	GENESIS HEAL	THCARE SYSTEM-FINANCIA	L ASSISTANCE	APPLICATION			
Applicant Name Marital Status: Single Married Divorced Separated Widowed							
Applicant Address				Daytime Phone	Contact		
Patient Name(s)							
,,							
SECTION I-QUALIFIED HOUSEHOLD DEPENDENTS							•
Name	Date of Birth	Relationship to Pa	atient	3 Month	Income	12	Month Income
		Self					
		Spouse					
		Child					
		Please circle the following entities you have outstanding balance with:					
				Genesis Healthcare System		Genesis Medical Group	
Total Household Dependents		Gross Household Income		Genesis Primary Care		Northern Lights Imaging	
SECTION II-GENERAL QUESTIONS-CIRCLE YES OR	NO RESPONSE AND	PROVIDE DETAIL AS REQUES	ΓED				
Is the patient a United States Citizen?						Yes	No
Was the patient an OHIO resident at the time of the hospital service?						Yes	No
Does the Patient have Medicaid? If Yes, prov	ide Medicaid #					Yes	No
Does the patient have insurance?						Yes	No
If Yes , provide name of primary insurance:							
Does the patient have any other supplements	al income? Circle an	ny or all of the following if a	ppropriate:			Yes	No
College overages/grants Child Support (If child is the patient) Cash Assistance from legally separated spouse Health Savings Account							
If yes , confirm amount received & date(s)		Health S	avings Account	Balance:			
Is the patient willing to apply for Medicaid?						Yes	No
"No" -I have elected to not apply for Ohio Me			gible for 100%	assistance based	d on the		
Federal Poverty Guidelines. The maximum an							
Do you have assets in excess of \$5000.00? (If		alculation is used for Hospital and No				Yes	No
Assets	Value		Asset Calcu	lation Value	Annual Ex	cess Asset	Responsibility %
a		İ		4			
Checking/Savings Account(s)		Hospital Use Only:		\$5000		0%	
CD's, Money Market(s), Stocks/Bonds		Hospital Use Only:	\$5001.00 -	\$15,000.00		2.5%	
CD's, Money Market(s), Stocks/Bonds Property - Exclude Primary Residence			\$5001.00 - \$1500	\$15,000.00 01.00 +		2.5% 5%	
CD's, Money Market(s), Stocks/Bonds Property - Exclude Primary Residence Other (Specify)		Total Asset Value for year	\$5001.00 - \$1500	\$15,000.00		2.5%	
CD's, Money Market(s), Stocks/Bonds Property - Exclude Primary Residence Other (Specify) Total Assets			\$5001.00 - \$1500	\$15,000.00 01.00 +		2.5% 5%	
CD's, Money Market(s), Stocks/Bonds Property - Exclude Primary Residence Other (Specify)	prior to month of se.	Total Asset Value for year Annual Excess Asset Due:	\$5001.00 - \$1500 \$500	\$15,000.00 11.00 + 00.00 =	(Asset Base)	2.5% 5% Percentage	<u>:</u>
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