



ECD# _____
Date of Service: _____
CPI # _____ <small>(office use only)</small>

Financial Assistance Application

To apply for financial assistance for medical expenses incurred at BayCare Health System, please complete the attached application and return it to the Financial Assistance Department. It is very important to follow the instructions below in order for your application to be reviewed:

- List financial information for a full 12 months on the application.
- If the patient is a minor, list financial information for the parent or guardian.
- Applications must be signed AND witnessed on same date to be considered for assistance. Notary is not required.

This application does not address Non BayCare Medical Group physician charges. Completed applications received by the Financial Assistance Department will be reviewed to determine programs that may be able to assist. If additional information is needed, a representative will contact you.

<p><u>SPECIAL NOTICE TO MEDICARE RECIPIENTS ONLY</u></p> <p>Federal regulations require Medicare recipients to provide <u>proof of income and assets</u> when applying for financial assistance.</p> <p>Required proofs:</p> <ul style="list-style-type: none"> • <u>Proof of Income:</u> copy of notices from Social Security, Unemployment Compensation, pensions, rental income or ANY income used to pay your expenses • <u>No Income:</u> provide a letter of support from the individual assisting you • <u>Proof of Assets:</u> current bank statement, debit card statement, value of IRA , stocks, bonds, 401k's, whole life insurance policy cash value, and real estate (other than homestead) 	<p><u>POTENTIAL MEDICAID PARTICIPANTS</u></p> <ul style="list-style-type: none"> • Are you pregnant OR have a child aged 17 or under in your custody? • Are you between the ages of 18-21? • Are you over 65 years of age? • Are you receiving Social Security disability? <p>If you answered yes to any of these questions, you are potentially eligible for Medicaid. Visit www.myflorida.com/accessflorida to complete a Medicaid application.</p>
---	---

Visit baycare.org/about-us/financial-assistance for answers to frequently asked questions or email us at finassist@baycare.org or reach the Financial Assistance Department by phone at 1(855) 233-1555.

Application can be emailed to finassist@baycare.org, faxed to (813) 635-7731 or mailed to BayCare Health System: Financial Assistance PO BOX 6120 Clearwater, FL 33758-6120

ATTENTION: Sending unencrypted email is not a secure method of sending protected health information (PHI). The information you send, unless encrypted, could be electronically captured during transmission.

