Guarantor#

Financial Assistance
Process & Application

Terrebonne General Health System (Terrebonne General) is committed to providing financial assistance for patients with a demonstrated financial need or hardship, who have received medically necessary healthcare services provided by Terrebonne General. Medically necessary services are services that are reasonable or necessary for the diagnosis or treatment of an illness or injury. Medical necessity will be determined by the examining physician. This application does not serve as a guarantee of financial assistance or reduction in outstanding liability.

Forms to include:

- **Terrebonne General Financial Assistance Application**
- **Terrebonne General Patient Attestation**

Documentation to include:

1. Copy of most recently filed income tax return OR a copy of three (3) most recent pay stubs for yourself and co-applicant.
    a. If unemployed, please provide a letter from last employer OR copy of unemployment aware letter OR letter certifying denial of unemployment benefits from applicable state department of labor
2. Last 2 months bank statements for yourself and co-applicant.

****Lines 1 and 2 must be included for your application to be processed; if you do not have these items, please provide a written statement advising of such****

If Applicable:

1. Copy of Social Security Administration monthly award letter
2. Copy of Disability monthly award letter
3. Copy of healthcare insurance card/information
4. Any and all other income:
    a. Spousal/Child Support
    b. Rental Property
    c. Investment Income
5. Medicaid denial determination
6. Proof of dependents (birth certificates or most recently filed income tax return)

****If any of the above applies, we will not be able to process your application without such documentation if applicable****

Please Mail Completed Info to:

Terrebonne General Health System
Department: Patient Responsibility
Attn: Jennifer Dufrene/Leslie Valure
8166 Main Street
Houma, LA 70360

Income Information: Please complete the income information below. Please state if the income listed is per month or per year. *If married, please include spouse income information under the Co-Applicant fields*				
Income Sources	**Applicant**	**Per Month/Year**	**Co-Applicant**	**Per Month/Year**
Employment	**$**		**$**	
Social Security	**$**		**$**	
Disability	**$**		**$**	
Unemployment	**$**		**$**	
Rental Property	**$**		**$**	
Investment Income	**$**		**$**	
Spousal Support	**$**		**$**	
Child Support	**$**		**$**	
			Total Combined Income	**$**

Applicant(s) Information

Applicant/Guarantor Information

Relationship to Patient:

[ ]Self [ ]Spouse [ ]Parent

Marital Status (*):

[ ]Single [ ]Married [ ]Divorced [ ]Separated

*If Married, please include spouse information and income

[ ]Yes [ ]No

Last Name	**First Name**	**Middle Initial**	**U.S. Citizen**	**Social Security Number**

Date of Birth	**Number of Dependents**	**Age of Dependents**	**Current Telephone Number**

Dependent Names and Date of Birth:

Street Address	**City, Parish, State**	**ZIP**

Current Employer	**City, Parish, State**	**Position**

If you are not working, how long have you been unemployed?

Co-applicant Information

Relationship to Patient:

[ ]Self [ ]Spouse [ ]Parent

*If Married, please include spouse information and income

			[ ]Yes [ ]No	
Last Name	**First Name**	**Middle Initial**	**U.S. Citizen**	**Social Security Number**
Date of Birth	**Number of Dependents**	**Age of Dependents**		**Current Telephone Number**
Street Address		**City, Parish, State**		**ZIP**
Current Employer		**City, Parish, State**		**Position**
If you are not working, how long have you been unemployed?				

Attestation

- I have complied with the **Terrebonne General Health System Financial Assistance Program ("FAP")** screening process to determine if I may be eligible for alternate resources (COBRA, Social Security, Medicaid, and Victim of Crime).

- I understand that until I have complied with the FAP eligibility process, or applicable application process, I will not be eligible for financial assistance.

- I understand that balances due to non-medically necessary services, such as purely elective or cosmetic services are not eligible for financial assistance, and I have not included any of those balances in this request.

- If I have included balances due to purely elective or cosmetic services, they will not be adjusted. If they are adjusted in error, they will be reinstated.

- If applicable, I have provided my most recent/current insurance card with appropriate information to submit past, present and future claims.

- I have provided all requested documentation from page 1 of this application. I attest that all information provided, as well as all supporting documents are accurate and truthful to the best of my knowledge and ability.

_____ _____

Printed Name **Signature**

_____ _____

Date of Application **Phone/Contact**

_____

Address (Street Address, City, State, Zip)

Attachment(s):

Terrebonne General Financial Assistance Application and all applicable required documents

No Income Verification/Statement of Support

_____ **(Applicant)** is applying for financial assistance with the Terrebonne General Health System. The applicant has stated they do not receive any monthly/yearly income. The applicant has listed you as their sole means of support.

To the best knowledge, the applicant has no income and I certify this to be true. I am either providing the applicant with food and shelter and/or providing the applicant with financial support as specified below:

(Relationship to the applicant-for example: Shelter, Mother, Father, Other)

I am providing:

- Food and Shelter $_____ Approximate monthly total
- Financial Support $_____ Approximate monthly total
- Other $_____ Approximate monthly total

_____ _____

Printed Name (of supporter) **Signature** (of supporter)

_____ _____

Date **Phone/Contact**

_____

Address (Street Address, City, State, Zip)

If you have any questions or concerns, you may contact the Financial Counselor in the Patient Responsibility Department by phone at (985) 873-3799 or (985) 873-4668.