



*A Designated Planetree Patient-Centered Hospital*

### **Important Notes**

- ) If financial assistance is approved, it is not a guarantee that services will be provided.
- ) Not all services are eligible for financial assistance. It is the patient's responsibility to verify in advance whether a requested service is eligible for financial assistance. Excluded services include (but are not limited to):
  - o Any service considered non-covered or not medically necessary by the Oregon Health Plan (OHP) - Division of Medical Assistance Programs (DMAP) as identified by the Oregon Health Evidence Review Commission (HERC) healthcare condition and treatment pairing commonly known as the "Prioritized List of Health Services";
  - o Services provided to a patient who chooses to come to MCMC out of their insurance plan network are generally not covered. Exceptions may be made when appropriate out of network authorizations are obtained and after payment is received from the insurance company;
  - o Co-payments required by insurance plans, with the exception of copayments in excess of \$500 per date of service;
  - o Patients who are not responsible for the bill (i.e., Community/Agency funded support);
  - o Patients who have insurance but choose not to utilize coverage;
  - o Elective cosmetic surgery procedures;
  - o Other *elective* procedures (examples include but are not limited to infertility services, andrology services, sterilization, (with the exception of in-house postpartum tubal ligation patients), reversal of sterilization, circumcision, LASIK eye surgery, routine vision exam);
  - o Take home prescriptions or supplies issued by the pharmacy;
  - o Medical Equipment. For example, eyeglasses and contact lenses.
- ) This Financial Assistance policy does not apply to independent physicians, practitioners, and provider bills such as radiologist, anesthesiologists, pathologists, emergency medicine and other specialists.
- ) You will receive a letter in the mail letting you know if your application was approved. If you receive services prior to approval of your application any payments made towards those services may be refundable if your application is approved within thirty days of the date of service.
- ) Financial Assistance is secondary to all other financial resources. If you appear eligible for Medicaid you will be required to apply.

### **Instructions for completing the Statement of Financial Resources**

- Print legibly in ink.
- Return completed application and all required supporting documentation to:

Mid-Columbia Medical Center  
Attn: Business Office  
PO Box 1580  
The Dalles, OR 97058  
Fax: (541) 296-7619

- For questions please call 541-296-7500 between 7:30am to 5:00pm Monday through Friday.
- See instructions for each section on the following page.

**Section 1 - Family Information**

- ) List immediate family unit members who are related to you by birth, marriage or adoption.
- ) A child is considered a dependent if they are under 18, unless they are 18 and still attending high school.
- ) A family unit is one of the following:
  - a. Legally married couple living together or apart; if absent spouse contributes to the family income, include them on the application
  - b. Unmarried couple with one or more children in common, if one of the children is the patient.
  - c. Sponsored non-citizen, their sponsor, and the sponsor's family. The sponsor is considered the financially responsible party.
  - d. Domestic Partners registered with the state.
- ) Unmarried couples living together with no common children are not considered a family unit. The family unit is one adult and their respective children.

**Section 2 - Residence**

- ) Applicants must be established residents of the state of Oregon or bordering county in the State of Washington (Benton, Clark, Columbia, Cowlitz, Klickitat, Lewis, Pacific, Skamania, Wahkiakum, Walla Walla, and Yakima) with the intent to remain indefinitely.
- ) Include the physical address of your primary residence. Do not use a mailing address or P.O. Box.

**Section 3 - Employment Income**

- ) Include gross income for the last three complete calendar months.
- ) Income is counted in the month it is received, not the month it was earned.
- ) If you were without income at any time during the requested months, complete the affidavit included in your packet.
- ) If you are self-employed, complete the self-employment income worksheet included in your packet or provide profit and loss statements for the last three complete calendar months.
- ) Do not include income earned by children under 18, or if 18 and still in high school.
- ) Do not include income from student loans, scholarships, or grants.

**Section 4 - Other Income**

- ) Include unearned income of dependent children. For example, Social Security income.
- ) Include income from interest or dividends if you received payments during the requested months.

**Section 5 - Total Assets**

- ) List the current balance of all checking and savings accounts.
- ) List the "cash value" of life insurance policies, and Certificates of Deposit (CD).
- ) For net value of real estate or other property, subtract the amount still owing from the current market value. For real estate market value, use a recent appraisal or property tax statement.



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**Statement of Financial Resources - Verification Documents**

**PLEASE send copies of all documents below that apply to your situation. Original documents will not be returned.**

**Residency Verification**

- ◆ Proof of Residency. Accepted documents may include utility bills in your name, a rental agreement, mortgage statement for your residence, or a copy of your driver's license or identification card. Additional proof of residency may be requested depending on individual circumstances.

**Income Verification - Include all of the following that apply to your situation**

- ◆ Paycheck stubs received for the last three fully completed calendar months. If you do not have your paycheck stubs you may instead provide a letter from your employer listing gross income for the last three fully completed calendar months.
- ◆ Copy of income tax returns for the most recent year filed, including any applicable schedules (such as schedule C for self-employment income).
- ◆ Most current Social Security, Veterans, Pension Award Letter or equivalent.
- ◆ Most current claims determination from the State Employment Division.
- ◆ Statement of child support and/or alimony.
- ◆ Self-Employment Income Worksheet or Profit and Loss statement completed for the last three fully completed calendar months.
- ◆ Verification document(s) for any other income source listed on your application, including income from interest or dividends.
- ◆ Affidavit for any periods with no income.

**Asset Verification - Include all of the following that apply to your situation**

- ◆ Most current complete bank/credit union statements; checking and savings accounts.
- ◆ Most current cash deposit (CD), stocks, bonds, or investment account statements.
- ◆ Financial Statement confirming your business equity.
- ◆ Documentation confirming any miscellaneous assets listed.