



Date:

Responsible Party Name:

Address:

City & State:

Account Number(s):

Thank you for applying to our Financial Assistance Program. To continue processing your request, we need **ALL** the following documents submitted within **15 days**. Incomplete applications may delay determination or result in our standard collections process. To read more about what could be covered if you are approved, how it will be applied and more about our Financial Assistance policies, please visit www.mercy.net/assistance

- **Completed Financial Assistance Application** (see next page):
 - If your financial situation has changed within the last 3 months (90 days), please provide an explanation on a separate sheet of paper when submitting this application.
- **Medicaid Screening:**
 - If any household member listed on this application is **uninsured**, including minor children, Mercy **requires** that either the individual (if 18 or older) or their parent, call **1-844-764-6850** to determine Medicaid eligibility. If eligible, we will assist with the application. If any household member is **insured**, please provide a copy of the most recent insurance card or contact Customer Service to update.
- **Federal Tax Return:** A full copy of the most recent federal tax return, including all forms and schedules, for each household member(s) **over the age of 18 listed on this application**.
 - If you or any household member(s) over the age of 18 **does not file** Federal Income Tax, please complete the 4506-T form attached to this application. This form provides proof that you do not file Federal Income taxes. **Complete the top portion of the form, check box #7 and sign the form.**
- **Proof of Income:** Provide income documentation for **all household members over the age of 18** included on the application. One or more of the following **are required for all:**
 - **Minimum 60 days of pay stubs required**
 - Other forms of income should include interest, rent, alimony, pensions, disability, dividends, Social Security (most recent benefit letter), unemployment benefit letter, child support, student grants, workers' compensation, and/or public assistance.
 - If no income, submit a signed **Statement of Support** from the person assisting you
 - If **Self-Employed**, include a **year-to-date profit and loss statement** for the current year

Submit your application and documents via:

MyMercy

Once logged into your MyMercy account, under the Main Menu option, select Pay My Bill. Then choose View Balance Details, select Manage Financial Assistance. Within the Documents tab, choose Add a Document.

We recommend uploading your documents through MyMercy, as this is the best way to quickly and securely upload your documents.



Mercy Health
Attention: Financial Assistance Department
2115 S Fremont Avenue, Suite 5300
Springfield, MO 65804
(Mailing address only)



Fax: 417-829-4604

Household Information- Please list below all individuals who rely on the household income.
Please attach a separate sheet for additional household members, including income and tax returns.

Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Proof of Divorce or Separation required if status changed after tax filing)		Mailing Address:	
Mercy Account number:	Household size:	Phone number:	
Full Legal Name & Relationship to Primary Applicant	DOB & SSN/ITIN	Gross annual income- list for each individual applicant (Documents for each income source <u>REQUIRED</u>)	Income Sources (check all that apply)
			<input type="checkbox"/> Earned Income <input type="checkbox"/> Social Security <input type="checkbox"/> Other (please explain) <input type="checkbox"/> Unemployment <input type="checkbox"/> Full time Student
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***ALL fields must be completed for application to be processed; indicate n/a on all fields that do not apply.**

I declare that all information contained in this document is accurate and complete. I further attest that the Social Security Number provided is my personal identifier.

Signature of Primary Applicant	Social Security Number	Date
_____	_____	_____
Signature of Co-Applicant	Social Security Number	Date
_____	_____	_____

NEXT STEPS:

You will be notified through your MyMercy account once a determination is made, or if more information is required. You may also check the status of your application on MyMercy.

If you do not have an existing MyMercy account, you can easily create your account by visiting www.mercy.net/register or by calling **1-855-420-7900** (Monday–Friday, 7:30 a.m. – 7 p.m. Central). For additional assistance with your application, please contact us at the number listed above.

Statement of Support

**This letter is to be completed by the person who supports the patient
with housing and other living costs.**

I verify that _____ is not currently employed and receives no income from any source. Last date of employment _____.

I, _____ currently provide basic monthly expenses.

I estimate that I pay \$_____ in monthly expenses.

I have supplied these items since _____.

Where and with whom does the patient live? Name: _____

Address: _____

Check all that apply:

I currently:

Supply their shelter in my home or on my property

Supply their utilities

Supply their food

Medical expenses (doctor visits, medication)

Other Creditors _____

I am related to the patient (parent, grandparent, sister, brother, other _____)

I am a friend of the patient

The patient does the following:

Takes care of my property or me

Performs yard work or other maintenance

Baby-sits

Occasionally helps to pay certain bills

Cannot help at all due to their medical condition

Other _____

Signature of person who supports the patient

Date
