**Financial Assistance Application (FAA)**

**Patient Demographics**

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| **Patient Name: Last, First, Middle** | **Social Security # (If available)** | **Date of Birth** | **Account #**  **Location of Service** |
| **Guarantor Name: Last, First, Middle** | **Social Security # (If available)** | **Date of Birth** | **Relationship to Patient** |
| **Patient/ Guarantor Address** | **County of Residence** | **Home Phone #** | **Alternate Phone #** |
| **City** | **State** | **Zip Code** | **Homeowner? Yes No** |
| **Have you applied for Medicaid or any other State/County Assistance? (Circle one) Yes No**  **If Yes, Please provide the following:**  **Application Date: Status of Application:**  **Caseworker Name: Caseworker Phone Number:** | | | |

**Household Information**

|  |  |  |
| --- | --- | --- |
| **Marital Status: Married Single Separated Divorced Widowed** | | |
|  | | |
| **Dependent Names** | **Relationship** | **Date of Birth** |
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**Employment/Household Income and Expenses**

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| --- | --- | --- |
| **Patient/Guarantor Employer Name** | **Gross Monthly Income: $** | **Provide verification** |
| **If income is $0, please explain.** |  | **Provide documentation** |
| **Spouse’s Employer Name** | **Gross Monthly Income: $** | **Provide verification** |
| **If income is $0, please explain.** |  | **Provide documentation** |
| **Other Income Source:** | **Gross Monthly Income: $** | **Provide verification** |
| **EXPENSES ARE NOT REQURIED FOR NHSC APPLICATIONS** | | |
| **Household Monthly Expenses** | **Total Monthly Expenses: $** |  |

**IMPORTANT:** To qualify for assistance, at least one piece of supporting documentation that verifies household income may be required. Supporting documentation can include but is not limited to, most recent year’s tax return, a current W-2, 1 month of current pay-stubs, signed letter of support, etc.

**PLEASE READ THE FOLLOWING BEFORE SIGNING AND DATING THE APPLICATION**

Please be advised that your signature indicates you have agreed to attach income verification.

* I certify that the information I have provided is true and accurate to the best of my knowledge.
* I will independently or with the assistance of hospital personnel apply for ANY and ALL Assistance which may be available through federal, state, local government and private sources to help pay this healthcare bill.
* I understand that if I do not cooperate with my healthcare provider in providing requested information, my application may be denied for possible financial assistance.
* I understand that the information which I submit is subject to verification by my healthcare provider, including credit reporting agencies and subject to review by Federal and/or State agencies and others as required.
* I understand that additional information may be requested in order to qualify for assistance.

|  |  |
| --- | --- |
| **Signature (Applicant/Guarantor)** | **Date** |

**Return Completed Application and Documents to:**

CHI St. Luke’s Health – Patients Medical Center

Attn: Business Office

4600 E. Sam Houston Parkway South

Pasadena, Tx 77505

Phone: (713) 378-7961

Fax: (713) 948-7051

**Office Use Only**

|  |  |
| --- | --- |
| Reason for visit: | FPL% |
| Total Charges: $ | Total Adjustment: $ |

**Verification Documents: YES NO**

|  |  |  |
| --- | --- | --- |
| Identification/Address: Driver’s license, picture ID, or other |  |  |
| Family Size/Income: Tax return, pay stubs, or other |  |  |

**Approval (s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Printed) | Name (Signature) | Title | Date |
| Name (Printed) | Name (Signature) | Title | Date |
| Name (Printed) | Name (Signature) | Title | Date |
| Name (Printed) | Name (Signature) | Title | Date |

**Comments:**

***Contact Information:***

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| **Centralized Charity Center** | | | | | | | | | |
| **Frisco Assistance Center** | | | | | | | | | |
| **P.O. Box 660872** | | | | | | | | | |
| **Dallas, TX 75266-0872** | | | | | | | | | |
| **1-844-286-5546** | | | | | | | | | |
|  | |  | |  | | |  | | |
| **State** | | **Hospital** | | **Contact phone number** | | | **Correspondence or physical address (Send your FAA)** | | |
|  | |  | |  | | |  | | |
| Arkansas | | St. Vincent Infirmary Medical Center | | 844-286-5546 | | | Financial Assistance Center  P.O. Box 660872   Dallas, TX 75266-0872 | | |
| Arkansas | | St. Vincent Morrilton | | 844-286-5546 | | | Financial Assistance Center  P.O. Box 660872   Dallas, TX 75266-0872 | | |
| Arkansas | | St. Vincent Medical Center - North | | 844-286-5546 | | | Financial Assistance Center  P.O. Box 660872   Dallas, TX 75266-0872 | | |
|  | |  | |  | | |  | | |
| Iowa | | Community Memorial | | 402-717-4800 | | | Attn: EES/MECS  2301 N. 117th Ave. Ste. 100  Omaha NE 68164 | | |
| Iowa | | Mercy Corning | | 402-717-4800 | | | Attn: EES/MECS   2301 N. 117th Ave. Ste. 100  Omaha NE 68164 | | |
| Iowa | | Mercy Council Bluffs | | 402-717-4800 | | |  | | Attn: EES/MECS 2301 N. 117th Ave. Ste. 100  Omaha NE 68164 |
| Iowa | | Mercy Des Moines | | 515-247-4199 | Attn: EES/MECS 1055 6th Ave.  Des Moines, IA 50314 | | | | |
| Iowa | | Mercy West Lakes | | 515-247-4199 | Attn: EES/MECS 1055 6th Ave.  Des Moines, IA 50314 | | | | |
| Iowa | | Mercy Centerville | | 515-247-4199 | Attn: EES/MECS 1055 6th Ave.  Des Moines, IA 50314 | | | | |
| Iowa | | Skiff Medical Center | | 641-787-5435 and  888-474-1083 | Attn: EES/MECS 204 N. 4th Ave.  E Newton, IA 50208 | | | | |
|  | |  | |  |  | | | | |
| Kentucky | | Continuing Care Hospital | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St.  Louisville, KY 40202 | | | | |
| Kentucky | | Flaget Memorial Hospital | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Jewish Hospital | | 502-587-4540 | Attn: EES/MECS  312 S. 4th St.  Louisville, KY 40202 | | | | |
| Kentucky | | Med Center East | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Med Center Northeast | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Med Center Southwest | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Med Center South | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St Louisville, KY 40202 | | | | |
| Kentucky | | Jewish Hospital Shelbyville | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St Louisville, KY 40202 | | | | |
| Kentucky | | Our Lady of Peace | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Saints Mary and Elizabeth Hospital | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Frazier Rehab Institute | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St Louisville, KY 40202 | | | | |
| Kentucky | | Southern Indiana Rehab | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Saint Joseph Hospital | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St Louisville, KY 40202 | | | | |
| Kentucky | | Saint Joseph Berea | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St Louisville, KY 40202 | | | | |
| Kentucky | | Saint Joseph East | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Saint Joseph Jessamine | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St. Louisville, KY 40202 | | | | |
| Kentucky | | Saint Joseph  London | | 502-587-4540 | Attn: EES/MECS 312 S. 4th St Louisville, KY 40202 | | | | |
| Kentucky | | Saint Joseph Martin | | 502-587-4540 | Attn: EES/MECS  312 S. 4th St.  Louisville, KY 40202 | | | | |
| Kentucky | | Saint Joseph Mt. Sterling | | 859-497-5130 or 859-497-5157 | Attn: EES/MECS  PO Box 7  Mt. Sterling, KY 40353 | | | | |
| Kentucky | | University of Louisville   Hospital | | 502-562-4943 | Attn: Admissions Department  530 South Jackson Street Louisville, KY 40202 | | | | |
|  | |  | |  |  | | | | |
| Minnesota | | LakeWood Health   Center | | 844-286-5546 | Financial Assistance Center  P.O. Box 660872   Dallas, TX 75266-0872 | | | | |
| Minnesota | | St. Francis Healthcare | | 844-286-5546 | Financial Assistance Center  P.O. Box 660872   Dallas, TX 75266-0872 | | | | |
| Minnesota | | St. Gabriel's Hospital | | 844-286-5546 | Financial Assistance Center  P.O. Box 660872   Dallas, TX 75266-0872 | | | | |
| Minnesota | | St. Joseph's Area Health  Services | | 844-286-5546 | Financial Assistance Center  P.O. Box 660872   Dallas, TX 75266-0872 | | | | |

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| Nebraska | | CHI Health Saint Elizabeth regional | | 402-219-8868 | |  | | Attn: EES/MECS 555 S 70th Street  Lincoln NE 68510 | |
| Nebraska | | CHI Health Saint Francis | | 308-398-5475 | |  | | Attn: EES/MECS  10 East 31st Street Kearney NE 68847 | |
| Nebraska | | CHI Health Good Samaritan | | 308-865-7179 | |  | | Attn: EES/MECS  10 East 31st Street  Kearney NE 68847 | |
| Nebraska | | CHI Health Saint Mary's | | 402-874-5218 | |  | | Attn: EES/MECS  1301 Grundman Blvd Nebraska City NE 68410 | |
| Nebraska | | CHI Health Nebraska Heart | | 402-328-3792 | |  | | Attn: EES/MECS  7440 S 91st Street  Lincoln NE 68526 | |
| Nebraska | | Bergan Mercy | | 402-717-4800 | |  | | Attn: EES/MECS  2301 N. 117th Ave. Ste. 100Omaha NE 68164 | |
| Nebraska | | Creighton Univ Med Ctr | | 402-717-4800 | |  | | Attn: EES/MECS  2301 N. 117th Ave. Ste. 100 Omaha NE 68164 | |
| Nebraska | | Immanuel Medical Center | | 402-717-4800 | |  | | Attn: EES/MECS  2301 N. 117th Ave. Ste. 100  Omaha NE 68164 | |
| Nebraska | | Midlands | | 402-717-4800 | |  | | Attn: EES/MECS  2301 N. 117th Ave. Ste. 100  Omaha NE 68164 | |
| Nebraska | | Lakeside | | 402-717-4800 | |  | | Attn: EES/MECS 2301 N. 117th Ave. Ste. 100  Omaha NE 68164 | |
| Nebraska | | Lasting Hope Recovery Center | | 402-717-4800 | |  | | Attn: EES/MECS  2301 N. 117th Ave. Ste. 100  Omaha NE 68164 | |
| Nebraska | | Memorial Hospital Schuyler | | 402-717-4800 | |  | | Attn: EES/MECS  2301 N. 117th Ave. Ste. 100  Omaha NE 68164 | |
| Nebraska | | Plainview Hospital | | 402-717-4800 | |  | | Attn: EES/MECS  2301 N. 117th Ave. Ste. 100 Omaha NE 68164 | |
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| North Dakota | | Carrington Health Center | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | Lisbon Area Health Services | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | Mercy Hospital Devil’s Lake | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | Mercy Hospital Valley City | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | Mercy Medical Center Williston | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | Oakes Community Hospital | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | St. Alexius Medical Center | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | St. Alexius Garrison Memorial Hospital | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | St. Joseph Hospital and Health Center | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |
| North Dakota | | Turtle Lake Community Memorial Hospital | | 844-286-5546 | |  | | | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 | |

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| Oregon | Mercy Medical (Roseburg, OR) | 541 677-2217 | Attn: MECS Mercy Medical Center 2700 NW Stewart Parkway Roseburg, OR 97471 |
| Oregon | St Anthony Hospital (Pendleton, OR) | 541 278-3244 | Attn: MECS St. Anthony Hospital 2801 St. Anthony Way Pendleton, OR 97801 |
|  |  |  |  |
| Tennessee | Memorial Hospital | 844-286-5546 | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 |
| Tennessee | Memorial North Park Hospital | 844-286-5546 | Financial Assistance Center  P.O. Box 660872  Dallas, TX 75266-0872 |
|  |  |  |  |
| Texas | Baylor St. Luke's Medical Center | 832-355-8275 or 844-490-1247 | Eligibility and Enrollment Services MC 5-366 PO Box 20269 Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- Lakeside Hospital | 832-355-8275 or 844-490-1247 | Eligibility and Enrollment Services MC 5-366 PO Box 20269 Houston, TX 77225-0269 |
| Texas | CHI St Luke's Health Memorial Lufkin | 936-639-7298 | Attn: EES/MECS 1201 W Frank  Lufkin TX 75904 |
| Texas | CHI St Luke's Health Memorial Livingston | 936-639-7298 | Attn: EES/MECS 1717 59 Bypass  Livingston TX 77351 |
| Texas | CHI St Luke's Health Memorial San Augustine | 936-639-7298 | Attn: EES/MECS 511 E Hospital St  San Augustine TX 75972 |
| Texas | CHI ST Luke's Health Memorial Specialty | 936-639-7298 | Attn: EES/MECS 1201 Frank Ave Ste. D5 Lufkin TX 75904 |
| Texas | CHI St. Luke’s Health- Patients Medical Center | 713-378-7961 | Attn: Business Office  4600 E. Sam Houston Parkway South Pasadena, TX 77505 |
| Texas | CHI St. Luke’s Health- Springwoods Village | 832-355-8275 or 844-490-1247 | Eligibility and Enrollment Services MC 5-366 PO Box 20269 Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- Sugar Land Hospital | 832-355-8275 or 844-490-1247 | Eligibility and Enrollment Services MC 5-366 PO Box 20269 Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- The Vintage Hospital | 832-355-8275 or 844-490-1247 | Eligibility and Enrollment Services MC 5-366 PO Box 20269 Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- The Woodlands Hospital | 832-355-8275 or 844-490-1247 | Eligibility and Enrollment Services MC 5-366 PO Box 20269 Houston, TX 77225-0269 |
| Texas | St. Joseph Regional Health Center | 979-776-4930 | Attn: EES/MECS 2801 Franciscan Drive  Bryan, TX 77802 |
| Texas | Burleson St. Joseph Health Center | 979-776-4930 | Attn: EES/MECS  2801 Franciscan Drive  Bryan, TX 77802 |
| Texas | Bellville St. Joseph Health Center | 979-776-4930 | Attn: EES/MECS  2801 Franciscan Drive  Bryan, TX 77802 |
| Texas | Madison St. Joseph Health Center | 979-776-4930 | Attn: EES/MECS  2801 Franciscan Drive  Bryan, TX 77802 |
| Texas | Grimes St. Joseph Health Center | 979-776-4930 | Attn: EES/MECS  2801 Franciscan Drive  Bryan, TX 77802 |
|  |  |  |  |
| Washington | Harrison | 844-286-5546 | Financial Assistance Center  P.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | Highline | 844-286-5546 | Financial Assistance Center  P.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Anthony | 844-286-5546 | Financial Assistance Center  P.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Clare | 844-286-5546 | Financial Assistance Center  P.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Elizabeth | 844-286-5546 | Financial Assistance Center  P.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Francis | 844-286-5546 | Financial Assistance Center  P.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Joseph | 844-286-5546 | Financial Assistance Center  P.O. Box 660872 Dallas, TX 75266-0872 |