

Dear Patient,

Thank you for choosing Pana Community Hospital as your healthcare facility. PCH maintains a Healthcare Assistance Program to assist patients with their medical expenses when the patient is not financially able to pay for the services received.

To be considered for assistance, we need your immediate cooperation in providing the following information:

- A completed Healthcare Assistance Application
- A copy of your most recent Federal Income Tax Return
- A copy of your most recent real estate tax bill
- Proof of income: Pay stubs from last 60 days
- A copy of your most recent bank statement
- Most recent utility bills and rental receipts
- Drivers license or other form of identification
- Eligibility determination from Illinois Department of Public Aid
- Proof or denial of any insurance coverage that may be applicable

Return the application and documentation to the Patient Accounts Department within 30 days.

You can contact Doris at 217 562-6304, Monday through Friday 8:30 – 4:00, for assistance.

Sincerely,

Pana Community Hospital

Patient Accounts Department

HEALTHCARE ASSISTANCE APPLICATION

ALL INFORMATION PROVIDED IS CONSIDERED CONFIDENTIAL

In order to determine your eligibility for assistance, please complete and sign the Healthcare Assistance Application and return to the Patient Account Representative **within 30 days**.

INCOME

Your monthly gross income _____ Place of employment _____

Spouse monthly gross income _____ Place of employment _____

Other Household income _____ Source _____

Total Income _____

If you did not list any income above, how are you being supported at this time?

DEPENDENTS IN HOUSEHOLD

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

