



Rehabilitation Hospital of Indiana Financial Assistance Application

In order for a Financial Assistance request to be processed, the following financial items **MUST** be returned with this completed and signed Financial Assistance Application. Please make copies of all documents - **DO NOT** send original documents.

DOCUMENT CHECKLIST

If you have any questions; please contact us at 317-329-2325

- Most recent 3 months of pay stubs or SSI
- Most recent 3 Statements from checking and savings accounts, CDs, stocks, bonds, money market accounts, etc.
- Most recent state and federal income tax returns including schedules C, D, E, and F, when applicable and W2s

ACCOUNT INFORMATION

Patient Name: _____ Acct #: _____

GUARANTOR INFORMATION – (Party financially responsible)

Name: _____ Phone: _____ SSN: _____
 Address: _____ Marital Status: _____
 _____ Patient date of birth: _____
 Relationship to Patient: _____ Number of Dependants: _____

Name of Dependant/Spouse	DOB	SS#	Relationship	Employed	Monthly Income
				__Y__N	
				__Y__N	
				__Y__N	
				__Y__N	
				__Y__N	

GUARANTOR EMPLOYMENT/INCOME INFORMATION

Company: _____ Title: _____
 Address: _____ Salary: _____ Per: _____ (week, month, year)
 _____ # of Years: _____

PATIENT SPOUSE EMPLOYMENT/INCOME INFORMATION

Company: _____ Title: _____
 Address: _____ Salary: _____ Per: _____ (week, month, year)
 _____ # of Years: _____

OTHER MONTHLY INCOME INFORMATION (GUARANTOR OR SPOUSE)

VA Benefits: \$ _____ Retirement: \$ _____ SSI: \$ _____
 Child Support: \$ _____ Unemployment: \$ _____ Other: \$ _____



PATIENT INSURANCE INFORMATION

Does the patient have health insurance? (Y/N) Effective Date:
Insurance Name: Member ID #:
Insurance Phone #: Insured's name:
Has the patient applied for Medicaid? (Y/N)
Medicaid Case Manager's Name & telephone #:

ASSETS (GUARANTOR OR SPOUSE)

Checking Acct Balance: \$ Savings Acct Balance: \$
Other Asset(s) Balance(s): \$ 401K and/or IRA: \$
(CDs, Stocks, Bonds, Money Market Accounts, etc) TOTAL ALL ASSETS: \$

REAL ESTATE (GUARANTOR OR SPOUSE)

Estimated Value of Home: \$ Mortgage Balance(s): \$
Additional Property Est Value:\$ Mortgage Balance(s): \$

Please use this section to provide additional details, such as the expected duration of any disability, the patient's ability to work in the future, relevant family information, etc.

Blank lines for providing additional details.

I understand the above information may be used to complete a third party eligibility screening and possible application for government assistance programs and authorize such application. I hereby certify under penalty of perjury, that the answers I have given are true and correct to the best of my knowledge. I agree to tell the provider of services within 10 days if there are any changes in my (or the person on whose behalf I am acting) income, property, expenses, number of persons in household, or change of address. I understand that I may be asked to prove my statements, and that my eligibility statements will be subject to verification by contact with my employer, bank, credit providers, and property searches. I understand that the hospital is required by law to keep any information I provide confidential. I further agree, that in consideration for receiving health care services as a result of an accident or injury, to reimburse the hospital from the proceeds of any litigation or settlement resulting from such incident. I agree that if I am denied Indiana Medicaid due to my non-compliance with the application process, my Financial Assistance Application will be negated. I understand that financial assistance can only be applied toward services that are medically necessary. Extended services beyond what is medically necessary will not be covered by RHI financial assistance. I understand that if I do not qualify for Financial Assistance, I may appeal the decision in writing with additional documentation. If I am still denied for Financial Assistance, I will be responsible for payment of the outstanding balance.

Signature: Date:

Printed Name: