



411 Canisteo Street
Hornell, NY 14843
Phone: (607)324-8000
Fax: (607) 324-8221

Financial Subsidy Application

Please return this application to the St James Mercy Hospital Business Center by mail or in person.

Please remember to sign you application before you return it.

Please provide copies ONLY. If you submit originals we will make a copy and return the original to you.

If you need assistance with the application please call
607-324-8067

Thank You,
St James Mercy Hospital Financial Counseling
Department

Exhibit A

ST. JAMES MERCY HEALTH FINANCIAL ASSISTANCE APPLICATION

411 Canisteo St
Hornell NY 14843

Please return by: _____

A. - Patient Financial Information

	Patient / Guarantor # 1	Spouse / Guarantor # 2
1 First name, middle initial (please print) Last name (please print)	_____ _____	_____ _____
2 Street address:	_____ _____	_____ _____
3 City, state, zip code	_____ _____	_____ _____
4 Social security number	_____ _____	_____ _____
5 Day phone (area code)	_____ _____	_____ _____
6 Are you employed?	___ YES ___ NO	___ YES ___ NO
7 Are you self-employed?	___ YES ___ NO	___ YES ___ NO
If you answered yes to # 6 or 7, go to # 9; if answered no, go to # 12.		
8 Name of employer/company	_____ _____	_____ _____
9 Employer/company street address:	_____ _____	_____ _____
10 City, state, zip code	_____ _____	_____ _____
11 How long have you worked here?	___ Years ___ Months	___ Years ___ Months
12 Number of dependents List dependents below (please print all information)	Dependent # 1	Dependent # 5
Name: first, middle initial, last	_____ _____	_____ _____
Date of birth: Month/day/year	_____ _____	_____ _____
Social security number:	_____ _____	_____ _____
Relationship of dependent to you:	_____ _____	_____ _____
Name: first, middle initial, last	Dependent # 2	Dependent # 6
Date of birth: Month/day/year	_____ _____	_____ _____
Social security number:	_____ _____	_____ _____
Relationship of dependant to you:	_____ _____	_____ _____
Name: first, middle initial, last	Dependent # 3	Dependent # 7
Date of birth: Month/day/year	_____ _____	_____ _____
Social security number:	_____ _____	_____ _____
Relationship of dependant to you:	_____ _____	_____ _____
Name: first, middle initial, last	Dependent # 4	Dependent # 8
Date of birth: Month/day/year	_____ _____	_____ _____
Social security number:	_____ _____	_____ _____
Relationship of dependant to you:	_____ _____	_____ _____

**ST. JAMES MERCY HEALTH
FINANCIAL ASSISTANCE APPLICATION**

**B. - HOUSEHOLD FINANCIAL DATA
MONTHLY INCOME & EXPENSE**

Patient / Guarantor # 1

Spouse / Guarantor # 2

MONTHLY INCOME

1 Gross salaries, wages before taxes		
2 Business Income		
3 Rental Income		
4 Investment Income		
5 Income from Estates/Trusts		
6 Social Security		
7 Aid to Dependant Children		
8 Public Assistance Income		
9 Other Income (list amount & source) (lines 10-11)		
10 MEDICAID DENIAL		
11 NYS EXCHANGE DETERMINATION		
12 Totals	0	0
13 Total Income All Sources	0	

MONTHLY EXPENSES

14 Mortgage Payment		
15 Rent payment		
16 Car payment(s)		
17 Child care / Day care expenses		
18 Gas & water utilities		
19 Electricity		
20 Telephone		
21 Insurance payment(s)		
22 Other loan payment(s)		
23 Credit card payment(s)		
24 Other medical bills		
25 Other expenses (specify type) (lines 30-32)		
26 Transportation		
27 Taxes		
28		
29		
30		
31 Totals	0	0
32 Total Expenses all types	0	
34 Net Income/(Expense) (line 13 less 34)	0	

**ST. JAMES MERCY HEALTH
FINANCIAL ASSISTANCE APPLICATION**

**C. - FINANCIAL DATA
ASSET LIQUIDITY TEST**

Patient / Guarantor # 1

Spouse / Guarantor # 2

ASSETS

35 Cash on hand over \$500	_____	_____
36 Checking Account(s) balance over \$500	_____	_____
38 Savings Account(s) balance over \$500	_____	_____
39 Stocks current value	_____	_____
40 Bond(s) current value	_____	_____
41 Rental property assessed value	_____	_____
42 Business property assessed value	_____	_____
43 Jewelry estimated value	_____	_____
44 Recreational Vehicle(s) estimated value	_____	_____
45 Boat(s) estimated value	_____	_____
46 Other assets (specify) (lines 47-48)	_____	_____
47	_____	_____
48	_____	_____
49 Totals	0	0
50 Total Assets	0	

LIABILITIES

51 Rental property loan balance	_____	_____
52 Business property loan balance	_____	_____
53 Recreational Vehicle(s) loan balance	_____	_____
54 Boat(s) loan balance	_____	_____
55 Total Credit Card Debt	_____	_____
56 Other Medical Bills, list:	_____	_____
57 Other Liabilities, list type & amount (lines 58-61)	_____	_____
58	_____	_____
59	_____	_____
60	_____	_____
61	_____	_____
62 Totals	0	0
63 Total Liabilities	0	

**ST. JAMES MERCY HEALTH
FINANCIAL ASSISTANCE APPLICATION**

64 Are you a single parent?

circle one:

YES / NO

65 Do you care for an elderly parent or disabled child in your home?

YES / NO

66 Are you in the process of filing bankruptcy?

YES / NO

Were you denied Medicaid coverage?

YES / NO

Other information which you want considered as part of this application:

Once you have completed this application, and returned it with all requested documentation, you may disregard all potentially eligible bills from St. James Mercy Hospital until you have been notified of a decision.

St. James reserves the right to rescind any discounts and/or deny your application for Charity Care if you are found to have knowingly provided false information or documents.

You are obligated to notify St. James of any income changes during your eligibility period.

St. James Mercy requires re-verification of your income for any inpatient admission.

I hereby acknowledge that the above information is true and accurate to the best of my knowledge. I have no income or assets other than those listed above. I have provided St. James Mercy Health with all insurance benefits available, and exhausted all other possible sources of payment for my care.

I am also aware that any monies paid on accounts that have a charity care adjustment will not be refunded to me.

I further grant St. James Mercy Health authorization to verify any or all information given, and also authorize a consumer credit report if necessary.

Patient/Guarantor # 1 -Signature

Date

Spouse/Guarantor # 2- Signature

Date

Required Documentation: See attached list (Exhibit B)

Exhibit B

Please call 607-324-8067 with any questions

PROCESSING MAY TAKE UP TO 30 DAYS AFTER YOU HAVE RETURNED APPLICATION

Required Documentation for SJMH Charity Care Application:

Gross Income:	Last 4 week's pay stubs with year-to-date total If pay stubs not available, last year's tax return Social Security notice (preferred vs. S.S. pay stub) Rental Income documents Any other source of income documents Exclude: Child support and/or alimony received
Expenses:	Copy of statement/last bill for any expense listed on application. Including but not limited to: Mortgage or rent payments Taxes (if not included in mortgage payment) Car loan payments Other loan payments Daycare Utilities: Gas, Water, Electricity Telephone bills Insurance payments for: Auto Home owners Health Ins Gas for cars up to \$100 per month Credit card payments Medical bills for other hospitals Prescriptions -- out of pocket portion Other expenses reviewed case by case
Assets:	Copy of statement or appropriate documentation for assets listed Including but not limited to: Checking account balance over \$500 Savings account balance over \$500 Rental Property Autos except primary vehicle Recreational Vehicles
Liabilities:	Copy of statement or documentation for liabilities listed Allowed liabilities: Mortgages Taxes Auto and other loan balances Credit card balances Medical care balances from other facilities Other liabilities reviewed case by case
Other:	Copy of compliant Medicaid decision letter (REQUIRED)

Exhibit C

2018 SJMH Charity Care guidelines

Poverty Guidelines-HHS As published in the Federal Register Jan 13, 2018 48 Contiguous States & the District of Columbia, for each additional family member add \$4180.0	Financial Liability per pt statement	Family Unit Size							
		1	2	3	4	5	6	7	8
Incomes at or below 200% of guidelines	Zero AFSP-FULL	12,140	16,460	20,780	25,100	29,420	33,740	38,060	42,380
Incomes at or between 201%-250%	40% of expected Excellus BC rate AFSPBC AFSP-60%	23,760	32,920	41,560	50,200	58,840	67,480	76,120	84,760
Incomes at or between 251%-300%	100% of Excellus BC expected reimbursement AFSPBC	29,700	41,150	51,950	62,750	73,550	84,350	95,150	105,950

St James Mercy Hospital

Physician and Mid-Level (Physician Assistants or Nurse Practitioners) Employed or under contract

The follow professional services (physicians) will be billed through St. James Mercy Hospital and our participating in the hospitals participating health plans, see a list of those by accessing link on website.

[LINK TO PLANS](#)

Anesthesia

Saeed Anwar, MD
Mabel Crosby, MD
Kenessa Edwards, MD
Mervat Eid, MD
Afzaal Iqbal, MD
Sarah Kralovic, MD
Ismail Mehr, MD
Derek Mitchell, MD

St. James Mercy Hospital Center for Orthopedic Care

Paul Axtell, MD
Kevin Briceland, PA
Robert Capecci, MD
Michael Leit, MD
William Wonderling, PA

St. James Mercy Hospital Express Care Center

Kevin Briceland, PA
Brandi Burke, FNP
James Franklin, PA
David Hanrahan, PA
Emily McCumiskey, PA
Lauren Phillips, PA
John Robshaw, MD
Sierra Schmidt, PA

General Surgery

Dennis Blom, MD

Speech Therapy

Michael Crandall, SLP

Pathology

Tamera Paczos, MD

Hospitalist

Asad Majid, MD
Mohammad Randhawa, MD

Emergency Room

Nancy Ebling, DO
Giacomo Florio, PA
John Robshaw, MD
Kevin Wentworth, PA

Respiratory and Cardiology Service Report and Interpretations

Spencer Annabel, MD – Ultrasound, Stress Test and Cardiac Rehab
Pasquale Picco, MD – Pulmonary Function Tests

Radiology and Ultrasound Services

Mark Adams, MD
Osbert Adjei, MD
Jeevak Almast, MD
Allan Bernstein, MD
Alok Bhatt, MD
Shweta Bhatt, MD
Johan Blickman, MD
Justin Brucker, MD
Francis Burgener, MD
Devang Butani, MD
Abhishek Chaturvedi, MD
Apeksha Chaturvedi, MD
Vaseem Chengazi, MD
Mitchell Chess, MD
Damien Dawson, MD
Gregory Dieudonne, MD
Vikram Dogra, MD
David Dombroski, MD
Patrick Fultz, MD
Susan Hobbs, MD, PHD
Gary Hollenberg, MD
Gerald Holzwasser, MD
Ali Hussain, MBCHB
Radha Iyer, MD
Luann Jones, MD
Joan Kamalsky, MD
Katherine Kaproth-Joslin, MD, PHD
Vinit Khanna, MD
Valeriy Kheyfits, MD
Deborah Klein, MD
Nina Klionsky, MD
Leonard Kolodny, MD
David Lee, MD
Edward Lin, MD
Steven Meyers, MD, PHD
Johnny Monu, MD
Ash Motimaya, MD

Refky Nicola, DO
Avice O'Connell, MD
Daniel O'Connor, MD
Margaret Ormanoski, MD
Michael Potchen, MD
Savita Puri, MD
Abdel Mohsen Radwan Hussien, MD
Joseph Reis, MD
Peter Rosella, MD
Deborah Rubens, MD
Timothy Ryan, PA
Talia Sasson, MD
Scott Schilffman, MD
Gwy Suk Seo, MD
Aizaz Shaikh, MD
Ashwani Sharma, MD
David Shrier, MD
Ravinder Sidhu, MD
John Strang, MD
Raymond Tan, MD
Brian Tan, MD
Sanjiv Virdee, MD
Susan Voci, MD
David Waldman, MD, PHD
John Wandtke, MD
Ben Wandtke, MD
Henry Wang, MD PHD
Eric Weinberg, MD
Per-Lennart Westesson, MD, PHD, DDS
Scott Wilbur, MD
Ian Wilson, MD
Axel Wismueller, MD
Jing Bing Xue, MD
Vanessa Zayas-Colon, MD
Andrea Zynda-Weiss, MD