P.O. Box 1259 * State College, PA 16804-1259 *814.234.6171 * www.mountnittany.org

Mount Nittany Medical Center / Mount Nittany Physician Group

Charity/Free Care Application

Please complete all of the information below and attach required documentation in order for us to assist you in your application process

HEAD OF HOUSEHOLD INFORMATION

Head of Household Name: _____

Head of Household Address: _____

_____

Head of Household Social Security Number: _____

Head of Household Phone Number: _____

CHARITY/FREE CARE APPLICATION IS FOR THE FOLLOWING ACCOUNTS

PATIENT NAME	DOS	ACCOUNT #	BALANCE

_____TOTAL_____

If more space is needed to list additional accounts please use the back of this form.

PLEASE COMPLETE 1, 2 & 5 AND ATTACH INCOME PROOF REQUIRED IN 3 & 4 BELOW

1. Applied for Medical Assistance: ☐ No; ☐ Yes Date: _____
2. Family Size: _____
3. Attach 2017 Tax Return: _____
4. Attach Paycheck Stubs dated: _____
5. Total household income (attach proof) $_____

(Total household income includes social security, disability, student aid, child support and all other forms of income from all individuals living in the household.)

*******DO NOT SUBMIT APPLICATION WITHOUT PROOF OF ALL INCOME*******

I certify that the above information is true and correct to the best of my ability.

_____

Signature and Date

DO NOT WRITE BELOW THIS LINE (FOR HOSPITAL USE ONLY)

____ Your free care application has been **Approved.** Date_____ Category A ☐ Category B ☐

____ Your Charity/Free Care Application has been **Denied**. Date_____

____ Your Charity/Free Care Application was denied for the following reason: _____

____ Your Charity/Free Care Application is not complete, Please furnish the following so we can further assist you in this process:

____ 2016 Tax Return not received *as required above*

____ Paycheck Stubs not received *as required above*

____ Family Size not received *as required above*

Please note: Copays are not covered under charity/free care program. Patient is liable.

Other:_____Provider Signature_____

Please mail completed application to: Mount Nittany Medical Center, P.O.Box 1259, State College, PA 16804-1259