**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**

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| **Marital Status: Married Single Separated Divorced Widowed** |
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| **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.

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| --- | --- |
| **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/MECS2301 N. 117th Ave. Ste. 100Omaha NE 68164  |
| Iowa | Mercy Des Moines | 515-247-4199 | Attn: EES/MECS1055 6th Ave.Des Moines, IA 50314 |
| Iowa | Mercy West Lakes | 515-247-4199 | Attn: EES/MECS1055 6th Ave.Des Moines, IA 50314 |
| Iowa | Mercy Centerville | 515-247-4199 | Attn: EES/MECS1055 6th Ave.Des Moines, IA 50314 |
| Iowa | Skiff Medical Center | 641-787-5435 and888-474-1083 | Attn: EES/MECS204 N. 4th Ave.E Newton, IA 50208 |
|  |  |  |  |
| Kentucky | Continuing Care Hospital | 502-587-4540 | Attn: EES/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Flaget Memorial Hospital | 502-587-4540 | Attn: EES/MECS312 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/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Med Center Northeast | 502-587-4540 | Attn: EES/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Med Center Southwest | 502-587-4540 | Attn: EES/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Med Center South | 502-587-4540 | Attn: EES/MECS312 S. 4th StLouisville, KY 40202 |
| Kentucky | Jewish Hospital Shelbyville | 502-587-4540 | Attn: EES/MECS312 S. 4th StLouisville, KY 40202 |
| Kentucky | Our Lady of Peace | 502-587-4540 | Attn: EES/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Saints Mary and Elizabeth Hospital | 502-587-4540 | Attn: EES/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Frazier Rehab Institute | 502-587-4540 | Attn: EES/MECS312 S. 4th StLouisville, KY 40202 |
| Kentucky | Southern Indiana Rehab | 502-587-4540 | Attn: EES/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Saint Joseph Hospital | 502-587-4540 | Attn: EES/MECS312 S. 4th StLouisville, KY 40202 |
| Kentucky | Saint Joseph Berea | 502-587-4540 | Attn: EES/MECS312 S. 4th StLouisville, KY 40202 |
| Kentucky | Saint Joseph East | 502-587-4540 | Attn: EES/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Saint Joseph Jessamine | 502-587-4540 | Attn: EES/MECS312 S. 4th St.Louisville, KY 40202 |
| Kentucky | Saint Joseph London | 502-587-4540 | Attn: EES/MECS312 S. 4th StLouisville, 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 or859-497-5157 |  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/MECS555 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 BlvdNebraska 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. 100Omaha NE 68164 |
| Nebraska | Midlands | 402-717-4800 |  | Attn: EES/MECS 2301 N. 117th Ave. Ste. 100Omaha NE 68164 |
| Nebraska | Lakeside | 402-717-4800 |  | Attn: EES/MECS2301 N. 117th Ave. Ste. 100Omaha NE 68164 |
| Nebraska | Lasting Hope Recovery Center | 402-717-4800 |  | Attn: EES/MECS 2301 N. 117th Ave. Ste. 100Omaha NE 68164 |
| Nebraska | Memorial Hospital Schuyler | 402-717-4800 |  | Attn: EES/MECS 2301 N. 117th Ave. Ste. 100Omaha NE 68164 |
| Nebraska | Plainview Hospital | 402-717-4800 |  | Attn: EES/MECS 2301 N. 117th Ave. Ste. 100Omaha NE 68164 |
|  |  |  |  |
| North Dakota | Carrington Health Center |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872Dallas, TX 75266-0872 |
| North Dakota | Lisbon Area Health Services |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872Dallas, TX 75266-0872 |
| North Dakota | Mercy Hospital Devil’s Lake |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| North Dakota | Mercy Hospital Valley City |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| North Dakota | Mercy Medical Center Williston |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| North Dakota | Oakes Community Hospital |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| North Dakota | St. Alexius Medical Center |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872Dallas, TX 75266-0872 |
| North Dakota | St. Alexius Garrison Memorial Hospital |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872Dallas, TX 75266-0872 |
| North Dakota | St. Joseph Hospital and Health Center |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872Dallas, TX 75266-0872 |
| North Dakota | Turtle Lake Community Memorial Hospital |  844-286-5546 |  | Financial Assistance CenterP.O. Box 660872Dallas, TX 75266-0872 |

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| Oregon | Mercy Medical (Roseburg, OR)  | 541 677-2217 | Attn: MECS Mercy Medical Center2700 NW Stewart Parkway Roseburg, OR 97471 |
| Oregon | St Anthony Hospital (Pendleton, OR)  | 541 278-3244 | Attn: MECSSt. Anthony Hospital2801 St. Anthony Way Pendleton, OR 97801 |
|  |  |  |  |
| Tennessee | Memorial Hospital |  844-286-5546 |  Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| Tennessee | Memorial North Park Hospital |  844-286-5546 |  Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
|  |  |  |  |
| Texas | Baylor St. Luke's Medical Center | 832-355-8275or 844-490-1247 | Eligibility and Enrollment Services MC 5-366PO Box 20269Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- Lakeside Hospital | 832-355-8275or 844-490-1247 | Eligibility and Enrollment Services MC 5-366PO Box 20269Houston, TX 77225-0269 |
| Texas | CHI St Luke's Health Memorial Lufkin | 936-639-7298 | Attn: EES/MECS1201 W FrankLufkin TX 75904 |
| Texas | CHI St Luke's Health Memorial Livingston | 936-639-7298 | Attn: EES/MECS1717 59 BypassLivingston TX 77351 |
| Texas | CHI St Luke's Health Memorial San Augustine | 936-639-7298 | Attn: EES/MECS511 E Hospital StSan Augustine TX 75972 |
| Texas | CHI ST Luke's Health Memorial Specialty | 936-639-7298 | Attn: EES/MECS1201 Frank Ave Ste. D5 Lufkin TX 75904 |
| Texas | CHI St. Luke’s Health- Patients Medical Center  | 713-378-7961 | Attn: Business Office4600 E. Sam Houston Parkway South Pasadena, TX 77505 |
| Texas | CHI St. Luke’s Health- Springwoods Village  | 832-355-8275or 844-490-1247 | Eligibility and Enrollment Services MC 5-366PO Box 20269Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- Sugar Land Hospital | 832-355-8275or 844-490-1247 | Eligibility and Enrollment Services MC 5-366PO Box 20269Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- The Vintage Hospital | 832-355-8275or 844-490-1247 | Eligibility and Enrollment Services MC 5-366PO Box 20269Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- The Woodlands Hospital | 832-355-8275or 844-490-1247 | Eligibility and Enrollment Services MC 5-366PO Box 20269Houston, TX 77225-0269 |
| Texas | St. Joseph Regional Health Center | 979-776-4930 | Attn: EES/MECS2801 Franciscan DriveBryan, TX 77802 |
| Texas | Burleson St. Joseph Health Center | 979-776-4930 | Attn: EES/MECS 2801 Franciscan DriveBryan, TX 77802 |
|  Texas | Bellville St. Joseph Health Center |  979-776-4930 | Attn: EES/MECS 2801 Franciscan DriveBryan, TX 77802 |
|  Texas | Madison St. Joseph Health Center |  979-776-4930 | Attn: EES/MECS 2801 Franciscan DriveBryan, TX 77802 |
|  Texas | Grimes St. Joseph Health Center | 979-776-4930 | Attn: EES/MECS 2801 Franciscan DriveBryan, TX 77802 |
|  |  |  |  |
| Washington | Harrison |  844-286-5546 | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | Highline |  844-286-5546 | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Anthony |  844-286-5546 | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Clare |  844-286-5546 | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Elizabeth |  844-286-5546 | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Francis |  844-286-5546 | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |
| Washington | St Joseph |  844-286-5546 | Financial Assistance CenterP.O. Box 660872 Dallas, TX 75266-0872 |