

LIVINGSTON HOSPITAL FINANCIAL ASSISTANCE APPLICATION

Please complete this application as fully as possible and return within ten working days. Your application is not complete without proof of income and assets. Please do not send original documents, as we are unable to return these to you. If you report \$0 income, please provide a brief explanation of how you are meeting your monthly expenses. If you would like to provide additional information of any kind that you feel will help us better understand your situation, please attach a letter to this application. Approved applications will be deemed effective 6 months prior and 6 months following the date of approval.

YOU MUST PROVIDE PROOF OF GROSS HOUSEHOLD INCOME AND ASSET INFORMATION. THIS MAY BE IN THE FORM OF:

INCOME

1. LAST FOUR (4) PAY STUBS
2. SOCIAL SECURITY INCOME AWARD LETTER OR 1099
3. CHILD SUPPORT PAYMENT STATEMENT

1. THREE (3) RECENT BANK STATEMENTS SUPPORTING THE VALUE LISTED FOR CHECKING/SAVINGS ACCOUNTS, C.D.'S, SECURITIES, AND/OR FINANCIAL SETTLEMENTS

ASSETS

Please print all information using BLACK ink only

PATIENT INFORMATION

First Name		Middle Name			Last Name		
Social Security Number	Birth Date	Marital Status		Sex	Telephone No.		
		M	S	W	D	M	F
Address			City			State	Zip Code
Occupation	Employer			Length of Employment		Full Time	Hours per Week
						Part time	

RESPONSIBLE PARTY'S INFORMATION

Email:

First Name		Middle Name			Last Name		
Social Security Number	Birth Date	Marital Status		Sex	Telephone No.		
		M	S	W	D	M	F
Address			City			State	Zip Code
Occupation	Employer			Length of Employment		Full Time	Hours per Week
						Part time	

RESPONSIBLE PARTY'S SPOUSE INFORMATION

First Name		Middle Name			Last Name		
Social Security Number	Birth Date	Marital Status		Sex	Telephone No.		
		M	S	W	D	M	F
Occupation	Employer			Length of Employment		Full Time	Hours per Week
						Part time	

DEPENDENTS (List self, spouse, and legal dependents)

Name	Age	Relation	Name	Age	Relation
1.			5.		
2.			6.		
3.			7.		
4.			8.		

ASSETS (Must provide proof of value) dollar amount:		
Cash on Hand	_____	
Savings Account	_____	
Checking Account	_____	
C.D.'s	_____	
Securities	_____	
Home Value	_____	
Other Real Estate	_____	
Other	_____	
TOTAL	_____	
Vehicle Information		
Make & Model	Year	Value
1.		
2.		
3.		

DEBTS	dollar amount:
Home Loan Balance	_____
Car Loan Balance	_____
Credit Card Balances:	
1. _____	_____
2. _____	_____
3. _____	_____
Other Debts:	
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

GROSS MONTHLY INCOME (Need proof of Income)	
Applicant	_____
Applicant Spouse	_____
Social Security Income	_____
V.A. Pension	_____
Pension	_____
Unemployment	_____
Worker's Compensation	_____
Interest Income	_____
Dividend Income	_____
Child Support	_____
Alimony	_____
Income from Rental Property	_____
Other	_____
Other	_____
TOTAL	_____
I qualify for Food Stamps. <u> </u> Yes <u> </u> No	

MONTHLY PAYMENTS	
Mortgage (PITI)	_____
Rent	_____
Utilities (Electricity, Water, Gas, etc.)	_____
Gas for Vehicle(s)	_____
Telephone / Cell Phone	_____
Cable/Internet	_____
Groceries/Household Necessities	_____
Furniture	_____
Car Payment	_____
Clothing	_____
Day Care	_____
Child Support	_____
Alimony	_____
Credit Cards	_____
Payments on Medical Bills:	
1.	_____
2.	_____
Insurance:	
Auto	_____
Property	_____
Medical	_____
Loan Payments:	
1.	_____
2.	_____
TOTAL	_____

I, (your name) _____, do solemnly state that the information contained on this application is true and accurate to the best of my knowledge and belief.

Signature of Patient, Parent, Spouse or Legal Representative

Mail to: Registration/Collections
131 Hospital Drive, Salem, KY 42078

Email to: jallcock@hhhs.org

Phone: 270-988-7315 **Fax:** 270-988-4929

Processing your application may take up to 30 days. If you qualify for health insurance coverage through federal or state programs such as Medicaid, we will ask that you apply for coverage. Our team at Livingston Hospital will reach out to you. If you have any questions about applying for coverage, you can reach them at 270-988-7315 or 270-988-2299.