



Dear Applicant:

You may be able to get financial help from New London Hospital and possibly other healthcare organizations.

The NH Health Access Network is a group of hospitals, doctors and other health care providers in New Hampshire that work together to help children and adults when they cannot afford the health care they need.

To get financial help through the NH Health Access Network with out-of-pocket expenses you must have active insurance accepted by and in-network with the provider. Financial assistance may be available for those who do not have insurance, please contact a financial counselor at New London Hospital **(603) 526-5292**.

To find out if you or your household qualifies, you must give us proof of your income. Please fill out the attached application and sign it. Then, please send us that application and a COPY of each of the following for your household:

Documentation	Attached	Not Required
Complete copy of your most recent Federal Income Tax Return and all schedules		
Copies of most recent W-2 forms		
Copies of the three (3) most recent, consecutive paycheck stubs or a statement from the employer.		
Copies of the three (3) most recent bank statements (e.g., savings, checking, money market, IRA, 401K, etc.) ALL PAGES		
Copies of unemployment or disability compensation benefits statements		
Copies of pension benefits stubs		
Copies of social security income (yearly benefits statements, copy of check or direct deposit)		
Copy of Food Stamp allocation		
Copies of government assistance notices (including Department of Health & Human Services and Medicaid Spend Down Letter)		
<u>Copies of Denial Notices from Medicaid, including Premium Assistance Plan</u>		
<u>Copies of financial subsidies notices from Marketplace</u>		

Please use this checklist to be sure we have all the information we need to quickly and correctly process your application. We may ask you for additional information about your credit evaluation and income tax return. The information you provide is confidential.

You will continue to be financially responsible for any services you receive until we have learned whether you qualify for help.

If you have not heard from us in 60 days after returning your application, or you need help in understanding it, please call a Financial Counselor at 603-526-5292.

Sincerely,
 Financial Counseling
 New London Hospital\Newport Health Center

Return the application and requested documents to the Financial Counseling office at:

New London Hospital
 273 County Road
 PO Box 2150
 New London, NH 03257

-OR-

Newport Health Center
 11 John Stark Highway
 Newport NH 03773



Financial Assistance Application

1. Patient's Information:

Last Name *First Name* *Middle Initial* *Social Security Number* *Date of Birth*

Street Address *City* *State* *Zip code* *Length of time at address*

Mailing Address *City* *State* *Zip code*

Single Married Civil Union

Separated Divorced Widowed

US Citizen NH Resident

2. Person Responsible for Paying the Bill

Last Name *First Name* *Middle Initial* *Relationship to Patient* *Social Security Number*

Address if Different From Patient's *Home Phone Number* *Work Phone Number*

Name of Insurance Company *Effective Date*

3. **Please indicate ALL people living in the household, including applicant: Use additional sheet of paper if needed

NAME	RELATIONSHIP TO PATIENT	DATE OF BIRTH	SOC. SECURITY#	Applying Yes/No
1	Self			
2				
3				
4				
5				
6				

4. Is this application for future or past services? Future Past Date(s) of Services: _____
5. Please fill out if anyone in your household has insurance:
Health insurance (Plan/Name) _____, Health savings account(circle) – Yes No **Who:** _____
Policy #/ID# _____ Deductible Amount: _____
Medicare Part A __, Medicare Part B __ Receives assistance to pay Medicare Part B _____ **Who:** _____
6. Has anyone in your household applied for Medicaid? Yes No
Who: _____ If Yes and denied please provide copy of the Medicaid denial notice.
7. Have you applied for financial assistance at another facility? Yes No If yes, where: _____
8. Is anyone in your household pregnant? Yes No
9. Has anyone in your household served in the military? Yes No Who: _____
10. Have you recently filed a workers' compensation or motor vehicle accident claim? Yes No Date: _____
11. Is anyone in your household eligible for Social Security benefits? Yes No Who: _____
12. Does anyone else claim you on their income tax return? Yes No Who: _____

