

Kev Pab Nyiaj Txiag Rau Tus Neeg Mob

Patient Financial Assistance

A. Lub Chaw Kho Mob los sis Chaw Kuaj Mob

Hospital or Clinic Location

Xaiv qhov chaw uas tus neeg mob tau txais los sis yuav tau txais kev saib xyuas:
Select the location(s) where the patient received or will receive care:

- | | |
|---|---|
| <input type="checkbox"/> Henry Ford (HF) Hospital | <input type="checkbox"/> HF West Bloomfield Hospital |
| <input type="checkbox"/> HF Kingswood Hospital | <input type="checkbox"/> HF Wyandotte los sis HF Health Center Brownstown |
| <input type="checkbox"/> HF Macomb Hospital | <input type="checkbox"/> Lwm yam, thov piav qhia: _____ |
| <input type="checkbox"/> HF Medical Centers | |
| <input type="checkbox"/> HF Jackson Hospital | |

B. Tus Neeg Mob Tej Ntaub Ntawv

Patient Information

Thov sau tshooj no kom tiav rau tus neeg mob qhov tau txais kev saib xyuas mob nkeeg:
Complete this section about the patient receiving care:

Tus Neeg Mob Lub Npe: _____
Patient Name:

Lub Hnub Yug (Hnub Yug): _____ Tus Naj Npawb Cov Ntaub Ntawv Kho Mob: _____
Date of Birth (DOB): _____ Medical Record Number:

Tus Naj Npawb Xaus Xaus: _____
Social Security Number:

Tus Naj Npawb ID Tus Neeg Lav Ris: _____
Guarantor ID Number:

C. Pawg Neeg Lav Saib Xyuas (Tus Neeg Lav):

Responsible Party (Guarantor)

Thov sau tshooj no kom tiav rau tus neeg uas them cov nqi kho mob:
Complete this section about the person paying the medical bill:

Tus Neeg Lav Lub Npe (yog tias txawv ntawm tshooj B): _____
Responsible Party Name (if different than section B):

Kev Txheeb Ze rau Tus Neeg Mob: _____
Relationship to Patient:

Chaw Nyob Txoj Kev: _____

Street Address: _____

Lub Nroog, Xeev, Zauv Zip, Lub Teb Chaws: _____

City, State, Zip Code, Country: _____

Tus Naj Npawb Xov Tooj: _____ Chaw Hauj Lwm Tus Naj Npawb Xov Tooj : _____

Phone Number: _____

Work Phone Number: _____

Tus Tswv Hauj Lwm: _____ Puv Sij Hawm Ib Nrab Sij Hawm
Employer: Full Time Part Time

D. Lees Paub Kev Tsim Nyog Tau Txais Kev Tuav Pov Hwm

Health Insurance Eligibility Verification

Xaiv 'yog' los sis 'tsis yog' rau txhua nqe lus nug hauv qab no:

Select 'yes' or 'no' for each of the following questions:

1. Koj puas tau thov los sis raug tsis lees txais rau Medicare? Have you applied or been denied for Medicare?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
a. Medicare Phab A? Medicare Part A?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
b. Medicare Phab B? Medicare Part B?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
c. Medicare Phab C? Medicare Part C?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
2. Koj puas tau thov los sis raug tsis lees paub rau Medicaid? Have you applied or been denied for Medicaid?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
a. Yog tias koj raug tsis lees paub, puas yog qhov kev tsis lees paub tshwm sim nyob rau hauv 90 hnub dhau los? If you were denied, was the denial within the last 90 days?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
3. Puas yog koj tab tom thov kev pab nyiaj txiag uas ntsig txog: Are you applying for financial assistance services related to:	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
a. Tsheb Sib Tsoo (Motor Vehicle Accident, MVA)? Motor vehicle accident (MVA)?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
b. Tus neeg raug tsim txom? Crime victim?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
c. Kev them nyiaj txhawb rau cov neeg ua hauj lwm? Workers compensation?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
d. Lwm yam kev raug mob (piv txwv li, nplua thiab ntog)? Other injury (for example, slip and fall)?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
4. Koj tus tswv hauj lwm los sis tus txij nkaum tus tswv hauj lwm puas muaj kev tuav pov hwm mob nkeeg ua pab pawg? Does your employer or spouse's employer offer group health insurance?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
5. Koj puas muaj kev them nqi duav roos rau hauv 3 txog 6 lub hlis dhau los los ntawm koj tus tswv hauj lwm los sis tus khub txij nkawm tus tswv hauj lwm? Did you have coverage in the last 3 to 6 months through your employer or spouse's employer?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No

a. Yog tias yog, koj puas tuaj yeem siv COBRA? If yes, is COBRA available to you?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
6. Koj puas muaj lwm yam is sa las tuav pov hwm mob nkeeg? Do you have any other health insurance?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No
a. Yog tias muaj, thov qhia lub chaw is sa las tuav pov hwm tej ntaub ntawv: If yes, please provide the insurance information:		
7. Koj puas yog ib tug neeg muaj chaw nyob ruaj khov rau hauv ib puag ncig ntawm Henry Ford Health cov chaw muab kev pab cuam? Are you a permanent resident who lives within the Henry Ford Health service area?	<input type="checkbox"/> Yog Yes	<input type="checkbox"/> Tsis Yog No

E. Cov Neeg Hauv Tsev Neeg thiab Tsev Neeg Cov Nyiaj Khwv Tau Los
Household Members and Household Employment Income
 Ua kom tiav tshooj no hais txog tus neeg mob tsev neeg:
 Complete this section about the patient's household:

Hauv koj tsev neeg muaj pes tsawg leej? _____ Thov sau txhua tus neeg hauv tsev neeg uas khwv tau nyiaj (sau rau lwm nplooj ntawv yog xav tau):

How many people are in your household? _____ List any household member who earns an income (attach another sheet if needed):

Tus Neeg Hauv Tsev Neeg Lub Npe Household Member Name	Kev Txheeb Ze rau Tus Neeg Mob Relationship to Patient	Tag Nrho Cov Nyiaj Khwv Tau Los Hauv Lub Hli (ua ntej lov tawm) Monthly Gross Income (before deductions)
		\$
		\$
		\$
		\$
		\$
		Tag Nrho Cov Nyiaj Khwv Tau Los Ua Ke Hauv Txhua Hli: Total Monthly Gross Income:

F. Tsev Neeg Lwm Cov Nyiaj Khwv Tau Los
Household Other Income
 Ua kom tiav tshooj no hais txog tus neeg mob lwm cov nyiaj khwv tau los yog cov no yog lwm qhov nyiaj khwv tau los:
 Complete this section about the patient's other income if these are other sources of income:

Lwm Cov Nyiaj Tau Los Other Income Sources	Cov Nyiaj Tau Los hauv Lub Hli Amount Per Month
Cov Nyiaj Them Yug Me Nyuam/Cov Nyiaj Them Rau Tus Poj Niam Muab Nrauj Lawm Child Support/Alimony	\$

Tej Nyiaj Khwv Tau Los Ntawm Kev Tu Saib Xyuas, Kev Ua Hauj Lwm Hauv Nroog, Tim Tsev Teev Hawm, thiab lwm yam. Foster Care, Township Trustee, Church Income, etc.	\$
Nyiaj So Laus, Nyiaj Xaus Saus, Nyiaj Xiam Oob Qhab Xaus Saus Pension, Social Security, Social Security Disability	\$
Tsev Rau Xauj Rental Property	\$
Cov Nyiaj Faib Hauv Ib Lub Xyoos Puag Ncig, Nyiaj Paj, Cov Nyiaj So Hauj Lwm Annuities, Interest, Retirement Distribution	\$
Cov Nyiaj Them Pab Rau Cov Tsis Muaj Hauj Lwm los sis Cov Nyiaj Them Txhawb Rau Neeg Ua Hauj Lwm Unemployment or Worker's Compensation	\$
Lwm yam (thov piav qhia) Other (please specify)	\$
Tag Nrho Lwm Cov Nyiaj Tau Los Total Other Income Sources	\$

G. Qub Txeej Teg Hauv Tsev Neeg

Household Assets

Ua kom tiav tshooj no txog tus neeg mob tsev neeg cov nyiaj txeej teg yog tias yog nyiaj txeej teg hauv tsev neeg:

Complete this section about the patient's household assets if these are household assets:

Hom Khoom Muaj Nuj Nqis Type of Asset	Tag Nrho Total
Tej Nyiaj Ntawv Cash	\$
Tus As Qhauj Txuag Nyiaj Savings Account	\$
Tus As Qhauj Nyiaj Tshev Checking Account	\$
Cov Nyiaj Nqis Peev Ua Lag Luam Stocks	\$
Cov Nyiaj Qiv Txais Ua Lag Luam Bonds	\$
Cov Nyiaj Qiv Txais Ua Lag Luam Txuag Cia Savings Bonds	\$
Cov Ntaub Ntawv Pov Thawj Tso Nyiaj (Certificates of Deposit, CDs) Certificates of Deposit (CDs)	\$
Cov As Qhauj Nyiaj Ua Lag Luam Tim Kiab Khw Money Market Accounts	\$
Pob Nyiaj Ob Tog Tso Ua Ke Mutual Funds	\$
Cov Nyiaj Sawv Daws Tso Ua Ke Trusts	\$
Tag Nrho Cov Khoom Muaj Nqis Total Assets	\$

H. Cov Nyiaj Siv Hauv Yim Neeg Txhua Lub Hlis

Monthly Household Expenses

Ua kom tiav tshooj no txog tus neeg mob cov nuj nqis siv rau hauv tsev yog tias muaj cov nuj nqis siv rau hauv tsev:

Complete this section about the patient's household expenses if there are any household expenses:

Hom Nqi Siv Type of Expense	Cov Nyiaj Tau Los hauv Lub Hli Amount Per Month
Nqi Xauj Tsev Rent	\$
Nqi Yuav Tsev Mortgage	\$
Cov Nyiaj Them Yug Me Nyuam Child Support	\$
Yuav Khoom Noj Groceries	\$
Them Nqi Tsheb Vehicle Payment	\$
Cov Nqi Siv Ua Lwm Yam General Bills	\$
Tag Nrho Cov Nqi Siv Nyiaj Hauv Tsev Neeg Txhua Lub Hlis Total Monthly Household Expenses	\$

I. Kev tso cai Authorization

Kuv tso cai rau muab tso tawm cov ntaub ntawv muaj nyob hauv daim ntawv thov no rau Henry Ford Health (HFH) rau kev txiav txim siab ntawm kuv qhov kev tsim nyog tau txais kev pab nyiaj txiag raws li HFH cov cai thiab cov txheej txheem. Kuv tso cai rau HFHS los txheeb xyuas tej cov ntaub ntawv no raws li qhov tsim nyog, uas tej zaum yuav muaj xws li, kev tau txais ib daim ntawv hais qhia tuaj ntawm lub chaw ua daim npav khes div, kev txheeb xyuas qhov tseeb txog kev ua hauj lwm thiab/los sis cov nyiaj tau los, thiab kev tau txais tej ntaub ntawv pab txhawb tsim nyog. Tag nrho tej ntaub ntawv thiab cov ntaub ntawv hais txog cov nyiaj tau los uas tau muab los ntawm kuv rau hauv daim ntawv thov no yeej muaj tseeb, raug lawm thiab ua txhij txhua raws li nthuav qhia ntawd lawm. Yog tias thaum twg tau txiav txim tias cov ntaub ntawv uas kuv tau muab qhia yog cov ntaub ntawv cuav los sis tsis raug, tag nrho cov nyiaj pab yuav raug muab thim rov qab, thiab kuv yuav tau them tag nrho cov nqi ntawd rov qab kiag tam sim thiab them tag nrho cov uas tseem tsis tau them ntawd. Kuv kuj pom zoo los lees them cov nyiaj nqi uas yuav tau them rau cov nqi tshuav tsis tau them tom qab lov ib txhia nqi pab them lawm. I hereby authorize the release of the information contained in this application to Henry Ford Health (HFH) for the determination of my eligibility status for financial assistance in accordance with HFH policies and procedures. I authorize HFH to verify this information as necessary, which may include but is not limited to, obtaining a credit bureau report, verifying employment and/or income, and obtaining appropriate supporting documents. All information and income documentation provided by me in this application is true, accurate and complete as shown. If it is determined at any time the information I provided was false or inaccurate, all financial assistance will be reversed, and I will accept responsibility for full and immediate payment of any and all outstanding balances. I also agree to accept payment responsibility for any amount due after any partial financial assistance discounts.

Sau Lub Npe: _____

Print Name:

Kev Txheeb Ze rau Tus Neeg Mob: _____

Relationship to Patient:

Kos Npe: _____

Signature:

Hnub Tim: _____

Date:

Thov xyuas kom paub meej tias koj tau ua tiav cov ntaub ntawv no thiab muab tag nrho cov ntaub ntawv siv tau los ua cov ntawv thov ua ntej koj xa koj daim ntawv thov:

Please verify that you have completed this document and provided all applicable documentation needed to process your request before you return your application:

- Sau txhua nplooj ntawv ntawm daim ntawv thov kom tiav, suav nrog kos npe thiab sau hnub tim rau. Completed all pages of application, including signature and date.
- Qhia koj daim ntawv qhia nyiaj, Cov Nyiaj Ua Hauj Lwm thiab Cov Nyiaj Se xyoo dhau los no (Daim Foos W-2) thiab los sis Lwm Cov Nyiaj Tau Los (Daim Foos 1099). Attached your most recent year Wage and Tax Statements (Form W-2) and or Miscellaneous Income (Form 1099).
- Cov tw them nyiaj ntawm 2 lub hlis dhau los nrog rau cov nyiaj khwv tau los hauv lub xyoo los txog tam sim no rau txhua tus neeg ntawm tsev neeg. Attached last 2 months of pay stubs with year-to-date earnings for each member of the household.
- Txuas koj Cov Nyiaj Tau Los ntawm Tsoom Fwv Cov Se nyob rau xyoo tas los no (daim foos 1040). Attached your Federal Income Tax return for the most recent year (form 1040).
- Txuas ib daim ntawv theej ntawm koj daim ntawv tso cai tsav tsheb hauv lub xeev Michigan los sis daim npav txheeb qhia tus kheej hauv xeev Michigan. Attached a copy of your Michigan driver's license or Michigan state identification card.
- Txuas koj daim tw nyiaj hauv txhab nyiaj hauv ob lub hlis dhau no: as qhauj tshev/as qhauj txuag nyiaj. Attached your last two months of recent bank statements: checking/savings.
- Txuas nrog cov ntaub ntawv pov thawj ntawm lwm cov nyiaj khwv tau los (los sis piv txwv: cov nyiaj xauj tsev, thiab lwm yam) Attached proof of other income (or example: rental income, etc.)
- Txuas cov ntawv theej ntawm daim npav tuav pov hwm kho mob yog tias koj muaj kev duav roos. Attached copies of medical insurance cards if you have coverage.
- Suav nrog daim ntawv theej ntawm tsab ntawv tsis kam lees txais ntawm Medicaid yog koj tau thov thiab raug tsis kam lees pab lawm. Attached a copy of the Medicaid denial letter if you applied and were denied.

Thov nco ntsoov, daim ntawv qhia txog kev xav tau nyiaj txiag ntawm tus kheej tej zaum yuav xav tau los ntsuas koj daim ntawv thov ntxiv.

Please note, a statement of personal financial need may be required to further evaluate your application.