



Dear Patient,

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Anderson Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please complete this form and submit it to the hospital in person, by mail, by electronic mail or by fax to apply for free or discounted care.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help the hospital determine whether you qualify for any public programs.

Please submit proof of income (copies) for the entire household to process this application. Please use the following checklist and enclose all pertinent information:

- ◆ Proof of income – last three (3) paycheck stubs
- ◆ Last year's Federal Tax Return and W-2's
- ◆ Last two (2) statements for all checking, savings, stocks, bonds, annuities, etc.
- ◆ Other information requested by Anderson Hospital (Medicaid denial letter, if applicable)

If you did not file taxes or you need a copy of your tax return, please contact the Internal Revenue Service (IRS) to request form 4506-T. You can obtain this form by calling the IRS at 1-800-829-1040, or going to the IRS website – <http://www.irs.gov/pub.irs-pdf/f4506t.pdf> and downloading a copy of this form. Or, you can visit the Patient Access department at Anderson Hospital and we can assist you in completing the form and faxing it directly to the IRS on your behalf. Once you have received the information from the IRS, please return the documentation received with the financial application with all the pertinent information in the envelope provided.

Completing the financial assistance application with the supporting documentation acknowledges your good faith effort to provide all the information requested to assist the hospital in determining whether you are eligible for financial assistance.

If you have any questions, please contact our Patient Access Financial Counselor at 618-391-6920. Our email address is – financialcounselor@andersonhospital.org, and our fax number is 618-288-9776.

Sincerely,

Anderson Hospital

**Anderson Hospital
6800 State Route 162**

Anderson Hospital