



FHN Financial Assistance Application

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: This application will help FHN & FHN Memorial Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please complete this form within 240 days following the first billing statement. Submit it to FHN in person, by mail, by electronic mail, or by fax to:

**FHN Financial Assistance
PO Box 268
421 W. Exchange St, 3rd Floor
Freeport, IL 61032**

Fax 815-599-7907

Please call our Business Office at 815-599-7950 or 877-720-1555 if you have any questions

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED HOSPITAL CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help FHN determine whether you qualify for any public programs.

Please complete this form and submit all required documentation listed below within 240 days following the first billing statement and submit to FHN.

Proof of Income for Illinois Uninsured Hospital Discount only, provide at least one of the following:

- Most recent Tax Return
- Most recent W-2's or 1099's
- Two (2) most recent payroll stubs
- Written income verification from an employer, if paid in cash
- One (1) other reasonable form of income verification acceptable to FHN

Proof of Income for all other Financial Assistance programs, provide the following if applicable:

- Most recent Fed Tax Return with all schedules, W-2's, 1099's, etc.
- Two (2) most recent payroll stubs
- Written income verification from an employer, if paid in cash
- Social Security benefits letter(s)
- Most recent bank statement(s)
- Written documentation of any other source of income including but not limited to: Pension, Unemployment, Alimony, Child Support, VA benefits, Trust income, Severance pay, etc.

Proof of Residency, provide at least one of the following:

- Valid Driver's License or State ID
- Recent utility bill
- Vehicle or Voter Registration Card
- Lease Agreement or a statement from a Family Member at the same address with acceptable proof of residency

Other Documentation, provide the following if applicable:

- If recently divorced, a copy of divorce decree
- Declination or denial of insurance coverage

Explanation of any missing documentation and extenuating circumstances:
