



## COMMUNITY CARE PROGRAM - APPLICATION

Name:			
Street Address:			
City, State, Zip Code:			
Date of Birth:	Social Security Number:	Home Telephone Number:	
Franklin Hospital Account Numbers to be Considered:			
DEPENDENT INFORMATION			
Name	Date of Birth	Relationship	Social Security Number
INCOME INFORMATION			
Patient		Spouse	
Name of Employer:		Name of Employer:	
Street Address:		Street Address:	
City, State, Zip Code:		City, State, Zip Code:	
Telephone Number:		Telephone Number:	
Salary:		Salary:	
Gross: \$ _____		Gross: \$ _____	
Net: \$ _____		Net: \$ _____	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	

**OTHER INCOME INFORMATION**

Please provide the following monthly income amounts for you and/or your spouse and dependents. Also, provide proof of each. If a certain type of income does not apply to you, mark the box N/A.

<b>Income Source</b>	<b>Patient's Other Income (Per Month)</b>	<b>Spouse and/or Dependent's Other Income (Per Month)</b>
Social Security Benefits		
Unemployment Benefits		
Workmen's Compensation Benefits		
Veteran's Benefits		
Child Support Benefits		
Pension Benefits		
Strike Benefits		
Public Assistance		
Annuities / Interest / Dividend Income		
Rental Property Income		

Please fill out this application completely. If it is not complete we cannot accept it, and therefore cannot process your request for a reduction in your hospital charges. Applications will only be considered for those patients who apply within 30 days after services are provided. The Community Care program benefits will apply to your balance after all other payments are made, including payments by commercial insurance carriers, Medicare, Medicaid and any other forms of healthcare coverage you may have. If you are approved for participation in the Community Care program and have made payments on your account no refunds will be given. If you have any questions, please contact Franklin Hospital's Financial Counselor Brenda Eubanks at (618) 439-3161 Extension 345.