



# MERCY FLIGHT CENTRAL

FINGER LAKES • CENTRAL NY • MOHAWK VALLEY

## Financial Assistance Application

Please complete this application as accurately as possible and attach all requested documentation. There is space on this form to include any additional information or to explain any missing documentation. For help on filling out the form, contact us at:  
Phone: 888-292-5099 Quick Med Claims (Mercy Flight Central billing agency) PO Box 785 Ithaca, NY 14851

**\*Please note:** If the patient qualifies for charity care at a hospital, they only need to provide the current documentation to Mercy Flight Central Inc. and we will accept without further financial justification for a financial hardship discount. The amount of discount may differ, since Mercy Flight Central Inc. does not receive the government funding in the same manner as a hospital to offset the expense of providing charity care.

Patient Name: _____		SSN: ____-____-____		Date of Birth: __/__/__	
<b>A. HOUSEHOLD INFORMATION</b>					
Is a parent or other financially responsible individual completing this application for the patient? YES __ NO __ If "yes," please provide the name and other information for the financially responsible individual below and answer all remaining questions in this application for that individual instead of for the patient.					
Name: _____		SSN: ____-____-____		Date of Birth: __/__/__	
Spouse (or check if N/A _): _____		SSN: ____-____-____		Date of Birth: __/__/__	
Total number of persons in household (including patient and financially responsible individual): _____					
<b>B. SIGNIFICANT LIFE EVENTS</b>					
In the past 12 months, have you experienced any of the following? Only answer if you would like us to consider these events in deciding if you are eligible for assistance. Please attach proof of each event, such as a notice of foreclosure/eviction, death certificate, etc.					
Lost your job? __	Filed for bankruptcy? __	Death in immediate family? __	Been evicted? __		
Filed for divorce? __	Became disabled? __	Foreclosure on house? __	Other? __		
If you checked any of the above, please provide the date(s) of the event(s): _____					
<b>C. WAGES OR SALARY INFORMATION</b>					
Are you employed? YES __ NO __			Is your spouse employed? YES __ NO __		
Your employer: _____			Spouse employer: _____		
Your position/title: _____			Spouse Position/title: _____		
Wages/Salary: \$ _____ per Hour Wk Mnth Year (circle one)			Wages/Salary: \$ _____ per Hour Wk Mnth Year (circle one)		
If hourly, average hours worked: ____ per Wk Mnth (circle one)			If hourly, average hours worked: ____ per Wk Mnth (circle one)		
<b>D. OTHER SOURCES OF INCOME AND ASSETS/RESOURCES</b>					
If anyone in the household (including you or your spouse) has additional sources of income, please list each such source of income below. Include disability payments, unemployment compensation, rental income, investment returns, or any other income.					
Source: _____		Who received the income? _____		Amount: \$ _____ per Wk Mnth Year (circle one)	

Source: _____	Who received the income? _____	Amount: \$ _____ per Wk Mnth Year (circle one)
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<p><b>Please provide the total amount of any other resources and liquid assets available to you: \$_____</b>  <i>Please include all savings accounts, checking accounts, stocks, bonds, etc., but do not include retirement accounts (401(k)s or IRAs) or other resources that you cannot access without penalty.</i></p>	<p>SSN: ____ - ____ - ____</p>	<p>Date of Birth: __ / __ / __</p>
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**E. INCOME VERIFICATION AND APPLICATION ATTESTATION**

**Please provide at least one of the following types of documentation to verify each source of income listed above:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Tax Return (Form 1040 or 1040EZ)</li> <li>IRS Form W-2 or Employer Verification</li> <li>Copy of Paycheck or Paycheck Stub / Remittance</li> <li>Bank Statements</li> <li>Spousal Support</li> </ul> | <ul style="list-style-type: none"> <li>Social Security, Workers' Compensation or Unemployment Compensation Determination Letter</li> <li>Proof of Participation in Governmental Assistance programs (WIC, food stamps, housing assistance, etc.)</li> </ul> |
|---|---|

*If you cannot provide documentation of your income, you must explain why not on the back of this form.*

**F. MONTHLY EXPENSES**

RENT / MORTGAGE	\$	CREDIT CARD PAYMENTS	\$
GROCERIES	\$	LOAN PAYMENTS	\$
AUTO LOANS	\$	OTHER:	\$
CABLE / INTERNET	\$	OTHER:	\$
CELL PHONE / HOME PHONE	\$	OTHER:	\$
UTILITIES (GAS, WATER, TRASH, ELECTRIC)	\$	OTHER:	\$
		TOTAL EXPENSES	\$

**ADDITIONAL INFORMATION OR EXPLANATION FOR MISSING DOCUMENTATION**

*This section is not required unless you need to explain why you are missing documentation (proof) of your income or significant life events. You may also use this space to provide any additional information that you think we should know or consider, that did not fit on the application, or that requires additional explanation.*


**By signing below, I attest that all information provided in this application is true and factual to the best of my knowledge, and I understand I will forfeit all rights to financial assistance if I have falsified any information.**

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

