

*****IMPORTANT NOTICE ABOUT YOUR
DISCOUNTED SERVICES AT UTMB*****

Dear Patient,

UTMB is proud to serve as your partner in health care. We value our relationship with you and understand that you may require assistance with your UTMB medical bills. Based on your verbal stated income, dependents and asset information given today, you have been deemed potentially eligible for a Financial Indigence discount status. Your final determination will be based on the documentation you provide to us for consideration of the Financial Indigence discount program. However, if you qualify, only your UTMB charges will be discounted. For Emergency Room patients, Barrier Reef Physicians charges will not be discounted. In order for us to determine if you are eligible for a discount we need certain information and documents from you. Please return the completed application and all required documents within **10** days of today's visit. Enclosed are the following:

Approved Document List - Provide any and all documents indicated on the list that fit your current financial situation.

Notarized Letter - Should you need a notarized letter of support and/or residence, you are requested to use the official form included in this packet.

Special Instructions for SELF-EMPLOYED INDIVIDUALS and/or NOTICE OF NON-FILING: For self-employed individuals and/or individuals who have not filed a return in the most recent tax year, there are special requirements. You must provide the entire copy of your most recent year income tax return for proof of income. If your income tax return is not prepared by a professional preparer with a Tax ID number on the copy of the return, UTMB is requiring that the individual obtain an official transcript copy of the income tax submission. (If you do not file an income tax return, you are required to provide a notice of non-filing from the IRS acknowledging no tax return has been filed. You would still request the IRS Transcript via this method.) The transcript is obtained from the Internal Revenue Service (IRS) and is considered the *official copy* of your IRS return. You must obtain the IRS transcript **prior** to submitting your completed packet. This form may be requested by contacting the IRS at 1(800)829-1040 or see the [IRS web site](#) for details. The transcript can be ordered by completing a [Form 4506-T](#) (PDF) or calling 1(800)829-1040 and following the prompts in the recorded message. There is **no charge** for the transcript and you should receive it in approximately 10 business days after requesting it. Tax return transcripts are generally available for the current and past three years. If the [Form 4506-T](#) is used to request the transcript, please have the IRS transcript sent back to you and then forward a copy to Financial Counseling via mail, fax, or drop it by our office.

If you have any questions concerning this program or the document enclosed, please contact us at the address above or the telephone number listed below.

UTMB Financial Counseling
301 University Boulevard
Galveston, TX. 77555-0309

Phone 409-772-6464
Fax 409-747-9900



UTMB Admitting Services Department Financial Assistance Application

Please read this information before completing your application:

By completing this application, you are requesting financial assistance for your services at UTMB. You must be a current UTMB patient to submit this application. The interview/screening process will determine if you could possibly be eligible for a third party resource such as Medicaid, a County Indigent Health Care Plan (with your local county) or if you are eligible to receive discounted medical services at UTMB. There are some exclusions* that might prevent some patients from being able to receive a discount.

To be financially screened or considered for discounted services, you will need to complete this application in full and provide certain documentation from each category on the Approved Document List. The categories on the document list include proof of identification with a valid photo Id, two proofs of residence documents, proof of household income, proof of dependents (including spouse), most current year income tax, and asset information. At the time a financial counselor reviews your documents, it will be determined if you are potentially eligible for third party resources such as Medicaid, SSI Disability, or County Indigent Health Care Plan. If you are potentially eligible for one of these third party resources, you must **complete the entire 3rd Party application process** of that particular resource *prior* to receiving any type of UTMB assistance.

*Note: Some patients are excluded from the ability to receive or be considered for UTMB discounted services.

- Non-Texas Resident or has resided in Texas less than six (6) months.
- Any insured patient including Managed Care, Commercial, Medicaid or any other insurance program

INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE APPLICATION/PROCESS:

- Please review ALL requirements for the application process. All requested documents/information must be submitted for the application process to be considered complete and your financial status to be determined.
- Complete **all** application blanks in full. If a question does not apply to your situation, please either answer none or N/A (not applicable).
- If requested to apply for a 3rd Party resource, that application process must be completed prior to being considered for discounted services with UTMB.
- Please read the Patient Acknowledgement Statement carefully before signing and dating the application.



Please complete front and back

Admitting Services

Application for Financial Assistance

Complete application in full, sign and submit all associated documents from Proof List

Patient Name			Date
Last	First	Middle	

Guarantor/Parent/Responsible Party name if minor

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Mailing Address	City	State	Zip Code

Home Address (if different than mailing address)	City	State	Zip Code

Home Phone	Work Phone	Other Phone
()	()	()

County of Residence	Social Security Number*(see notice on Pg 4)	Sex	Race

Marital Status	Date of Birth	Maiden Name

Guarantor/Patient/Responsible Party Current Employer	City, State	Employer Phone for Verification
		()

Spouse or other Parent's Current Employer	City, State	Employer Phone for Verification
		()

HOUSEHOLD MEMBERS/DEPENDENTS (Include Spouse; Only list household members if they are claimed on income tax). If more space needed, attach list.

Full Name	Relationship	Date of Birth	Social Security Number

FINANCIAL INFORMATION-HOUSEHOLD

Gross Income	Income Source (Employment, Pension, TEC, Disability, etc.)	Type of Payment (Cash, Check, Direct Deposit)	Frequency (Weekly, Bi-weekly, Bi-monthly/Monthly)

If no income source, how are you supporting yourself and/or family?

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RESIDENCY REQUIREMENTS

Are you a U.S. Citizen?	<input type="checkbox"/>	IF NO, do you have a valid Immigration residence card? (Please provide copy)	<input type="checkbox"/>
	Yes or No		Yes or No

Texas Resident? Y or N	Length of time as Texas Resident?	Permanent or Temporary?	If Temporary, where is Permanent home?



Please complete front and back

Admitting Services

Application for Financial Assistance

THIRD PARTY COVERAGE

Do you or anyone in your household/family currently have health insurance? YES or NO?

If YES, please complete the following information and provide copy of insurance card (front & back).

Insurance Company Name	
Name of Insured	Relationship to Patient

Are you eligible for **Veteran's Administration (VA) healthcare services or benefits?** YES or NO?

Have you or any member of your household/family applied for County Indigent Health Program, Medicaid, or SSI DISABILITY? YES or NO?

If YES, what is the current status of the application?

IF UNEMPLOYED,

Are you currently either **DISABLED, INJURED** or have an **ILLNESS** that will keep you out of work for 12 months: YES OR NO?

If yes, Check the reason: **DISABLED** **INJURY** **ILLNESS**

If yes, has your Dr. completed a Physician's Statement for this reason: YES OR NO?

Do you or does anyone in your household have unpaid Medical Bills from the last three months? YES or NO?

IF YES, WHO: _____

FINANCIAL QUESTIONNAIRE – ASSET INFORMATION

Complete the following information in full to determine your financial status. The last 3 months of checking and/or savings account bank statements, or any other type of account must be attached. If you have both accounts and/or multiple accounts at several banking institutions, **all** must be provided. If you have no bank accounts, the financial counselor will advise you what information will be needed to complete this process.

Provide copies of all bank accounts, stocks, bonds, cd, property information, vehicle information, bills/receipts which you indicate that you are financially responsible for below.

ASSETS

1. Cash on hand \$ _____

2. Balances in Checking, Savings Accounts or CD \$ _____
 Bank Acct. No. _____ Institution Name: _____
 Bank Acct. No. _____ Institution Name: _____
 Bank Acct. No. _____ Institution Name: _____

3. Stocks, Bonds, IRAs/Annuities/Other Securities \$ _____
 Bank Acct. No. _____ Institution Name: _____
 Bank Acct. No. _____ Institution Name: _____
 Bank Acct. No. _____ Institution Name: _____

4. Real Property (excluding primary residence)
 Type of Property _____ Location _____ Value \$ _____ Current Equity \$ _____
 Type of Property _____ Location _____ Value \$ _____ Current Equity \$ _____
 Type of Property _____ Location _____ Value \$ _____ Current Equity \$ _____



Please complete front and back

Admitting Services

Application for Financial Assistance

ASSETS (continued)

5. Vehicle Property (including boats, RVs, ATV, etc.)
List all household vehicles year, make, and model on chart below.

	YEAR	MAKE AND MODEL		YEAR	MAKE AND MODEL
1			4		
2			5		
3			6		

MONTHLY EXPENSES:

Rent / House note Payment	\$ _____	Miscellaneous:	\$ _____
Other Property Payments	\$ _____	Vehicle Payment:	\$ _____
If own home Taxes:	\$ _____	Vehicle Payment	\$ _____
Home Insurance:	\$ _____	Car Gasoline:	\$ _____
Utilities Telephone(s):	\$ _____	Prescription costs:	\$ _____
Gas:	\$ _____	Credit Card Payments	\$ _____
Lights:	\$ _____		\$ _____
Cable:	\$ _____		\$ _____
Water	\$ _____		\$ _____
Groceries:	\$ _____	Car Insurance Monthly Costs:	\$ _____
Personal Items:	\$ _____	Other Loans/debts:	\$ _____

PATIENT ACKNOWLEDGEMENT STATEMENT

The information on this form and any other information provided either written or verbal is true and correct. I will provide the correct documents needed to complete this process. I agree to report any changes to my income, dependents, residence and third party coverage within 14 days. I also agree that if asked to apply for third party coverage, I must complete that process before being accepted for financial assistance with UTMB. I give authorization for UTMB to investigate all information provided on this application and also obtain credit report information.

Completing this form for assistance does not guarantee that I will be accepted as a patient at UTMB. But if accepted as a patient, I know that deposits are required for all services at UTMB. These services include outpatient visits, tests, procedures, emergency room visits and admissions. Deposit amounts vary in these different areas based on estimated charges.

*Disclosure of your social security number (SSN) is requested from you in order for The University of Texas Medical Branch at Galveston to rapidly process your financial assistance, verify identity or aid in certifying your insurance coverage. No statute or other authority requires that you disclose your SSN for these purposes. Failure to provide your SSN, however, may result in delays in processing your financial assistance or obtaining information regarding your insurance. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

*****MISREPRESENTATION OF ANY INFORMATION ON THIS APPLICATION IS CONSIDERED FRAUD AND WILL RESULT IN EXCLUDING PATIENT FROM CONSIDERATION OF RECEIVING DISCOUNTED SERVICES AT UTMB*****

SIGNATURE OF APPLICANT OR REPRESENTATIVE DATE

SIGNATURE OF WITNESS DATE

APPROVED DOCUMENT LIST

The University of Texas Medical Branch can review and consider household financial income for possible discounted services. Qualification for the discount depends on a number of things-your employment, your total income, and the number of dependents you have. To apply for a discount program, you must provide certain documents from each category from the list below. For more information, please visit UTMB Website www.utmb.edu/financialcounseling

PROOFS

I. IDENTITY: (SUBMIT ONE)

- Texas Driver's License
- Texas I.D.Card
- Employee Badge (with picture)
- Alien Registration Card or Resident Visa
- Passport
- Student I.D. Card (with picture)
- Military I.D. Card (with picture)
- Galveston County Health Access I.D. Card (with picture)

II. RESIDENCY: (SUBMIT TWO) Proofs must show that residency in Texas has been established for six (6) months.

- Current Texas Driver's License
- Current Utility Bill showing name and address, or utility receipt with name and address
- Current Medicaid Letter
- Current Social Security Award Letter, Check or current printout
- Current School Records verifying address
- Current Billing Statement or business mail from State/County/City
- Current Rent Receipt or Lease Agreement which indicates address
- If you are living with a relative or friend, you must have a notarized letter stating such, along with any proof of residence listed above. The acceptable UTMB letter for notarization can be printed from www.utmb.edu/financialcounseling or obtained from Financial Counseling
- Voters Registration Card
- Vehicle Registration

III. DEPENDENTS (INCLUDING SPOUSE AS A DEPENDENT):

- Current Medicaid Eligibility Letter
- Social Security Card(s)
- Birth Certificate(s)
- Prior Year Income Tax Return
- Custody Records or Legal Guardianship documents
- School Records
- Any Reasonable Document which shows the parent (guardian) -child relationship

IV. INCOME: (SUBMIT ALL THAT APPLY) – Gross Income Amount must be submitted

- Four(4)most recent (consecutive) paycheck stubs, two(2)stubs if paid biweekly; one(1) stub if paid monthly showing Gross Income Amount
- Trusts, dividends, interest income by providing document with Gross Income Amount
- Current Retirement Income Checks stub(s)
- Current Social Security Award letter for both spouses and any children
- Current Letter from employer on company letterhead (only if paid in cash)
- Employee Verification Letter (Form letter that UTMB provides for employer completion)
- Current Veterans Administration Award Letter(s)
- Current Child Support Statement, Divorce Decree, Print out from the Office of the Attorney General (OAG)
- Current Documentation from the Texas Workforce Commission- if not employed and/or receiving unemployment benefits
- Current previous year 1040 Income Tax Form with **all** attachments (Verified with IRS transcript copy, **see below**)*
- Current TANF/Medicaid Check Copy or Award Letter or Food Stamp Award Letter
- Current Letter of support from civic organization, church group or other organization on organization's letterhead.
- Current Notarized letter of support if unemployed/have no source of income and living with a relative or friend. The acceptable UTMB letter for notarization can be printed from www.utmb.edu/financialcounseling or obtained from Financial Counseling
- Alimony or spousal support income

V. INSURANCE OR THIRD PARTY COVERAGE: (IF APPLICABLE)

- Copy of Insurance Card (front/back)
 - Shows: Insurance Company's Name; Address; Policy Number; Certificate Number
- Medicare Identification Card
- Letter/Card from County Indigent Health Program
- Medicaid Identification Letter (current month)
- Medicaid Denial Letter
- County Indigent Health Program Denial Letter

VI. RESOURCE/ASSET INFORMATION (in addition to above documents)– including but not limited to:

- Most Recent Income Tax return*. If you did not submit income tax for the most recent year, it will be necessary to get a statement from the IRS via the same method as the IRS Transcript to confirm.
- Most current Profit and Loss Statements (at least one quarter) for Business Owners
- Most Recent Income Tax of Business if applicant owns more than 5% of Partnership or Corporation.
- Three most recent statements for each checking account, savings account, mutual fund/money market accounts, IRA accounts, Certificate of Deposit accounts (CDs), and any other security accounts or investments accounts
- Three most recent (or quarterly) statements for Stocks, bonds, etc.
- County appraisal documents for all real property excluding homestead. Finance documents with loan or mortgage balance to determine equity value
- Value of Oil Leases
- Cash Value Life Insurance Policies
- All motor vehicle information, including cars, trucks, RV's, motorcycles, boats, and aircraft that are in your household

Please mail proofs along with application. The Financial Counselor will help you apply for any State funded programs for which you might qualify.

If you have any questions about this procedure, please address a letter to:

**UTMB # (409) 772-6464 Fax # (409) 747-9900
Admitting Services - Financial Counseling
301 University Blvd. Rt. 0309
Galveston, Texas 77555-0309**

IMPORTANT NOTICE!

The items on this list are a guide that will fit most financial situations. Since each individual financial situation could be different, more specific documentation that is related to your personal financial situation could be requested in addition to the items on this list.

*If IRS return not prepared by a professional preparer with a Tax ID number indicated on form, you must provide an official return transcript obtained from the Internal Revenue Service Office 1-800-829-1040 or see the IRS website for details (Form 4506-T) <http://www.irs.gov/faqs/faq1-6.html> This is a free service.