



St. Elizabeth Healthcare
1 Medical Village Dr.
Edgewood, KY 41017
859-655-4100

Dear Valued Patient,

Thank you for your interest in the St. Elizabeth Healthcare Financial Assistance Program.

Please complete the attached application, listing all members of the family and income for all adult members. "Family" shall include any dependent claimed for federal tax purposes. The following documentation must be included in order to process your application: **Copies (do not send originals) of proof of income**, which includes your prior year tax return and your most recent pay stub. If you have an income source other than employment, such as social security, pension, unemployment, etc., please send a copy of the benefit letter stating your monthly or weekly benefit amount. If you have no income, please complete the Unemployed section of the application, explaining how you are obtaining food, housing, transportation, etc.

If proof of income is not included your application will not be processed!

You may submit your application by any of the following means:

- Via Mail: St. Elizabeth Healthcare
Attn: Self-Pay / Financial Assistance
1 Medical Village Dr.
Edgewood, KY 41017
- Via Email: financialassistance@stelizabeth.com
- Via Fax: 859-655-3537
- In Person: Drop off in the outpatient registration area of St. Elizabeth Healthcare's Edgewood location

Applications will be processed upon receipt of all requested documentation. All applicants will receive notification by mail, stating approval or denial for the program.

PLEASE ALLOW AT LEAST 30 BUSINESS DAYS FOR PROCESSING!

For FAP application questions, please call 859-655-1925 Monday through Thursday between the hours of 8:00 a.m. and 3:00 p.m. Monday through Friday. This application **does not apply** to bills you may be receiving from St. Elizabeth Physicians.

Thank you,

St. Elizabeth Healthcare

*** This is your application for financial assistance, and you **must provide applicable proof of income**. Income includes: most recent pay stub, tax returns, Unemployment, Worker's Compensation, SSI/SSD, Pension/Retirement, etc.

| | | |
|---|--|--|
| Most Recent Pay-Stub (per adult) (Only one pay-stub required that reflects Year-To-Date Gross Income. If not employed as of current year, submit most recent pay stub from employment.) | Tax Return (prior year) (Only Page 1 of the most recent Federal Income Tax Return that reflects individuals filing, dependents claimed and adjusted gross income is required.) | * SSI / SSD Recipients Must send SS Award Letter (or Bank Statement showing SS Direct Deposit) * Bank statement must show Bank Name, Patient Name, and deposit. |
|---|--|--|

Patient Name: _____ SS # : _____ Spouse Name ("None" if none): _____

Street: _____ City: _____ State and Zip code: _____

| Dependent Name | Age | Dependent Name | Age | Monthly Expenses |
|----------------|-------|----------------|-------|--|
| 1. _____ | _____ | 4. _____ | _____ | Housing \$ _____ |
| 2. _____ | _____ | 5. _____ | _____ | Automobile \$ _____ |
| 3. _____ | _____ | 6. _____ | _____ | Utilities \$ _____ |
| | | | | Household Expenses (food, etc.) \$ _____ |
| | | | | Other (_____) \$ _____ |

FAMILY INCOME GROSS (Most Recent 12-Month Period)

| | Patient | Spouse | Question | If Yes, Required Documents: |
|----------------------|----------|----------|---|--|
| Income | \$ _____ | \$ _____ | Do you file taxes? | Most recent federal tax return |
| Social Security | \$ _____ | \$ _____ | Is any adult in the home employed? | Most recent pay stub per employed adult |
| Pension / Retirement | \$ _____ | \$ _____ | Do you receive Social Security? | Annual Award Letter (or Bank Stmt showing deposit) |
| Disability | \$ _____ | \$ _____ | Do you receive Disability? | Annual Award Letter |
| Workers Comp. | \$ _____ | \$ _____ | Do you receive unemployment? | Benefit Letter |
| Unemployment | \$ _____ | \$ _____ | Do you receive retirement/pension income? | Monthly Benefit Letter or Bank Statement |
| | | | Do you have any income not mentioned? | Documentation to support |
| Total | \$ _____ | \$ _____ | Are you claiming \$0 income? | Unemployed declaration statement below |

Do you have any real estate or financial assets? Yes / No If yes, please explain: _____

If you are self-employed and do not have pay stubs, please provide prior year taxes and complete the following:

I, _____ am self-employed and have been since _____. Estimate my gross income at time of application to be: _____.

If Unemployed, Last Date of Employment: _____.

If you report \$0 income, please provide a brief explanation of how you (the patient) are surviving financially.

By my signature below, I certify that everything I have stated on this application and any attachments is correct.

Patient Signature: _____ Spouse Signature: _____ Date: _____

Application reviewed by: _____ Date: _____ (Hospital use only)

St. Elizabeth Healthcare - FAP Plain Language Summary

Consistent with its mission to provide comprehensive and compassionate care that improves the health of the people we serve, St. Elizabeth Healthcare is committed to providing Financial Assistance to every person in need of medically necessary treatment if that person is uninsured, underinsured, ineligible for other government programs, or unable to pay based on their individual financial situation.

Eligible Services- Services are provided under St. Elizabeth Financial Assistance Policy only when deemed medically necessary and after patients are found to have met all financial criteria based on the disclosure of, and assessment of, proper information and documentation. The St. Elizabeth Financial Assistance Program (FAP) is available for uninsured patients and patients with self-pay balances after insurance. FAP is a charity program based on the patient's family income. Patients with family incomes at or below 200% of the Federal Poverty Guidelines are eligible for 100% charity or "free" care. Patients with a family income level from 201% to 300% FPG are eligible for a 50% adjustment and individuals with an income level from 301% to 400% FPG are eligible for a 25% adjustment. Patients with family income exceeding 200% of the Federal Poverty Guidelines may also be eligible for the hardship program or catastrophic discount on an individual basis. The Patients' expenses and liabilities may be considered in the evaluation of their eligibility for approval. Patients are expected to contribute payment for care based on their individual financial situations; therefore, each case will be reviewed separately. Financial Assistance is not considered an alternative option to payment, and patients may be assisted in finding other means of payment or financial assistance before approval for St. Elizabeth Financial Assistance Program (FAP).

Eligible patients will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) for those patients who have insurance. Eligible patients are those receiving eligible services, who submit a complete Financial Assistance Application (including related documentation/information), and who are determined to be eligible for Financial Assistance by the St. Elizabeth Healthcare Financial Assistance Department.

How to Receive a Copy of the FAP and Apply for Assistance – Copies of the FAP, FAP application, and a plain language summary of the FAP may be obtained/completed/ submitted as follows:

- Complete the application on the reverse side of your billing statement
- Download a copy of the FAP, FAP application, and a plain language summary of the FAP at <https://www.stelizabeth.com/resources/pay-my-bill> and go to the Resources section
- For questions or to request a copy of the FAP, FAP application, or a plain language summary of the FAP by mail, call the Financial Assistance Department at **859-655-1925**.
- Obtain a copy of the FAP, FAP application, or a plain language summary of the FAP at St. Elizabeth Healthcare, Cashier's Office, 1 Medical Village Drive, Edgewood, KY 41017

Return completed applications to: St. Elizabeth Healthcare, Attn: Financial Assistance Department, 1 Medical Village Drive Edgewood, KY 41017 or fax to 859-655-3537
 Other services which are separately billed by other providers who are not employees of St. Elizabeth Healthcare, such as independent physicians, are not eligible under the St. Elizabeth Healthcare FAP. For a full listing of these providers, please visit our website at: <https://www.stelizabeth.com/resources/pay-my-bill> and go to the Resources section. The FAP, FAP application, and this plain language summary of the FAP are available in English and Spanish.