

SAFETY NET ACCESS PROGRAM

CHARITY CARE APPLICATION INSTRUCTIONS

1. Complete the Applicant Information completely. Note: only adult applicants should complete the application.
2. Complete Dependent Information for all persons living in your household who are your dependents (including your spouse): that is, all those who depend upon you for support. Be sure to include Social Security Number and Date of Birth for all members.
3. Complete Income Information for all sources of income for all members of your household. Attach copies of proof of income such as tax returns, pay stubs, bank statements, etc. Also attach any outstanding hospital bills for the Applicant and any dependents.
4. Sign the Release of Information section. Both the Applicant and spouse should sign this section.
5. Return the completed form to Financial Care Services located on the Main Floor of the Hospital or mail it to Uniontown Hospital, 500 West Berkeley Street, Uniontown, PA 15401.
6. A Financial Care Consultant will review your application and follow-up with you within ten (10) business days from receipt of the completed application. If you have not been contacted within this period, please contact us at (724) 430-4676.

UNIONTOWN HOSPITAL MISSION

To continually improve in order to provide the best care to our community.

THE FINANCIAL MISSION

Embracing the Future with Strength

Assuring the maintenance of financial strength in order to provide continual service to the community.

PATIENT FINANCIAL SERVICES MISSION

Achieving the Balance

Assuring the appropriate extension of charity care as well as the collection of receivables.

Financial Care Services
500 West Berkeley Street
Uniontown, PA 15401
(724) 430-4676

Hours: Monday through Friday 7:00 a.m. to 5:00 p.m.



UNIONTOWN HOSPITAL SAFETY NET ACCESS PROGRAM

CHARITY CARE APPLICATION

Applicant Information: All information provided by the applicant will be considered and treated as confidential. Furthermore, this information will be used solely for the purpose of determining eligibility for charity care through the Safety Net Access Program.

Name of Applicant (Adult):	
Address:	Date of Application:
	Social Security Number:
	Date of Birth:
City, State, Zip:	Email Address:
Phone Number:	Cell Phone Number:

Dependent Information: List spouse and all dependents.

Name	Relationship	Social Security Number	Date of Birth

Income Information: List all combined sources of income, before taxes, of all members of the household. Attach verification for all sources to this application. Attach all outstanding Uniontown Hospital bills that may be related to this application.

Income Source	Monthly Amount	Annual Amount
Wages		
Self Employment		
Social Security		
Public Assistance		
Pension		
Unemployment		
Child Support/Alimony		
Other		
Total of All Sources		

If no income is listed, please contact a Financial Care Consultant at (724) 430-4676 to complete the processing of this application.

Release Information:

To the best of my knowledge, information, and belief, the information I have provided to Uniontown Hospital in support of this Charity Care Application is true and correct. I acknowledge that by signing here I authorize Uniontown Hospital to verify the financial information that I have provided and to obtain any necessary credit report for purposes of determining eligibility for charity care through the Safety Net Access Program.

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____