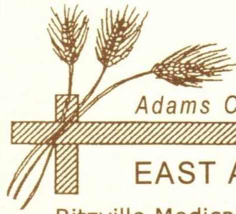

903 South Adams
Ritzville, Washington 99169-2298
509-659-1200
Washtucna Medical Clinic

Application for Financial Assistance and Charity Care

Adams County Public Hospital District No. 2 encourages you to apply for financial assistance or charity care if you need help paying your hospital bill for inpatient or outpatient care. Under these programs, the hospital can provide either free or reduced-price care based on your eligibility and income. You can get charity care or financial assistance even if you have insurance and need help with your co-pays or deductibles. If you have questions or need help completing this application, please call Kim Yerbich at 509-659-5411.

Personal Information

Applicant Name: ______________________________
Mailing Address: ______________________________
Telephone Number(s): Home: ______________________ Work: ______________________

List below the people in your household. Please list the dollar amount of the total monthly income that supports the household. Include money that is earned (paychecks, profits, interest, savings) as well as income that is not earned (welfare, unemployment, child support, gifts, grants).

	Name	Birth Date	Relationship	Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				

Health Insurance Information

Medical Insurance? Yes _____ No _____
If "yes" print name of insurance company:______________________________
Policy Number: ______________________________
Other Coverage? Yes _____ No _____ Please identify other coverage: ______________________
Medicare _____ Medicaid _____
Is the medical treatment because of a care accident or other third party injury? Yes_____ No_____
Is the medical treatment because of an on-the-job injury or accident? Yes_____ No_____

Financial Information

Has your family had any seasonal or temporary increases or decreases in income? Or, do you expect your income to change in the next three months?

Yes _____ No _____ If yes, please describe: ____
____

Have you recently suffered severe financial hardship or personal loss (for example, other medical expenses, death of a loved one, loss of job or wages, loss of home, auto, or other property?

Yes _____ No _____ If yes, please explain: ____
____

Do the documents that you are including with this application show your current financial situation correctly?

Yes _____ No _____ If no, why not? ____
____

If you are asking for financial assistance or charity care for services already provided by Adams County Public Hospital District No. 2, please list dates of services and what services you received:
____
____
____

Patient Worksheet:

Net Monthly Income: Please indicate all sources of income.

Patient/Guarantor: $____________________
Spouse: $____________________
Other Income: $____________________
Total Net Monthly Income $____________________

Monthly Expenses: Please indicate your average monthly expenses for the following items.

Food: $____________________
Utilities: $____________________
Auto/Gas: $____________________
Telephone: $____________________
Childcare: $____________________
Other: ______________________ $____________________
Other: ______________________ $____________________

Total: $____________________

Creditors: Please indicate the amount of all monthly payments and to whom the payment is made.

Rent/Mortgage: _______________ $____________________
Insurance (Auto): _____________ $____________________
Insurance (Other): ____________ $____________________
Other Payment: _______________ $____________________
Other Payment: _______________ $____________________
Other Payment: _______________ $____________________
Other Payment: _______________ $____________________
Total: $____________________

I understand that the information I am giving will be verified by Adams County Public Hospital District No. 2 and reviewed by state and/or federal enforcement agencies and others as required. I certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature ____ Date __________________

Mail this application with all documentation to:

Adams County Public Hospital District No. 2
Business Office
903 S Adams
Ritzville, WA 99169

INFORMATION

Be sure to include with your application documents that give the income amounts you list. For example:

- Pay stubs from all employment or
- A W-2 withholding statement or
- Last year's income tax return or
- Letters approving or denying Medicaid, medical assistance, other benefits or
- Letters approving or denying unemployment compensation or
- Written statements from employers or welfare agents.

Financial assistance and charity care are generally secondary to ALL other financial resources available to the patient. This may include:

- Group or individual medical plans
- Worker's compensation
- Medicare
- Medicaid
- Medical assistance programs
- Other state, federal, or military programs
- Third party liability situations (auto accidents or personal injuries

Financial assistance and charity care shall be limited to those residing within the District's designated service area.

Financial assistance and charity care shall be limited to "appropriate medical services" as defined in WAC 246-453-010(7).

If you have any questions regarding this application please contact one of the following:

Patient Account Representative	Kim Yerbich	509-659-5411
Chief Financial Officer	Calvin Carey	509-659-5403