IF YOU NEED HELP FILLING OUT THIS FORM OR HAVE QUESTIONS CALL: LISA CONLEY, CASHIER

816-470-5432 EXT: 528

OR: Email me at lisa.conley@rayhealthcare.org



Ray County Memorial Hospital (RCMH) is committed to serving the health and wellness needs of our county and surrounding communities. We understand that medical bills after a significant health event can represent a true financial hardship.

Please complete the application, attach the required documentation, sign and date at the bottom. Our Financial Assistance Program **only** applies to **our** hospital bill, and does not include any other related medical bills you may have such as *physician*, *radiology*, *ambulance*, *etc*.

We will not share this information or use it for any other purpose. We appreciate the opportunity to serve you. Should you have any questions about the process or need assistance in completing and submitting the application, please contact us at the number above.

ALL patients will be informed of the FAP and offered an application upon admission to RCMH. The application and summary of the program is also available in various locations throughout the RCMH facility and community. It is also available on our website **www.rayhealthcare.org**.

To apply, fill out the application as completely as you can, sign, date and submit the application along with supporting documentation for example:

- current year W-2
- current year tax return
- 2 current pay stubs
- 2 month's recent bank statement

In order to process the application, we do need documentation even if you are not working or receiving any income stating or showing this.

OR <u>If on fixed income please provide a copy of:</u>

- annual benefit letter and
- 2 month's recent bank statement

Please allow up to 10 days for a decision to be made. If you have not heard from us either via a phone call or letter in the mail, feel free to call to follow up.

A written copy of our Collections Policy and our Financial Assistance Policy is available to you upon request at any time, even before you have decided to apply for assistance.