St. Elizabeth PHYSICIANS

MRN: _____
Name: _____
DOB: _____ Date: _____
Location: _____

Dear Valued Patient,

Thank you for your interest in the financial hardship program for St. Elizabeth Physicians, St. Elizabeth Physician Services and St. Elizabeth Family Practice Center.

Please complete the application attached to this letter listing all members of the household and their income. The following documentation must be included in order to process your application: Copies (do not send originals) of proof of income which includes your prior year's tax return and your most recent pay stub. If you have income other than employment, such as social security, unemployment, retirement, etc., please send a copy of the award letter stating your monthly or weekly benefit amount. If you have no income, please complete the attached verification letter explaining how you are obtaining food, housing, transportation, etc.

If verification of income is not included, your application will be returned with a request for the documentation. If not completed your application may be denied.

You may submit your application any of the following ways:

- Via Mail: St Elizabeth Physicians
  1360 Dolwick Dr. Ste 200
  Erlanger, KY 41018
- Via MyChart: Access your MyChart account to apply
- Via E-mail: SEPCollections@stelizabeth.com
- Via Fax: 859.795.5461
- In Person: You may drop off at any of our St. Elizabeth Physician locations

Applications will be processed upon receipt of all requested documentation. Provided all documents are received, notification will be sent by mail stating approval or denial in the program. We highly encourage all applicants to arrange a payment plan on all accounts while in the application process.

This application may also apply to bills you may be receiving from St. Elizabeth Healthcare.

PLEASE ALLOW AT LEAST 30 DAYS FOR PROCESSING

If you have any questions, please call 859-344-5555 Monday through Thursday between the hours of 8:00 a.m. and 5:30 p.m. and Friday between the hours of 8:00 a.m. and 4:00 p.m.

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Patient Application for Financial Assistance for St. Elizabeth Hospital and Physician Visits

This single financial assistance application form may be used for both hospital and physician services. However, hospital and physician services utilize different income parameters to qualify patients, award different discount percentages, and will communicate approval or denial independently.

Full Name: _____ Phone: _____

Address: _____ Employer: _____

_____

Family Member Name's	Account Number (list just one if applicable)	DOB	SSN
Patient:			
Spouse:			
Dependent:			
Dependent:			
Dependent:			
Dependent:			
Dependent:			
Dependent:			

Financial assistance qualification is determined upon the applicant's household income, as a percentage above the federal poverty guidelines.

Please answer the following questions below, if answering yes please provide the required documents with your application. Please provide copies of the requested documentation ***for all adult family members***. "Family" shall include any dependent claimed for federal tax purposes. If specific documentation is not included, we will be unable to process your application**.**

Yes/No	Question	If Yes, Required Documents
	Do you file taxes	Most recent federal tax return
	Is anyone in the home employed	Most recent pay stub per person
	Do you receive Social Security	Annual Award Letter
	Do you receive Disability	Annual Award Letter
	Do you receive unemployment	Benefit Letter
	Do you receive retirement/pension income	Monthly Benefit Letter or Bank statement
	Are you Self-Employed	2 Month income/expense report
	Do you have any income not mentioned	Documentation to support
	Are you claiming $0 income	Zero Income Verification (attached)

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Do you have any real estate or financial assets such as savings acct? **Yes / No**

If Yes, please explain: _____

_____

_____

Please provide the following information based on average income over the last 12 months.

Monthly Family Income & Source		
	Patient	**Spouse**
Monthly Salary (Gross)	$	$
Unemployment Benefits	$	$
Social Security	$	$
Workman's Compensation	$	$
Alimony	$	$
Short/Long Term Disability	$	$
Retirement/Pension	$	$
Self-Employment	$	$
Other	$	$
Total Family Income	**$**	

Monthly Expenses

Housing……. $_____ Utilities.....$_____ Household Expenses..... $_____
Automobile…….. $_____ Other.....$_____ (food, etc.)

Other information you would like to provide: _____

_____

_____

Upload completed application and income documents through your St. Elizabeth MyChart account.

Please note that documentation is required for all adult family members. Failure to provide necessary documentation may result in a delay in getting the application processed or a denial.

I attest that the above information is current and accurate:

Patient Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

For additional information on St. Elizabeth hospital or physician financial assistance programs, please visit:
https://www.stelizabeth.com/resources/pay-my-bill
https://www.stelizabethphysicians.com/resources/pay-my-bill/

St. Elizabeth PHYSICIANS

MRN: _____
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Location: _____

Zero Income Verification

I, _____, confirm:

1. My place of residence is:

   _____.

2. I am (please circle one): **single married separated divorced.**
3. I claim the following dependents (names & DOB):

   _____

   _____

4. I have been unemployed since (month/year): _____.
5. I currently have no income of any kind including salary and wages, interest income, dividend income, social security, workers compensation, disability payments, unemployment income, business income, rentals and royalties, inheritance, strike benefits, alimony income, and/or payments received from the state for legal guardianship or custody.
6. I am currently obtaining food and housing through the following sources:

   _____

   _____

Patient Signature: _____

Date: _____

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: St. Elizabeth Physicians provides language assistance services and appropriate auxiliary aids, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are needed to provide meaningful access to an individual with limited English proficiency.

يةَ ال عرب (Arabic): قدم مستشفى St. Elizabeth Physicians خدمات المساعدة اللغوية ووسائل الإعانة المناسبة، بما في ذلك خدمات ترجمة الوثائق الإلكترونية والمكتوبة وخدمات الترجمة الفورية الشفهية، مجانًا وفي الوقت المناسب، عند الحاجة إلى مثل هذه الخدمات لتوفير إمكانية الوصول المجدية للأفراد ذوي إجادة محدودة في اللغة الإنجليزية.

မြန်မာ(Burmese): St. Elizabeth Physicians သည် အင်္ဂလိပ်ဘာသာစကားကျွမ်းကျင်မှုအားနည်းသော ပုဂ္ဂိုလ်အား အပြည့်အဝ ဝန်ဆောင်မှုရယူသုံးစွဲခွင့် ပံ့ပိုးပေးရာတွင် ဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုသာမက ဘာသာပြန်ဆိုထားသော အီလက်ထရောနစ်နှင့် လက်ရေးစာရွက်စာတမ်းများ၊ နှုတ်ဖြင့် စကားပြန်များအပါအဝင် သင့်လျော်သည့် အထောက်အကူပြု ဝန်ဆောင်မှုများကို လိုအပ်ပါက အခြိန်နှင့်တစ်ပြေးညီ အခမဲ့ ပံ့ပိုးပေးသည်။

繁體中文 (Chinese): St. Elizabeth Physicians **提供免**费且及时的语言援助服务和适当的辅助设备，包括书面翻译电子文件和口译服务，以便与英语能力有限人士进行有效沟通。

Cushite Oroomiffa (Oromo): St. Elizabeth Physicians tajaajila gargaarsa afaanii fi deeggersa meeshaalee dhageettii, dubbii fi arguu barbaachisoo ta'an, sanadoota elektirooniksii fi barreeffamaan hiikamanii fi turjumaana afaanii dabalatee, kaffaltii malee fi yerootti tajaajilli akkasii barbaachisutti, nama dandeettii Ingiliffaa murtaa'aa qabu tokkoof dhaqqabamummaa hiika qabu ni kenna.

Nederlands (Dutch): St. Elizabeth Physicians biedt gratis en tijdig taalondersteuning en passende hulp, waaronder elektronische en schriftelijke vertaling van documenten en een tolk, wanneer dergelijke diensten nodig zijn om de toegankelijkheid tot de zorg te verbeteren voor personen met een beperkte Engelse taalvaardigheid.

Deitsch (Pennsylvania Dutch): St. Elizabeth Physicians dutt Lei helfe as Druwwel hen fer Englisch verschteh. Sell meent, sie kenne em Copies uff der Computer odder uff Babier griege vun Documents in Englisch as in differnti Schprooche getranslate sin. Sie kenne aa en Interpreter beigriege wammer Hilf braucht fer schwetze mit ebber in Englisch. Des alles duhn sie unni as es em ennich ebbes koscht, un gschwind.

Français (French): St. Elizabeth Physicians fournit des services d'assistance linguistique et des aides auxiliaires appropriées, y compris des documents électroniques et écrits traduits et une interprétation orale, gratuitement et en temps opportun, lorsque ces services sont nécessaires pour fournir un accès important à une personne dont la maîtrise de l'anglais est limitée.

Deutsch (German): St. Elizabeth Physicians bietet kostenlos und zeitnah Sprachmittlungsdienste und entsprechende Hilfsmittel an, wie die schriftliche Übersetzung von Dokumenten im elektronischen und Papierformat sowie mündliche Dolmetscherdienste. Auf diese Weise soll Personen mit eingeschränkten Englischkenntnissen ein ungehinderter Informationszugang ermöglicht werden.

ह िं दी (Hindi): अंग्रेज़ी का बहुत ज़्यादा ज्ञान न रखने वाले व्यक्तियों को सार्थक ऐक्सेस देने करने के लिए, St. Elizabeth Physicians ज़रूरी होने पर, निःशुल्क और सही समय पर भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण प्रदान करता है, जिसमें इलेक्ट्रॉनिक और लिखित अनुवादित दस्तावेज़ और मौखिक व्याख्या शामिल हैं।

日本語 (Japanese): St. Elizabeth Physicians　は、英語が苦手な人に意味あるアクセスを提供するために、電子的および書面による翻訳文書や口頭通訳を含む言語支援サービス及び適切な補助手段を、無料で適時に提供いたします。

Kinyarwanda (Kirundi): St. Elizabeth Physicians irungika serevise z'ugufasha ururimi n'imfashanyo z'abantu bafise ingorane mu kwumva, harimwo n'inyandiko z'ivy'ubuhinga bwa none n'uguhindura inyandiko yanditse n'ugusemura amajambo, ku buntu kandi mu buryo bubereye, mu kiringo izo serevise zikenewe kugira umuntu atazi neza icongereza ashobore kuronka izo serivisi azitahura neza.

한국어 (Korean): St. Elizabeth Physicians 는 영어 능력이 제한된 개인에게 의미 있는 접근성을 제공하기 위해 이러한 서비스가 필요할 때 무료로 적시에 전자 및 서면 번역 문서와 구두 통역을 포함한 언어 지원 서비스와 적절한 보조 도구를 제공합니다.

नेपाली (Nepali): St. Elizabeth Physicians ले सीमित अङ्ग्रेजी प्रविणता भएका व्यक्तिलाई अर्थपूर्ण पहुँच उपलब्ध गराउन आवश्यक हुँदा निःशुल्क रूपमा र समयमै विद्युतीय र लिखित अनुवादित कागजात र मौखिक अनुवादहरूलगायतका भाषासम्बन्धी सहायता सेवा तथा उपयुक्त सहायक सामग्रीहरू उपलब्ध गराउँछ।

ਪੰਜਾਬੀ (Punjabi): St. Elizabeth Physicians ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਉਪਕਰਣ ਪ੍ਰਦਾਨ ਕਰਦੀ ਹੈ, ਜਿਸ ਵਿੱਚ ਇਲੈਕਟ੍ਰਾਨਿਕ ਅਤੇ ਲਿਖਤੀ ਅਨੁਵਾਦ ਕੀਤੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਮੌਖਿਕ ਵਿਆਖਿਆ ਸ਼ਾਮਲ ਹਨ, ਮੁਫਤ ਅਤੇ ਸਮੇਂ ਸਿਰ, ਜਦੋਂ ਅਜਿਹੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਸੀਮਤ ਅੰਗਰੇਜ਼ੀ ਮੁਹਾਰਤ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ ਅਰਥਪੂਰਨ ਪਹੁੰਚ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਹੁੰਦੀ ਹੈ।

Русский (Russian): В больнице St. Elizabeth Physicians бесплатно и своевременно предоставляются языковые услуги и другая помощь (в том числе услуги электронного, письменного и устного перевода), когда это необходимо, чтобы обеспечить полноценный доступ для лиц с ограниченным знанием английского языка.

Srpsko-hrvatski (Serbo-Croatian): St. Elizabeth Physicians pruža usluge jezičke pomoći i odgovarajuća pomoćna pomagala, uključujući elektronske i pismene prevedene dokumente i usmeni prevod, besplatno i blagovremeno, kada su takve usluge potrebne da bi se obezbedio smislen pristup osobi sa ograničenim znanjem engleskog jezika.

Español (Spanish): St. Elizabeth Physicians proporciona servicios de asistencia lingüística y ayudas auxiliares adecuadas, incluidos documentos electrónicos y escritos traducidos e interpretación oral, gratuita y oportunamente, cuando dichos servicios son necesarios para proporcionar un acceso significativo a una persona con dominio limitado del inglés.

Tagalog (Tagalog): Nagbibigay ang St. Elizabeth Physicians ng mga serbisyo ng tulong sa wika at naaangkop na mga auxiliary na tulong, kabilang ang mga electronic at nakasulat na mga isinaling dokumento at pasalitang interpretasyon, nang walang bayad at sa napapanahong paraan, kapag ang mga naturang serbisyo ay kinakailangan para magbigay ng makabuluhang pag-access sa isang indibidwal na limitado ang kahusayan sa Ingles.

Tiếng Việt (Vietnamese): St. Elizabeth Physicians cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện hỗ trợ phù hợp, bao gồm tài liệu dịch điện tử và văn bản cùng dịch vụ thông dịch, tất cả đều miễn phí và kịp thời khi các dịch vụ đó cần thiết cho cá nhân có trình độ Tiếng Anh hạn chế.