



## FINANCIAL ASSISTANT PROGRAM GUIDELINES

### FAMILY SIZE

Total Family Members (add applicant, spouse and dependents from above): \_\_\_\_\_

CURRENT MONTHLY INCOME: \_\_\_\_\_

(Monthly Income Include): Gross Pay, Public Assistance, Social Security, Unemployment Compensation, Alimony, child Support, ECT.....)

### **MUST NOT EXCEED 400% OF THE MONTHLY FEDERAL POVERTY LEVEL: See below**

Family size:	May not exceed monthly income:
1	\$4,294
2	\$5,807
3	\$7,320
4	\$8,834
5	\$10,347

### **IN ORDER FOR US TO CONSIDER YOUR REQUEST, YOU MUST MEET THE GUIDELINES BELOW:**

- Patients with accounts over \$500.00
- Patient with high medical cost that exceed 10% of family income
- Patient accounts that are Emergent, Inpatient, or Observation.
- Patient has up to 180 days to apply after the initial bill.

### **The Financial Assistant Program will NOT cover:**

- Elective Procedures will not be considered for Charity Care but will qualify for the Self-Pay Rate or discount according to the policy. Elective Procedures include Outpatient Surgeries, Therapy, Lab Services, Radiology Services including Ultra Sound, MRI's, CT's, and Skilled Nursing.
- Medi-Cal Share of Cost

**NOTE:** If you feel you may meet the financial guidelines of the Financial Assistant Program please contact the Business office or go on line to [www.hazelhawkins.com](http://www.hazelhawkins.com) to obtain the complete Financial Assistant application.

**Si desea una aplicación en español, comuníquese con nuestra oficina o visite nuestra pagina [www.hazelhawkins.com](http://www.hazelhawkins.com)**