

JEFFERSON HEALTH COMPASSIONATE CARE APPLICATION GUIDE

Jefferson Health offers financial assistance for its medical care to eligible individuals and families. Based on your financial need, either reduced payments or compassionate care may be available.

You may be eligible for financial assistance if you:

- have limited or no health insurance
- are not eligible for government assistance (for example, Medicaid)
- can show you have financial need
- are a resident of Pennsylvania, New Jersey, or Delaware
- provide Jefferson with necessary information about your household finances

About the Application Process:

The process for applying for Jefferson Health Compassionate Care Program includes these steps:

- Complete the Compassionate Care Application form in this packet.
 - Include supporting documents listed on attached checklist.
 - We look at your income, assets (for example, bank accounts, stocks, bonds, and other investments), and family size to determine the level of assistance available to you. We use a sliding scale, based on federal poverty guidelines.
 - Note that you must first explore whether you are eligible for some type of insurance benefits that would cover your care (for example, workers' compensation, automobile insurance, and/or Medical Assistance). We can help direct you to the appropriate resources.
- Upon review of your application, a determination will be made and you will be notified of the decision.
- We can arrange a payment plan for any remaining balances that are not covered by Compassionate Care.
- This Program is for your Jefferson Health Hospital balances only, and may not apply to physician services.

Filing Your Application:

Please mail your completed application form and copies of your proof of income materials to the address of the facility where services were received:

Service Locations:	Jefferson University/Jefferson Neurosciences/ Methodist Hospitals	Abington/ Lansdale Hospitals	Bucks/Frankford/Torresdale Hospitals
Mail To:	Jefferson University Hospitals P.O. Box 785992 Philadelphia, PA 19178-5992 Attn: Financial Assistance Rep	Abington-Jefferson Health Ground Floor, Widener Bldg 1200 Old York Road Abington, PA 19001	Jefferson Health Northeast Financial Services Unit 4900 Frankford Avenue, Suite 1900 Philadelphia, PA 19124
Phone #:	833-958-2198	833-958-2198	833-958-2198
Fax #:	215-503-9163	215-481-3057	215-831-2330
E-Mail Address:	customer.service@jefferson.edu	finassist@jefferson.edu	

If you have any questions, please call the phone number above to speak to a representative.

10/01/19

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Documentation Checklist

Your application must include copies of any of the following documents that apply to you. Please attach **copies, not originals**, as Jefferson cannot return any documents sent with the application. If any of the documents are missing, it will delay processing of your application.

1. If You Have Income:

Attach proof of your household income, which may include:

- Current and consecutive paystubs for the last thirty (30) days from all employed household members.
- Award Letters: Social Security, Pension, Unemployment, Worker's Compensation
- Most recent IRS Form 1040 and appropriate schedules-Complete 1040 tax return with the W2, if self-employed-the 1099 with the Schedule C (Profit and Loss) and 1040 tax return for the previous year.
- Letter from your employer on company letterhead stating the date of hire, hourly or weekly rate signed and dated by your employer with phone number.
- Other documentation – I-20, Child Support, Shelter letter, Financial Support letter (detailing reason why proof of income is not available). Please include sponsoring person's income.

2. If You Have No Income:

- Send us a letter of support. The person who provides your support must sign the letter and have the document notarized.

3. Proof of Household Cash Available

Attach most recent statements for:

- checking and/or savings accounts
- stocks, bonds, certificates of deposit (CD's), high yielding interest accounts, or annuities
- any other investments, including real estate
- Health Savings Accounts (HSA), Medical Savings Accounts (MSA), Flexible Spending Arrangements (FSA), or Health Reimbursement Arrangements (HRA)

4. Letter of Denial of Medical Assistance

- Based on initial financial screening, you may need to apply for Medical Assistance and send a copy of your Letter of Denial (PA 162) before we can approve your application.

5. Verification of Identity:

- Copy of driver's license, or passport, other photo ID or Government issued ID

6. Your Completed and Signed Financial Assistance Application Form

- Please make sure to complete all the parts of the form that apply to you.
- Please return within thirty (30) days.