



**MEDICAL CENTER – NURSING CENTER – HOME CARE
P. O. Box 206 – Clinton, AR 72031 – 501-745-7000**

Ozark Health, Inc. Financial Assistance Form

Ozark Health, Inc. offers a financial assistance program for patients not eligible for other Assistance programs. If it is determined that eligibility exists for other programs, those applications must be completed before an Ozark Health, Inc. financial assistance discount can be approved. Services eligible for consideration must be deemed diagnostic, urgent, or emergent by an ordering physician. If you have questions or need help completing this application, please call the financial counselor at 501-745-9521. Please return all requested information to Ozark Health, Inc., P. O. Box 206, Clinton, AR 72031.

To be eligible for assistance, the following Financial Assistance form requirements must be completed.

- Account Number _____
- Attach copy of latest Tax Return OR three recent Check Stubs from every household member.
- Provide three months' worth of statements for all Checking and Savings accounts, from every household member.
- Provide Social Security, Disability, and Retirement award letters from every household member.

WITHOUT DOCUMENTATION ASSISTANCE CANNOT BE CONSIDERED.

Patient/Guarantor Name (Responsible Party)
Mailing Address
City, State, Zip
Home Phone Number/Contact Phone Number

HOUSEHOLD MEMBERS (list persons living in household, include yourself.)

Name	SSN	Employer	Age	Date of Birth	Relationship

HOUSEHOLD INCOME (list persons living in household, include yourself.)

	Head of Household	Other Wage Earner	Other Wage Earner
Total Gross Pay			
Social Security, SSI or other disability			
VA, retirement, unemployment & Worker's Comp			
Income from dividends, interest, rent, child support, etc.			
Other Income Resource Amount (employment, etc.)			

INCOME FOM LAST YEAR'S TAX RETURN (TAX RETURN REQUIRED)

Did you file taxes for last year?	YES	NO	YES	NO	YES	NO
Adjusted Gross income from Total Income line on tax return						
Number of months worked during last tax year						
Number of months worked during current tax year						
If self-employed, depreciation claimed on tax return						

HOUSEHOLD RESOURCES (Verification required: Average beginning balance for past three months.)

Type	Owner(s)	Average Beginning Balance for past three months
Savings		
Checking Account		
Christmas Club or Credit Union		
Cash on Hand		
Stocks, bonds & other investment accounts		

1. Do you own your home or rent? _____
2. Have you applied for Healthcare coverage (Insurance Exchange, Medicaid, or ARKids)? _____

3. What are your average monthly cost of living expenses? _____

- Electric + Gas + Water : _____
- Internet / Phone : _____
- Housing : _____

_____ I affirm that the information is true and correct to the best of my knowledge. I have not made any false statements, errors or omissions. If any information I have given proves to be untrue, I understand that this constitutes fraud and that Ozark Health, Inc. will seek legal action as deemed necessary.

_____ By initialing and signature below, I agree that my application will not be given consideration until all necessary documentation has been submitted. I acknowledge all resources and funds available to me that could resolve my balance, such as health savings accounts and health insurance policies, have been exhausted and therefore result in my application for financial assistance.

Signature: _____ Date _____

Ozark Health is under no legal obligation to provide financial assistance. It does so in order to help members of the community who are actively trying to help themselves.

Approved by (Hospital Employee)

Date

Persons in Family Unit	Federal Poverty Guidelines	225% of Federal Poverty Guidelines	250% of Federal Poverty Guidelines	275% of Federal Poverty Guidelines	300% of Federal Poverty Guidelines	325% of Federal Poverty Guidelines	350% of Federal Poverty Guidelines
1	\$15,960	\$35,910	\$39,900	\$43,890	\$47,880	\$51,870	\$55,860
2	\$21,640	\$48,690	\$54,100	\$59,510	\$64,920	\$70,330	\$75,740
3	\$27,320	\$61,470	\$68,300	\$75,130	\$81,960	\$88,790	\$95,620
4	\$33,000	\$74,250	\$82,500	\$90,750	\$99,000	\$107,250	\$115,500
5	\$38,680	\$87,030	\$96,700	\$106,370	\$116,040	\$125,710	\$135,380
6	\$44,360	\$99,810	\$110,900	\$121,990	\$133,080	\$144,170	\$155,260
7	\$50,040	\$112,590	\$125,100	\$137,610	\$150,120	\$162,630	\$175,140
8	\$55,720	\$125,370	\$139,300	\$153,230	\$167,160	\$181,090	\$195,020
For each additional person add	\$5,680	\$12,780	\$14,200	\$15,620	\$17,040	\$18,460	\$19,880
Allowance to Give		100%	80%	60%	40%	20%	0%