Community-Assistance-Reaches-Everyone: St. James Parish Hospital’s medical bill credit policy which can qualify community members for free or reduced hospital charges based on a brief application and necessary documentation.

*Please complete and sign the enclosed application for Care Aid which will be used to determine if you qualify for credits paying up to 100% of your medical bills at St. James Parish Hospital.

In order to review your application, supporting documentation for the family must be included. The family consists of two or more people who reside together and are related by birth, marriage or adoption. Please include your last year’s Federal Tax Return, last check stub showing year-to-date income, unemployment income, Social Security benefit amount, child support and/or any other income you have received in the last 12 months. If you are employed and get paid cash, a letter from your employer stating your income would be acceptable. In order to claim a dependent, they must have been listed on your tax return.

If you are a student receiving financial aid, you may also qualify for Care Aid Credits. Please provide documentation of approval for financial aid. Students with no income would need to provide proof of income from parents or guardians who support them.

Only urgent or emergent services provided by St. James Parish Hospital will be eligible for credits. In addition, the patient must be under the care of a physician on the Medical Staff roster of St. James Parish Hospital. You may see a list of our Medical Staff roster on our This may include ER physicians, anesthesiologists, radiologists, pathologists, etc. Any accounts in bad debt are not eligible for Care Aid Credits.

If approved, your eligibility is active for six months from the date of determination. However, we may reevaluate your application for Care Aid if additional information relevant to eligibility becomes known. If you receive any services within six months of approval for Care Aid, it will be your responsibility to bring it to our attention that you have been approved at the time services are being rendered.

A patient may also qualify for medical indigence if medical bills (paid and unpaid) from the past 12 months are more than 20% of their yearly income. These are reviewed case-by-case based on the patient’s circumstances, such as catastrophic illness or medical financial need, each at the discretion of St. James Parish Hospital.

You may return this information by mail or deliver it to the Business Office. Please call us at 225.258.5912 if you have any questions about the application.

Sincerely,
K'Maya Franklin, Financial Counselor

1645 Lutcher Avenue / Lutcher, LA  p 225.258.5912 / f 225.258.5981

We now submit MEDICAID APPLICATIONS. Call us for more info. 

We now submit MEDICAID APPLICATIONS.
[CARE AID Community-Assistance-Reaches-Everyone: St. James Parish Hospital’s medical bill credit policy which can qualify community members for free or reduced hospital charges based on a brief application and necessary documentation.]

The federal government prohibits health care providers from waiving Medicare deductible and coinsurance amounts or giving discounts to Medicare patients, except in certain limited situations. Many non-government payers also prohibit healthcare providers from discounting patient bills without passing the discount along to the payer. It is the policy of St. James Parish Hospital to abide by federal and state laws and its agreements with payers, such as insurance companies.

St. James Parish Hospital will review your application only after all necessary information is supplied.

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Patient Phone:</td>
<td>Cell:</td>
<td>Work:</td>
</tr>
</tbody>
</table>

Marital Status (Circle One): Single Married Divorced Widowed

Guarantor Information (complete if different than patient):

<table>
<thead>
<tr>
<th>Guarantor Name:</th>
<th>Date of Birth:</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Guarantor Phone:</td>
<td>Cell:</td>
<td>Work:</td>
</tr>
</tbody>
</table>

### SPOUSE/DEPENDENT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*A dependent will be considered if included on the tax return.*

### EMPLOYMENT INFORMATION FOR EACH HOUSEHOLD MEMBER (Last 12 Months)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Phone Number</th>
<th>Years Employed</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
INCOME INFORMATION (Circle All that Apply)

- Wages
- Social Security
- Pension
- Investment
- Alimony
- Child Support
- Unemployment
- Workers Compensation
- Veteran’s Compensation
- Receipt of Estates
- Retirement Income
- Interest Income
- Rental Income
- Royalties
- Dividends
- Other

Annual Income for Last 12 Months: $________________________

*Checklist of Copies Needed:
1. You and your spouse’s most recent tax return_______
2. Your last income checks so that annual amount can be calculated_______
3. Your Spouse’s last income checks so that annual amount can be calculated_______
4. Death Certificate (If Applicable)_______

ASSET INFORMATION

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td>Savings/CD’s</td>
<td></td>
</tr>
<tr>
<td>Investments (Stocks, Bonds, etc.)</td>
<td></td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td></td>
</tr>
</tbody>
</table>

*Checklist of Copies Needed:
1. Current bank statement_______
2. Current savings statement_______
3. Current investment statement_______

MEDICAL INDIGENCE

Medical Bills for last 12 months $________________________

*A patient may qualify for medical indigence if medical bills (paid and unpaid) from the past 12 months are more than 20% of your yearly income.

PLEASE CHECK ANY SERVICES YOU RECEIVE

- State-Funded Prescription Program
- Care from a Homeless Shelter or Clinic
- Participation in WIC
- Food Stamp Eligibility
- Subsidized School Lunch Program
- Eligibility for Medicaid Spend-Down or Take Charge
- Low Income/Subsidized Housing
- Children with Medicaid Coverage
- Patient Deceased With No Estate
- Financial Aid for Higher Education

ATTESTATION

I __________________________ (name) on ___________________ (date) understand that the above information can be verified by St. James Parish Hospital and subject to review by Federal and State Enforcement Agencies. I certify that the above information is true and correct. Upon receipt of the above mentioned information and the signed attestation, your outstanding balance will be considered for possible financial assistance. We thank you for your understanding and cooperation with this policy.

Do you have any Health Insurance? Yes No

For more information, call our Financial Counselor at 225.258.5912.

MAIL APPLICATION TO: Attention Financial Counselor
1645 Lutchet Ave., Lutcher, LA 70071

You will be notified of application results by phone or mail.