Emerson Hospital Financial Assistance Application

Please print out and complete all sections of the application that apply to you. **This application cannot be completed electronically**. Please read all instructions before completing application.

This application is used to evaluate your eligibility for financial assistance on medical bills from Emerson Hospital.

Emerson Hospital Financial Assistance is not considered a substitute for enrolling in any available health insurance program or assistance plan. While the program covers all Medically Necessary Services, discounts vary based on the type of services provided. Please refer to the complete policy on our website for the details on what is covered. A partial list of services that are typically excluded follows.

- Cosmetic Surgery
- Most non-medically necessary care including Gastric Bypass Services

Failure to apply for a government assistance program that you potentially qualify for could result in a delay or denial of your application. If you need help applying for government assistance programs, one of our Emerson Hospital Financial Counselors can help.

You must fully disclose any other coverage, third-party liability claim, motor vehicle coverage or workers compensation coverage to be considered.

If you have any questions on this application, please contact our Financial Assistance Department at 978-287-3432.

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Application checklist

- ❑ Complete all applicable sections of the application - a section will indicate if it can be left blank.
- ❑ Include a copy of your driver's license, other photo identification or documents that verify your current residence. Anything submitted must include your name (Section 1).
- ❑ Include some form of income verification (Section 3 and Section 4).
  - Include a copy of your most recent IRS 1040 or 1040A
  - If there has been a recent change in your income, include documentation such as recent check stubs (minimum 4), unemployment statements, bank/investment statements and/or social security statements.

Family Size	1	2	3	4	5
2024 FPL	$45,180	$61,320	$77,460	$93,600	$109,740

- ❑ Return completed applications directly to our Financial Assistance Department OR mail to:

  Emerson Hospital Financial Assistance Department
  133 ORNAC, Concord, MA 01742

To ensure prompt review of your application, please complete all sections unless otherwise indicated. The processing of the application will be delayed if you are missing required information or documentation.

1. Basic Information

Please complete this section about the applicant. The applicant is either the patient or the person who is financially responsible for the patient.

Documentation Required: Please include documentation that verifies residency: driver's license, other photo identification or documents that prove your current residence. Anything submitted must include your name.

Last name	**First name**	**MI**

Date of birth	**Gender** Male ❑ Female ❑
Telephone numbers Home: ( ) Work: ( ) Cell: ( )	**Mailing address** (include city, state and zip code)
Patient's name *(if different from applicant)*	
Patient's date of birth *(if different from applicant)*	

2. Family Information

Patient's Medical Record Number (MRN) and Account Number (statement)	Patient's dates of service (include location where the services were provided)

If applicable, please list the applicant's spouse and children under 19 who live with the applicant. This section can be left blank if the applicant does not live with a spouse or children.

Name of family member	Relationship	Date of birth

Emerson Health

3. Earned Income

Please complete this section about earned income for applicant and each household member listed in Section 2 who works. **Please list gross income, which is income before taxes and deductions.** This section can be left blank if the applicant and his/her household members do not have any earned income.

Documentation Required: Please include documentation that verifies this income: pay stubs, income taxes, W2 statements, bank statements or other proof.

Name of working family member	**Employer name and address**	**Gross amount earned**	**Frequency** *check one*	**Facility use only**
			☐ Weekly ☐ Monthly ☐ Yearly	
			☐ Weekly ☐ Monthly ☐ Yearly	
			☐ Weekly ☐ Monthly ☐ Yearly	

4. Other Income

Please complete this section about other income for the applicant and each household member listed in Section 2 who receives other income. Other income is money you receive that does not come from an employer. **Please list gross income, which is income before taxes and deductions.** This section can be left blank if the applicant and his/her household members do not have any other income.

Documentation Required: Please include documentation that verifies this income: pay stubs, income taxes, W2 statements, bank statements or other proof.

Type of income	**Family member(s) receiving income**	**Gross amount received**	**Frequency** *circle one*	**Facility use only**
Unemployment			Weekly, Monthly, Yearly	
Social Security			Weekly, Monthly, Yearly	
Veteran's Benefits			Weekly, Monthly, Yearly	
Annuities and Pensions			Weekly, Monthly, Yearly	
Child Support & Alimony			Weekly, Monthly, Yearly	
Rental Income			Weekly, Monthly, Yearly	
Workers Compensation			Weekly, Monthly, Yearly	
Dividend & Interest Income			Weekly, Monthly, Yearly	
Other			Weekly, Monthly, Yearly	

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5. Authorization

Please read this section carefully and sign at the bottom.

All information in this application is true to the best of my knowledge. I agree to provide additional documentation upon request. **I understand that this confidential information cannot be disclosed to any party outside of Emerson Hospital without my prior approval.**

Signature of applicant

Date

If signing on behalf of the applicant: All information in this application is true to the best of my knowledge.

Signature of authorized representative

Date

Name of authorized representative

Relationship to applicant

Contact phone number

Before submitting, please make sure that you have completed all applicable sections of this application and have included all requested documents. Incomplete applications will not be approved.