NEW YORK COMMUNITY HOSPITAL

Patient Financial Services 265 Post Avenue Ste 200 Westbury, NY 11590

Dear Patient:

Enclosed please find attached an Application for Charity Care. You may apply for Charity Care at any time during the billing and collection process. Please complete the application and attach all supporting documents and return it to the address shown above.

If your application is incomplete, we will not be able to process it.

If you need any further assistance or have any questions regarding this package of materials, please contact our Charity Care Unit at (516) 745-0161.

To further assist us in processing your application for charity care, see the following examples you might choose to include with your application:

- Pay stub
- Letter from employer, if applicable.
- Form 1040
- Any other information that may validate your income

If you are under twenty-one (21) years of age, AND/OR you are a dependent of your parent(s)/guardian(s), then your parent or guardian must fill out the eligibility application form entitled **APPLICATION FOR CHARITY CARE** and provide the necessary supporting documents.

A phone number where you can be reached MUST BE PROVIDED, as well as complete addresses, including apartment numbers and letters.

A note describing your situation as well as copies of any of the applicable documents listed above or other supporting documentation which you might choose to submit would be helpful in determining your or your child's eligibility.

If you are a student, please provide documentation of your student status.

NOTICE TO PATIENTS IF YOU SUBMIT A COMPLETED APPLICATION INCLUDING INFORMATION OR DOCUMENTATION NECESSARY TO DETERMINE ELIGIBILITY UNDER THE HOSPITAL'S CHARITY CARE POLICY, YOU MAY DISREGARD ANY HOSPITAL BILL UNTIL WE HAVE MADE A DECISION ON YOUR APPLICATION

Applications with supporting documentation may be faxed to: (516) 390-0171

OR MAILED TO::

New York Community Hospital Patient Financial Services 265 Post Avenue, Suite 200 Westbury, NY 11590 Att.: Jordan Salmeron

NEW YORK COMMUNITY HOSPITAL APPLICATION FOR CHARITY CARE

Patient's Name		Date of Birth			
Last	First	Middle Init.			
Address					
AddressNumber and Street, Apt.	#	City		State	Zip
Telephone No. ()	Occupation _		Employer		
Employer Address		Employer Tel #			
.					
Income – List combined income Type of Income		Total Last 3 Months	<u>ers</u> from:	Total Last 12 Mont	lh a
• • • • • • • • • • • • • • • • • • • •		Total Last 3 Months		Total Last 12 Mont	118
Wages Self-employment Earnings					
1 ,					
Public Assistance					
Social Security					
Unemployment/Workers' Com	pensation				
Alimony					
Child Support					
Pensions					
Income From Dividends					
Resources (bank accts., investm	ients, loans, etc.)				
Total					
Family Size - Family members Name		Age		Relationship	
Note: Please attach another shee	et if additional space nee	 odød			
Trote. Trease attach another shee	i ij additional space nee	cueu.			
THIS APPLICATION MAY BE SUB	MITTED TO THE HOSPI	ITAL AT ANY TIME DURING	G THE BILLING	AND COLLECTION P	PROCESS.
ONCE YOU HAVE SUBMITTED A BELOW, YOU MAY DISREGARD A					
TO SUBMIT THIS APPLICATION F					
BELOW.	OK CHAKITT CAKE, TE	ELASE READ THE POLEOW	ING STATEMEN	I AND SIGN WILKE	INDICATED
I HEREBY REQUEST THAT NEW CARE. I UNDERSTAND THAT THE TO VERIFICATION BY THE HOSE FALSE, SUCH DETERMINATION SERVICES PROVIDED. I AFFIRM	IE INFORMATION WHIC PITAL. I ALSO UNDERS WILL RESULT IN A DEI THAT THE INFORMAT	CH I SUBMIT CONCERNING STAND THAT IF THE INFOR NIAL OF CHARITY CARE A TION ABOVE IS TRUE AND	G MY ANNUAL I RMATION WHIC IND THAT I MAY CORRECT TO T	INCOME AND FAMII H I SUBMIT IS DETE Y BE LIABLE FOR CH HE BEST OF MY KNO	LY SIZE IS SUBJEC RMINED TO BE HARGES FOR OWLEDGE.
FURTHER, I HEREBY GIVE MY P THIS APPLICATION.	EXMISSION TO NEW YO	OKK COMMUNITY HUSPIT	AL IU VEKIFY	AN I INFORMATION	FERTINENT TO
Date Sig	nature of Applicant		A	account #	
Completed Application to be sent to:	New York Comm	nunity Hospital Patient Financi	al Services		

265 Post Avenue Suite 200
Westbury, NY 11590 Att.:
Jordan Salmeron
Or FAX to: (516) 390-0171