SGCMH
Ste. Genevieve County
Memorial Hospital

YOUR HOSPITAL BILL

At Ste Genevieve County Memorial Hospital, *we care* about our patients. We realize that circumstances may arise where a patient doesn't have medical insurance, or there is a balance due after the insurance company pays. There are alternative Financial Resources you may qualify for.

The hospital offers a number of ways to assist you in your time of need. Services include:

- A private meeting with the patient to discuss financial assistance options.
- Contacting the Business Office between 8:30 am. and 5:00 pm Monday through Friday, via telephone to discuss your account and financial options.
- Establishing a satisfactory payment plan.
- Application for our Financial Assistance program to determine qualification.
- Financial Assistance is available if you are a Missouri Resident.
- ***Financial Assistance is available up to 100%***
- Determining eligibility for a prompt pay discount.
- Application of a personal loan through Bank of Bloomsdale to pay off your account balance, secured by Ste Genevieve County Memorial Hospital.
- Assistance in applying for Medicaid.

We will need to receive the following items when you complete your Financial Assistance Application:

- Proof of Medical Insurance
- Personal Information.
- Family size.
- Income.
- Self pay patients who meet Federal Income Guidelines will be required to apply for Missouri Medicaid
- Current Savings or Checking Balance Vehicles/Equipment owned.
- Real Estate owned.
- Current Loans you are making payments on.
- Monthly Other information as needed on case to case basis.
- Expenses.
- Copy of Current Income Tax or Letter of Non-Filing.
- May require proof of Missouri Residency
- ***Page 4 must be complete or application is null and void.***

We realize that some information is ***Case Sensitive***. You can be assured that all information requested and received is treated as ***Confidential*** and will not be conveyed to anyone not directly involved with assisting the patient with his or her financial needs. ***Respect to privacy*** is our priority during the application process.

Any questions please contact Patient Accounts at 573-883-7718

Thank you for obtaining your medical care at Ste Genevieve County Memorial Hospital. We appreciate your cooperation with your financial matters.

SGCMH
Ste. Genevieve County
Memorial Hospital

Financial Assistance Application

Date Sent: _____

Date Returned: _____

Patient's Name: _____ Age: _____

Patient's Address: _____

_____

Marital Status: _____ Phone Number: _____

Spouse/Parent: _____

Patient/Guardian SS #: _____

Insurance: _____

Person Responsible for bill: _____

Address: _____

Relationship to Patient: _____ Phone Number: _____

Employer: _____

Employer Address & Phone Number: _____

Employer: _____

Employer Address & Phone Number: _____

If Unemployed, Name of Last Employer: _____

How Long Unemployed: _____

SGCMH
Ste. Genevieve County
Memorial Hospital

List All Members of Your Household (Including Yourself)

Name	Age	Relationship to Patient

Family Income per Month:

Wages $ _____

Social Security Earnings $ _____

Food Stamps $ _____

Unemployment or Workmen's Comp. $ _____

Pensions/Strike Benefits $ _____

Dividends and Interest $ _____

Alimony and/or Child Support $ _____

Other $ _____

SGCMH
Ste. Genevieve County
Memorial Hospital

NET WORTH WORKSHEET

This page must be completed or application is null and void.:

ASSETS	VALUE	LIABILITIES	BALANCE
PERSONAL POSSESSIONS		**DEBTS**	
Cash		Mortgage	
Money in Checking		Vacation Home Mortgage	
Market Value of Home		Home Equity Loan	
Market Value of Vacation Home		Car Loan 1	
Market Value of Any Businesses		Car Loan 2	
Furniture		Credit Card 1	
Art, Antiques & Collectibles		Credit Card 2	
Jewelry		Credit Card 3	
Resale Value of Car I		Student Loans	
Resale Value of Car 2		Bank Loans	
Boats or Other Recreational Vehicles		Private Loans (friends & family)	
Other:		Cash Advances	
SAVINGS AND INVESTMENTS		Medical Bills	
Money in Savings Accounts		Taxes Owed	
Money in Emergency Fund		Alimony/Child Support Owed	
Certificates of Deposit (CDs)		Other Debt 1	
Money Market Accounts		Other Debt 2	
Annuities		**TOTAL LIABILITIES**	
Cash Value of Life Insurance			
Stocks		**TOTAL ASSETS**	
Bonds		**TOTAL LIABILITIES**	
Mutual Funds		**TOTAL NET WORTH (ASSETS MINUS LIABILITIES)**	
Real Estate			
Farm Land			
Other (i.e. trust funds or other assets that provide income or equity)			
RETIREMENT SAVINGS			
Employee Pension			
401k or 403(b) Accounts			
IRA Accounts			
Keogh Accounts			
Other:			
TOTAL ASSETS			

This is a true and accurate summary of my financial condition. I have not sheltered assets using any trust funds or other financial instrument nor have I transferred ownership of land or other assets of value that would impact my financial position. I fully understand that if this information is found to be false, any financial assistance will be nullified.

Signature: _____ Date: _____

SGCMH
Ste. Genevieve County
Memorial Hospital

List below Any Medical Bills that You or Your Spouse Owe:

Hospital or Doctor	Monthly Payment	Balance Owed

Monthly Expenses:

Rent	$	/Month
House Payment	$	/Month
Utilities	$	/Month
Food	$	/Month
Telephone	$	/Month
Clothing	$	/Month
Insurance Premiums (Car, Life, Health)	$	/Month
Transportation (Gas)	$	/Month
Recreation	$	/Month
Union Dues	$	/Month
Other Expenses	$	/Month

Have You Applied for Missouri Medicaid? _____

If Yes, When? _____

Please attach a **Copy of Your Current Income Tax Return or a Letter of Non Filing** if you have not filed in the last three years. To obtain a Letter of Non Filing contact Patient Accounts at 573-883-7718 and request a form 4506T.

I verify the information given above is true and I fully understand that if this information is found to be false, the financial arrangements will be nullified.

Patient/Guarantor Signature _____

SGCMH
Ste. Genevieve County
Memorial Hospital

Hospital Financial Assistance Non-Covered Services

This Financial Assistance Program is valid for six months and covers only hospital services. The Financial Assistance Program will not cover any Physician Office Visits, Specialty Clinic Physicians, vision care, dental care, pharmacy and lab tests that we can't perform here at Ste Genevieve County Memorial Hospital.

Ste Genevieve County Memorial Hospital Financial Assistance Program will not cover any non-emergent medical diagnostic testing or any elective procedures. The Financial Assistance Program does not guarantee that all services will be covered.

Financial Assistance is available up to 100%. Proof of Medical Insurance is required or Medicaid Application for patient/families meeting Federal Income Guidelines.

Please note that this Financial Assistance ONLY covers services rendered at the hospital. Services obtained by any of the SGCMH employed physicians are NOT included. To get financial assistance incurred by a hospital employed physician you may fill out a separate, short application which can be picked up at any of our physician's clinics.

The interpretation of your diagnostic procedure and therefore, billing the professional component of your radiology diagnostic testing is performed by an outside vendor. This service is not covered by our Financial Assistance Program. You will need to contact them directly regarding any billing questions.

Any services requiring the use of Ste. Genevieve Ambulance District are not covered by this Financial Assistance Program. You will need to contact them with any billing questions.

If you have any questions about the Financial Assistance Program, please contact Patient Accounts at 573-883-7718.

I have read all of the above statements and understand the Financial Assistance Program. I assume full responsibility for any charges incurred for non-emergent services.

Signature _____ **Date** _____