

GEORGE E. WEEMS MEMORIAL HOSPITAL

FINANCIAL ASSISTANCE

Patients who are underinsured or uninsured and who are unable to pay for some or all of their health care services due to genuine financial need may apply for financial assistance. WMH will not discriminate against any patient with regard to race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, disability, or ability to pay.

1. Before an application for Financial Assistance can be considered, the patient (or the patient's guarantor) must apply for Medicaid and present a denial letter with the application.
2. An application for Financial Assistance must be completed with all financial and social information, and submitted to an admission clerk or the Patient Financial Counselor for review.
3. Documents required:
 - a. Medicaid denial letter
 - b. Last year's tax returns
 - c. Proof of income
 - If working, the last two paycheck stubs
 - If unemployed and receiving unemployment check, provide check stub or unemployment compensation determination letter
 - If income is from a retirement fund, pension, rental property, etc. provide proof of the source and amount of income received.
 - If income has changed since last tax return, provide a written explanation.
 - d. Proof of disability / physician's work order restriction (if applicable)
 - e. Rent or mortgage payment receipt for one month
 - f. Utility bills: gas, electric, water and sewage

After review, the completed application will be approved or denied. Approval is determined on a sliding scale method and is based on the current year's Federal Poverty Guideline. If total income is 200% or less of Federal Poverty Guideline, the patient will qualify for a 100% charity write-off.

The financial application is valid for 6 months after review.

The hospital or PFS department reserves the right to grant approval for charity care based on extraordinary circumstances on a case-by-case basis.