

## FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS

Erlanger has a financial assistance policy (FAP) that provides for free care (financial assistance) to those who qualify. You should review the full policy for further information.

All persons, whether insured or uninsured, may apply for financial assistance. On the following page, please find the application form. **Please note that FA is determined by looking at Family Income (before taxes and deductions) and Assets.** Please see the policy for a definition of Family Income, but, generally, all persons who are related by blood or marriage and who reside together are considered Family. In addition to the filling out the attached form, you must provide all of the following documentation for your application to be complete:

- The most recent tax returns for all Family members. This includes tax returns for both spouses who do not file jointly and tax returns for any related person who is required to file a tax return and who resides in the same household. If any member of the family is self-employed or the owner of a business, he or she must also provide Schedule C, Schedule F, and Schedule K-1 as applicable. A Family member may also submit a recent pay-stub instead of a tax return if he or she has no other source of income other than the job reflected on the paystub.

### **AND**

- Most recent statements for any and all bank, checking, savings, investment or other depository accounts in which a Family member has an ownership interest or withdrawal, signing or check writing authority.

### **AND**

- A list of any potential claims or pending lawsuit that may result in the recovery of money or property for a patient or Family member.

Although not required, you may also include a letter with your application that describes any particular hardship or other information you think is relevant to the financial assistance determination.

If you do not have all of the required documentation and want to discuss acceptable alternatives, have questions about FA or would like assistance in applying please contact PFS. After you complete the attached form, please mail it with all required documents to PFS.

Patient Financial Services (PFS)  
1501 Riverside Dr., Suite 105  
Chattanooga, TN 37406  
423-778-3296

Patient Financial Services (PFS)  
3990 E. US Hwy. 64 Alt.  
Murphy, NC 28906  
828-835-3662/ 828-837-3897

**Please note that Erlanger or its agents will verify any information provided.** Any misleading, incomplete or fraudulent applications will be denied. Providing fraudulent, significantly inaccurate, or incomplete information may result in the revocation of financial assistance if such inaccuracies are discovered after financial assistance has been approved.

Additionally, any information you provide may be used to seek payment for medical bills, including, but not limited to, screening for other insurance or programs.

