



FINANCIAL ASSISTANCE PROGRAM

Eligibility Requirements:

- ◆ Coverage is provided for all family members living at home, including students up to the age of 21. Children for whom child support is provided will be counted as a household member.
- ◆ You are required to fully and accurately disclose all sources of family support and income at the time you apply for assistance. Failure to do so can terminate your assistance if approved.
- ◆ You must meet income guidelines.
- ◆ Ineligible for Health First (Medicaid) or CHP+.
- ◆ Services which are covered by auto, casualty, or 3rd party liability insurance are not eligible under this program.
- ◆ **This is not an insurance program.** Please pay your portion of the bill **when you receive services**. If you do not pay your portion of the bill, you could be subject to be charged for the full amount of the services provided.
- ◆ It is the policy of Pioneers Medical Center/Meeker Family Health Center to provide **essential** services regardless of the patient's ability to pay. The following procedures are **excluded** from the Financial Assistance Program:
 - Pre-scheduled elective surgeries which are not medically necessary.
 - Procedures denied by insurance are not eligible for financial assistance.
 - Aesthetic Procedures/Cosmetic surgery.
 - Nursing home care.
- ◆ The application will need to be completed every 6 months or if your financial situation changes.

Cost:

- ◆ Applicants will be given a rating based on their total household income and family size; copayment percentages will be determined as a result of the rating. Applicants are eligible to receive care at the time of application.
- ◆ Outstanding balances will be adjusted for services provided 30 days prior to the signed application and all copays will be due at the time of the completion and approval of the application.
- ◆ Balances not paid within 120 days will be transferred to A-1 Collection Agency.



Required Documentation:

Applicants are required to provide the following documents:

General (If married, for both spouses):

___ Copy of 3 month's worth of statements for all that apply: checking, savings.

___ Copy of prior year's federal income tax returns

___ Current State of Colorado Medicaid denial. (Including date and time of eligibility determination.)

___ Copy of current Insurance card(s)

Identification (If married, both spouses.)

___ Copy of valid driver's license or valid State ID

___ Social Security Numbers, dates of birth and full names of all members of household

Employment or Other Income (If married, for both spouses)

___ Copy of most recent 3 months of pay stubs, OR copy of unemployment benefits letter, social security income, or pension income.

___ Rental income amount (If applicable)

___ Any other kind of income you receive.

IF YOU ARE SELF EMPLOYED, AND YOU DO NOT PAY YOURSELF ON A SET

SCHEDULE (monthly, bi-weekly, 2x per month.) Please provide a profit/loss statement for the last 3 months of business OR copies of documentation for monthly expenses related to your business.) If married, for both spouses.)

___ Copy of previous year's 1099 form.

___ Copy of the Schedule C.

ADDITIONAL DOCUMENTATION REQUESTED FOR CALCULATION OF BENEFITS:

___ Rent or mortgage payment receipts for 6 months

___ If you do not pay rent or mortgage, a letter from employer who provides housing in lieu of wage compensation.



FINANCIAL ASSISTANCE PROGRAM APPLICATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Applicant date of birth: _____

Applicant Social Security number: _____ - _____ - _____

Household members (include those for whom you provide child support.)

_____	DOB	_____
_____	DOB	_____
_____	DOB	_____
_____	DOB	_____
_____	DOB	_____
_____	DOB	_____

Notes: _____



NOTE: THIS IS NOT AN INSURANCE PROGRAM. IT APPLIES ONLY TO PIONEERS MEDICAL CENTER AND MEEKER FAMILY HEALTH CENTER . It does not apply to:

1. Other Medical Facilities
2. Pharmacies
3. Professional fee for specialty providers even if they provide services at Pioneers Medical Center/Meeker Family Health Center. You will have to make arrangements with that doctor for payment of their professional services.
4. Pathology services (St. Mary's, Valley View Hospital, etc)
5. Radiology services provided by Mountain Radiology
6. Durable Medical Equipment provided by DJO Global.

Applicant Initials: _____

APPLICANT'S SIGNATURE

DATE

For Eligibility Technician Use ONLY: Please mark the boxes that indicates which documents were verified for eligibility, lawful presence and keep a photocopy of such documents presented in the applicant's file.

Gross annual income: (both spouses: employment, unearned, self employment) \$ _____
Current balance of ALL Checking & Savings accounts: (for household) \$ _____
Rent or Mortgage payments: (12 months) (deduction) (\$ _____)
TOTAL: \$ _____

Number in household _____

RATING: _____

COPAY: _____

Financial Counselor Signature: _____ Date: _____