

# HALIFAX HEALTH

### HALIFAX HEALTH - PATIENT ASSISTANCE CHECKLIST

# REMEMBER YOU <u>MUST</u> HAVE AN APPOINTMENT TO SUBMIT YOUR APPLICATION FOR HALIFAX HEALTH – PATIENT ASSISTANCE (HHPA)

Applicants must return all required paperwork within 10 days of their scheduled appointment.

In most cases, HHPA coverage will go back 60 days and cover most services if received at Halifax Health.

CUSTOMER SERVICE (386) 425–4019 • APPOINTMENT LINE (386) 254–4000 EXT. 3238

303 N. CLYDE MORRIS BOULEVARD, DAYTONA BEACH, FL 32114

Required documentation for HHPA determination includes the following:

### **IDENTIFICATION**

### **Every applicant must provide:**

- Picture ID such as a Florida driver's license or passport, AND
- Social Security Card or Official document that includes name, address and Social Security Number.

**If married (even if separated)** – Picture ID or current Florida driver's license for applicant and spouse. **If dependent children in household** – Social Security card(s).

### RESIDENCY

Applicant must have lived within the Halifax Taxing District for a minimum of 3 previous months (90 days) prior to the date of service.

### To show proof of residency any of the following can be submitted:

- Three months of consecutive mail, preferably different sources. Mail from Halifax Health will not be accepted.
- Drivers license with current address (issue date more than 3 months prior)
- Document showing residency for last 3 months
- · Lease for last 3 months
- INS Papers from Immigration with current address
- · Bank statements for last 3 months
- Utility bill for last 3 months electric, water, phone, gas or other city or county utilities or other contracted service (pest control, cable service). Must have applicant's name and service address (not P.O. Box).
- Documentation of enrollment/participation in Volusia County Homeless Coalition.

### HOUSEHOLD INCOME

### The following is considered as Household Income and if applicable you must provide:

- Three months of bank statements and a current paycheck (within the last 30 days)
- A combination of tax return along with confirmation of filing of the Federal Tax Return, copy of W–2, declaration of support. If supported or claimed on another tax return, same data needed.

### And, if applicable:

- · Wages and salaries before deductions
- Self-employment income
- Social security benefits
- Pension and retirement benefits
- Unemployment compensation
- Strike benefits from union funds
- Worker's compensation
- Veteran's payments
- Public assistance payments
- · Training stipends



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### **HOUSEHOLD INCOME** (continued)

- Alimony
- Child support
- · Military family allotments
- · Income from dividends, interest, rents, royalties
- Income or annuity payments
- Income from estates, trusts, and inheritance proceeds
- Income from student aid not subject to repayment
- Personal Injury or Worker's Compensation settlements
- Gifts (include donations from churches, other organizations and family members)

Please note: All sources of value including free rent and barter goods will be used to determine the income.

### IF SELF EMPLOYED

- · Bank statements of business accounts
- Self-employment income (Defined as the amount of Gross Income reported on Income Tax Return Schedule C)
- Schedule C of last income tax return

#### **VA/VFT**

- DD 214 paperwork
- Letter showing that you have applied and been denied for medical VA benefits

### IF EMPLOYED

Letter from employer if insurance is offered, details of coverage

### **FULL TIME STUDENT**

- · Letter from college stating if medical insurance is offered, details of coverage
- Documentation showing classes currently enrolled in

### **DEPENDENT CHILDREN IN HOUSEHOLD**

• Must have applied for Medicaid and be able to provide letter from DCF showing Medicaid determination

### **AUTO RELATED**

Need letter from attorney with status of case

### Halifax Health Patient Assistance does not cover:

- Specialty services are not covered including ambulance transportation, cosmetic, bariatric, dental care, pain management, specialist office visits, vision care, home health care, chiropractic care, mental health care and hospice. Flat rate services, or services due to complications from these services, are not eligible for financial assistance.
- Halifax Anesthesiology Associates will write-off two-thirds of surgery charges. The adjusted amount after the HHPA write-off is the patient's responsibility. A payment plan can be set up with their office by calling (386) 255–1266.
- HHPA does not cover radiology or pathology bills.
- Obstetric services are usually covered under the Medicaid or our Obstetric Flat Rate Program and therefore do not generally qualify for financial assistance.
- Prescription benefits are limited to the Halifax Health Patient Assistance Formulary.

### Services must be received at Halifax Health.

Abusive or disruptive behavior could result in termination from program.

