



# Westchester Medical Center

Westchester Medical Center Health Network

## APPLICATION FOR FINANCIAL ASSISTANCE PATIENT FINANCIAL WORKSHEET

Patient Name \_\_\_\_\_ Date: \_\_\_\_\_

Medical Record Number \_\_\_\_\_ Account (s): \_\_\_\_\_

### RESPONSIBLE PARTY:

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing address (If different from above): \_\_\_\_\_

### HOUSEHOLD INFORMATION:

Total number of dependents in household including yourself: \_\_\_\_\_

Do any other person(s) contribute financially to the family: No \_\_\_\_ Yes \_\_\_\_ \$\_\_\_\_\_ (amount)

### MONTHLY INCOME: (Please indicate all sources of income)

Patient / Guarantor:

Spouse:

Other Income from legal dependents:

### **TOTAL MONTHLY INCOME:**

**ASSETS WILL NOT BE CONSIDERED FOR FINANCIAL ASSISTANCE BUT WILL BE USED IF THE HOSPITAL HAS A REASONABLE BASIS FOR BELIEVING THE PATIENT MAY BE ELIGIBLE FOR MEDICAID OR GOVERNMENT SPONSORED HEALTH INSURANCE COVERAGE.**



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QUALIFYING MONTHLY INCOME	\$
QUALIFYING HOUSEHOLD SIZE	

I certify that to the best of my knowledge, all answers on this form are true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ONCE YOU HAVE SUBMITTED A COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO THE HOSPITAL AT THE ADDRESS BELOW, YOU MAY DISREGARD ANY BILLS UNTIL THE HOSPITAL HAS RENDERED A WRITTEN DECISION ON YOUR APPLICATION. If you have any questions, please call us at **Valhalla office (914) 493-7830** or **Poughkeepsie Office (845) 483-5406**

**Proof of Identity (bring at least ONE from the list below)**

- Passport
- Permanent Resident Alien Card (Green Card)
- Birth Certificate for **all members in the family including children under 21 years old**
- Employment Authorization Card
- Driver License
- Photo ID for Spouse / Common-Law Partners

**Proof Of Address/Residency-Home Address (bring at least TWO from list below)**

- Utility bills
- Cell phone bills
- Cable television bill
- Rent receipt, copy of lease, or mortgage papers
- Letter from person you reside with or letter from landlord (**notorized**)

**Proof of Income**

- Last four weekly pay stubs or two bi-weekly pay stubs
- Letter from employer **on company letterhead, signed and dated indicating gross income**
- If no letterhead, bring a **notarized** letter from the employer
- Award letter from Social Security Administration /Pension/Annuities/Disability
- Proof of Unemployment benefit
- If you are being supported by someone, a **notarized letter** from the person who provides room/board for you
- If unemployed, how are you supporting yourself/family (savings account, odd jobs
- Income from income-producing property, rental(s), business, child support, alimony
- V.A. Benefits
- Worker's Compensation Income

**Other** Proof of school attendance for children under the age of 18 years old or in college

**Please either bring the documents with you to Financial Assistance Office or mail them**

**WMC -Financial Assistance Program  
P.O. Box 277, Hawthorne, NY 10532**