



White River Medical Center
1710 Harrison Street, P.O. Box 2197
Batesville, AR 72503
www.WhiteRiverHealthSystem.com

Dear:

White River Health System is a tax-exempt organization committed to caring for our community. We will not refuse medically necessary services to any patient who cannot afford to pay. White River Health System's hospital-based Financial Assistance Program is available for qualifying patients.

To apply for Financial Assistance, you must contact one of the Financial Counselors to determine the documents to submit for income verification. This process will take about ten minutes and will help to ensure that you provide the information we need to determine your eligibility.

Financial Counselors:

White River Medical Center	Stone County Medical Center
Main Phone (870) 262-1253	(870) 262-5021 - Vickie
A----L (870) 262-3234 - Polley	
M----Z (870) 262-1281 - Linda	

Sincerely,

Tom Stone
Supervisor, Financial Counseling
870-262-1913

Required Documentation: Please provide copies of the following documentation with your **completed Financial Assistance Application by:**

TODAYS DATE:

Number of Persons in Household: _____

NAME:

Adults: _____

Children: _____

PATIENT #:

WRMC FINANCIAL COUNSELOR DISCOUNT BRIEFING

Medicaid Screening Requirement

Proof of filing for Medicaid from your local County Department of Human Services

Proof of filing for Medicaid from the Medical Advocacy Services for Healthcare Program (MASH) Contact MASH by calling 870-698-8912

Income Documentation Required for Each Working Member in your Household

All pages of most recent filed Federal Tax return form

Past 3 months check stubs or current gross to date earnings -OR-

Past 3 month income statement from employer on company letterhead or stamp with tax identification number and signature -OR-

Past 3 months Profit & Loss Statements if self employed for all business types: logging, farming, rental properties etc.

All pages of three current months bank statements on All Checking and/or Savings Accounts in household. Blacked out data is not accepted, statements must have banking facility letterhead or stamp.

If no bank accounts - 3 months paid utility bills with cash receipts

Social Security Income or Social Security Disability Income Statements for each household member receiving SSI / SSD

Pension or Retirement earnings

Proof of food stamps /Housing Allowance Report from DHS

Child support and/or Alimony Report

Maternity Leave / Short Term Disability / Long Term Disability Income / Workers Compensation

Proof of filing, if recent application for Social Security/Disability

Unemployment income / Severance Pay / TRA Benefits

FAFSA application (Students) or school printout showing any loans/grants/school expenses, and any refunds given

Proof of Workers Comp

Other

**WHITE RIVER HEALTH SYSTEM
Charity Care Application**

Name of Patient: _____ Name of Spouse: _____

Social Security Number: _____ Spouse SS #: _____

Phone Number: _____ Cell Phone Number: _____

Home Address: _____

Employer: _____ Phone Number: _____

Employer's Address: _____

Spouse's Employer: _____ Phone Number: _____

Employer's Address: _____

Other Members of Household

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Household Income:

Include income for everyone residing in the household

	Patient	Spouse	Other
Gross pay from Employment	\$ _____	\$ _____	\$ _____
Income from Operating Business	\$ _____	\$ _____	\$ _____
Interest and Dividend Income	\$ _____	\$ _____	\$ _____
Real Estate or Personal Property Income	\$ _____	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____	\$ _____
Social Security Income or SSD	\$ _____	\$ _____	\$ _____
Workmen's Compensation	\$ _____	\$ _____	\$ _____
Pension Earning	\$ _____	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____	\$ _____
Alimony and/or Child support	\$ _____	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____	\$ _____
Food Stamps and or HUD Allowance	\$ _____	\$ _____	\$ _____

Monthly Household Expenses:
(List only bills that are paid on a regular basis)

Rent or Mortgage	\$ _____
Food	\$ _____
Utilities (electricity, water, propane gas, cable, etc.)	\$ _____
Automobile Payment	\$ _____
Transportation Expense – Gasoline	\$ _____
Medical/Dental (amount paid per month)	\$ _____
Home Phone and/or Cell Phone	\$ _____
Insurance (home, automobile, medical, life)	\$ _____
Credit Cards	\$ _____
Childcare	\$ _____
Other – Specify	\$ _____

I hereby certify that I am of legal age and that the foregoing statements are true and complete to the best of my knowledge and made for the purpose of determining my eligibility for Charity Care at White River Health System. I understand that this application is and shall remain the property of White River Health System. I authorize White River Health System to make all inquiries that it deems necessary to verify the accuracy of the statements made herein. I understand that if I give any false information in this application, I may be denied Charity Care.

Applicant's Signature

Date



NOITCE TO DISREGARD WHITE RIVER HEALTH SYSTEM BILLING

Dear Patient,

You have requested financial assistance on your account(s). You must contact one of the Financial Counseling offices to coordinate the application process within ten (10) business days of your date of service.

Financial Counselors are available Monday – Friday between the hours of 8:00 am – 4:30 pm. You may contact a financial counselor at either of the following locations:

White River Medical Center
(870) 262-1253
(800) 820-1535

Stone County Medical Center
(870) 262-5021

If you proceed with the financial assistance application you may disregard the White River Health System billing statements until a decision is rendered on your application. White River Health System medical treatment facilities and physicians include the following:

- White River Medical Center, Batesville, Arkansas
- Stone County Medical Center, Mountain View, Arkansas

- Emergency Room Physicians, Batesville, Arkansas
- White River Anesthesia, Batesville, Arkansas
- White River Hospitalist, Batesville, Arkansas

However, if you choose not to request financial assistance within ten days, your accounts will be returned to the billing department and normal billing and collection efforts will continue.

Cordially,

Tom Stone
Supervisor, Financial Counseling

White River Health System, 1710 Harrison Street, PO Box 2197, Batesville, AR 72503-2197