NORTH ARKANSAS REGIONAL MEDICAL CENTER SUBSIDY PROGRAM APPLICATION AND FINANCIAL STATEMENT

PATIENT INFORMATION	RESPONSIBLE PARTY INFORMATION (if not Patient):
Name:	**Name:**
Address:	**Address**
Phone Number:	**Phone Number:**
Social Security Number:	**Social Security Number:**
Date of Birth:	**Date of Birth:**
Employer:	**Employer:**

What is the patient's NARMC ACCOUNT number?	**V000**_____

Has patient applied for Medicaid?	☐ yes ☐ no **If yes, application date:**

How many members are in *household*? (***Household includes all individuals residing together, related or not)***	

Does any member of the *household* have any of the following items?	**Value**	**How much is still owed on this item?**
Boat		
Recreational Vehicle		
4-Wheeler/Motorcycle		
Second car		
Real estate (other than where residence is located)		

Does any member of the *household* have:		
Checking account	☐ yes ☐ no	If yes, current balance: $
Savings account	☐ yes ☐ no	If yes, current balance: $
Individual retirement account	☐ yes ☐ no	If yes, current balance: $
401K retirement account	☐ yes ☐ no	If yes, current balance: $
Stocks/Bonds	☐ yes ☐ no	If yes, current balance: $
Trust fund	☐ yes ☐ no	If yes, current balance: $
Other investments	☐ yes ☐ no	If yes, current balance: $

Does any member of the *household* have other medical bills that have not been paid? Do NOT include NARMC bills.	
Provider (i.e., name of doctor or other hospital)	**Amount owed:**
	$
	$
	$
	$
	$
	$
	$
	$
	$

What is the household's total cost for *<u>prescription</u>*** medications each month (amount NOT covered by insurance)**	**$**

PLEASE COMPLETE ALL THREE PAGES OF APPLICATION. If the household does not have any income, please complete the notarized statement (form attached) attesting to how long you have been without income.

Name of household member:	Age:	Does this person receive:	How much is this person's net income each month?	Income Source (check all that apply)	
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other
		☐ Medicaid ☐ AR-Kids ☐ Food Stamps ☐ Free Prescriptions ☐ Low Income Housing	**$**	☐ Social Security ☐ Disability ☐ Retirement ☐ Unemployment ☐ Employment	☐ Cattle/Farming ☐ Rental Income ☐ Child Support ☐ Alimony ☐ Other

How much does the household pay for food each month?	**$**
How much does the household pay for housing each month?	**$**
How much does the household pay for electricity each month?	**$**
How much does the household pay for gas/propane each month?	**$**
How much does the household pay for water/sewage/sanitation each month?	**$**

If the household does not pay for food, housing, and/or utilities, please have the person(s) who pay these costs complete the notarized statement (form attached).

Have you attached the following information?

Copy of the last Federal Income Tax form you filed	☐ yes ☐ no If no, why not?
Copy of <u>one</u> of the following: **Earnings statements (pay stubs)** **A notarized statement from employer regarding amount of earnings for the last 3 months** **A notarized statement that you have been without income and for how long**	☐ yes ☐ no If no, why not?
Copy of all bank statements for the past three months for all account holders in the household	☐ yes ☐ no If no, why not?
Copy of notarized statement from person(s) who pay housing, utility, and/or food costs *<u>if not paid by household</u>*	☐ household pays these costs ☐ yes ☐ no If no, why not?

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that a new application must be submitted every 90 days or as requested. I understand that the information, which I submit for verification by North Arkansas Regional Medical Center (NARMC) is subject to review by Federal and/or State regulatory agencies and others as required. I understand that NARMC may re-evaluate my financial status and take whatever action may be appropriate at any time.

_____ _____

Signature of Patient or Responsible Party **Date**