



Morris County Hospital
600 N Washington
Council Grove, KS 66846
(620) 767-6811
Fax (620) 767-5611

APPLICATION FOR FINANCIAL ASSISTANCE

Morris County Hospital utilizes the current Federal Poverty Guidelines (attached) for income and family size to make determinations for financial assistance eligibility. The Board of Trustees and the Administration of the hospital have established a tiered guideline as the criterion that is to be followed when granting financial assistance.

The hospital administration must have certain facts about your personal financial situation so it may make a reasonable judgment about your ability to pay your bill. Income verification, copies of your Federal Income Tax returns from the previous three years, and a current pay slip are required. If these documents are not received, then the application will not be considered.

Financial assistance requests will be submitted to the board at the next scheduled meeting following the receipt of the completed application and requested supporting documentation. You will be notified of the decision by mail within ten days of the meeting.

I understand that the information, which I submit, is subject to verification by Morris County Hospital and others as requested. I certify that the information submitted is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Number of Persons in the family	2012 Poverty Guideline	150% of 2012 Guideline	200% of 2012 Guideline
1	11,170	16,755	22,340
2	15,130	22,695	30,260
3	19,090	28,635	38,180
4	23,050	34,575	46,100
5	27,010	40,515	54,020
6	30,970	46,455	61,940
7	34,930	52,395	69,860
8	38,890	58,335	77,780

Level of Assistance: 100% 50% 25%

For families with more than 8 persons, add \$3,960 for each additional person.

Morris County Hospital Financial Assistance Program

Patient and/or Guarantor Name: _____

Current Address: _____

Social Security Number: _____

Balance of accounts due to the hospital:

Income Verification is Required for Processing This Application

Name of Employer: _____

Phone Number of Employer: _____

Monthly Salary/Wages: _____

Spouse's Employer: _____

Phone Number of Employer: _____

Monthly Salary/Wages: _____

Other Family Income: _____

Monthly Expenses

Rent/House Payment: _____ Utilities: _____

Medical Expenses: _____

Loan Payments: _____

Credit Card Payments: _____

Other Household expenses: _____

Total Monthly Expenses: _____

Dependents

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Assets

Land/Real Estate: _____ Loan Value _____

Vehicles: _____ Loan Value _____

Current Checking Account Balance: _____

Current Savings Account Balance: _____

Certificates of Deposit: _____

IRAs: _____

Name of Bank: _____

Bank Officer: _____

Bank Telephone Number: _____

Attestation

I hereby state that the above-submitted information is true and accurate to the best of my knowledge:

Signed: _____ Date: _____