

**APPLICATION FOR  
FINANCIAL ASSISTANCE  
and UNINSURED DISCOUNT POLICY**

Dear Patient/Guarantor:

We at Doctors Memorial Hospital understand the difficulty in meeting financial obligations especially when there are unexpected illnesses. In an effort to assist you during this time, we want to offer financial help with your bill, if qualified, or a discount based on the hospital's Medicare Cost to Charge percentage. Doctors Memorial Hospital wants to help lower the financial responsibility of our uninsured patients to what is normally allowed by other insurers, regardless of whether or not they qualify for Financial Assistance. The discount is applied prior to your initial bill going out. In order to have all or a portion of your allowable charges written off under DMH's Financial Assistance policy, the items listed below need to be brought in by you as part of the qualifying process. We are now required to maintain proof of income and expenses in order to write off your bill as part of our Financial Assistance program.

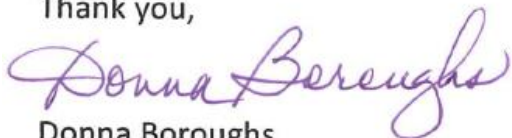
1. Copy of Social Security Card
2. Copy of Driver's License or State Identification for ALL over 18 years of age.
3. Proof of Income; If not working, just bring a letter from the person(s) who is/are assisting you with paying your bills. If self employed, your last Income Tax Return will be sufficient proof of income.

In addition to bringing these items in, there is a short form to be completed that will finalize the qualifying process. We can help you complete it when you bring the other information in. The form is also attached to this information sheet regarding our Financial Assistance program.

Doctors Memorial Hospital's Financial Representative is Kacy Harmon at (850) 547-8016 or her supervisor, Diane Sanders at (850) 547-8030. They work Monday through Friday from 8am – 4pm, in the hospital Business Office. If you are unable to come by during normal business hours, the application and supporting documents can be left with the Emergency Room Clerk, who will then forward it on to the Business Office for processing.

If you should have any questions, please feel free to give me a call at (850) 547-8015 at your convenience.

Thank you,



Donna Boroughs  
Business Office Director

**DOCTORS MEMORIAL HOSPITAL  
PO BOX 188  
BONIFAY, FL 32425  
(850) 547-8000  
(850) 547-8024 (fax)**

**Patient Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account Numbers:** \_\_\_\_\_

**CHARITY CARE - INCOME ATTESTATION**

<b>Family Size</b> <small>(CIRCLE TOTAL LIVING IN YOUR HOUSEHOLD)</small>	<b>Household Income Level</b> <small>(CIRCLE INCOME RANGE)</small>	<b>Patient/Guarantor Initials</b>
<b>1</b>	<b>\$11,880 - \$29,700</b>	
<b>2</b>	<b>\$16,020 - \$40,050</b>	
<b>3</b>	<b>\$20,160 - \$50,400</b>	
<b>4</b>	<b>\$24,300 - \$60,750</b>	
<b>5</b>	<b>\$28,440 - \$71,100</b>	
<b>6</b>	<b>\$32,580 - \$81,450</b>	
<b>7</b>	<b>\$36,730 - \$91,850</b>	
<b>8</b>	<b>\$40,890 - \$102,250</b>	

I, \_\_\_\_\_, request consideration for the provision of discounted services for myself or my dependents. I attest that the above indicated family size and income level is an accurate representation of my current economic status. I authorize the hospital to verify my employment information as provided as a part of this application process if needed. I also understand that the State of Florida may require me to provide proof of income.

I, \_\_\_\_\_, attest that I do not currently have a household income and my current living expenses are taken care of by: \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Source of Income:** \_\_\_\_\_ **Gross:** \_\_\_\_\_ **WK/BIWK/MTH**  
(Employment, SSI, pension, child support, etc) (Circle One)

**Employer Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**PATIENT/GUARANTOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Verified by:** \_\_\_\_\_  **Approved** or  **Denied** **Reason:** \_\_\_\_\_

**Business Office Mgr:** \_\_\_\_\_

## Summary of Doctors Memorial Hospital's Financial Assistance Policy

Doctors Memorial Hospital is committed to improving the health of individuals and communities located in our region. We seek to provide quality care to individuals, regardless of their ability to pay and have established a financial assistance program to help qualifying residents of our service area, with limited financial resources, in paying for their medical care.

### Eligibility

A patient or guarantor (a person, other than the patient, who is responsible to pay the patient's bill) is eligible for financial assistance, help or aid based on where he or she lives, gross (\*the amount before taxes and other amounts are taken from pay) household income and the number of people living in the household.

**Residency:** To be approved for 100% financial assistance, you must be a permanent resident of Doctors Memorial Hospital's primary service area, or a student who is not a permanent resident attending school in one of these areas. Immigrants must have a "Permanent Resident Card" (Form I-551), "Resident Alien Card" or a "United States Citizen Identification Card."

**Gross household income:** Doctors Memorial Hospital's patients or guarantors with gross household income up to 250% of the Federal Poverty Guidelines. See the page 2 for more information on gross household income and household size.

### Free and discounted care guide:

Federal poverty level from the current year	Discount within primary service area**	Discount outside of primary service area**
100%	100%	50%
101% to 133%	85%	25%
134% to 138%	70%	15%
139% to 250%	55%	10%
251% to 400%	No discount	No discount

**\*\*Primary service area zip codes:** 32425, 32427, 32428, 32464, 32455, 32462, 32440

(Applicants living outside Doctors Memorial Hospital's primary service area will be considered for discounted care based on gross household income and household size.)

**Definition of household:** Family of one is a person who may be the only one living in a housing unit or who may be living in a housing unit in which one or more persons also live, but are not related to the applicant by marriage, birth or adoption. For example, people who live with others include a lodger, a foster child, a ward or an employee. A family of two or more persons includes people who are related by marriage, birth or adoption who live together; all such related persons are thought of as members of one family; an unmarried couple with a mutual child; and same-sex couples who are married. If a household includes more than one unrelated family, the poverty guidelines are applied separately to each family and not to the household as a whole. Sometimes, a copy of a divorce decree or court documents proving legal separation may be required. If married, but not living together, income documents will be required from both people.

## Assistance

Free care is given to hospital patients or guarantors who have a household income up to 100% of Federal Poverty Guidelines. An 85% discount will be given to patients or guarantors whose income is between 101% and 133%. A 70% discount will be given to patients or guarantors whose income is between 134% and 138%. A 55% discount will be given to patients or guarantors whose income is between 139% and 250%. No discount will be given for income exceeding 250% of Federal Poverty Guidelines.

### DOCTORS MEMORIAL HOSPITAL

Number in Household	100% discount if income is = or < than:	85% discount if income is = or < than:	70% discount if Income is = or < than:	55% discount if income is = or < than:
1	\$11,880	\$15,000	\$16,400	\$29,700
2	\$16,020	\$21,300	\$22,100	\$40,050
3	\$20,160	\$26,800	\$27,800	\$50,400
4	\$24,300	\$32,300	\$33,600	\$60,750
5	\$28,440	\$37,850	\$39,250	\$71,100
6	\$32,580	\$43,350	\$44,950	\$81,450
7	\$36,730	\$48,850	\$50,700	\$91,850
8	\$40,890	\$54,400	\$56,450	\$102,250

**Limitations on fees and charges:** Those eligible for assistance will be granted a discount on Doctors Memorial Hospital's bills for care that is medically necessary or an emergency, and the fees they must pay will not exceed the amount generally billed by the top three insurance payors of Doctors Memorial Hospital.

**How to obtain information and apply for assistance:** To get a free copy of the full financial assistance policy and a financial assistance application, visit [www.doctorsmemorial.org](http://www.doctorsmemorial.org), or call our Patient Representative at (850) 547-8030 to request the information be mailed to you. You may also present to the Business Office at 2600 Hospital Drive, Bonifay, FL 32425 Monday through Friday 8:00 a.m. to 4:00 p.m. If you need help filling out the financial assistance application, call (850) 547-8030 to make an appointment.

**Definition of income:** Income is how much everyone who lives in the household makes, before taxes are taken out, from all sources (gross income). Income data for part of a year may be figured based on what might have been received in an entire year to determine eligibility-for instance, by multiplying the amount of income received during the most recent three months by four.

## Disclosure

Doctors Memorial Hospital may use external publically available data sources that provide information on the patient or guarantor's ability to pay such as credit scoring, if proof of income is not submitted to the hospital Business Office with 30 days of signed Income Attestation. Past history of accounts receivable may also be reviewed to help qualify a person for financial assistance.