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, retirement or pension letter, 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. A copy of a college grant/loan award letter must be included if used as income.

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 photo 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 Stillwater Medical Center, Stillwater Medical-Blackwell, Stillwater Medical-Perry, & 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 and/or emailed 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/Social Security statement, checking and savings account statements (30-day itemized activity), and most recent Federal Income Taxes are needed.

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.

What if my insurance plan is out-of-network?
You are eligible to apply for Financial Assistance if your out-of-network insurance plan has out-of-network benefits (does not require services to be completed only at in-network facilities).

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.

Will I receive a new statement after the Financial Assistance has been applied?
Yes, a new statement will be generated 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 include: rate of pay per hour worked, average number of hours in a pay period, how frequently you are paid and 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.

Can I make payment arrangements for a reduced amount while my application is being processed?
Yes. Please 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/online-bill-pay.

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 January 1st of the previous calendar year. Accounts must be in good standing.

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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 #: _____

Do you agree to receive emails from Stillwater Medical about this application? Y _____ N _____

List Household Members	Relationship	Birthdate	SoonerCare#

Section 2: List all Stillwater Medical Providers & Clinics where services are being received:

Provider: _____ **Provider: _____**

Provider: _____ **Provider: _____**

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 Received:	$ _____	
Alimony:	$ _____	
Social Security Income:	$ _____	
Family Support:	$ _____	
Parental Support:	$ _____	
Retirement Pension:	$ _____	
Food Stamps:	$ _____	
Housing Assistance:	$ _____	
Other:	$ _____	
Total Income:	$ _____	

Section 5: Employment

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

Address: _____

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

Address: _____

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**

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).

Applicant Name: _____ Applicant Signature: _____

Date: _____