POCONO MEDICAL CENTER

PAYMENT ASSISTANCE PROGRAM

Patient Name: _____

Address: _____ Phone: _____

_____

_____

MISSION STATEMENT

Pocono Health System is committed to the highest quality care and the prevention of illness, the promotion of wellness, and the restoration of health in an environment of collaboration, compassion and respect.

Family Size _____ Family Gross Income _____ Sliding Fee Scale ❒ Yes ❒ No

INCOME

NAME LAST FIRST MI	SS#	TYPE OF INCOME	EMPLOYER/SOURCE	GROSS AMOUNT	FREQ CODE	BEGIN DATE	DATE REC'D

TYPES OF INCOME

FULL TIME EMPLOYEMENT, PART TIME EMPLOYMENT, ROOM/BOARD OR RENT, SELF EMPLOYMENT, UNEMPLOYMENT COMPENSATION, WORKER'S COMPENSATION, SOCIAL SECURITY DISABILITY, SOCIAL SECURITY SURVIVORS OR RETIREMENT, SUPPLEMENTAL SECURITY INCOME, VETERANS COMPENSATION (DISABILITY), VETERANS PENSION (RETIREMENT), BLACK LUNG, RAILROAD RETIREMENT, OTHER PENSIONS (FEDERAL), SICK BENEFITS, UNION BENEFITS, DIVIDENDS/INTEREST, COURT ORDERED SUPPORT, OTHER INCOME

FREQUENCY CODES

01 ONE TIME ONLY 02 WEEKLY 03 BI-WEEKLY 04 SEMI-MONTHLY 05 MONTHLY 06 BI-MONTHLY 07 QUARTERLY 08 SEMI-ANNUALLY 09 ANNUALLY

ASSETS

STOCKS $ _____ SAVINGS ACCT. $ _____ CREDIT UNION $ _____

BONDS $ _____ CHECKING ACCT. $ _____ **TOTAL ASSETS** $ _____

1. Family Member _____ Relationship _____

2. Family Member _____ Relationship _____

3. Family Member _____ Relationship _____

4. Family Member _____ Relationship _____

5. Family Member _____ Relationship _____

Date _____ Completed by _____

Guarantor Name – print/sign

OVER →

Be sure to include the following supporting documentation:

1. 'Notice to applicant' from the Department of Public Welfare.
2. W-2 form, for the most recent year.
3. Federal Income Tax return for the most recent year.
4. Three most recent Consecutive Bank Statements.
5. Social Security or Unemployment Disability letter or copy of check.

Please return this application with your supporting documentation within 10 days.

You will be notified of the approval or denial.

Thank you for your cooperation in this matter.