



Medina Surgery Center

APPLICATION FOR FINANCIAL ASSISTANCE

Please Print All Information

Patient Name (Last, First)		Social Security Number		Date of Birth
Street Address	City	State	Zip	Daytime Phone
Single _____ Married _____ Widowed _____ Separated _____ (check one of the boxes)				
Employment Status: Employed _____ Retired _____ Unemployed _____ (check one of the boxes)				
Are you insured: Yes _____ No _____ (attach copy of insurance card(s) if applicable)				
Spouse Name (Last, First)		Employment Status Employed _____ Retired _____ Unemployed _____		Social Security Number
				Date of Birth

“Family” includes the patient, patient’s spouse (**regardless of whether they live in the home**) and all patient’s children, natural or adoptive, **under the age of 18 who live in the home**. If patient is under the age of 18, the “family” shall include patient, patient’s natural or adoptive parent(s) (**regardless of whether they live in the home**) and the parent(s) children under the age of 18 who live in the home.

Family Member’s Name	Date of Birth	Relationship to Patient	Gross Income Received Within The Three Months Prior To Surgery	Source of Income or Employers Name
			IF ZERO MUST COMPLETE \$0 INCOME STATEMENT BELOW	
TOTAL PERSONS IN FAMILY:		TOTAL FAMILY INCOME:		

\$0 INCOME STATEMENT: Provide brief statement of how basic food/housing needs were met within the three months prior to this surgery appointment.

Income of a spouse or parent who does not live in the home is required unless the absent spouse or parent does not contribute to the household; use INCOME block to document “Does not contribute”.

Income verification includes but is not limited to copies of total wages before taxes, pension SSI/SSD/Unemployment benefits, alimony, child support (if child is patient), veterans’ benefits, distributions from a retirement action (IRA), 401(k) and 401(b).

If you receive Social Security or Disability Benefits, a letter of income verification or your most recent 1099 form may be submitted. A letter of verification can be obtained by calling the Social Security Administration at 1-800-772-1213

I the undersigned, have provided the above information to be considered for financial assistance through Medina ASC and; to the best of my knowledge, I state this to be true and accurate information.

(Patient or a legal representative of a patient must sign for application to be valid)

(Date)

(Medina Surgery Center Representative)

(Date)

IMPORTANT NOTICE TO OUR PATIENTS

Financial assistance in the form of a discount only apply to the Medina ASC charges. These discounts do not include any physician or professional billing fees.

Policy Statement

The Medina ASC is committed to providing financial assistance (discounts) responsive to the needs of the community, regardless of race, age, gender, color, ethnic background, national origin, citizenship, primary language, religion, disability, handicap, education, employment or student status, disposition, relationship, insurance coverage, community standing or any other discriminatory differentiating factor. Medina ASC discount program covers patients without health insurance and those with only partial insurance coverage (i.e. the uninsured and underinsured) who meet the income and other eligibility criteria.

Health Insurance Marketplace (Exchange) Participation

- If a patient has elected not to enter the marketplace/exchange, financial discounts may not be extended until they do so. Exceptions to this policy include patients who are deceased with no estate, and patients who have documented homelessness.
- Healthcare financial assistance (discounts) may be offered once the patient meets the requirement for insurance.

Effective for dates of service beginning 01/13/2021				
	2021 Care Assurance Income Guidelines	Financial Assistance Program		
Family Size	Federal Poverty Index	250%	300%	400%
1	\$12,880	\$32,200	\$38,640	\$51,520
2	\$17,420	\$43,550	\$52,260	\$69,680
3	\$21,960	\$54,900	\$65,880	\$87,840
4	\$26,500	\$66,250	\$79,500	\$106,000
5	\$31,040	\$77,600	\$93,120	\$124,160
6	\$35,580	\$88,950	\$106,740	\$142,320
7	\$40,120	\$100,300	\$120,360	\$160,480
8	\$44,660	\$111,650	\$133,980	\$178,640
Discount level	100%	100%	90%	87%



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