Lackey Memorial Hospital
Where Community Healthcare Is Soaring To New Heights.

Financial Assistance Documents

Dear Patient/ Guarantor,

Thank you for choosing Lackey Memorial Hospital for your healthcare needs. The Business Office and Patient Financial Services department would like to assist you with your financial obligation, by offering the Financial Assistance Application. If you have any questions about the required documents or the application please feel free to ask an admissions representative, or you may call our Business Office Manager, at (601) 469-4151 ext 306. You may also call the Patient Financial Services Department at (601) 849-6440 ext. 242.

Please return the completed, signed and dated application along with the list of required documents (see below) to Lackey Memorial Hospital or the Patient Financial Services department within two weeks. Your application is due **two weeks** from the post date of this mail.

If you have circumstances you feel are important to your financial situation, please include a signed letter of explanation with the documents.

Required:

a. Medicaid Denial Letter
b. Last year's tax returns including W2s/ 1099s/ Schedule C
c. Proof of income
   - If working, pay check stubs for three previous months
   - If unemployed and receiving unemployment check, provide check stub or unemployment compensation determination letter
   - If income is from a retirement fund, pension, rental property, etc. provide proof of the source and amount of income received
d. If income has changed since last tax return, provide a written explanation
e. Proof of disability /-physicians work order restriction
f. Outstanding medical bills other than bills at Lackey Memorial Hospital
g. Rent or mortgage payment receipt for one month
h. Utility bills; gas; electric; water and sewage
i. Three months bank statements (checking and savings)

P.O. Box 1460 * 110 Pioneer Way * Magee, MS 39111
Telephone: (601) 849-6440, Ext. 242 • Fax: (601) 849-1309
www.ascentiumhcr.com

Lackey Memorial Hospital
Where Community Healthcare Is Soaring To New Heights.

Financial Aid Application

Patient and/or Guarantor information if patient is a minor:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State:_____ Zip: _____

Phone: (____) _____ Social Security #: _____ Marital Status: _____

Employer: _____ Position: _____

Annual Salary: _____ Length of Employment: _____

Health Insurance Company: _____ Policy #: _____

Spouse and/or Legal Guardian Information:

Name: _____ Date of Birth: _____

Employer: _____ Social Security #: _____ Position: _____

Annual Salary: _____

Dependent(s) Information:

Number of Dependents: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Asset Information – Please write yes or no to answer the following questions:

Automobile: _____ Rental Property: _____ Farms: _____ Cattle: _____

Do you own a business: _____ Name of business: _____

Checking Account:_____ Bank Name: _____ Balance: _____

Savings Account:_____ Bank Name: _____ Balance: _____

P.O. Box 1460 * 110 Pioneer Way * Magee, MS 39111
Telephone: (601) 849-6440, Ext. 242 • Fax: (601) 849-1309
www.ascentiumhcr.com

Lackey Memorial Hospital
Where Community Healthcare Is Soaring To New Heights.

Disclaimer and Authorization:

I authorize Lackey Memorial Hospital to obtain a consumer credit report on my behalf to process my application if necessary. This information will only be used for the purpose it was intended. I also understand that Lackey Memorial will not share or disclose the information with any third party vendor unless I give the proper authorization. Lackey Memorial Hospital will not give me a copy of my credit report; it will stay in the hospital financial record. I also authorize Lackey Memorial Hospital to verify all the information given by me in order to process my application.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

P.O. Box 1460 * 110 Pioneer Way * Magee, MS 39111
Telephone: (601) 849-6440, Ext. 242 • Fax: (601) 849-1309
www.ascentiumhcr.com