



## Financial Assistance Application (FAA)

### Patient Demographics

|   |                                  |                           |                         |
|---|----------------------------------|---------------------------|-------------------------|
| Patient Name: Last, First, Middle   | Social Security # (If available) | Date of Birth             | Account #               |
|   |                                  |                           | Location of Service     |
| Guarantor Name: Last, First, Middle   | Social Security # (If available) | Date of Birth             | Relationship to Patient |
| Patient/ Guarantor Address  | County of Residence              | Home Phone #              | Alternate Phone #       |
| City  | State                            | Zip Code                  | Homeowner? Yes No       |
| Have you applied for Medicaid or any other State/County Assistance? (Circle one) Yes No |                                  |                           |                         |
| If Yes, Please provide the following:   |                                  |                           |                         |
| Application Date:   |                                  | Status of Application:    |                         |
| Caseworker Name:  |                                  | Caseworker Phone Number : |                         |

### Household Information

|                 |              |        |           |               |         |
|-----------------|--------------|--------|-----------|---------------|---------|
| Marital Status: | Married      | Single | Separated | Divorced      | Widowed |
|                 |              |        |           |               |         |
| Dependent Names | Relationship |        |           | Date of Birth |         |
|                 |              |        |           |               |         |
|                 |              |        |           |               |         |
|                 |              |        |           |               |         |

### Employment/Household Income and Expenses

|  |                            |                       |
|--|----------------------------|-----------------------|
| Patient/Guarantor Employer Name                        | Gross Monthly Income: \$   | Provide verification  |
| If income is \$0, please explain.                      |                            | Provide documentation |
| Spouse's Employer Name                                 | Gross Monthly Income: \$   | Provide verification  |
| If income is \$0, please explain.                      |                            | Provide documentation |
| Other Income Source:                                   | Gross Monthly Income: \$   | Provide verification  |
| <b>EXPENSES ARE NOT REQUIRED FOR NHSC APPLICATIONS</b> |                            |                       |
| Household Monthly Expenses                             | Total Monthly Expenses: \$ |                       |

**IMPORTANT:** To qualify for assistance, at least one piece of supporting documentation that verifies household income may be required. Supporting documentation can include but is not limited to, most recent year's tax return, a current W-2, 1 month of current pay-stubs, signed letter of support, etc.



**PLEASE READ THE FOLLOWING BEFORE SIGNING AND DATING THE APPLICATION**

Please be advised that your signature indicates you have agreed to attach income verification.

- I certify that the information I have provided is true and accurate to the best of my knowledge.
- I will independently or with the assistance of hospital personnel apply for ANY and ALL Assistance which may be available through federal, state, local government and private sources to help pay this healthcare bill.
- I understand that if I do not cooperate with my healthcare provider in providing requested information, my application may be denied for possible financial assistance.
- I understand that the information which I submit is subject to verification by my healthcare provider, including credit reporting agencies and subject to review by Federal and/or State agencies and others as required.
- I understand that additional information may be requested in order to qualify for assistance.

|  |             |
|--|-------------|
| <b>Signature (Applicant/Guarantor)</b> | <b>Date</b> |
|--|-------------|

**Return Completed Application and Documents to:**

Financial Assistance Center  
P.O. Box 660872  
Dallas, TX 75266-0872

Phone: 844-286-5546  
Fax: 469-803-4553

**Office Use Only**

|                   |                      |
|-------------------|----------------------|
| Reason for visit: | FPL%                 |
| Total Charges: \$ | Total Adjustment: \$ |

**Verification Documents:**

**YES**

**NO**

|  |  |  |
|--|--|--|
| Identification/Address: Driver's license, picture ID, or other |  |  |
| Family Size/Income: Tax return, pay stubs, or other            |  |  |

**Approval (s):**

|                |                  |       |      |
|----------------|------------------|-------|------|
| Name (Printed) | Name (Signature) | Title | Date |
| Name (Printed) | Name (Signature) | Title | Date |
| Name (Printed) | Name (Signature) | Title | Date |
| Name (Printed) | Name (Signature) | Title | Date |



**Contact Information:**

**Centralized Charity Center  
Frisco Assistance Center  
P.O. Box 660872  
Dallas, TX 75266-0872  
1-800-514-4637**

| <b>State</b> | <b>Hospital</b>                       | <b>Contact phone number</b>      | <b>Correspondence or physical address (Send your FAA)</b> |
|--------------|---------------------------------------|----------------------------------|---|
| Iowa         | Mercy Des Moines                      | 515-247-4199                     | 1055 6th Ave.<br>Des Moines, IA 50314                     |
| Iowa         | Mercy West Lakes                      | 515-247-4199                     | 1055 6th Ave.<br>Des Moines, IA 50314                     |
| Iowa         | Mercy Centerville                     | 515-247-4199                     | 1055 6th Ave.<br>Des Moines, IA 50314                     |
| Iowa         | SKIFF Medical Center                  | 641-787-5435 and<br>888-474-1083 | 204 N. 4th Ave.<br>E Newton, IA 50208                     |
| Kentucky     | Jewish Hospital                       | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Med Center East                       | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Med Center Northeast                  | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Med Center Southwest                  | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Med Center South                      | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Jewish Hospital<br>Shelbyville        | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Our Lady of Peace                     | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Saints Mary and<br>Elizabeth Hospital | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Frazier Rehab Institute               | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Southern Indiana<br>Rehab             | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |
| Kentucky     | Saint Joseph Hospital                 | 502-587-4540                     | PO BOX 2587<br>Louisville, KY 40202                       |

|          |                                      |                               |   |
|----------|--------------------------------------|-------------------------------|---|
| Kentucky | Saint Joseph East                    | 502-587-4540                  | PO BOX 2587<br>Louisville, KY 40202   |
| Kentucky | Saint Joseph<br>Jessamine            | 502-587-4540                  | PO BOX 2587<br>Louisville, KY 40202   |
| Kentucky | Saint Joseph London                  | 502-587-4540                  | PO BOX 2587<br>Louisville, KY 40202   |
| Kentucky | Saint Joseph Martin                  | 502-587-4540                  | PO BOX 2587<br>Louisville, KY 40202   |
| Kentucky | Saint Joseph Berea                   | 502-587-4540                  | PO BOX 2587<br>Louisville, KY 40202   |
| Kentucky | Continuing Care<br>Hospital          | 502-587-4540                  | PO BOX 2587<br>Louisville, KY 40202   |
| Kentucky | Flaget Memorial<br>Hospital          | 502-587-4540                  | PO BOX 2587<br>Louisville, KY 40202   |
| Kentucky | University of Louisville<br>Hospital | 502-562-4943                  | Attn: Admissions Department<br>530 South Jackson Street<br>Louisville, KY 40202 |
| Kentucky | St. Joseph Hospital<br>Kentucky One  | 855-715-4379                  | no address  |
| Kentucky | Saint Joseph Mount<br>Sterling       | 859-497-5130/859-<br>497-5157 | PO BOX 7<br>Mt Sterling, KY 40353   |
|          |                                      |                               |   |
| Nebraska | CHI Health Saint<br>Elizabeth        | 402-219-8868                  | 555 S 70th Street<br>Lincoln NE 68510   |
| Nebraska | CHI Health Saint<br>Francis          | 308-398-5475                  | 2620 W Faidley Avenue<br>Grand Island NE 68003                                  |
| Nebraska | CHI Health Good<br>Samaritan         | 308-865-7179                  | 10 East 31st Street<br>Kearney NE 68847   |
| Nebraska | CHI Health Saint<br>Mary's           | 402-874-5218                  | 1301 Grundman Blvd<br>Nebraska City NE 68410                                    |
| Nebraska | CHI Health Nebraska<br>Heart         | 402-328-3792                  | 7440 S 91st Street<br>Lincoln NE 68526  |
| Nebraska | Bergan Mercy                         | 402-717-4800                  | 2301 N. 117th Ave. Ste<br>100 Omaha NE 68164                                    |
| Nebraska | Immanuel Medical<br>Center           | 402-717-4800                  | 2301 N. 117th Ave. Ste 100<br>Omaha NE 68164                                    |
| Nebraska | Mercy Council Bluffs                 | 402-717-4800                  | 2301 N. 117th Ave. Ste 100<br>Omaha NE 68164                                    |
| Nebraska | Midlands                             | 402-717-4800                  | 2301 N. 117th Ave. Ste 100<br>Omaha NE 68164                                    |
| Nebraska | Lakeside                             | 402-717-4800                  | 2301 N. 117th Ave. Ste 100<br>Omaha NE 68164                                    |
| Nebraska | Lasting Hope Recovery<br>Center      | 402-717-4800                  | 2301 N. 117th Ave. Ste 100<br>Omaha NE 68164                                    |

|            |  |                                 |  |
|------------|--|---------------------------------|--|
| Nebraska   | Community Memorial   | 402-717-4800                    | 2301 N. 117th Ave. Ste 100<br>Omaha NE 68164                               |
| Nebraska   | Mercy Corning  | 402-717-4800                    | 2301 N. 117th Ave. Ste 100<br>Omaha NE 68164                               |
| Nebraska   | Memorial Hospital<br>Schuyler  | 402-717-4800                    | 2301 N. 117th Ave. Ste 100<br>Omaha NE 68164                               |
|            |  |                                 |  |
| Oregon     | Mercy Medical<br>(Roseburg, OR) all<br>accts worked at Mercy<br>Medical out of<br>Meditech | 541 677-2217                    | Mercy Medical Center-MECS<br>2700 NW Stewart Parkway<br>Roseburg, OR 97471 |
| Oregon     | St Anthony Hospital<br>(Pendleton, OR) all<br>accts worked out of<br>Meditech              | 541 278-3244                    | St. Anthony Hospital-MECS<br>2801 St. Anthony Way<br>Pendleton, OR 97801   |
|            |  |                                 |  |
| Texas      | CHI St Luke's Health<br>Memorial Lufkin  | 936-639-7011 or<br>936-639-7829 | 1201 W Frank<br>Lufkin TX 75904  |
| Texas      | CHI St Luke's Health<br>Memorial Livingston  | 936-639-7011 or<br>936-639-7829 | 1717 59 Bypass<br>Livingston TX 77351                                      |
| Texas      | CHI St Luke's Health<br>Memorial San<br>Augustine  | 936-639-7011 or<br>936-639-7829 | 511 E Hospital St<br>San Augustine TX 75972                                |
| Texas      | CHI ST Luke's Health<br>Memorial Specialty   | 936-639-7011 or<br>936-639-7829 | 1201 Frank Ave Ste D5<br>Lufkin TX 75904                                   |
| Texas      | Frisco Assistance<br>Center (centralized<br>charity)                                       | 800-374-4637                    | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872    |
| Texas      | St. Joseph Regional<br>Health Center   | 979-776-3777                    | 2801 Franciscan Drive<br>Bryan, TX 77802                                   |
|            |  |                                 |  |
| Washington | St Clare   | 253-792-2220                    | MECS Department MS 10-30<br>PO BOX 2197 Tacoma<br>WA 98401-2197            |
| Washington | St Joseph  | 253-792-2220                    | MECS Department MS 10-30<br>PO BOX 2197<br>Tacoma, WA 98401-2197           |

|            |              |              |  |
|------------|--------------|--------------|--|
| Washington | St Elizabeth | 253-792-2220 | MECS Department MS 10-30<br>PO BOX 2197<br>Tacoma, WA 98401-2197 |
| Washington | Highline     | 253-792-2220 | MECS Department MS 10-30<br>PO BOX 2197<br>Tacoma, WA 98401-2197 |
| Washington | Harrison     | 253-792-2220 | MECS Department MS 10-30<br>PO BOX 2197<br>Tacoma, WA 98401-2197 |
| Washington | St Francis   | 253-792-2220 | MECS Department MS 10-30<br>PO BOX 2197<br>Tacoma, WA 98401-2197 |
| Washington | St Anthony   | 253-792-2220 | MECS Department MS 10-30<br>PO BOX 2197<br>Tacoma, WA 98401-2197 |
| Washington | St Elizabeth | 253-792-2220 | MECS Department MS 10-30<br>PO BOX 2197<br>Tacoma, WA 98401-2197 |