



Jefferson County Health Center

Attached is an application for financial assistance for the Jefferson County Health Center.

In order to process your request for assistance, we will need:

1. Completed and signed application.
2. Proof of Income (such as YTD pay stubs, 2019 tax return, or bank statements). We also encourage you to apply for assistance with the Iowa Department of Human Services (DHS). Please visit <https://dhsservices.iowa.gov> to create an account and start the application, or call 641-472-5011.

Please return the completed application and required documentation to:

Jefferson County Health Center
Attn: Financial Counselor
2000 S Main St
Fairfield, IA 52556

You may also fax the application to (641) 469-4216, or drop it off in person.

**Jefferson County Health Center, JCHC Professional Clinic,
And JCHC Clinics Financial Assistance Program
Fairfield, Iowa
(revised 12/2019)**

APPLICATION FOR FINANCIAL ASSISTANCE

The undersigned applicant requests that Jefferson County Health Center provide financial assistance and that a determination be made as to the applicant's eligibility for financial assistance on the basis of the following information:

Patient Name: _____ Date of Birth: _____

Date(s) of Service: _____

Type of services: ___ Inpatient ___ Emergency ___ Outpatient

Is patient covered by: (Y or N) ___ Insurance ___ Medicare ___ Title 19
___ Government Programs, Other (Specify) _____

Person financially responsible for bill (guarantor):

Name: _____ Phone (8 AM - 4:30 PM): _____

Address: _____

Street City State Zip

Employer: _____

Name(s) & SSN(s) of persons in family (see attached definition of family):

Is patient or guarantor a college student? ___ If yes, state percent of total support received from parents or guardian, and list the name(s) and address(es).

_____ Less than 50% _____

_____ More than 50% _____

FINANCIAL INFORMATION:

List all major and secondary sources* of gross income for prior 12 month period.
 (See attached sheet for definitions for family and income guidelines.)

Major Source:

_____ \$ _____

Secondary Sources (Pensions, Social Security, Child Support, Public Assistance or Other):

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Total gross family income for prior 12 months.....\$ _____

*Proof of income (W-2, pay stubs, tax returns, and verification of wage from employer or from public assistance agencies) must be furnished.

If none, how are the housing, food, and transportation expenses met? _____

Unemployed? Yes _____ No _____ If yes, for how long? _____

Future income expectations? _____

**** Information below not applicable to Outpatient Clinics or ER patients ****

<u>Assets</u>	<u>Total Value</u>
Checking and Savings.....	\$ _____
Stocks, bonds, time certificates.....	\$ _____
Cars.....	\$ _____
Leisure vehicles - campers, boat, etc.....	\$ _____
Property - lots, farmland, rental.....	\$ _____
TOTAL ASSETS.....	\$ _____

<u>Expenses/Outstanding Bills</u>	<u>Balance Due, if applicable</u>	<u>Monthly Payment</u>
Rent.....	\$ _____	\$ _____
Utilities - Lights, Phone, Water, Cable.....	\$ _____	\$ _____
Insurance - Car, Life, Health, House.....	\$ _____	\$ _____
Loans - Vehicles, Education, Etc.....	\$ _____	\$ _____
Credit Card Payments.....	\$ _____	\$ _____
Medical Bills - Dentist, Doctor, Pharmacy.....	\$ _____	\$ _____
Others.....	\$ _____	\$ _____
TOTAL EXPENSES.....	\$ _____	\$ _____

Other circumstances you feel should be considered during the review of this application:

I certify that the above information is true and correct and understand that a misrepresentation of the above statements may result in denial of financial assistance.

Signature of Applicant

Date

If you have any questions please call our Financial Counselor (641) 469-4311

DEFINITIONS:

FAMILY means one or more adults and children, if any, related by blood, or law and residing in the same household. Where adults, other than spouses, reside together, each may be considered a separate family. Emancipated minors and children living under the care of individuals not legally responsible for that care may be considered one-person families. College students, regardless of their residence, who are supported by their parents or others related by birth, marriage, or adoption are considered to be residing with those who support them.

INCOME refers to total cash receipts before taxes from all sources. It includes gross wages, gross income from self-employment, rental income, public assistance, social security, unemployment compensation, strike benefits, training stipends, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the same household; government employee pensions, private pensions, regular insurance or annuity payments; income from dividends, grants, interest, rents, royalties, or income from estates and trusts.

Jefferson County Health Center Charity Care Guidelines

Family Size	100 % Charity	80% Charity	60% Charity	40% Charity	20% Charity	0% Charity
1	12,140	15,175	18,210	21,245	24,280	>24,280
2	16,460	20,575	24,690	28,805	32,920	>32,920
3	20,780	25,975	31,170	36,365	41,560	>41,560
4	25,100	31,375	37,650	43,925	50,200	>50,200
5	29,420	36,775	44,130	51,485	58,840	>58,840
6	33,740	42,175	50,610	59,045	67,480	>67,480
7	38,060	47,575	57,090	66,605	76,120	>76,120
8	42,380	52,975	63,570	74,165	84,760	>84,760
For each additional person, add	4,320	5,400	6,480	7,560	8,640	>8,640

Once you qualify for our assistance your application will be good for (6) months, at which time you will need to resubmit a new application with current financial information.

Please Note: Doctors fees, radiologist, ambulance charges, and patient convenience items used during the hospital stay are not covered under this application and will be your responsibility.