Meritus Health
11116 Medical Campus Road
Hagerstown, MD 21742
Phone 301-790-8000

Meritus Health has a Financial Assistance Program available for patients who are unable to pay all or part of their medical bills. This program is based on the Federal Income Guidelines of the household, asset owned by the household and household size. Please complete the entire application and return it with the required documentation to:

Meritus Medical Center
Attn: Patient Accounts/Financial Assistance
11116 Medical Campus Road
Hagerstown, MD 21742

Helpful Hints:

- Please make sure that you include all of the required documentation with your application to avoid any delay in processing your application. If a required document does not apply to your household, please notate that on your application.
- If you have applied for Financial Assistance in the past, you must submit new and current documentation with your application. We cannot use information from your previous application.
- **Regular monthly payments are expected until your application is processed and you receive an approval letter in the mail.**

If additional information and/or documentation are required, we will contact you by phone or by mail. You will be notified in writing of the decision regarding this application within 30 days of the completed application. If you have any questions or concerns regarding your application, please contact a Financial Counselor at (301) 790-8247 Monday through Friday between the hours of 7:30 am and 4:00 pm.

Sincerely,

Financial Counselor
Meritus Medical Center
11116 Medical Campus Road
Hagerstown, MD 21742

Maryland State Uniform Financial Assistance Application

Information About You

Name: ____
First *Middle Initial* *Last*

Social Security Number ☐ - ☐ - ☐

Marital Status: ☐ Single ☐ Married ☐ Separated

US Citizen: ☐ Yes ☐ No

Permanent Resident: ☐ Yes ☐ No

Home Address: ____
Street Address
____
City *State* *Zip code* *Country*

Home Phone: (☐) ☐ - ☐
(Area Code) ### - ####

Employer Name & Address: ____
Employer Name
____
Street Address
____
City *State* *Zip code*

Work Phone: (☐) ☐ - ☐
(Area Code) ### - ####

Household Members:

Name	*Age*	*Relationship*

Have you applied for Medical Assistance ☐ Yes ☐ No

If yes, what was the date you applied? ☐/☐/☐ *(MM/DD/YYYY)*

If yes, what was the determination?

Do you receive any type of state or county assistance? ☐ Yes ☐ No

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	________________
Retirement/pension benefits	________________
Social security benefits	________________
Public assistance benefits	________________
Disability benefits	________________
Unemployment benefits	________________
Veterans benefits	________________
Alimony	________________
Rental property income	________________
Strike benefits	________________
Military allotment	________________
Farm or self employment	________________
Other income source:	________________
Total	________________

II. Liquid Assets

	Current Balance
Checking account	________________
Savings account	________________
Stocks, bonds, CD, or money market	________________
Other accounts	________________
Total	________________

Do you have any other unpaid medical bills? ☐ Yes ☐ No

For what service? ________________________________

If you have arranged a payment plan, what is the monthly payment? ________________________________

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

____

Applicant signature *Date* *Relationship to Patient*

Checklist of information that MUST be attached to this Financial Application:

***For those that are uninsured we will refer you to attempt to qualify you for any Federal or State available insurance coverage. You are expected to follow through/comply with the government required application process.*

Market Place\Medicaid Expansion (HELP) Insurance:

______Proof of application being accepted with effective date of coverage
______Proof of application being filed and coverage denied

Current approval letter for the following public assistance:

______Snap (Food Stamps) _____Housing
______L.E.A.P (Energy Assistance) ______Other

Earnings:

______1040 Federal Tax Return, most current year filed and last current pay stub
(for all working members of the household)
______No household members file taxes
______Last December pay stub with year-to-date earnings
(for all working members of the household)
______All last year bank statements plus year to date bank statements
______Year-to-date Profit and Loss Statement

Other Earnings:

______Unemployment compensation
______Worker's compensation
______Social Security and Pension Earnings (Example: award letter)
______Veterans' payments
______Survivor benefits
______Interest and Dividends
______Rentals
______Royalties
______Income from estates
______Trusts
______Educational assistance
______Alimony
______Child Support
______Assistance from outside the household

Assets:

______3 months checking account statements
______I don't have a checking account
______3 months savings account statements
______I don't have a savings account
______3 months investment account statements
______I don't have any investments
______Written explanation of periods without income. How were you paying for food and housing?
____
____
____
______If someone is providing food and housing, please include a signed letter of support from the individual(s) helping you.

Should you have any questions or concerns regarding your application, please contact a Financial Counselor at 301-790-8247 Monday through Friday between the hours of 7:30 am and 4:00 pm.

Sincerely,

Financial Counselor
Patient Financial Services
Meritus Medical Center