

Please list <u>all</u> household members, including those under age 18.

	Name (First and Last)	**Date of Birth**
Self		
Other		
Other		
Other		
Other		
Other		
Other		

Monthly Income Information

Income Verification: Please provide available documentation of household income, such as two recent paycheck stubs, a prior-year W-2 or tax return, Social Security or pension statement, unemployment documentation, employer verification, or other documentation of income. If written verification is unavailable, a signed self-declaration of income may be accepted.

Source of Income	Self	Spouse / Other
Gross Wages (before taxes), salaries, tips, etc.		
Income from business and self-employment		
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income		
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources		
TOTAL MONTHLY INCOME		

I certify that the family size and income information shown above is correct.

Name (Print) :_____

Signature:_____ Date:_____