

Financial Assistance Application (FAA)

Patient Demographics

Patient Name: Last, First, Middle	Social Security # (If available)	Date of Birth	Account # Location of Service
Guarantor Name: Last, First, Middle	Social Security # (If available)	Date of Birth	Relationship to Patient
Patient/ Guarantor Address	County of Residence	Home Phone #	Alternate Phone #
City	State	Zip Code	Homeowner? Yes No
Have you applied for Medicaid or any other State/County Assistance? (Circle one) Yes No			
If Yes, Please provide the following:			
Application Date:		Status of Application:	
Caseworker Name:		Caseworker Phone Number:	

Household Information

Marital Status:	Married	Single	Separated	Divorced	Widowed
Dependent Names	Relationship	Date of Birth			

Employment/Household Income and Expenses

Patient/Guarantor Employer Name	Gross Monthly Income: \$	Provide verification
If income is \$0, please explain.		Provide documentation
Spouse's Employer Name	Gross Monthly Income: \$	Provide verification
If income is \$0, please explain.		Provide documentation
Other Income Source:	Gross Monthly Income: \$	Provide verification
EXPENSES ARE NOT REQUIRED FOR NHSC APPLICATIONS		
Household Monthly Expenses	Total Monthly Expenses: \$	

IMPORTANT: To qualify for assistance, at least one piece of supporting documentation that verifies household income may be required. Supporting documentation can include but is not limited to, most recent year's tax return, a current W-2, 1 month of current pay-stubs, signed letter of support, etc.

PLEASE READ THE FOLLOWING BEFORE SIGNING AND DATING THE APPLICATION

Please be advised that your signature indicates you have agreed to attach income verification.

- I certify that the information I have provided is true and accurate to the best of my knowledge.
- I will independently or with the assistance of hospital personnel apply for ANY and ALL Assistance which may be available through federal, state, local government and private sources to help pay this healthcare bill.
- I understand that if I do not cooperate with my healthcare provider in providing requested information, my application may be denied for possible financial assistance.
- I understand that the information which I submit is subject to verification by my healthcare provider, including credit reporting agencies and subject to review by Federal and/or State agencies and others as required.
- I understand that additional information may be requested in order to qualify for assistance.

Signature (Applicant/Guarantor)	Date
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Return Completed Application and Documents to:

KentuckyOne Health

Attn: Eligibility and Enrollment Services

PO BOX 2587

Louisville, KY 40202

Phone: (502)587-4540

Fax: (502) 587-4377

Contact Information:

**Centralized Charity Center
Frisco Assistance Center
P.O. Box 660872
Dallas, TX 75266-0872
1-800-514-4637**

State	Hospital	Contact phone number	Correspondence or physical address (Send your FAA)
Iowa	Mercy Des Moines	515-247-4199	1055 6th Ave. Des Moines, IA 50314
Iowa	Mercy West Lakes	515-247-4199	1055 6th Ave. Des Moines, IA 50314
Iowa	Mercy Centerville	515-247-4199	1055 6th Ave. Des Moines, IA 50314
Iowa	SKIFF Medical Center	641-787-5435 and 888-474-1083	204 N. 4th Ave. E Newton, IA 50208
Kentucky	Jewish Hospital	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Med Center East	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Med Center Northeast	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Med Center Southwest	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Med Center South	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Jewish Hospital Shelbyville	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Our Lady of Peace	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Saints Mary and Elizabeth Hospital	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Frazier Rehab Institute	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Southern Indiana Rehab	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Saint Joseph Hospital	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Saint Joseph East	502-587-4540	PO BOX 2587

			Louisville, KY 40202
Kentucky	Saint Joseph Jessamine	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Saint Joseph London	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Saint Joseph Martin	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Saint Joseph Berea	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Continuing Care Hospital	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	Flaget Memorial Hospital	502-587-4540	PO BOX 2587 Louisville, KY 40202
Kentucky	University of Louisville Hospital	502-562-4943	Attn: Admissions Department 530 South Jackson Street Louisville, KY 40202
Kentucky	St. Joseph Hospital Kentucky One	855-715-4379	no address
Kentucky	Saint Joseph Mount Sterling	859-497-5130/859-497-5157	PO BOX 7 Mt Sterling, KY 40353
Nebraska	CHI Health Saint Elizabeth	402-219-8868	555 S 70th Street Lincoln NE 68510
Nebraska	CHI Health Saint Francis	308-398-5475	2620 W Faidley Avenue Grand Island NE 68003
Nebraska	CHI Health Good Samaritan	308-865-7179	10 East 31st Street Kearney NE 68847
Nebraska	CHI Health Saint Mary's	402-874-5218	1301 Grundman Blvd Nebraska City NE 68410
Nebraska	CHI Health Nebraska Heart	402-328-3792	7440 S 91st Street Lincoln NE 68526
Nebraska	Bergan Mercy	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164
Nebraska	Immanuel Medical Center	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164
Nebraska	Mercy Council Bluffs	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164
Nebraska	Midlands	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164
Nebraska	Lakeside	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164
Nebraska	Lasting Hope Recovery Center	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164
Nebraska	Community Memorial	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164

Nebraska	Mercy Corning	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164
Nebraska	Memorial Hospital Schuyler	402-717-4800	2301 N. 117th Ave. Ste 100 Omaha NE 68164
Oregon	Mercy Medical (Roseburg, OR) all accts worked at Mercy Medical out of Meditech	541 677-2217	Mercy Medical Center-MECS 2700 NW Stewart Parkway Roseburg, OR 97471
Oregon	St Anthony Hospital (Pendleton, OR) all accts worked out of Meditech	541 278-3244	St. Anthony Hospital-MECS 2801 St. Anthony Way Pendleton, OR 97801
Texas	CHI St Luke's Health Memorial Lufkin	936-639-7011 or 936-639-7829	1201 W Frank Lufkin TX 75904
Texas	CHI St Luke's Health Memorial Livingston	936-639-7011 or 936-639-7829	1717 59 Bypass Livingston TX 77351
Texas	CHI St Luke's Health Memorial San Augustine	936-639-7011 or 936-639-7829	511 E Hospital St San Augustine TX 75972
Texas	CHI ST Luke's Health Memorial Specialty	936-639-7011 or 936-639-7829	1201 Frank Ave Ste D5 Lufkin TX 75904
Texas	Frisco Assistance Center (centralized charity)	800-374-4637	Financial Assistance Center P.O. Box 660872 Dallas, TX 75266-0872
Texas	St. Joseph Regional Health Center	979-776-3777	2801 Franciscan Drive Bryan, TX 77802
Washington	St Clare	253-792-2220	MECS Department MS 10-30 PO BOX 2197 Tacoma WA 98401-2197
Washington	St Joseph	253-792-2220	MECS Department MS 10-30 PO BOX 2197 Tacoma, WA 98401-2197
Washington	St Elizabeth	253-792-2220	MECS Department MS 10-30 PO BOX 2197 Tacoma, WA 98401-2197

Washington	Highline	253-792-2220	MECS Department MS 10-30 PO BOX 2197 Tacoma, WA 98401-2197
Washington	Harrison	253-792-2220	MECS Department MS 10-30 PO BOX 2197 Tacoma, WA 98401-2197
Washington	St Francis	253-792-2220	MECS Department MS 10-30 PO BOX 2197 Tacoma, WA 98401-2197
Washington	St Anthony	253-792-2220	MECS Department MS 10-30 PO BOX 2197 Tacoma, WA 98401-2197
Washington	St Elizabeth	253-792-2220	MECS Department MS 10-30 PO BOX 2197 Tacoma, WA 98401-2197