



FINANCIAL ASSISTANCE CRITERIA

Thank you for choosing Memorial Healthcare for your healthcare needs. Attached is a copy of our Financial Assistance application. Here are some helpful tips:

1. A patient/guarantor must live within Memorial Healthcare's (hospital) service area. Final decisions regarding residency is at the discretion of the Memorial Healthcare supervisor.
2. If the patient is over 18 year of age and resides with another adult that is not their spouse, we will only need the patient/guarantor financial information.
3. If the patient has no active insurance for an inpatient stay or upcoming procedure — as follows, but not limited to CT, MRI, or a surgical procedure — the patient must meet with a Memorial Healthcare Financial Counselor in person or by phone to discuss possible application to Medicaid and to complete a Financial Form prior to the procedure. **The Financial Counselor can be contacted at (989) 729-4160.**
4. A copy of the most recent tax return filed must be submitted showing the gross income and number of dependents claimed in the household. If a patient/guarantor is self-employed, we must receive the complete tax return.
5. This application applies to services billed through Memorial Healthcare and Memorial Medical Associates. Patients may incur physician charges as follows, but not limited to: Emergency Room Physician, Radiologist, Cardiologist, Pathology, or Anesthesiologist. Invoices may come from other bill services. Please contact them individually for assistance. If a patient is approved for financial assistance, Memorial Healthcare (hospital) will report the approvals to those companies. It is ultimately the patient/guarantor responsibility to follow up with those billing services.
6. If you are receiving disability or unemployment benefits, please provide proof of those payments.
7. All information must be completed and returned back to Memorial Healthcare by the noted date. Incomplete forms will be mailed with a letter requesting any missing information which will cause a delay in the processing of the patient's application. Until the Financial Form is reviewed, the patient/guarantor is responsible for any debt incurred at Memorial Healthcare.
8. If the form is processed and there is a remaining balance, full payment of the balance is due, or the patient may request to have monthly payments scheduled through our Care Payment program. A monthly payment is 4 percent of the patient/guarantor total remaining balance.

If you have any questions regarding this Financial Form, please contact us at (989) 720-2000 or at (989) 729-4160. Thank you!