Fisher Titus Health Care Assurance and Financial Assistance Application

Ohio residents that have income at or below poverty income guidelines or who have other third-party coverage may qualify for "basic medically necessary" services under Ohio's Provision of Free Care ruling. Basic medically necessary hospital-level services are defined as all inpatient and outpatient services covered by Medicaid apart from transplants and services associated with them.

Applicant's Name _____ Applicant's Signature **(REQUIRED)** _____

****BY MY SIGNATURE ABOVE, I CERTIFY EVERYTHING I HAVE STATED ON THE APPLICATION AND ATTACHMENTS ARE TRUE****

SS# _____ Birthdate _____Marital Status ____ Address _____

City _____State _____ Zip _____ Phone# _____ Employer _____

Start Date: _____ If Unemployed, How Long? _____ Spouse's Name _____

SS# _____ Birthdate_____ Spouse's Employer _____

Spouse's Start Date: _____ If Unemployed, How Long? _____

For Office Use Only! F.A.

☐ 100% FTMC, B.H. ☐ 50% LLC

☐ 75% FTMC, B.H. ☐ 20% NCEMS

☐ 20% FTMC, B.H.

APPROVED BY: DATE:

EFFECTIVE DATES:

Did you have Health Insurance at the time of hospital service? Yes, No

Did you have Disability Asst. at the time of your hospital service? Yes, No

Did you have Active Medicaid Ins. at the time of your hospital service? Yes, No

****If yes, Medicaid ID number** _____

Were you an Ohio resident at the time of your hospital service? Yes, No

THIS APPLICATION MAY TAKE UP TO 45 DAYS TO PROCESS

*****IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE ATTACH A COPY OF YOUR INSURANCE OR MEDICAID CARD.*****

Asset Assessment: Do you own or have any of the following? Home? Yes, No Mort. Pmt. $_____ Monthly Rent Pmt. $_____

Life Ins. Policy? Yes, No If yes, value? $_____ Own a Vehicle? Yes, No If yes, year, make, and model: _____

Checking Acct? Yes, No If yes: $_____ Savings Acct? Yes, No If yes, $_____

Have any stocks, bonds, CDs, rental property, or recreational vehicles? Yes, No If yes, what and value: $_____

TOTAL MEMBERS IN FAMILY _____ TOTAL FAMILY INCOME $_____***Income verification MUST be attached and should include: Current W2's, 2 Current paystubs, Current S.S. Benefits Letter, Pension/401K, Unemployment Stmt. Etc. Current 1-month Bank Statement is required. As part of verification, Fisher Titus may reference third-party data sources to verify information. Including, but not limited to, obtaining consumer credit profile.**

****If you reported NO income for the past 3 months, you MUST provide a brief explanation of how you are being supported financially****

_____

Please provide the following information for all members of your immediate family who live in your home. For purposes of HCAP "family is defined as the patient, patient's spouse, and children under 18 who live in the patient's home." (Legal Guardians MUST provide proof of Custody)

Name*	Date of Birth*	Relationship to patient*	Income 3 months prior to service	Income 12 months prior to service	Type of Income verification attached.

2022 FPL INCOME GUIDELINES

Person(s) in family/ household	0%-100% FPL **HCAP**	101%-150% FPL **FREE CARE DISCOUNT**			151%-200% FPL **75% DISCOUNT**			201%-300% FPL **54% DISCOUNT**		
1	$13,590	$13,591	To	$20,385	$20,386	To	$27,180	$27,181	To	$40,770
2	$18,310	$18,311	To	$27,465	$27,466	To	$36,620	$36,621	To	$54,930
3	$23,030	$23,031	To	$34,545	$34,546	To	$46,060	$46,061	To	$69,090
4	$27,750	$27,751	To	$41,265	$41,266	To	$55,500	$55,501	To	$83,250
5	$32,470	$32,471	To	$48,705	$48,706	To	$64,940	$64,941	To	$97,410
6	$37,190	$37,191	To	$55,785	$55,786	To	$74,380	$74,381	To	$111,570
7	$41,910	$41,911	To	$62,865	$62,866	To	$83,820	$83,821	To	$125,730
8	$46,630	$46,631	To	$69,945	$69,946	To	$93,260	$93,261	To	$139,890

***For families/households with more than 8 persons, add $4,720 for each additional person.

***This table shall be adjusted in accordance with annually released changes to the Federal Poverty Level (FPL). Revised 02/21/2022

Notice of availability of language assistance services and auxiliary aide services

English	ATTENTION: If you speak English, language help services are offered free of charge. Call 419-660-6906. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.
Español Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 419-660-6906. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 419-660-6906. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung.
Français French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 419-660-6906. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement.
عربي Arabic	ملحظة: إذا كنت تتحدث اللغة العربية، وتقدم خدمات مساعدة اللغة مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا مجانا. اتصل بالرقم 419-660-6906
Deitsch Pennsylvanian Dutch	ACHTUNG: Wann du Pennsylvanisch Deitsch schwetzscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. Ruf selli Nummer uff: 419-660-6906. Passende Hilfsmittel un Dienscht, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbar
Русский Russian	ВНИМАНИЕ: Если вы говорите по-русски, языковые справочные услуги предоставляются бесплатно. Позвоните по телефону 419-660-6906. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно.
Italiano Italian	ATTENZIONE: Se si parla italiano, i servizi di aiuto linguistico sono offerti gratuitamente. Chiamare il numero 419-660-6906. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili.
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói tiếng Việt, các dịch vụ trợ giúp ngôn ngữ được cung cấp miễn phí. Gọi số 419-660-6906. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí.
Oroomiffa Cushite / Oromo	XIYYEEFFANNOO: Yoo afaan Oromoo dubbachuu ni dandeessu ta'e, tajaajilli gargaarsa afaanii bilisaan ni kennama. 419-660-6906 bilbilaa. Meeshaaleenii fi tajaajiloonni qaama miidhamtootaaf bifa hubachuu danda'aniin odeeffannoo akka argatan gargaaran baasii tokko malee/bilisaan ni kennamu.
Soomaali Cushite / Somali	KA DIGTOONOW: Haddii aad ku hadasho Soomaali, adeegyada gargaar luqadda waxaa lagu bixiyaa lacag la'aan. Wac 419-660-6906. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa.
日本語 Japanese	注意：日本語を話す場合、言語ヘルプサービスは無料で提供されます。電話 419-660-6906。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます
Nederlands Dutch	LET OP: Als je Nederlands spreekt, worden er gratis taalhulpdiensten aangeboden. Bel 419-660-6906. Passende hulpmiddelen en diensten voor het verstrekken van informatie in toegankelijke formaten zijn ook gratis beschikbaar.
Українська Ukrainian	УВАГА: Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером. 419-660-6906. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно.
Română Romanian	ATENȚIE: Dacă vorbiți limba română, serviciile de asistență lingvistică sunt oferite gratuit. Sunați la 419-660-6906. Asistența și serviciile auxiliare adecvate pentru furnizarea de informații în formate accesibile sunt, de asemenea, disponibile gratuit.
한국어 Korean	주의 : 한국어로 말할 경우 언어 지원 서비스가 무료로 제공됩니다. 419-660-6906 번으로 전화하십시오. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.
繁體中文 Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。