You may be eligible to receive discounted care up to 100% of your bill.

Please complete the application in its entirety and provide **ALL** requested documentation, as applicable, indicated below:

❒ Medicaid Denial Letter

❒ Three months proof of income for all household members. (For example, 6 consecutive check stubs from employer if paid bi-weekly. In the event you do not have consecutive check stubs, please provide a print out from your employer's human resources department on company letterhead indicating your last 12 weeks of pay.)

❒ Social Security Disability Award Letter, Social Security Award Letter or SSI Letter if applicable.

❒ Proof of pension, annuity, trust fund, unemployment, rental property income &/or worker's compensation payments (if applicable for all household members.)

❒ Most recent tax return. (In the event you have not filed your taxes for the requested year, the W-2 forms and all necessary documents needed to complete the requested year's tax form will be required, along with the previous year's completed tax form.)

❒ 2 months of checking & savings account statements. (Note: deposits should match income coming into the home, in the event you have additional deposits, please provide explanation of deposit in writing.)

❒ Complete, sign, & date the application.

❒ Return the application within 60 days of date of services to Salem Township Hospital, in person or via mail.

RIGHT HERE
to CARE *for* YOU

Mail completed application to:
Attn: Business Services
1201 Ricker Drive
Salem, IL 62881

(OR)

Bring the application directly to the Business Services Office, located on the Lobby Level (2nd floor) of the hospital.

SALEM Township HOSPITAL
BUSINESS SERVICES

Direct Line: **(618) 740-0110**
STHCARES.ORG | f
1201 Ricker Dr., Salem, Illinois / 618-548-3194

We're Here to Help

We can assist you in navigating your financial options, so you can focus on your health and recovery.

SALEM Township HOSPITAL
BUSINESS SERVICES

Direct Line: **(618) 740-0110**
STHCARES.ORG | f
1201 Ricker Dr., Salem, Illinois / 618-548-3194

We understand that medical expenses can be overwhelming, and we're committed to ensuring that financial barriers do not prevent you from receiving the care you need.

Salem Township Hospital offers a financial assistance program on a sliding scale:

- Based on your total household income and family size.

- Calculated by the federal guidelines.

- In the event you **DID NOT** qualify for Medicaid.

All information is kept confidential.

We are Here to Help

The Business Office at Salem Township Hospital is available to make copies of the needed documents for application processing.

In the event you have any further questions in completing the application or needed documentation please contact:

Sian Kuester
Direct Line: **(618) 740-1677**
Monday - Friday / 8:00 am – 4:30pm

Financial Assistance Application

Please complete the application in its entirety and provide **ALL** requested documentation.

Patient Information

Patient ID # _____

Patient Name:_____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone #_____ Email _____

Total Family Size: _____

Please list each member of the household below.

Name	Relationship	Date of Birth

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in the application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for the financial assistance, any financial assistance granted to me may be reversed and I will be responsible for the payment of the hospital bill.

Signature: _____ Date _____