



P O BOX 378
LAFAYETTE TN 37083
615-666-2147

FINANCIAL ASSISTANCE/CHARITY APPLICATION

Patient Name _____

Address _____

Telephone _____ Cell _____

MEMBERS OF THE HOUSEHOLD (LIST YOURSELF FIRST)

Name(s)	Relation	Date of Birth	Social Security
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT INCOME

Wage Earner Name	Employer	Hours/wk	Amt per month/week
_____	_____	_____	_____
_____	_____	_____	_____

Other Income \$ _____ Please explain _____

Social Security: Yes No Amount \$ _____

Food Stamps: Yes No Amount \$ _____



APPLICANT'S RIGHT AND RESPONSIBILITIES

1. I am applying for the Hardship/Charity Care from Macon Community Hospital.
2. I certify that all statements made by me on this application are true and correct, under penalty for false statement as provided by the Macon Community Hospital's Charity Care Policy.
3. I understand that I have a right to appeal if I am dissatisfied with the Hospital's decision on my application.
4. I agree that the information provided by me on this application must be verified and agree to provide documentation as requested.
5. I authorize Macon Community Hospital to conduct an investigation to establish my eligibility, and give the hospital permission to obtain information necessary from, but not limited to the following sources: banks, credit unions and other financial institutions, employers, medical providers, landlord and other agencies such as The Department of Social Services, Department of Human Services, The Department of Labor, The Social Security and Veteran's Administrations and the Immigration and Naturalization.
6. I agree to complete the application process for any Third Party Benefits for which I may be eligible, including Health Insurance, Veterans Benefits, etc.

Signature of Applicant

Date

Signature of Spouse/Interpreter/Witness

Date

Signature of Financial Counselor

Date

Signature of Patient Financial Services Director

Date

MAIL TO: Macon Community Hospital
P O Box 378
Lafayette, TN 37083
Att: Financial Counselor