McCready HEALTH
With you...for life!

Financial Assistance Application Information

McCready health offers financial assistance for individuals and families to assist with medical care costs. Based on your financial needs reduced or free care may be available.

You may be eligible for financial assistance if you:

- Have limited or no health insurance.
- Are not eligible for government assistance (for example, Medicare or Medicaid).
- Can show you have financial need
- Are a resident of Maryland (other states will be considered on a case-by-case basis).
- Provide McCready with necessary information about your household finances.

About the Application Process

The process for applying for McCready financial assistance includes these steps:

- Complete the McCready Financial Assistance Application form in this packet.
- Include the supporting documents listed in the checklist.
- We look at your income, assets (for example, bank accounts, stocks, bonds, and other investments), and family size to determine the level of assistance available to you. We use a sliding scale based on federal poverty guidelines.
- Note that you must first explore whether you are eligible for some type of insurance benefits that would cover your care (for example, workers' compensation, automobile insurance, and Medical Assistance). We can help direct you to the appropriate resources.
- We will contact you to tell you whether you are eligible for McCready financial assistance.
- We can help you arrange a payment plan for any remaining charges or bills that are not covered by McCready Financial Assistance.
- A payment plan will consider your family income, assets, and monthly expenses to set payments that you can manage.

Filing your application

Please mail your completed application from and copies of your proof of income materials to:

McCready Health
Attn: Financial Assistance
201
Hall Highway
Crisfield, MD 21817

If you have any questions please call 410-968-1200 and ask for the financial assistance counselor. Additional information is also available on the web at www.mccreadyhealth.org.

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Financial Assistance Documentation Checklist

Your application must include copies of any of the following documents that apply to you. Please attached copies, not originals as UPMC cannot return any documents sent with the application. If any of the documents are missing it will delay processing of your application.

1. If you have income:

- Attach a copy of your most recent Internal Revenue Service (IRS) form 1040 if filed.
  If you did not file a federal income tax return you must:
  - State in writing that you are not required to fil and the reason. Send this with your application along with a signed IRS form 4506-T (to request proof of non-filing)
  - Send us a copy of the most recent federal income tax return of anyone who claimed you as a dependent.
- ***Attach additional proof of your household income, which may include:***
  - Social Security 1099 forms or award letters.
  - Unemployment or workers' compensation award letters.
  - Pay stubs for the **last three months** or have you employer complete the enclosed wage verification form.
  - Most recent IRS Form 1040 and all appropriate schedules.
- ***If you are self-employed you must include:***
  - Schedule C or business income tax return.
  - Profit and loss statement for the **current year-to-date**.
  - Balance sheet.
  - Business checking, savings and investment statements for the last **three months**.
  - A signed IRS form 406-T to request proof of tax filing.

2. If you have no income:

- If you have no income, send us a letter of support. The person who provides your support must sign the letter and have it notarized.

3. Proof of household cash available:

- Attach statements from the last **three months** for:
  - Checking and/or savings accounts.
  - Stocks, bonds, certificates of deposit (CDs), high yielding interest accounts or annuities.
  - Any other investments including real estate.
  - Any expenses listed on the financial assistance form.

4. Letter of Denial of Medical Assistance:

- If your financial counselor determines that you may be eligible for Medical Assistance you must apply and send us a copy of your Letter of Denial before we can approve you application. Although financial assistance may be approved for future services, you may be required to complete a Medical Assistance Application at any time during the process.

5. Your Completed and signed Financial Assistance Application Form:

- Please make sure to complete all parts of the form that apply to you. Note that a separate application must be completed for each individual patient who is requesting financial assistance.

Maryland State Uniform Financial Assistance Application

Information about You

Name _____ Phone:_____

First Middle Last

Home Address _____ Phone _____

_____ _____

City State Zip code Country

Social Security Number _____-____-_____ Marital Status: Single Married Separated

US Citizen: Yes No Permanent Resident: Yes No Date of Birth: _____

Employer Name _____ Phone _____

Work Address _____ _____

City State Zip code

Household members:

_____ _____ _____

Name Age Relationship

_____ _____ _____

Name Age Relationship

_____ _____ _____

Name Age Relationship

_____ _____ _____

Name Age Relationship

_____ _____ _____

Name Age Relationship

_____ _____ _____

Name Age Relationship

_____ _____ _____

Name Age Relationship

_____ _____ _____

Name Age Relationship

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____
If yes, what was the determination? _____
Do you receive any type of state or county assistance? Yes No

FOR OFFICE USE ONLY

PATIENT NAME:_____

MR#_____

Date Rec'd:_____ Date Reviewed:_____ Reviewed By;_____

Total Income:_____ Approved At:_____

Maryland State Uniform Financial Assistance Application

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

Monthly Amount

Employment _____
Retirement/pension benefits _____
Social security benefits _____
Public assistance benefits _____
Disability benefits _____
Unemployment benefits _____
Veterans benefits _____
Alimony _____
Rental property income _____
Strike benefits _____
Military allotment _____
Farm or self employment _____
Other income source _____
Total _ _ _ _ _ _ _ _ _ _____

II. Liquid Assets Current Balance

Checking account _____
Savings account _____
Stocks, bonds, CD, or money market _____
Other accounts _____
Total _____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home Loan Balance _____ Approximate value _____
Automobile Make _____ Year _____ Approximate value _____
Additional vehicle Make _____ Year _____ Approximate value _____
Additional vehicle Make _____ Year _____ Approximate value _____
Other property Approximate value _____
Total _____

IV. Monthly Expenses Amount

Rent or Mortgage _____
Utilities _____
Car payment(s) _____
Credit card(s) _____
Car insurance _____
Health insurance _____
Other medical expenses _____
Other expenses _____
Total _____

Do you have any other unpaid medical bills? Yes No
For what service? _____
If you have arranged a payment plan, what is the monthly payment? _____
If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify

Maryland State Uniform Financial Assistance Application

the hospital of any changes to the information provided within ten days of the change.

_____ _____

Applicant signature Date

_____Relationship to Patient