

## Financial Assistance Application (FAA)

### Patient Demographics

|                                                                                                             |                                  |                          |                         |
|-------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|-------------------------|
| Patient Name: Last, First, Middle                                                                           | Social Security # (If available) | Date of Birth            | Account #               |
|                                                                                                             |                                  |                          | Location of Service     |
| Guarantor Name: Last, First, Middle                                                                         | Social Security # (If available) | Date of Birth            | Relationship to Patient |
| Patient/ Guarantor Address                                                                                  | County of Residence              | Home Phone #             | Alternate Phone #       |
| City                                                                                                        | State                            | Zip Code                 | Homeowner? Yes    No    |
| Have you applied for Medicaid or any other State/County Assistance? (Circle one)    Yes                  No |                                  |                          |                         |
| If Yes, Please provide the following:                                                                       |                                  |                          |                         |
| Application Date:                                                                                           |                                  | Status of Application:   |                         |
| Caseworker Name:                                                                                            |                                  | Caseworker Phone Number: |                         |

### Household Information

|                 |              |        |           |               |         |
|-----------------|--------------|--------|-----------|---------------|---------|
| Marital Status: | Married      | Single | Separated | Divorced      | Widowed |
|                 |              |        |           |               |         |
| Dependent Names | Relationship |        |           | Date of Birth |         |
|                 |              |        |           |               |         |
|                 |              |        |           |               |         |
|                 |              |        |           |               |         |

### Employment/Household Income and Expenses

|                                                        |                            |                       |
|--------------------------------------------------------|----------------------------|-----------------------|
| Patient/Guarantor Employer Name                        | Gross Monthly Income: \$   | Provide verification  |
| If income is \$0, please explain.                      |                            | Provide documentation |
| Spouse's Employer Name                                 | Gross Monthly Income: \$   | Provide verification  |
| If income is \$0, please explain.                      |                            | Provide documentation |
| Other Income Source:                                   | Gross Monthly Income: \$   | Provide verification  |
| <b>EXPENSES ARE NOT REQUIRED FOR NHSC APPLICATIONS</b> |                            |                       |
| Household Monthly Expenses                             | Total Monthly Expenses: \$ |                       |

**IMPORTANT:** To qualify for assistance, at least one piece of supporting documentation that verifies household income may be required. Supporting documentation can include but is not limited to, most recent year's tax return, a current W-2, 1 month of current pay-stubs, signed letter of support, etc.

**PLEASE READ THE FOLLOWING BEFORE SIGNING AND DATING THE APPLICATION**

Please be advised that your signature indicates you have agreed to attach income verification.

- I certify that the information I have provided is true and accurate to the best of my knowledge.
- I will independently or with the assistance of hospital personnel apply for ANY and ALL Assistance which may be available through federal, state, local government and private sources to help pay this healthcare bill.
- I understand that if I do not cooperate with my healthcare provider in providing requested information, my application may be denied for possible financial assistance.
- I understand that the information which I submit is subject to verification by my healthcare provider, including credit reporting agencies and subject to review by Federal and/or State agencies and others as required.
- I understand that additional information may be requested in order to qualify for assistance.

|                                        |             |
|----------------------------------------|-------------|
| <b>Signature (Applicant/Guarantor)</b> | <b>Date</b> |
|----------------------------------------|-------------|

**Return Completed Application and Documents to:**

Financial Assistance Center  
PO Box 660872  
Dallas, TX 75266-0872

Phone: 844-286-5546



## Verification Documents:

**NO**

**Approval (s):**

**Comments:**

[illegible]

**Contact Information:**

**Centralized Charity Center  
Frisco Assistance Center  
P.O. Box 660872  
Dallas, TX 75266-0872  
1-844-286-5546**

| State    | Hospital                             | Contact phone number             | Correspondence or physical address (Send your FAA)                      |
|----------|--------------------------------------|----------------------------------|-------------------------------------------------------------------------|
| Arkansas | St. Vincent Infirmary Medical Center | 844-286-5546                     | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| Arkansas | St. Vincent Morrilton                | 844-286-5546                     | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| Arkansas | St. Vincent Medical Center - North   | 844-286-5546                     | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| Iowa     | Community Memorial                   | 402-717-4800                     | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Iowa     | Mercy Corning                        | 402-717-4800                     | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Iowa     | Mercy Council Bluffs                 | 402-717-4800                     | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Iowa     | Mercy Des Moines                     | 515-247-4199                     | Attn: EES/MECS<br>1055 6th Ave.<br>Des Moines, IA 50314                 |
| Iowa     | Mercy West Lakes                     | 515-247-4199                     | Attn: EES/MECS<br>1055 6th Ave.<br>Des Moines, IA 50314                 |
| Iowa     | Mercy Centerville                    | 515-247-4199                     | Attn: EES/MECS<br>1055 6th Ave.<br>Des Moines, IA 50314                 |
| Iowa     | Skiff Medical Center                 | 641-787-5435 and<br>888-474-1083 | Attn: EES/MECS<br>204 N. 4th Ave.<br>E Newton, IA 50208                 |

|          |                                       |              |                                                          |
|----------|---------------------------------------|--------------|----------------------------------------------------------|
| Kentucky | Continuing Care Hospital              | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Flaget Memorial Hospital              | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Jewish Hospital                       | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Med Center East                       | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Med Center Northeast                  | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Med Center Southwest                  | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Med Center South                      | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St<br>Louisville, KY 40202  |
| Kentucky | Jewish Hospital<br>Shelbyville        | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St<br>Louisville, KY 40202  |
| Kentucky | Our Lady of Peace                     | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Saints Mary and<br>Elizabeth Hospital | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Frazier Rehab Institute               | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St<br>Louisville, KY 40202  |
| Kentucky | Southern Indiana<br>Rehab             | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202 |
| Kentucky | Saint Joseph Hospital                 | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St<br>Louisville, KY 40202  |
| Kentucky | Saint Joseph Berea                    | 502-587-4540 | Attn: EES/MECS<br>312 S. 4th St<br>Louisville, KY 40202  |

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| Kentucky  | Saint Joseph East                 | 502-587-4540                    | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202                        |
| Kentucky  | Saint Joseph Jessamine            | 502-587-4540                    | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202                        |
| Kentucky  | Saint Joseph London               | 502-587-4540                    | Attn: EES/MECS<br>312 S. 4th St<br>Louisville, KY 40202                         |
| Kentucky  | Saint Joseph Martin               | 502-587-4540                    | Attn: EES/MECS<br>312 S. 4th St.<br>Louisville, KY 40202                        |
| Kentucky  | Saint Joseph Mt. Sterling         | 859-497-5130 or<br>859-497-5157 | Attn: EES/MECS<br>PO Box 7<br>Mt. Sterling, KY 40353                            |
| Kentucky  | University of Louisville Hospital | 502-562-4943                    | Attn: Admissions Department<br>530 South Jackson Street<br>Louisville, KY 40202 |
|           |                                   |                                 |                                                                                 |
| Minnesota | LakeWood Health Center            | 844-286-5546                    | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872         |
| Minnesota | St. Francis Healthcare            | 844-286-5546                    | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872         |
| Minnesota | St. Gabriel's Hospital            | 844-286-5546                    | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872         |
| Minnesota | St. Joseph's Area Health Services | 844-286-5546                    | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872         |

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|          |                                     |              |                                                                 |
| Nebraska | CHI Health Saint Elizabeth regional | 402-219-8868 | Attn: EES/MECS<br>555 S 70th Street<br>Lincoln NE<br>68510      |
| Nebraska | CHI Health Saint Francis            | 308-398-5475 | Attn: EES/MECS<br>10 East 31st Street<br>Kearney NE 68847       |
| Nebraska | CHI Health Good Samaritan           | 308-865-7179 | Attn: EES/MECS<br>10 East 31 <sup>st</sup> Street<br>Kearney NE |

|              |                              |              |                                                                         |
|--------------|------------------------------|--------------|-------------------------------------------------------------------------|
| Nebraska     | CHI Health Saint Mary's      | 402-874-5218 | Attn: EES/MECS<br>1301 Grundman Blvd<br>Nebraska City NE 68410          |
| Nebraska     | CHI Health Nebraska Heart    | 402-328-3792 | Attn: EES/MECS<br>7440 S 91st Street<br>Lincoln NE 68526                |
| Nebraska     | Bergan Mercy                 | 402-717-4800 | Attn: EES/MECS<br>2301 N. 117th Ave. Ste.<br>100 Omaha NE 68164         |
| Nebraska     | Creighton Univ Med Ctr       | 402-717-4800 | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Nebraska     | Immanuel Medical Center      | 402-717-4800 | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Nebraska     | Midlands                     | 402-717-4800 | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Nebraska     | Lakeside                     | 402-717-4800 | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Nebraska     | Lasting Hope Recovery Center | 402-717-4800 | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Nebraska     | Memorial Hospital Schuyler   | 402-717-4800 | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
| Nebraska     | Plainview Hospital           | 402-717-4800 | Attn: EES/MECS<br>2301 N. 117th Ave. Ste. 100<br>Omaha NE 68164         |
|              |                              |              |                                                                         |
| North Dakota | Carrington Health Center     | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| North Dakota | Lisbon Area Health Services  | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| North Dakota | Mercy Hospital Devil's Lake  | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| North Dakota | Mercy Hospital Valley City   | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |

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| North Dakota | Mercy Medical Center Williston          | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| North Dakota | Oakes Community Hospital                | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| North Dakota | St. Alexius Medical Center              | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| North Dakota | St. Alexius Garrison Memorial Hospital  | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| North Dakota | St. Joseph Hospital and Health Center   | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |
| North Dakota | Turtle Lake Community Memorial Hospital | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872 |

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| Oregon    | Mercy Medical (Roseburg, OR)             | 541 677-2217                 | Attn: MECS Mercy Medical Center<br>2700 NW Stewart Parkway Roseburg, OR 97471          |
| Oregon    | St Anthony Hospital (Pendleton, OR)      | 541 278-3244                 | Attn: MECS St. Anthony Hospital<br>2801 St. Anthony Way Pendleton, OR 97801            |
| Tennessee | Memorial Hospital                        | 844-286-5546                 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872                |
| Tennessee | Memorial North Park Hospital             | 844-286-5546                 | Financial Assistance Center<br>P.O. Box 660872<br>Dallas, TX 75266-0872                |
| Texas     | Baylor St. Luke's Medical Center         | 832-355-8275 or 844-490-1247 | Eligibility and Enrollment Services MC 5-366<br>PO Box 20269<br>Houston, TX 77225-0269 |
| Texas     | CHI St. Luke's Health- Lakeside Hospital | 832-355-8275 or 844-490-1247 | Eligibility and Enrollment Services MC 5-366<br>PO Box 20269<br>Houston, TX 77225-0269 |
| Texas     | CHI St Luke's Health Memorial Lufkin     | 936-639-7298                 | Attn: EES/MECS<br>1201 W Frank Lufkin TX 75904                                         |

|       |                                                |                                 |                                                                                        |
|-------|------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|
| Texas | CHI St Luke's Health Memorial Livingston       | 936-639-7298                    | Attn: EES/MECS<br>1717 59 Bypass<br>Livingston TX 77351                                |
| Texas | CHI St Luke's Health Memorial San Augustine    | 936-639-7298                    | Attn: EES/MECS<br>511 E Hospital St<br>San Augustine TX 75972                          |
| Texas | CHI ST Luke's Health Memorial Specialty        | 936-639-7298                    | Attn: EES/MECS<br>1201 Frank Ave Ste.<br>D5 Lufkin TX 75904                            |
| Texas | CHI St. Luke's Health- Patients Medical Center | 832-355-8638                    | Patient Financial Services 5-366<br>CHI St. Luke's Health<br>PO Box 20805              |
| Texas | CHI St. Luke's Health- Springwoods Village     | 832-355-8275<br>or 844-490-1247 | Eligibility and Enrollment Services MC 5-366<br>PO Box 20269<br>Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- Sugar Land Hospital     | 832-355-8275<br>or 844-490-1247 | Eligibility and Enrollment Services MC 5-366<br>PO Box 20269<br>Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- The Vintage Hospital    | 832-355-8275<br>or 844-490-1247 | Eligibility and Enrollment Services MC 5-366<br>PO Box 20269<br>Houston, TX 77225-0269 |
| Texas | CHI St. Luke's Health- The Woodlands Hospital  | 832-355-8275<br>or 844-490-1247 | Eligibility and Enrollment Services MC 5-366<br>PO Box 20269<br>Houston, TX 77225-0269 |
| Texas | St. Joseph Regional Health Center              | 979-776-4930                    | Attn: EES/MECS<br>2801 Franciscan Drive<br>Bryan, TX 77802                             |
| Texas | Burleson St. Joseph Health Center              | 979-776-4930                    | Attn: EES/MECS<br>2801 Franciscan Drive<br>Bryan, TX 77802                             |
| Texas | Bellville St. Joseph Health Center             | 979-776-4930                    | Attn: EES/MECS<br>2801 Franciscan Drive<br>Bryan, TX 77802                             |
| Texas | Madison St. Joseph Health Center               | 979-776-4930                    | Attn: EES/MECS<br>2801 Franciscan Drive<br>Bryan, TX 77802                             |
| Texas | Grimes St. Joseph Health Center                | 979-776-4930                    | Attn: EES/MECS<br>2801 Franciscan Drive<br>Bryan, TX 77802                             |
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| Washington | Harrison     | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872 Dallas, TX<br>75266-0872 |
| Washington | Highline     | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872 Dallas, TX<br>75266-0872 |
| Washington | St Anthony   | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872 Dallas, TX<br>75266-0872 |
| Washington | St Clare     | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872 Dallas, TX<br>75266-0872 |
| Washington | St Elizabeth | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872 Dallas, TX<br>75266-0872 |
| Washington | St Francis   | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872 Dallas, TX<br>75266-0872 |
| Washington | St Joseph    | 844-286-5546 | Financial Assistance Center<br>P.O. Box 660872 Dallas, TX<br>75266-0872 |