Stillwater Medical Stillwater ● Stillwater Medical Blackwell ● Stillwater Medical Perry

*****Financial Assistance Application*****

Instruction Sheet

Please be sure to attach a copy of the following to the completed application:

1. Copy of last paycheck stub, Social Security or Disability Award Letter for all family members that have an income. The paycheck stub must be dated immediately prior to the date of the application. A letter from your employer will be accepted. If only one family member has an income, a letter stating the other person does not work is required.

2. Your family's most recent Federal Income Tax forms. Please **do not** send W2's or **original** tax forms as they will not be returned. If you were not required by law to file, please submit a letter stating that. If you own your own business, include your Profit & Loss statement from your Federal Tax Return. If you can be claimed as a **dependent** on someone else's tax return, we need a copy of that person's tax return and a copy of that person(s) current paycheck stub along with a complete bank statement (30-day itemized activity) of their checking and savings accounts.

3. Checking and/or Savings account statements (FULL 30-day itemized activity) for previous month from date of application.

4. A copy of the patient's driver's license or picture ID. If the patient is under 18 years old, a copy of a parent's driver's license or picture ID is needed.

5. The insurance information on page 1 of the Application is REQUIRED. If you have no insurance, please report "NONE".

Please answer all the questions in each section. If a section does not apply to you, please indicate this on the application by stating "Not Applicable". Failure to do so could delay processing of your application or cause a denial of your application. ***This application must be returned with all the required verification paperwork in order to be considered for assistance.***

If you are granted assistance by Stillwater Medical Center Authority, this applies only to SMC, SMB, SMP, & Stillwater Medical employed providers only. ***Financial assistance does not apply to Cimarron Medical Services.***

Please sign and date application before returning to the Financial Counselor.

Your application will be reviewed upon receipt and a determination will be mailed to you in approximately 8 weeks.

Thank you!

Vickey Peugh--Financial Counselor
Stillwater Medical Center
1323 W. Sixth St.
PO Box 2408
Stillwater, OK 74076
Phone: 405-742-5711
Fax: 405-533-6071
vpeugh@stillwater-medical.org

Financial Assistance Frequently Asked Questions

Do I have to provide my spouse's information?
Yes, your spouse's current paycheck stub, checking and savings account statements (30-day itemized activity), and most recent Federal Income Taxes are needed to apply for Financial Assistance.

If I am claimed as a dependent on someone else's Federal Income Taxes, do I have to provide their information?
If you were claimed as a dependent on someone else's Federal Income Taxes, then a copy of their Federal Income Taxes is required along with a copy of their most recent paycheck stub and a current copy of their checking and savings account statements (30-day itemized activity).

Are co-pays eligible for financial assistance?
Co-pays are not eligible for Financial Assistance. Co-pays are intended to be paid at the time of service. They are a part of your contractual arrangement with your insurance company.

If I live with a roommate who pays my rent, do I need to include my roommate's information?
If you and your roommate do not file Federal Income Taxes together then their information is not needed. Please note in the additional space provided on the application that you have a roommate who you share the bills with.

Will I receive a new statement after the Financial Assistance has been applied?
A new statement will be mailed after the Financial Assistance has been applied, on the next billing cycle.

My paycheck is direct deposited to a checking account. Do I have to provide a copy?
Even if your paycheck is direct deposited to a checking account and can be seen on the itemized bank statement, a copy of a paycheck stub is needed. If you are unable to obtain a copy of a current paycheck stub from your employer or human resources department, a letter from the employer will be accepted. The letter will need to be on company letter head and have the following information: rate of pay per hour worked, the average number of hours worked in a pay period, how frequently you are paid (weekly, bi-weekly, or monthly), and the contact information for someone with your employer.

Why is my approved discount percentage reduced for some clinic visits?
Some Stillwater Medical Center (SMC) clinics provide services as a department of the hospital and other SMC clinics operate as separate individual practices. Financial Assistance Program discounts for our individual practices are half of the percentage approved for hospital-based services.

If I get denied for being over income, how soon can I reapply?
You can reapply when there is a change in your financial situation.

How old can accounts be and still be considered for Financial Assistance?
We can approve Financial Assistance for accounts with a date of service of April 1st of the previous year. Accounts must be in good standing.

To keep your account current, a formal payment arrangement for your remaining balance will need to be established. You can contact the business office at 405-246-9260 or 405-742-5300. Payments can also be made online 24 hours a day, 7 days a week at www.stillwater-medical.org

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*****Financial Assistance Application*****

Patient Name: _____ Date: _____

Section 1: Applicant

Last Name: _____ First: _____ MI: _____ BIRTHDATE: _____

Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Work Phone #: _____

Email Address: _____ Cell Phone #: _____

Initial here if you will accept correspondence by email _____

List Household Members	Relationship	Birthdate	Medicaid#	

Section 2: List doctors or clinics where services are being receive:

SMC Doctor(s): _____ **SMP Doctor(s):** _____

SMC Doctor(s): _____ **SMB Doctor(s):** _____

Section 3: Health Insurance

Name of Insurance: _____ ID#: _____ Group #: _____

Section 4: Calculating Income:

	Current Monthly Amount	
Applicant's Income:	$ _____	(Gross)
Spouse's Income	$ _____	(Gross)
Child Support:	$ _____	
Alimony:	$ _____	
SSI:	$ _____	
Family Support:	$ _____	
Parental Support:	$ _____	
Retirement Pension:	$ _____	
Food Stamps:	$ _____	
Section 8:	$ _____	
	$ _____	
Total Income:	$ _____	

Section 5: Employment

Name of Applicant's Employer: _____ Work Phone #: _____

Address: _____

Name of Spouse's Employer: _____ Work Phone #: _____

Address: _____

Financial Assistance Application

Section 6: Expenses

Expense	Monthly Payment		Current Value	Amount Owed
Auto Insurance:	$	Real Estate:	$	
Auto Loan:	$	Checking Accts:	$	
Auto Maintenance & Gas:	$	Savings Accts:	$	
Credit Cards:	$	CD's:	$	
Groceries:	$	IRA's/Retirement Accounts:	$	
Loans	$	Stocks/Bonds:	$	
Rent/Mortgage:	$	Other:	$	
Telephone:	$		$	
Utilities:	$		$	
Total All Expenses:	$	Total Assets:		

Do you and/or your spouse have a checking account?

☐ No
☐ **Yes, If Yes- attach a complete 30-day itemized activity statement**

Do you and/or your spouse have a savings account?

☐ No
☐ **Yes, If Yes- attach a complete 30-day itemized activity statement**

Did you file Federal Income Taxes?

☐ No
☐ **Yes, If Yes- attach a copy of your 1040 income tax return**

Were you claimed as a dependent on anyone's Federal Income Taxes?

☐ No
☐ **Yes, If Yes- attach a copy of their 1040 income tax return and a current copy of their paycheck stub**

Do you and/or your spouse receive any income from an employer?

☐ No
☐ **Yes, If Yes- attach a copy of your and/or your spouse's most recent pay stub**

In order to keep your account current, a formal payment arrangement for your remaining balance will need to be established. You can contact the business office at 405-246-9260 or 405-742-5300. Payments can also be made online 24 hours a day, 7 days a week at www.stillwater-medical.org

Please provide any additional information you feel would be helpful to be used in determining your eligibility for assistance on an additional sheet of paper.

CONFIRMATION STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information provided to complete this application is true. I authorize Stillwater Medical Center Authority to use any information contained in the application to verify my eligibility for this program, and to obtain records pertaining to eligibility from a financial institution or from any insurance company. This information may also be released for the purpose of acquiring financial assistance among other creditors (i.e.: surgeon, radiology, and anesthesiology).

Print or Type Applicant Name: _____ Applicant Signature: _____

Date: _____