



Ottawa Regional Hospital & Healthcare Center

1100 East Norris Drive
Ottawa, IL 61350
(815) 433-3100

Financial Assistance Program

Ottawa Regional Hospital & Healthcare Center will provide necessary health care services to all persons regardless of their ability to pay in order to ensure health care to everyone in our community. The Financial Assistance Program is provided without discrimination on the basis of race, color, national origin, creed, or any other ground unrelated to an individuals' need.

A patient or member of their family may make application for financial assistance at any time. Application should be made as soon after services are rendered as possible. All applicants must apply for Medicaid, Medicare or other third party sources before being considered for this program. Any accounts listed in collection with an agency or attorneys are not eligible. Only those services offered at Ottawa Regional Hospital & Healthcare Center are covered by this policy. All denials will be provided with a written explanation to the responsible party. Hospital policy for providing services may change but will be based on the most recent published government poverty income guidelines. Proof of income is required with all applications. Copies of income tax forms and schedules, W-2 forms, 1099's or recent payroll check stubs must be included. All applications must be legibly completed and mailed, or delivered in person to the Patient Accounts Department.

NOTE:

Although income level and personal assets will be reviewed, special consideration will be given in cases where the patient or responsible party has unusual expenses (please attach a detailed explanation). Unusual expenses are considered those expenses which are emergent in nature and could not be reasonably anticipated. Examples: medical expenses, home fire, major storm or flood damage not covered by insurance. Normal personal property is not considered an asset (such as household furnishings); however, valuable items (coin collections, paintings, etc.) which have an investment value would be considered an asset.

**PLEASE RETURN THIS WITH THE APPROPRIATE
DOCUMENTATION WITHIN 10 DAYS**

APPLICATION FOR FINANCIAL ASSISTANCE

Responsible Party: _____ Date of Birth: _____

Name of Spouse: _____ Date of Birth: _____

Address: _____

Telephone: _____

Occupation & Employer of Responsible Party: _____

Occupation & Employer of Spouse: _____

Social Security Number of Responsible Party: ____/____/____ Spouse: ____/____/____

INCOME:

List all income for responsible party and spouse:

	Monthly Net Income (After Taxes)	Annual Net Income (After Taxes)
Wages	_____	_____
Farm or self-employment	_____	_____
Food Stamps	_____	_____
Public Aid	_____	_____
Social Security	_____	_____
Unemployment Compensation	_____	_____
Workmen's Compensation	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Military Family Allotments	_____	_____
Pensions	_____	_____
Income from Dividends, Interest, Rent	_____	_____

ASSETS:

BANK NAME: _____

Balance: Checking: \$ _____ Savings: \$ _____

Real Estate:	Value	\$ _____	Owed	\$ _____
Automobiles:	Value	\$ _____	Owed	\$ _____
Other: _____	Value	\$ _____	Owed	\$ _____
Other: _____	Value	\$ _____	Owed	\$ _____

EXPENSES:

House Payment/Rent	Monthly	_____	Insurance:	Monthly	_____
Food	_____		Home/renters	_____	
Gas	_____		Health	_____	
Electric	_____		Life	_____	
Clothing	_____		Auto	_____	
Fuel/Auto	_____		Other	_____	

CREDITORS: (charge cards, loans, doctors, hospitals, etc.)

<u>Creditor Name</u>	<u>Balance</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The size of the family unit will be those persons who meet the federal guideline and quality as a tax deductible dependent of the family. Please list your dependants:

	<u>Legal name</u>	<u>Relation</u>	<u>Age</u>	<u>Date of Birth</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

I HEREBY AGREE TO AND AFFIRM THAT ALL INFORMATION WHICH I HAVE GIVEN IS TRUE AND CORRECT AND MAY BE VERIFIED BY CREDIT BUREAU REPORTS.

Responsible Party Signature

Date of request