



A TALLAHASSEE MEMORIAL HEALTHCARE AFFILIATE

P.O. Box 1847 Perry, FL 32347 Ph.: (850) 584-0800 Fax: (850) 584-2524

Dear Applicant,

Doctors' Memorial Hospital here in Perry, Florida offers Financial Assistance to individuals needing assistance with health care costs. This program does not cover services from other facilities outside of DMH. **The Financial Assistance program does not entitle you to free care at the hospital or DMH Clinics.**

Please complete the enclosed Financial Information Report form application attached to this letter and return all documents noted below within **10 days of application or your application will not be processed.** Return all documents applicable to your household income. Your application for assistance cannot be processed until the required documents have been returned to the FA Counselor. If the hospital finds material provision(s) of the Financial Assistance application to be untrue, the application may be revoked and financial assistance withdrawn.

1. **Financial Information Report Form Application (see attached):** Answer ALL questions as well as report ANY and ALL household income including cash.
2. **Proof of Residency:** Return documents verifying address and county you live in (electric bill, water bill, etc.)
3. **Income Verification:** Return document(s) verifying ALL household income over the last 12 months.
 - **Tax Return**-Return a copy of your most recent tax return both Personal & Business return and W-2's
 - **Pay Check Stubs**-Return your most recent 4 check stubs or a letter from your employer noting current income and year to date totals
 - **Social Security/Disability**-Return a copy of the benefit letter noting a current income and/or 1099 form
 - **Unemployment Benefits**-Return a document approving or denying income and/or the 1099 wage statement
 - **Workers Compensation**- Return a document approving or denying income and/or the 1099 wage statement
 - **Retirement/Pension Income**-Return a current letter noting retirement/pension monthly income, prior end of year income statement 1099 form or your last 3 bank statements noting income
 - **Veteran/Widow's Pension**-Return a current letter noting monthly income, prior end of year statement 1099 form or last 3 bank statements noting income
 - **IRA/401K**-Return a current statement noting balance in account
 - **Rental Income**-Return proof of income
 - **Dividend/Interest Income**-Return proof of income
 - **Bank Statements**-Return copies of your last 3 bank statements (Personal & Business)
 - **Child Support and/or Alimony**-Return documents to prove income received or paid out over the last year
 - **Cash Paid Income**-Return a statement from your employer noting cash paid to you over the last 4 weeks and 12 months. Statement must include employer's name, address, phone #, dates of employment and amount paid
 - **No Income**-Proof from Unemployment Agency you are receiving no income from any employer as well as complete the 3 Income Statement forms attached
4. **State and County Agencies:** Patient must apply for Medicaid/Medically Needy or other State/County assistance programs prior to receiving Financial Assistance. You must provide Case # and date applied or letter from agency.
5. **Driver's License and Social Security Card:** Need 2 types of Identification for all patients applying for assistance.

If you have any questions or need help completing the Financial Assistance Application please do not hesitate to call our Financial Assistance Counselor at (850) 584-0862 or (850) 584-0667.

Documents may be faxed to (850) 584-2524 Attn: FA Department

Resource information guide to assist you with the Financial Assistance Application and Health Care Service(s)

- **Medicaid:** To apply for Medicaid with the Department of Children and Families (Access Florida)-apply over the internet type in www.myflorida.com/accessflorida or call (866) 762-2237. You can also apply on line at the Taylor County Public Library or through CRS ph.#: (850) 204-6172/e-mail: crs@crsmbc.org

Return copy of the approval/denial letter

Local Medicaid sites can also be found at:

Suwannee River Economic Council: 146 SE Bunker St. Madison, FL 32340 (Monday-Thursday 9:00am-4:00pm)

Greenville Library: 1325 SW Main St. Greenville, FL 32331 (Friday 10:00am-12:30pm)

- **Unemployment:** To apply for Unemployment Benefits with Career Source Work Force, you can apply in the Mobile Work Force Bus, stationed in Perry across from the Perry Police Department (Tuesday through Thursday 9:00am-3:30pm-closing for lunch from 12:30pm to 1:30pm). **Return copy of the approval/denial letter**
- **Vocation Rehabilitation:** Located in Tallahassee, FL Ph.#: (850) 245-3440/e-mail: www.rehabworks.org
Vocational Rehabilitation (VR) is a Federal-State program that helps people who have physical or mental disabilities get or keep a job. VR is committed to helping people with disabilities find meaningful careers as well as offer some medical assistance with prior approval.
- **Social Security Disability:** To apply call the local Social Security office in Tallahassee at (866) 248-2088
- **Healthcare/Marketplace Insurance:** To apply or get information on medical insurance call (866) 931-9747 or go to www.individualhealthquotes.com/Florida
- **Prescription Medications Assistance:**
 - Patient Assistance Program (888) 331-1002
 - www.xubex.com
 - www.floridadiscountdrugcard.com
 - www.goodrx.com
- **Leon County Health Services:** Cervical & Breast Cancer Program of Florida. Apply at the Taylor County Health Department by calling (850) 584-5087 ext. 169-Contact Person: Linda Woods. This agency has a program which provides free mammograms, pap smears, etc. Eligibility for uninsured individuals, no insurance covering screenings, household income under 200% of the Federal Poverty Level and women ages 50-64 may apply.
- **Florida KidCare:** To apply call (888) 540-5437 or apply at www.floridakidcare.org
This agency provides medical services for children ages 1-18. Services include doctor visits, hospital, prescriptions, vision, hearing, dental, etc.
- **We Care:** To find out information on We Care call (850) 942-5215 ext. 101. This agency provides medical services in certain areas.

For questions please contact our Financial Counselor at (850) 584-0862 or (850) 584-0667

Are you Unemployed? If so, the attached 3 forms MUST be Completed and returned. See instructions below:

- 3 people over the age of 18 who is aware of your current circumstances need to complete one of the 3 forms.
- The person(s) helping you with household expenses should note under the “Comments” section how they help. This can be a person living in the home or living outside the home.
- Examples of “Comment” notes:
 - I have paid all household expenses for Jane Doe for the last _____ months/years.
 - Jane Doe has not worked since Month Year and I have been helping her with household expenses since Month Year .
 - Jane Doe works job description for cash and earns about \$ each month.



A TALLAHASSEE MEMORIAL HEALTHCARE AFFILIATE

INCOME STATEMENT

Date: _____

To Whom It May Concern:

I, _____ do hereby certify that I am personally acquainted with _____ and I am completely certain this person has no current employment and/or income.

Comments: _____

By signing this form below I am stating that the information I have given is true and complete to the best of my knowledge. I understand that providing false financial information is a violation of F.S. 817.05 and is punishable by law.

Signature: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact #: _____ Best Time to Reach You: _____



INCOME STATEMENT

Date: _____

To Whom It May Concern:

I, _____ do hereby certify that I am personally acquainted with _____ and I am completely certain this person has no current employment and/or income.

Comments: _____

By signing this form below I am stating that the information I have given is true and complete to the best of my knowledge. I understand that providing false financial information is a violation of F.S. 817.05 and is punishable by law.

Signature: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact #: _____ Best Time to Reach You: _____



ATALLAHASSEE MEMORIAL HEALTHCARE AFFILIATE

INCOME STATEMENT

Date: _____

To Whom It May Concern:

I, _____ do hereby certify that I am personally acquainted with _____ and I am completely certain this person has no current employment and/or income.

Comments: _____

By signing this form below I am stating that the information I have given is true and complete to the best of my knowledge. I understand that providing false financial information is a violation of F.S. 817.05 and is punishable by law.

Signature: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact #: _____ Best Time to Reach You: _____

Doctors' Memorial Hospital-Financial Assistance Services

Services NOT Covered that are billed separately:

- Anesthesiologist Fees
- Pathologist Fees
- Radiologist Fees
- Emergency Room Physician Fees (Must mail copy of DMH approval letter to receive a discount)
- Admit or Surgical Physician Fees (Must mail copy of DMH approval letter to receive a discount)

****If you receive a bill from these providers, you must contact them directly for Financial Assistance consideration through their facility and/or arrangement for payment****

Services NOT Covered in General:

- Screening Procedures (Example: Mammograms, Bone Scans, etc.)
- Non-Medically Necessary Procedures

Services Covered:

- DMH Financial Assistance only covers emergent or medically necessary services
- DMH Clinics-\$25 copay for approved Financial Assistance patients EFFECTIVE 04/01/2019

DMH Clinics:

- If you have been a prior patient of DMH Clinics and were discharged from one of the clinics, you will NOT be eligible to return to any of the DMH Clinics as a patient. You will need to seek medical attention at another facility.

CRS Medical Benefits (All other medical programs **except** Financial Assistance):

- Contact Ph.: (850) 204-6172; Representatives: Desi Harmon or Robert Aulds
- Patients who have Medically Needy Share of Cost can contact a CRS Medical Benefits Representative who will help you get your medical bills filed and paid through Medicaid.
- A CRS Representative may also help you reapply for Medicaid or update income/address or other needed changes to your file to help get medical claims paid.
- CRS can also help you find a medical program that may help you if you do not qualify for Medicaid or Financial Assistance through DMH.
- A CRS Representative can also help you start your application for disability if you meet the requirements.