Main Line Health®
Well ahead.®

Internal Use Only
Facility:
Patient Number:

Schedule C

Main Line Health Financial Assistance Application

Patient Name:_____

Patient Date of Birth:_____

Address:_____
Number and Street *City* *State* *ZIP* *Country*

SSN # (Last Four Digits):_____ Date(s) of Service:_____

I hereby certify that I do not have the ability to pay for the hospital treatment and/or other services including but not limited to Laboratory, Radiology, etc. on the date stated above.

I understand that by signing this document, I am applying for Financial Assistance. I will promptly provide the information necessary to process my application. Furthermore, I will apply for any assistance (Medicaid, Medicare, Insurance, etc.), that may be available to me for payment of my hospital charges. I will provide information and take action reasonably necessary to obtain such assistance and will assign or pay to the hospital, the amount recovered from the hospital charges.

If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and I may become liable for my hospital charges.

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Last Date of Employment:_____

Employer:_____
Name *Address*

Family Size:_____

Estimated Annual Income:_____

Estimated Last 3 Months Income:_____

Please include verification of income. Documentation to include:

- Current year IRS Form 1040 tax return
  - Include appropriate schedules/ forms (i.e. Form 1099 with Schedule C - Profit and Loss) if applicable
- If current year IRS Form 1040 tax return is unavailable, please contact MLH Customer Service Team to discuss your specific circumstances.

I certify that the above information is true and accurate to the best of my knowledge.

Patient Signature:_____ Date:_____

Please Mail Completed Application to Below Address
(Please Note: Application cannot be physically dropped off at this address)

Main Line Health - 3803 West Chester Pike, Suite 160, Newtown Square, PA 19073
Applications may also be Faxed to 484-227-9005 OR dropped off directly to one of our Financial Counseling or Cashiers Offices located at any one of our hospitals.

If you have questions, please contact the MLH Customer Service Team at: 484-337-1970. If directed to a Financial Assistance representative, please allow up to three (3) Business Days for a return call.