

**HIGHLANDS HOSPITAL**

401 East Murphy Avenue

Connellsville, Pennsylvania 15425

724.626.2270 | [highlandshospital.org](http://highlandshospital.org)

## HIGHLANDS HOSPITAL CHARITY CARE APPLICATION:

HIGHLANDS HOSPITAL FAMILY MEDICINE HIGHLANDS HOSPITAL FAMILY HEALTH AND WELLNESS

HIGHLANDS HOSPITAL ORTHOPEDICS AND SPORTS MEDICINE

Charity Care is provided to patients with a demonstrated inability to pay. A patient is eligible for charity care consideration based upon meeting certain income eligibility criteria. Highlands Hospital provides medically necessary treatment to all who seek it, without regard to age, race, sex, religion, or national origin. Highlands Hospital will provide free or below cost care to those patients who upon completion of proper application are determined eligible for such discounts.

If you are interested in applying for Charity Care, the hospital will ask that you apply for Medical Assistance through the county in which you reside. If you are found to be ineligible, or, only partially eligible, you will be asked to provide the letter of determination provided by the Department of Public Welfare. In addition, you are also asked to supply the following information in order to determine your eligibility:

- 1. Prior year federal income tax return or state income tax return if federal return is unavailable.**
- 2. Most recent pay stub. (for all household members.)**
- 3. Most recent bank statements for all accounts. (for all household members.)**
- 4. Evidence of any welfare, unemployment, social security, strike, retirement benefits, child support, and/or alimony payments.**
- 5. Evidence of all outstanding debts or monthly expenses including but not limited to mortgage or rent, personal or student loans, car payments, monthly utilities, medical bills, prescriptions taken on a regular basis, daycare expenses, taxes, homeowner, auto and life insurance.**
- 6. Copy of other insurance policies that pay you directly for services provided in a hospital. For example, accident policies, cancer policies or supplemental policies.**

This application for Charity Care is for the bills from Highlands Hospital and Provider Based Departments of the hospital only. Physician bills are separate from the hospital and are not considered under this policy. If you are interested in applying for Charity Care, please call 724.626.2224 to schedule an appointment to provide the necessary information.



## Charity Care Application

### Section One: Required Questions

*Please complete all questions in this section. Failure to complete this section could result in delays in evaluating eligibility for charity care.*

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Current Health Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Name/Number: \_\_\_\_\_

### Household Members

*Please attach additional sheets of paper if household has more than eight members.*

<b>Name:</b>	<b>Relationship:</b>	<b>Age:</b>
1. _____	Self _____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

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**Section Two: Monthly Household Income**

Wages/Salaries (Before Taxes): \_\_\_\_\_ Pensions: \_\_\_\_\_

Social Security: \_\_\_\_\_ Other Disability: \_\_\_\_\_

SSI: \_\_\_\_\_ Cash Assistance: \_\_\_\_\_

Unemployment Compensation: \_\_\_\_\_ Worker's Compensation: \_\_\_\_\_

Child Support: \_\_\_\_\_ Spousal Support: \_\_\_\_\_

Veteran's Administration (VA) Benefits: \_\_\_\_\_

Annuities: \_\_\_\_\_

Other Unearned Income (includes Trusts, Interest/Dividends, etc): \_\_\_\_\_

**Household Countable Resources**

*Please list your available accounts and liquid assets for your household. A liquid asset is defined as cash or any type of negotiable asset that can be converted quickly and easily into cash. Do not include your home, household items, vehicles, IRAs, 401(k) accounts and other non-liquid assets.*

Certificates of Deposit: \_\_\_\_\_ Stocks or bonds: \_\_\_\_\_

Trust Fund: \_\_\_\_\_ Savings account: \_\_\_\_\_

Checking Account: \_\_\_\_\_ Savings Certificates: \_\_\_\_\_

U.S. Savings Bonds: \_\_\_\_\_ Christmas or Vacation Club: \_\_\_\_\_

Health Savings Account (HSA) funds: \_\_\_\_\_

Other (Please Explain): \_\_\_\_\_

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**Section Three: Verification of Income and Countable resources**

*Please attach proof of income from the past 30 days and current resources to this application. Please verify all income and resources listed in Section One. If you are unable to verify some or all of your income or resources, please explain why on an attached sheet of paper. Applications will not be rejected for inability to verify income or resources, provided that reasonable explanation for the inability is given. Acceptable sources of verification include, but are not limited to:*

- Pay stubs or letters from employers, listing wages before taxes.
- Award letters or bank statements showing deposits of Social Security, other disability, pension, worker’s compensation, or unemployment compensation payments.
- Award letters, court documents, or bank statements showing deposits of child or spousal support payments.
- Documentation of other sources of income.
- If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide (e.g., grocery purchases or rent and utility payments).
- Health Savings Account (HAS) and other dedicated account statements.
- Checking and Savings account statements.
- Copy of Health Insurance Card(s), if applicable

**Section Four: Certification**

*Please sign and return the completed application with the items listed in Section Three to Highlands Hospital, 401 E. Murphy Avenue Connellsville, PA 15425*

I certify that the information contained in this application is true and complete. I understand that willful falsification of information contained in this application will result in denial of charity care.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_