

## CHARITY CARE PROGRAM

CAH account #:

Date:

Dear Patient/Guarantor:

On your behalf, your outstanding account(s) with Carlinville Area Hospital may be eligible for possible financial assistance through our Charity Care Program. Eligibility for assistance will be based on your financial status in comparison with the U.S. Department of Health and Human Services Poverty Guidelines.

The items below are needed to aid Carlinville Area Hospital in the evaluation of your account(s) and the financial assistance program.

### VERIFICATION OF INCOME

To determine eligibility, income is needed to be verified by using, but not limited to, the following information:

1. Paycheck stubs for a period of three(3) consecutive months and/or statements of monthly benefits from Social Security.
2. Copies of completed federal income tax return for previous calendar year. If unavailable, a statement (1099 benefit statement) of earnings from the Social Security office will be accepted in lieu of the federal income tax return.
3. Completion of Public Aid forms, that are provided, are needed for proof of approval or denial.
4. Other information may be requested by Carlinville Area Hospital for further verification of your financial status.

**Failure to meet the above criteria provides grounds for denial of financial assistance. Providing false information or excluding requested information may result in denial of financial assistance.**

**IF YOU ARE UNABLE TO PROVIDE ANY OF THE REQUESTED INFORMATION, PLEASE SIGN THE ATTACHED LETTER.** If you are currently unemployed, please include the date you were last employed, why you left, and the date you plan on returning to work.

If you need any help or more information, please call (217) 854-3141 ext. 356.

**You are required to provide this information within fifteen (15) working days to ensure that your application for eligibility is fully considered.**

**MUST RETURN BY: \_\_\_\_\_**

