

Application for Charity Care

Evergreen Healthcare encourages you to apply for Charity Care if you are low income and need help paying hospital charges for inpatient or outpatient care. Charity Care may offer either free care or reduced-price care based on your eligibility and income. *If you have questions or need help completing this application, please call Healthcare Access at (425) 899-3200.*

Patient Name	Date of Birth	Social Security No.	Marital Status
If patient is a minor or a dependent print name of parent or responsible party.	Relationship to Patient	Home Phone	Work Phone
Address	City/State	Zip Code	

Number of people in family (living in household): _____

Note: "Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. [WAC 246-453-001 (18)]

Health Insurance Information

Medical Insurance? Yes _____ No _____ If "yes," print name of insurance company: _____

Policy Number: _____ Other Coverage? Yes _____ No _____

Please identify other coverage: _____ Medicare _____ Medicaid _____

Is the medical treatment because of a car accident or other third party injury? Yes _____ No _____

Is the medical treatment because of an on-the-job injury or accident? Yes _____ No _____

Income Information:

Note: "Income" means total cash receipts before taxes derived from wages and salaries, welfare payments, social security payments, strike benefits, unemployment or disability benefits, child support, alimony and net earnings from business and investment activities paid to the individual. [WAC 246-453-001 (17)]

Be sure to include with your application documents that give the income amounts you list below. For example:

- Pay stubs from all employment or
- Letters approving or denying Medicaid, medical assistance, other benefits or
- A "W-2" withholding statement or
- Letters approving or denying unemployment compensation or
- Last year's income tax return or
- Written statements from employers or welfare agents.

CURRENT MONTHLY INCOME (before taxes are taken out)

Patient and/or Responsible Party	\$ _____	Source _____
Spouse	\$ _____	Source _____
Alimony/Child Support	\$ _____	Source _____
Other	\$ _____	Source _____

TOTAL CURRENT MONTHLY INCOME: \$ _____

Note: Income declared should match supporting documentation.

Please turn page over and complete other side. (Your signature is required where indicated on back.)

ASSETS

Note: Information will be used if you fall within 101% - 200% of poverty guideline.

Value of Bank Accounts – Checking \$ _____ **Value of Investments** – IRA/Retirement Accounts/Stocks Securities
Savings \$ _____ \$ _____ Describe _____

MONTHLY EXPENSES (Use a separate sheet of paper to list more expenses.)

Housing \$ _____ Rent Own (Please circle one) Medical Bills \$ _____
Utilities \$ _____ Other \$ _____
Food \$ _____ Describe _____

Has your family had any seasonal or temporary increases or decreases in income? Or, do you expect your income to change in the next three months?

Yes _____ No _____ If “yes,” please describe: _____

Have you recently suffered severe financial hardship or personal loss (for example, other medical expenses, death of a loved one, loss of job or wages, loss of home, auto, or other property)?

Yes _____ No _____ If “yes,” please explain: _____

Do the documents that you are including with this application show your current financial situation correctly?

Yes _____ No _____ If no, why not? _____

If you are asking for Charity Care for services already provided by Evergreen Healthcare, please list dates of services and what services you received:

I understand that the information I am giving will be verified by Evergreen Healthcare and reviewed by state and/or federal enforcement agencies and others as required. I certify that the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

Mail this application with all documentation to:

**Evergreen Healthcare Attn: Business Services
12040 NE 128th Street
Kirkland, WA 98034-3098**