Financial Assistance instructions:

Freeman Health System is a non-for-profit health system offering Financial Assistance (FA) to our patients that qualify based on income in relation to the Federal Poverty Guidelines and available assets. FA considerations requested by customers must have a completed application submitted with supporting documentation to be considered for assistance up to 100% of patient responsibility.

Partially completed applications will be returned to the customer to provide complete application including supporting documentation. To expedite your application please review and submit all relative documentation noted below.

- **Proof of Identity**: Please provide at least one of the following documents:
  - Driver’s License or State ID
  - Social Security Card
  - Alien Resident Card or a United States Citizen Identification Card

- **Proof of Income**: (This includes spouses)
  - Current employers most recent check stub with year to date noted, *for all employers during the calendar year*.
  - Unemployment
  - Child Support
  - Public Assistance (Medicaid, TANF, Food Assistance, WIC, etc.)
  - Social Security/Award letter
  - Veterans Benefits
  - Workers Compensation
  - Strike Benefits

- **Proof of Assets**: (This includes spouses)
  - Last 3 months bank statements for all checking and savings accounts
  - Itemized list of livestock and farm equipment and secondary vehicles not used as primary source of transportation
  - Statements for available investment funds that can be liquidated without penalties.
  - Health Savings or Health Reimbursement accounts
Personal Taxes:
(This includes Business taxes if self-employed)
□ Business Taxes
□ Personal Taxes
□ Any Schedules that may be attached

If you did not file taxes:
□ Proof of non-filing from the IRS by:
  • Setting up appoint to go to IRS: 844-545-5640, IRS is located at US Bank
    Building on 4th and Main in Joplin has an IRS office to assist in proof of non-filing
    or copy of past tax year.
  • On-line: https://www.irs.gov/individuals/get-transcript
  • Submitting 4506-T or 4506T-EZ forms to the IRS
  • Call 800-908-9946 to request proof

If you have applied for Medicaid and have been Denied or Approved
□ Valid Medicaid Denial Letter
□ Valid Medicaid acceptance Letter

If you have not applied for Medicaid:
□ Complete Medicaid Prescreen Form that is attached;
  If eligibility criteria is not found you may be eligible for FA, and application should be
  complemented. If Indication of eligibility or potential eligibility for program, application
  must be completed prior to consideration of FA.

If this is for a future service or surgery:
□ A letter of Medical Necessity from the Doctor requesting the services
  Please note policy will be reviewed to assure Medically Necessary guidelines are met.

Completed Financial Assistance Application
□ Sign and date application. Please complete all sections of the application if not
  applicable please indicate N/A.

You may obtain additional applications by visiting the main registration desk at any
Freeman hospital, physician clinic, call Freeman Patient Accounts or on-line at
http://www.freemanhealth.com/paymentoptions

We are available to assist you with any questions Monday-Friday, 8:00am -4:30pm
at 417-347-8247 or 888-707-4500.

Mailing Address for Applications:
Freeman Health System
Patient Accounts
1102 W. 32nd Street
Joplin, MO 64804
Fax 417-347-5818
Freeman Financial Assistance Application

ADMISSIONS/PATIENT ACCOUNTS USE ONLY

☐ Approved 100%  ☐ Pended/Acct. rep.

☐ Approved sliding scale/patient owes: %  ☐ UB status/Acct. rep.

☐ Denied due to:  ☐ Med. assist/Acct. rep.

Account #: ______________________ Unit #: _________________________________ Date submitted: __________________

APPLICANT/PATIENT INFORMATION

Patient Name: ___________________________________ Patient Social Security #: __________________

Patient Address: ___________________________________ City: __________________ State: _______________ Zip: __________

Home phone: __________________ Work phone: __________ Message phone: __________________ Driver’s license #: __________________

Parent/ Guardian Name: __________________ Parent/ Guardian Social Security #: __________________

Parent/ Guardian Address: ___________________________________ City: __________________ State: _______________ Zip: __________

Home phone: __________________ Work phone: __________ Message phone: __________________ Driver’s license #: __________________

HOUSEHOLD INFORMATION (mother, father and dependent children under the age of 18 only)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
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<td>DEPENDENT</td>
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<tr>
<td>SPOUSE</td>
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HOUSEHOLD EMPLOYMENT/ ANNUAL INCOME INFORMATION

Source

<table>
<thead>
<tr>
<th>Gross wages, salaries, tips, etc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security, annuity, veterans benefits</td>
</tr>
<tr>
<td>Alimony, child support, military family allotments</td>
</tr>
<tr>
<td>Income from business self-employment and dependents</td>
</tr>
<tr>
<td>Rent, interest, dividend, unemployment and other income</td>
</tr>
</tbody>
</table>

APPLICANT ACKNOWLEDGEMENT

I understand I (applicant/patient) will be expected to apply for Medicaid assistance in paying for this hospital service. I further understand the information I have given is subject to verification and review by Freeman. Should I receive or have any income not listed, I understand that my approval for financial assistance can be withdrawn and I will then be responsible for paying my account. I certify the information provided is true and correct, under penalty of perjury.

Applicant signature: ___________________________ Date: ___________________________

Employee signature: ___________________________ Date received: ___________________________

Approval pending:  ☐ Proof of income  ☐ Personal taxes  ☐ Business taxes  ☐ Copy of Driver’s license/SS card

Date information is due: ___________________________ Approved by: ___________________________ Date: ___________________________
Freeman Health System
Financial Screening Protocol
"Upfront Decision Tree"

Pt. Account # __________________________

Circle the correct answer to each of the questions below.

PART I – Insurance Coverage

The Health Insurance Marketplace is a web site where individuals, families, and small businesses can learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll for coverage through the Affordable Care Act.

- Have you applied for health insurance through the Healthcare Marketplace? Yes or No

If yes, please indicate the outcome: ________________________________

If no, our office may contact you to discuss this option of healthcare coverage.

- Do you have medical insurance coverage? Yes or No

If yes, then follow protocol for verifying eligibility/benefits protocol.

- Were you treated for injuries that were caused by an accident? Yes or No

If yes, then follow protocol for 3rd party liability potential.

- Do you have medical insurance that has expired in the past 60 days? Yes or No

If yes, then follow protocol for reviewing COBRA potential.

If the patient answered "Yes" to questions 1, 2 & 3, proceed with normal payments Options. If the patient answered "NO" to questions 1, 2, & 3 please go to part II

Payment options:

Cash/Check

Major Credit Cards

50% down with payment agreement

10% down with payment agreement and secured payment

If the payment options aren’t met go to Medicaid Quick Screening Questions Part II
**Part II Medicaid Quick Screening Questions:**

- Are you the parent of minor children and do they live in the home with you? **Yes or No**
  If yes, do either biological parent in the household work? **Yes or No**
  If yes, what is their gross income? ___________ see income guidelines below:

  No. of persons in household/income guidelines:
  1 - $136.00/month
  2 - $234.00/month
  3 - $292.00/month
  4 - $342.00/month
  5 - $388.00/month
  6 - $431.00/month
  7 - $474.00/month

If income is over the income guidelines, patient will not qualify for Medicaid. Decision Tree can be used as a denial for Medicaid. Proceed with Financial Assistance.

- Are you currently receiving Social Security income based on a disability? **Yes or No**
- Have you applied for Social Security Disability benefits in the last 6 months? **Yes or No**
- Are you currently unable to work due to a disability? **Yes or No**
- Are you currently pregnant or have you delivered in the last 90 days? **Yes or No**
- Are you Blind? **Yes or No**
- Are you age 65 or older? **Yes or No**

If any of the above questions are answered with a “YES”, and are under income guidelines, direct the patient to the MedAssist Representative for Medicaid application or refer to County Office for Medicaid application.

- Does Patient or Guarantor meet the Federal Poverty Guidelines for income? **Yes or No**

If "YES" was answered go to Financial Assistance Decision Tree
Helpful Addresses and Phone Numbers

For proof of non-filing or a copy of your taxes:

- Visit irs.gov
- IRS Office
  
  402 S. Main St.
  Joplin, MO 64801
  (Located inside of US Bank Building)
  417.889.9828 *Please call for appointment
  8:00 am – 4:30 pm (Closed 1:00 – 2:00 pm for lunch)

If you need to apply for Medicaid or need a copy of a denial or acceptance letter:

Newton County
Missouri Department of Social Services – Neosho Customer Service Center
201 N. Washington
Neosho, MO 64850
417.455.5100

Jasper County
Missouri Department of Social Services – Joplin Customer Service Center
601 Commercial
Joplin, MO 64802
417.629.3050

Joplin Community Clinic
701 S. Joplin Ave.
Joplin, MO 64801
417.624.5500
www.joplinclinic.org

ACCESS Family Care
503 S. Maiden Lane
Joplin, MO 64804
417.782.6200
www.accessfamilycare.org

ACCESS Family Care
412 E. McKinney St.
Neosho, MO 64850
417.451.4447
www.accessfamilycare.org

Jasper County Health Dept.
105 Lincoln St.
Carthage, MO 64836
417.358.3111

Barton County Health Dept.
1301 E. 12th St.
Lamar, MO 64759
417.682.3363
www.bchdhealth.com

Anderson Rural Health Clinic
104 E. Main St.
Anderson, MO 64731
417.845.6984

Joplin Health Department
321 E. 4th St.
Joplin, MO 64801
417.623.6122

Goodman Family Clinic
125 E. Main St.
Goodman, MO 64843
417.364.8300

Southwest City Community Clinic
109 N. Broadway
Southwest City, MO 64863
417.762.3287

ACCESS Family Care
927 N. 71 Business Hwy.
Anderson, MO 64831
417.845.8300
www.accessfamily.cor