



August 18, 2017

Ms. Julia Shaw, Health Care Policy Analyst
Ms. Kaili Kuiper, Esq., Staff Attorney
Mr. Eric Schultheis, Health Care Advocate
Vermont Legal Aid, Inc.
Office of the Health Care Advocate
264 North Winooski Ave.
Burlington, VT 05401

Via e-mail: jshaw@vtlegalaid.org; kkuiper@vtlegalaid.org; eschultheis@vtlegalaid.org; Janeen.Morrison@vermont.gov

Dear Ms. Shaw, Ms. Kuiper, and Mr. Schultheis:

Following please find North Country Hospital's responses to questions submitted as part of our Fiscal 2018 budget review.

1. What are the hospital's goals for participation in payment reform initiatives in 2018 and in the next five years?

For calendar year 2018, North Country Hospital has decided not to participate in the Medicare risk-based ACO contract or the BlueCross/Blue Shield of Vermont risk-based ACO contract. We are currently evaluating whether or not we will participate in the Medicaid Risk program through OneCare Vermont. The deadline for our decision is September 9th.

Regardless of whether or not we feel we are ready to take on risk in 2018, our goal is to develop the infrastructure and capacity to be able to take on risk based contracts for FY 2019 and beyond.

- a. What steps will the hospital take to meet these goals?

There are four specific areas of focus for us to be successful in this transformation:

- i. **Development of information systems to improve integration of data and enhance analytic capabilities;**
- ii. **Evaluation and potential revision of our organizational structure to provide operational capacity to effectively execute population health management.**
- iii. **Revised evaluation and incentive structure for employed physicians and managers.**
- iv. **Increased integration and partnership between North Country Hospital and local health and social service agencies.**

- b. Please describe the reasons why the hospital has chosen not to participate in the risk-based Accountable Care Organization payment models offered to date. If the decision was informed by financial modelling, please provide the model specification, model inputs and results.

North Country Hospital has been an active participant in payment reform initiatives since the Vermont Blueprint for Health advanced primary care medical home model was introduced at the beginning of this decade. We have been a member of the OneCare Vermont ACO since its inception and have been participating in the Medicare Shared Savings program under OneCare Vermont continuously since 2013. For calendar years 2014, 2015, and 2016, North Country also participated in the Vermont Medicaid and Commercial shared savings programs.

OneCare Vermont had initially taken the position that members had to participate in all three of the risk-based ACO contracts (ie: BC/BS, Medicare, and Medicaid) in order to continue participation in the OneCare ACO. Neither North Country Hospital, nor our ancillary provider partners in our community (ie: designated mental health agency, VNA, skilled nursing facilities, FQHC, etc.), feel we are ready to assume that level of risk at this time.

- c. Does the hospital participate in any capitated payment agreements directly with insurers? If yes, please describe:
- i. Whether the capitated payments save the insurer money compared to fee for service payments;
 - ii. Whether the hospital and/or its providers earn more profit under capitated payments or fee for service, on average; and
 - iii. How the hospital ensures that patients continue to receive appropriate services under capitated payments.

North Country is not currently participating in capitated payment arrangements.

2. Please describe the financial incentives that the hospital currently includes in provider, coder, and other personnel salaries and/or contracts.

Providers (ie: physicians, nurse practitioners, and physician assistants) have productivity and quality based financial incentives as part of their compensation plan. These providers receive a productivity incentive based on work relative value units produced in excess of a certain threshold. Their compensation is reduced if they do not achieve a certain percentile rank for patient satisfaction.

Coders do not receive any form of incentive compensation.

Hospital management (ie: department directors and senior administration) is eligible for a board approved performance-based incentive plan under which incentive compensation is based upon performance on quality indicators, attainment of strategic goals, and hospital financial performance.

- a. How has the use of incentives by the hospital changed over time?

The incentives have changed over time from a straight salary to a base-plus-incentive that is tied to national productivity benchmarks. Incentive parameters have become more objective and quantifiable measures of performance. We have also begun to incorporate quality metrics into the provider compensation plan, beginning with patient satisfaction.

3. Does the hospital or any of its departments or personnel receive financial or other benefits for using specific pharmaceuticals?

No hospital personnel -- including employed physicians, physician assistants, and nurse practitioners -- receive financial or other benefits for prescribing or using specific pharmaceuticals.

The hospital receives financial benefit by charging patients and their third party insurance for all drugs that are administered to them. There is no kickback or inducement for the hospital to use one drug vs another. We do encourage the use of lower-cost generic equivalents and try to standardize the specific drug(s) we use out of a drug category or class. For example, there are numerous proton pump inhibitors (eg: Prilosec, Prevacid, Nexium...) and the hospital has a process to standardize our usage based on the least expensive and most efficacious drug in that specific class.

- a. Please list all pharmaceuticals for which the hospital or provider receives payment when the drug is prescribed, administered, and/or when the prescription is filled.

The hospital charges patients for every drug that is administered to them in the hospital and through our 340B contracted pharmacies. It is not possible to list every drug that we supply and charge for.

4. With the various payment reform initiatives underway, shared decision-making is becoming increasingly important as an antidote to the potentially perverse incentives of risk-based payment models.

- a. Do you commit to implementing shared decision-making throughout your hospital system in 2018? **No**

- b. Please describe your plan for doing so and how you will measure the plan's implementation progress. **We are not aware of the shared decision model you are referring to and would need to educate ourselves on this and evaluate the specific goals, methodology, metrics, and costs vs benefits of implementing this specific shared decision model.**

5. What is the extent of your Choosing Wisely initiative(s), if any? Please describe the initiative(s), how you have chosen which departments participate, and which of these initiatives, if any, have led to identifiable cost savings and/or quality improvement.

The ABIM Foundation, in conjunction with the various national medical specialty societies, has developed *hundreds* of Choosing Wisely initiatives. A number of these have developed into the generally accepted *standard of care* and therefore are incorporated into our clinicians' general practice. Other Choosing Wisely initiatives have been integrated into the protocols and procedures that our clinicians adopted when we became certified as NSQA Level 3 Patient Centered Medical Homes. We have also made a concerted effort to actively advance other initiatives such as the following two:

- **Management of chronic pain-** all service lines of NCH- primary care, specialty offices, emergency department, in-patient and out-patient services have incorporated an evidence-based framework for use of opiates for treatment of pain which includes patient

education which focuses on the risks and benefits of treatment and is reviewed by the patient and provider before a decision is made to utilize opioid medication to manage the person's chronic pain.

- **Screening Tests: Lung Cancer.** NC Primary Care in both the Newport and Barton offices has implemented a process to stratify its population for early identification of patients with risk factors for lung cancer and provides education as to the risks and benefits of receiving Low Dose CT screening based on criteria approved by the ACCP and ATS. Patient education is provided as to the risks/benefits of receiving and not receiving Low Dose CT scans. From 4/1/17 through 6/30/17, there were 110 Low Dose Lung CT scans completed: of these, 28 had abnormal findings requiring follow up.

6. Please provide copies of your financial assistance policy, application, and plain language summary as well as detailed information about the ways in which these three items can be obtained by patients.

North Country Hospital's Financial Assistance Policy is enclosed under attachment labeled 1-a. Our Financial Assistance Application and instructions are enclosed under attachment labeled as 1-b.

The hospital notifies and informs patients of the availability of the Financial Assistance Policy by the following:

- **Posted on the Hospital internet page.**
- **Verbally discussed during collection calls by staff.**
- **Verbally discussed and available at time of registration if appropriate.**
- **Communicated on all statements mailed to patients.**
- **Patients with no insurance are reviewed daily and are contacted via phone/mail to discuss insurance enrollment and financial assistance options.**

- a. Please provide the following data by year, 2014 to 2017 (to date):

- i. Number of people who were screened for financial assistance eligibility;

North Country does not keep statistics on the number of people who were screened for financial assistance eligibility. Any patient who presents that does not have insurance is screened for financial assistance eligibility through a consult meeting with one of our financial navigators. Options for the Healthcare Exchange and Medicaid enrollment are explored and patients are assisted with getting enrolled if they are eligible. The navigators also assist patients with completion of a financial assistance application through this process.

ii. Number of people who applied for financial assistance;

North Country does not keep statistics on the number of people who applied for financial assistance.

iii. Number of people who were granted financial assistance by level of financial assistance received;

Following are the statistics for people who received financial assistance by fiscal year:

	FY2014	FY2015	FY2016	FY2017
People on FA	516	522	481	410

iv. Number of people who were denied by reason for denial.

North Country does not keep statistics on the number of people who were denied financial assistance.

7. As a nonprofit with a duty to benefit the community, how does the hospital ensure that its commercial rates are in the best interest of consumers? Please provide specific metric(s) that the hospital uses to determine this. For any metric(s) currently in use for this purpose, please provide results by year for 2014 to 2017 (to date).

The Board of Trustees and Management of North Country Hospital are extremely aware and sensitive to the impact of health care costs on our local businesses and families in our community. We do not have any specific metrics that we use to determine our commercial rates: we have adhered to the principal of trying to keep our price increases as low as possible, but sufficient to maintain access to critical services in our community.

8. We often hear from hospitals that they charge extra for a wide variety of services in order to fund core hospital services. In light of this business model, how does the hospital ensure that the prices of its services are set appropriately?

North Country Hospital does not deliberately “charge extra” for certain services in order to fund core hospital services. We ensure that prices for services are set appropriately by conducting periodic *chargemaster* reviews where we compare North Country’s charges with market averages. We have worked to systematically reduce prices that are significantly above the market. For example, based on the State of Vermont Act 53 Hospital Report Cards, North Country Hospital had not increased prices for laboratory tests for the past six years in order to bring them in line with hospital system averages.

a. What factors are considered in setting prices?

Hospital prices are typically established based on what the Medicare program pays. When pricing a new procedure or service, North Country Hospital establishes a price based on a multiple of what Medicare pays.

b. What financial or quantitative metrics does the hospital use to ensure that its service pricing is appropriate? For any metric(s) currently in use for this purpose, please provide results by year for 2014 to 2017 (to date).

As our charges are regulated by the Green Mountain Care Board, North Country Hospital increases our existing prices each year by the percentage rate increase that is approved by the Green Mountain Care Board. Following are our actual rate increases from FY 2011 through FY 2017:

2011	2012	2013	2014	2015	2016	2017	2018 (Requested)
4.4%	5.1%	4.6%	8.0%	8.3%	4.8%	3.5%	5.0%

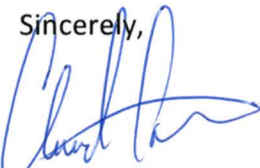
9. For the hospital’s inpatient services, please provide your all-payer case mix index, number of discharges, and cost per discharge for 2014 (actual) through the present (2017 budget and projected) and 2018 (budget).

Please find the statistical information requested in the table below. North Country Hospital does not calculate case mix for projections and budget.

	FY2014	FY2015	FY2016	FY2017 Budget	FY2017 Proj	FY2018 Budget
Case Mix Acute	1.1493	1.0331	1.1178	1.0937	N/A	N/A
Acute Discharges	1,443	1,420	1,394	1,417	1,432	1,432
Cost per Adjusted Discharge	8,901	8,655	8,963	9,195	9,527	9,688

I hope that these responses adequately address your questions. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,



Claudio Fort
President & CEO

Attachments

Cc: Green Mountain Care Board

North Country Hospital
Fiscal Operating Procedures

Issuing Department: Patient Financial Services
Areas Affected: Patient Financial Services
Effective: October 1, 2008
Reviewed: April 25, 2011
Revised: October 1, 2016
Owner: Christine Fortin, Director Patient Financial Services
Approved by: Andre Bissonnette, Chief Financial Officer

Financial Aid Policy

Purpose: North Country Hospital is guided by mission to provide high quality care for all of its patients. We are committed to serving all patients, including those in our service area who lack health insurance coverage and who cannot pay for all or part of the essential care they receive at our facility. We are committed to treating all patients with compassion from bedside to the billing office, including our payment collection efforts. Furthermore, we are committed to advocating for expanded access to health coverage for all our patients.

North Country Hospital is committed to maintaining financial aid policies that are consistent with its mission and values and that take into account an individual's ability to pay for medically necessary health care services:

POLICY GUIDELINES:

This policy is intended to cover the hospital's guidelines for administering financial assistance to patients requiring emergency and medically necessary care whom lack health insurance or after exhausting all sources of insurance payment. Financial aid is provided to patients with a demonstrated inability to pay, as contrasted to an unwillingness to pay, which is considered bad debt.

1. Financial aid shall be available to:

- Uninsured or underinsured individuals residing in North Country Hospital's primary service (Orleans and Essex Counties) receiving medically necessary or emergency care.
- Hospital's guidelines for financial assistance include inpatient and outpatient services as well as outpatient clinic services under Tax ID 03-0185556.
- Patients residing in our service area that have exhausted their medical benefits for medical necessary or emergent care.
- Except for emergency services, patients must reside within North Country Hospital's primary service area for a particular service to be eligible for financial aid.
- Eligibility for financial assistance for non-emergent care for patients outside our service area will be determined by a case-by-case basis and requires Vice President approval. If a patient is approved to receive financial assistance as an exception they will be screened using the same criteria as patients residing in the primary service area.

Continued.

1-a

- Elective procedures that are not deemed medically necessary (i.e. cosmetic surgery, infertility treatments) are not eligible for financial aid.
 - Patients can obtain a discount for elective and non-covered services.
 - The Financial Aid policy follows EMTALA guidelines
2. North Country Hospital does not place a limit on the services based on a patient's medical condition.
 3. Financial aid offices are located at North Country Hospital, 186 Prouty Drive, Newport, VT 05855; Financial Counselors office: 802-334-3274 or 802-334-3273 (E-mail navigator@nchsi.org)

Paper copies of the Financial Aid Policy, the financial aid summary, and/or the Financial Aid application are available upon request, without charge, by mail or by E-Mail. E-mail requests can be sent to navigator@nchsi.org. They can also be found on the facility's website at: <http://www.northcounryhospital.org/financial-services/>

4. Uninsured patients receiving services at the Hospital's outpatient clinic locations can apply for financial aid at any time and can request applications at any location. All patients receiving services throughout North Country Hospital can visit the financial aid office above to begin or complete their applications.
5. Determination of eligibility for financial aid will be made as early in the care planning and scheduling as possible. Financial Navigators/counselors will assist any patients who require assistance with completing a financial aid application. Emergency services will never be delayed pending financial determinations. Patients can apply for financial aid prior to services or after receipt of a bill. Patients can also apply for financial aid after a bill has been sent to a collection agency within 6 months.
6. Financial aid approval will be valid for one year for Medicare patient's and six months for all other payer. Patients that now have Medicaid coverage will be approved for one time coverage for previous outstanding accounts. A patient must submit a new application for subsequent free care at the end of the eligibility period.
7. Patients or financially responsible parties are expected to cooperate with North Country Hospital in applying for available public insurance coverage (i.e. Medicaid, Vermont Health Connect (during open enrollment) or (during change of circumstance) if deemed potentially eligible. Financial aid eligibility is contingent on completing a Medicaid application.
8. Gross income in relation to published Federal Poverty guidelines adjusted for family size shall be used as part of eligibility for financial aid. Decisions are based on all the financial information listed on the financial aid application.

Continued..

9. Financial Navigators/Counselors will be available to assist with financial aid consultations. Applications for financial aid will be reviewed and decided upon promptly and within 30 business days from date of completed application. Patients will receive financial aid decisions via mail, with notifications on the bottom of the approval/denial letter explaining how to appeal the decision. Patients are advised to disregard any bill received while an application is in process. Accounts for patients who have completed financial aid applications shall not be sent to collections while applications are in process however they will continue to receive statements until a determination is made.

11. Financial aid availability and office phone numbers are printed on the back of all hospital bills. This information is also on the hospital internet site. There are signs posted at the entranceways advising patients of the financial aid office location. All intake, registration, and collection agency staff are trained on the hospital's financial aid policy.

12. Patients may appeal North Country Hospital's financial aid decision if they are denied financial aid or deem a decision to be unfavorable by submitting a letter for re-determination. Based upon the information provided, the application will be reviewed by Director of Patient Financial Services and Chief Financial Officer and reviewed for final determination.

13. Patients may be offered payment plans if they are not able to make reduced payments in full. North Country Hospital does not charge interest.

14. Patients will receive a notice 30 days prior to any account being forwarded to a collection agency for failure to request or complete a financial aid application or failure to make payments on a financial assistance balance.

15. Immigration status is not a criterion for used to determine eligibility.

Guidelines:

1. For uninsured and/or underinsured individuals at or below 300% of the Federal poverty level guidelines who are approved for financial aid will be approved at 100% of the patient bill excluding copays.
2. Copayments are the responsibility of the patient/guarantor and part of the covered health plan guidelines.
3. Financial assistance for copayments may be considered after financial aid approval by writing an additional request explaining why they cannot be paid.



North Country Hospital

Where caring runs deep.

1-b

North Country Hospital Summary of Financial Aid Assistance Policy

North Country Hospital recognizes that there are times when patients in need of care will have difficulty paying for their services provided. We can help you apply for financial assistance if you qualify based on information required for the financial aid application. In addition, we can help you apply for free or low-cost insurance if you qualify.

Who qualifies for a discount?

Financial Assistance is available for patients with limited incomes who do not have health insurance, or who have used up their health insurance benefits.

You can get a financial aid for emergency care if your financial information provided meets the financial aid guidelines.

You can get a discount for non-emergency, medical necessary care if your financial information provided meets the financial guidelines.

You cannot be denied emergency care or other medically necessary care because you need financial assistance.

What are the income limits?

The amount of the discount varies based on your income and the size of your family. These are the income limits based on 2016 Federal Poverty Guidelines at 300% of the Poverty Guideline.

Family Size	Annual Family Income 300% of the Poverty Guideline 2017
1	Up to \$36,180
2	Up to \$48,720
3	Up to \$61,260
4	Up to \$73,800
5	Up to \$86,340
6	Up to \$98,880
7	Up to \$111,420
8	Up to \$123,960

What services are covered by the hospital Financial Assistance Policy?

All emergency services and other medically necessary services provided by the hospital including inpatient and outpatient services are covered by the Financial Assistance Policy. Professional services provided by providers who are employed by the hospital and are medically necessary are covered. Charges for professional services provided in the hospital facility by private (non-employed) providers are likely not covered. The following locations are employed by North Country Hospital.

North Country Primary Care Newport	North Country Primary Care Barton Orleans
North Country Surgical Associates& Urology	North Country Anesthesia & Pain Treatment Center
North Country Neurology Services	North Country Ob/GYN Services
North Country Orthopaedic Surgery	Northern Vermont Center for Sleep Medicine
North Country Pulmonology Medicine	North Country Pediatrics
North Country Radiology	

What Services are not covered by the Hospital Financial Assistance Policy?

Services that are not medically necessary, like cosmetic surgery, infertility treatments, or services considered experimental by your health plan are not covered. Non-covered or elective services qualify for prompt discounts. Cosmetic services are already discounted.

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**North Country Hospital
Summary of Financial Aid Assistance Policy Page 2**

How do I apply for financial assistance?

You can apply for financial assistance by completing and submitting a Financial Aid Form to North Country Hospital or at any one of the medical clinics listed previously.

You may be screened for Medicaid eligibility and/or other eligible health plans and may be required to cooperate with the Financial Navigator in order to qualify for financial assistance under our policy.

What documentation do I need to provide when I apply for financial assistance?

- Completed Financial Assistance Form signed by all members applying for financial assistance in the household
- Social Security/Pension award letter or bank statement showing Social Security Deposit
- Current year's federal income tax return including all forms and schedules
- Two current consecutive bank statements
- Two current paystubs/employment verification letter or one unemployment statement
- Attestation letter explaining income, support, and/or current financial situation if other proof of income is not available.
- Medicaid notice of decision and spend down letter if applicable

How much do I have to pay?

If you are eligible for financial assistance, you will not be charged other than the co-payments required by your health plan.

How do I get financial assistance?

You have to fill out the application form. You can apply for financial assistance before you have an appointment, when you come to the hospital to get care, or when your bill comes in the mail. You will have 240 days after getting your first bill from us to submit your application.

How will I know if I was approved for assistance?

We will send you a letter within 30 days after you submit a complete application, telling you if you have been approved.

What if I get a bill while I am waiting to hear if I get assistance?

You cannot be required to pay a bill while our application is being considered. If your application is turned down, the hospital must tell you why in writing at which time you may submit a letter for reconsideration.

What if I am denied financial assistance and think there was a mistake?

You can appeal by submitting a letter in writing to the Chief Financial Officer, North Country Hospital, 189 Prouty Drive, Newport, VT 05855 within 30 days of receiving your denial letter. You can only appeal if you provided incorrect information, or there has been a change in your financial status or there is another extenuating circumstance.

What if I get denied for assistance but cannot afford to pay my bill?

If you get denied and still cannot pay your bill, you may be eligible for an interest-free installment payment plan. The payment plan may be based on your income or the amount of your bill.

How do I obtain a copy of the hospital's financial assistance policy and application?

Copies of the hospital's financial assistance policy, this summary, and the financial assistance application forms are all available on the internet at <http://www.northcountryhospital.org/financial-services>. Copies of these materials are also available in the offices listed above, and you can also request that copies of these materials be mailed to you (at no charge) by contacting 802-334-3274, 802-334-3273 or email navigator@nchsi.org. Interpreter's/interpretation is available upon request.

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Financial Assistance Application

Return to: NCH, 189 Prouty Drive, Newport VT 05855
802-334-3273/802-334-3274



1. Patient's Information:

All personal information will be held in strictest confidence.

First Name	Last Name	Middle Initial	Date of Birth	Date	
Street Address		City	State	Zip	Length at this Address
Mailing Address		City	State	Zip	
Home Phone Number	Work Phone Number	Cell Phone Number			

2. Person Responsible for Paying the Bill

First Name	Last Name	Middle Initial	Phone Number Home	Work	Cell
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3. ***Please list ALL people living in the household, including applicant: Use additional paper if needed

Name	Relationship to Patient	Age	Date of Birth	Social Security #	Current Health Coverage
1.	SELF				
2.					
3.					
4.					
5.					
6.					

4. Have you applied for financial assistance at another facility? Yes No Where? _____
5. Is anyone in your household pregnant? Yes No Whom? _____
6. Is anyone in your household currently uninsured? Yes No Mark No under Current Health Care Above
7. If you are uninsured did you apply for insurance through the Health Care Exchange? Yes No
If not why? _____
8. Have you filed a workers's compensation or motor vehicle accident claim? Yes No
If yes date of accident or injury? _____ Name of Insurance Carrier? _____ Policy # _____
9. Is anyone in your household eligible for Social Security Benefits? Yes No Who: _____
10. Has anyone applied for Medicaid? Yes No Fuel Assistance? Yes No Food? Yes No
11. Have you been denied health care? Explain _____

12. Household Income Information		Person 1	Person 2	Person 3
NAME of Household Member				
MONTHLY INCOME				
Employment	\$		\$	\$
Self Employment	\$		\$	\$
Investment Account	\$		\$	\$
Real Estate (i.e. Rentals)	\$		\$	\$
Unemployment(Since __/__/__)	\$		\$	\$
Retirement(Social Security)	\$		\$	\$
Pension/Annuities	\$		\$	\$
Alimony/Child Support	\$		\$	\$
Public Assistance, Fuel, Food	\$		\$	\$
Other Income Specify: _____	\$		\$	\$
SAVINGS/INVESTMENTS				
Checking Account	\$		\$	\$
Savings Account/CD's	\$		\$	\$
IRA, 403B, 401 K Specify: (_____)	\$		\$	\$
Mutual Funds/Stocks/Bonds	\$		\$	\$
Other Savings/Investments Specify: (_____)	\$		\$	\$
LIST OF VEHICLES	Make		Model	Year
Car				
Car				
Truck				
Camper				
Recreational Vehicles				

13. Household Expenses- Monthly (if Yearly Specify -Yr)

Monthly Rent Payment: \$ _____ Monthly Mortgage Payment: \$ _____

Value Primary Residence: \$ _____ Property Tax Listing \$ _____ Mortgage Balance: \$ _____

Other Property: Value \$ _____ Property Tax Listing \$ _____ Mortgage Balance: \$ _____

Type of Property Owned and Value if additional properties:
 Mobile Home: \$ _____ Farm: \$ _____ Camp: \$ _____ Acreage: \$ _____ Business: \$ _____

Utilities	\$	Insurance(Auto/Life)	\$	Property Insurance	\$
Heat	\$	Gas/Food	\$	Health Care Bills	\$
Child Care	\$	Alimony/Child Support	\$	Medications	\$
Cable/TV/Intranet	\$	Credit Card:	\$	Other:	%

14. Liabilities/Loans/Mortgage (Mortgage, School, Credit Card Debt, Vehicles, other)

Name of Creditor	What Purchased	Amount Financed	Unpaid Balance	Monthly Payment
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
			Total: \$	Total: \$

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the full payment of the hospital bill.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____