



MidHudson Regional Hospital

Westchester Medical Center Health Network

APPLICATION FOR FINANCIAL ASSISTANCE PATIENT FINANCIAL WORKSHEET

Patient Name _____ Date: _____

Medical Record Number _____ Account (s): _____

RESPONSIBLE PARTY:

Name: _____ Spouse Name: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Zip Code: _____ Zip Code: _____

Phone: () _____ Phone: () _____

Mailing address (If different from above): _____

HOUSEHOLD INFORMATION:

Total number of dependents in household including yourself: _____

Do any other person(s) contribute financially to the family: No ____ Yes ____ \$ _____ (amount)

MONTHLY INCOME: (Please indicate all sources of income)

Patient / Guarantor:

Spouse:

Other Income from legal dependents:

TOTAL MONTHLY INCOME:

ASSETS WILL NOT BE CONSIDERED FOR FINANCIAL ASSISTANCE BUT WILL BE USED IF THE HOSPITAL HAS A REASONABLE BASIS FOR BELIEVING THE PATIENT MAY BE ELIGIBLE FOR MEDICAID OR GOVERNMENT SPONSORED HEALTH INSURANCE COVERAGE.



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QUALIFYING MONTHLY INCOME	\$
QUALIFYING HOUSEHOLD SIZE	

I certify that to the best of my knowledge, all answers on this form are true and complete.

Signature: _____ Date: _____

ONCE YOU HAVE SUBMITTED A COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO THE HOSPITAL AT THE ADDRESS BELOW, YOU MAY DISREGARD ANY BILLS UNTIL THE HOSPITAL HAS RENDERED A WRITTEN DECISION ON YOUR APPLICATION. If you have any questions, please call us at **Valhalla office (914) 493-7830** or **Poughkeepsie Office (845) 483-5406**

Proof of Identity (bring at least ONE from the list below)

Passport
Permanent Resident Alien Card (Green Card)
Birth Certificate for **all members in the family including children under 21 years old**
Employment Authorization Card
Driver License
Photo ID for Spouse / Common-Law Partners

Proof Of Address/Residency-Home Address (bring at least TWO from list below)

Utility bills
Cell phone bills
Cable television bill
Rent receipt, copy of lease, or mortgage papers
Letter from person you reside with or letter from landlord (**notorized**)

Proof of Income

Last four weekly pay stubs or two bi-weekly pay stubs
Letter from employer **on company letterhead, signed and dated indicating gross income**
If no letterhead, bring a **notarized** letter from the employer
Award letter from Social Security Administration /Pension/Annuities/Disability
Proof of Unemployment benefit
If you are being supported by someone, a **notarized letter** from the person who provides room/board for you
If unemployed, how are you supporting yourself/family (savings account, odd jobs
Income from income-producing property, rental(s), business, child support, alimony
V.A. Benefits
Worker's Compensation Income

Other Proof of school attendance for children under the age of 18 years old or in college

Please either bring the documents with you to Financial Assistance Office or mail them

**WMC -Financial Assistance Program
P.O. Box 277, Hawthorne, NY 10532**