

Financial Assistance Application

Anderson Regional Medical Center
2124 14th Street
Meridian, MS 39301

For information about the Financial Assistance Policy, or assistance with this application, please call Patient Financial Services at (601) 553-6850. You may also write to us or consult with a Financial Services Representative at:
2124 14th Street
Meridian, MS 39301

Applicant Identification:

Applicant's Full _____
(First) (Middle) (Maiden) (Last)

Social Security #: _____ If none, has one been applied for? N/A

Date of Birth: _____ / _____ / _____ Sex: Male Female
(Month) (Date) (Year)

Marital Status: Single Widowed Married Divorced Separated

Home Address: _____
(Street)

(City) (State) (zip)

Telephone Number: (_____) _____

How long has applicant lived at this address? _____

List members of applicant's household that you are financially responsible for.

Name of Household Members	Age	Relationship to Applicant	Does this person still live in the household	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work History:

Name of Employer: _____

Total Wages (Before Deduction) \$ _____ How often are you paid? _____

Was Spouse employed at any time this year or last year? Yes No

If yes, name type of business: _____

Amount earned: \$ _____ How often? _____

Income Information:

Did applicant file State or Federal Income Tax* last year? Yes No

***Note: A copy of last year's Federal tax return or other supporting verification is**

Does applicant currently receive a SSI check? Yes No

Has the applicant ever received a SSI check? Yes No If yes, when was the last month/year a check was received? _____

Medicaid I.D. Number (If ever received Medicaid) _____



Financial Hardship Application

Financial Hardship Application

List below all other types of money received by the applicant, his/her spouse, or any dependent child. If this is an application for a child, each parent must account for his/her income.

		Source of Income	Give Monthly Amounts		
Yes	No		Applicant	Spouse	(Under 18) Children
<input type="radio"/>	<input checked="" type="radio"/>	Social Security	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	SSI	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	VA Pension or Compensation	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	VA Insurance	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Railroad Retirement	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	State Retirement	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Municipal Retirement	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Civil Service Retirement	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Private Retirement	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Rental Income	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Interest Income	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Dividends	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Oil, Gas, Mineral Royalties	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Cash Contributions	\$	\$	\$
<input type="radio"/>	<input checked="" type="radio"/>	Other	\$	\$	\$

Resources- This is real or personal property owned or being bought by the applicant or his/her

- Yes No Does applicant or spouse now own any land, houses, or buildings?
 Yes No Does applicant or spouse have any ownership interest in any property?
 (This includes life estate interests and interest in heir property.)
 Yes No Does applicant or spouse own the mineral rights to any property?
 Yes No Is the applicant or spouse buying any land, houses, or buildings?

IF THE ANSWER TO ANY OF THE QUESTIONS ABOVE IS YES, GIVE THE FOLLOWING INFORMATION ON EACH PIECE OF PROPERTY OR MINERAL RIGHT OWNED:

Location of Property

(Include State/County)

Name(s) of Owner(s) of Property/Rights

Who lives on Property/Relationship to Applicant?

Applicant's Ownership Interest

_____ Yes No If yes, give amount \$ _____ How often? _____

Does Property produce Income?

_____ Yes No If yes, give amount owed? _____

Does Applicant still owe money on the property Listed Above?

Financial Hardship Application

Does the applicant's name appear or has it appeared in the last 24 months (either alone or with a spouse or any other person) on any individual or joint:

Savings Account	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Safe Deposit Box	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Checking Account	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Bonds	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Credit Union Account	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Stocks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Savings Certificate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Savings Bond	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Promissory Note	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Patient Acct. at NH	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, complete the following:

Type of Account			
Name, Address of Bank S&L, or Credit Union			
How accounts listed (Names on Account)			
Account Numbers			
Is Account now open? If No, give date closed or date applicant's name removed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Balance in Account			

If cash or other asset is not located at a bank, savings and loan or a credit union, give the name company or individual holding the asset: _____

Has any asset not in a bank account been transferred within the past 30 months? Yes No

Does applicant own any life insurance? Yes No If yes, complete the following:

Name of Insured	Insurance Company	Policy Number	Face Value	Cash Value

Does the applicant own any motor vehicle, such as a car, truck, motorcycle, boat, camper, or farm machinery? Yes No If yes, complete the following:

Type of Vehicle	Model and Year	Amount Owed	Explain how vehicle is used

Financial Hardship Application

Responsibility of Applicant:

1. I affirm that all information given in this document or in support of it is true.
2. I hereby authorize Anderson Regional Medical Center to contact resources listed herein to support, clarify, and/or verify the financial circumstances stated in this application.
3. I agree to reimburse Anderson Regional Medical Center for hospital services rendered in the event that insurance claims should later be made available to me for same such services.

Signature: _____ Date/Time: _____

ARMC requires the following documents to substantiate information provided by the patient in this application:

- *Federal tax returns*
- *Bank statements*
- *Pay stubs*