

## **FINANCIAL ASSISTANCE APPLICATION – INSTRUCTIONS FOR FILLING OUT THE FORM**

If an unforeseen medical expense has occurred at a time when you cannot afford services, we inform you that with the financial assistance application you can determine if you qualify for financial assistance. Depending on the level of financial assistance you qualify for, your account may be forgiven in full, or only a percentage of it, or you may be allowed to make minimum payments, or your current financial situation may exclude you from qualifying for assistance at this time. Please send your application once completed with copies of the required documents to the Patient Financial Engagement Department at the following address. Your request will be processed under complete privacy.

### **Mailing Address and Physical Address**

**Olathe Medical Center, Inc.**

**Attn: Patient Access**

**Patient Financial Engagement  
Counselor**

**20333 W. 151st St., STE 150**

**Olathe, KS 66061**

- The form consists of six (6) parts and all must be filled out. Incomplete forms will be returned for additional information. If a section of the form does not apply to you, type "NA" (Not Applicable).
- If you are currently unemployed or on an unpaid work permit and this has reduced your income, please indicate the time (including start and end dates) you have been out of work or absent from your job.
- Only include dependents that you noted on your last tax return.
- Information about your income refers to gross income (without tax deduction). If you receive any other kind of assistance not indicated (e.g. food stamps), please indicate this in the last space of the left column in Part C, section "Other".
- In the Medical Expenses (monthly) section in Part C, include expenses that are not or will not be covered by your health insurance.
- Be sure to indicate the special situations that are affecting your financial status in Part F. Include dates of unemployment or work permits for the patient or for the spouse/parent in charge of caring for the patient.
- Include copies, not originals, of all required documents. We do not guarantee that the originals will be returned.
- Please provide tax returns for the last two years along with this year's W-2 forms.
- Include a copy of any attached documents with your tax return.
- Include receipts/stubs for your paychecks for the last two (2) months of all your jobs.
- Write down the reasons if your annual income has changed significantly from one year to the next.
- Include copies of bank statements for the last two (2) months.
- If you receive Social Security benefits, disability, unemployment or food stamps, please include a copy of the approval letters.
- Sign and date the financial statement before you send it to the Patient Financial Engagement Department.

If we need additional information, we will first try to contact you by phone, and if we are unable to do so, then we will send you a letter asking for the additional information required to complete this procedure. We will then notify you in writing of the outcome of your request. If you have any questions, please call the Patient Financial Engagement Department at (913) 355-8275.