Main Line Health®
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Internal use only

Facility
Patient Number

Schedule C

Main Line Health Financial Assistance Application

Patient Name_____

Patient Date of Birth _____

Address:_____
Number and Street *City* *State* *ZIP* *Country*

SSN# (Last Four Digits) _____ Date(s) of Service _____

I hereby certify that I do not have the ability to pay for the hospital treatment and or other services including but not limited to Laboratory, Radiology, etc. on the date stated above.

I understand that by signing this document, I am applying for Financial Assistance. I will promptly provide the information necessary to process my application. Furthermore, I will apply for any assistance (Medicaid, Medicare, Insurance, etc.), that may be available to me for payment of my hospital charges. I will provide information and take action reasonably necessary to obtain such assistance and will assign or pay to the hospital, the amount recovered from the hospital charges.

If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and I may become liable for my hospital charges.

Last Date of Employment:_____

Employer: _____
Name *Address*

Family Size (Required) _____

Estimated Annual Income (Required): _____

Estimated Last 3 Months Income (Required): _____

Please Include Verification of Income Information to Include

- Current year tax return,
  - including Schedule 1 and Schedule C (if applicable) of form 1040
- If tax returns are unavailable, please contact our business office to discuss your specific circumstances

I certify that the above information is true and accurate to the best of my knowledge

Patient Signature: _____Date:_____

Please Mail Completed Application to Below Address
(<u>Please Note</u>: Application cannot be physically dropped off at this address)

Main Line Health - 3803 West Chester Pike, Suite 250, Newtown Square, PA 19073

Applications may also be Faxed to 484-227-9005 OR dropped off directly to one of our Financial Counseling Offices located at any one of our hospitals

If you have questions, please contact the MLH Business Office at: 484-337-1970 or request to speak to a representative in the MLH Financial Counseling Office at each hospital.