



Financial Assistance Application

Name: _____ Date: _____

Address: _____ How Long? _____

City: _____ State: _____ Zip Code: _____ Own ___ Yes ___ No

Phone:(____) _____ - _____ Soc.Sec #: _____ Age: ____ DOB: _____

Employer: _____ Address: _____

Occupation: _____ How Long: _____

Spouse: _____ Soc.Sec.# _____ Age: ____ DOB: _____

Employer: _____ Address: _____

Occupation: _____ How Long: _____

Do you currently have Medical Insurance? Yes ____ No ____

Insurance Carrier Name _____ Policy # _____

Do you have an AFLAC/Indemnity Plan Yes ____ No ____

Do you have a Health Savings Account Yes ____ No ____ (if Yes please supply current/complete statement)

Family Size ____ Applicant ____ Spouse ____ Other ____

List any other alias/AKA Name/s _____

Child(ren) Name(s): _____ DOB: _____
Name(s): _____ DOB: _____
Name(s): _____ DOB: _____

REQUIRED DOCUMENTS (applicant and spouse)

- If Uninsured-Certification or Self Attestation of ineligibility or exemption from Insurance Market Place Mandate per Affordable Care Act
• Copy of Pay stub showing year-to-date wages (last 2 for bi-weekly or last 3 for weekly, If Income varies provide 2 full months of pay stubs eg. Last 4 for bi-weekly or last 8 for weekly)
• Copy of Proof of Income (Social Security Award letter, Disability Award Letter, Pension/Annuity, If Rental include signed leases, Unemployment letter if you receive unemployment benefits, etc.)
• If no Income: Letter stating no income and signed statement from who is supplying food and shelter
• Proof of Delaware Residency (Delaware Drivers License and Current Utility Bill showing Applicant's Names and Physical Address)

1. Do you have any Investments/Assets (401K, 403B, IRA etc.) ? Yes _____ No _____
If yes please provide Current and Complete (all pages) copies of your Investment Statements.

2. Did you file Federal Taxes for the most current year? Yes _____ No _____
If yes please provide a copy of your complete Federal Taxes. (All schedules plus W-2/1099's). If you have not filed for the most current year please explain reason for not filing _____.

3. Did you file State Taxes for the most current year? Yes _____ No _____
If yes please provide a copy of your complete State Taxes. If you have not filed for the most current year please explain reason for not filing _____.

4. Do you have a Checking Account? Yes _____ No _____

If yes please forward a copy of your current and complete Bank Statements (Last 2 complete statements for each account you may have) * To include any other assets eg. Money Market, CD's, Pensions, etc. List and explain all deposits on checking account below.

5. Do you have a Savings Account? Yes _____ No _____

If yes please forward a copy of your current and complete Savings Account Statements (Last 2 complete statements for each account you may have) List and explain all deposits on Savings account below.

DATE	AMOUNT	EXPLANATION (source of deposit)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that if any of the above deposits are from a Third Party, a signed statement or proof of the deposit may be required.

I/We affirm that the information given is true and complete. I/We authorize Beebe Healthcare to verify any information given. I/We understand that this information is subject to review by federal and /or state enforcement agencies and others as may be required.

Account balances will remain in billing follow up status until completed application and all required documents are received. Upon submission of completed information please allow 30 days for review.

Applicant Signature Required

Date

Spouse Signature Required

Date

INTERNAL OFFICE USE ONLY

Financial Counselor Signature: _____ Date: ___/___/___

Picture ID: Valid Drivers License _____ State ID _____

Proof of Residency: Utility Bill _____ Other _____

Proof of Income: Pay Stub _____ Social Security _____ Pension _____ Taxes _____ Rental _____

No Income Letter _____ Taxes _____

Certification of Insurance Market Place Ineligibility or Exemption _____

Investments _____

Checking Account Statements _____ Savings Account Statements _____

(Required Documents to be attached)

Federal Poverty Level _____%

Notes: _____