

YOAKUM COMMUNITY HOSPITAL Financial Information Form

Print Patient Name _____

Account No. or Social Security No. _____

Date of Birth: _____

Address: _____

Phone: _____

Instructions: All questions must be answered. If a question does not pertain, write N/A on the line.

PLEASE PROVIDE ONE OF THE FOLLOWING:

1. Application & SNAP (Food Stamps) or Medicaid eligibility Letter. OR
2. Application with Last two paycheck stubs/4 paid weekly, or Income Letter from Employer, Bank statements of Checking & Savings, and last year's Income Tax Return or W2. Same information needed on spouse.
3. If not employed. Application, Unemployment Letter, or a Letter of Support, and Household Income.

Citizenship (check one): US Citizen Non-US Citizen Resident

Marital Status (check one): Married Single Divorced Separated Widow

Names of Dependents: (legal deductions on your tax return) Number in household: _____

Name: _____	Relationship _____	Date of Birth _____
Name: _____	Relationship _____	Date of Birth _____
Name: _____	Relationship _____	Date of Birth _____
Name: _____	Relationship _____	Date of Birth _____

Housing: (check one): Own Rent Paid House /Rent Payment \$ _____ /month
 Live with family or friends: Yes No Pay them monthly: Yes No If Yes: How much: _____

Utilities: Electricity \$ _____ /month Gas \$ _____ /month Water \$ _____ /month

Automobiles: Own (How many?) _____ Lease (How many?) _____ Car Payment(s): \$ _____ /month
 Year _____ Make _____ Model _____

Bank Accounts/Other Assets: (must answer all three questions) Must provide bank statements

Checking Account? Yes No \$ _____ Savings Account? Yes No \$ _____

Additional Assets? Yes No Describe: _____

Employment - PATIENT - Name of Employer: _____

Employment - SPOUSE/ GUARANTOR - Name of Employer: _____

Patient	<input type="checkbox"/>	Employed Full Time	<input type="checkbox"/>	Spouse/Guarantor	<input type="checkbox"/>	Employed Full Time
	<input type="checkbox"/>	Employed Part Time	<input type="checkbox"/>		<input type="checkbox"/>	Employed Part Time
	<input type="checkbox"/>	Not Employed	<input type="checkbox"/>		<input type="checkbox"/>	Not Employed

Other Support Alimony \$ _____ per month Child Support \$ _____ per month
 Trust Fund \$ _____ per month Survivors Benefit \$ _____ per month
 Unemployment \$ _____ per month Workman's Comp \$ _____ per month

Total Family Income \$ _____ per month (Award requires proof of income with application)

(Continue on next page)

YOAKUM COMMUNITY HOSPITAL **Financial Information Form**

Print Patient Name _____

Account No. or Social Security No. _____

Did you file an income tax return last year? Yes _____ No _____

Insurance:

Do you have insurance? Yes _____ No _____ Will you be getting any insurance in near future? Yes _____ No _____

SSI Disability:

Applied for SSI or applying? Yes _____ No _____ When: _____ Decision: _____

Medicaid:

Applying for Medicaid? Yes _____ No _____ When: _____ Decision: _____

Work History:

Are you currently working? Yes _____ No _____

If no, when was the last time you worked? _____ / _____ / _____

Are you actively looking for work? Yes _____ No _____

If no, do you have a medical condition that keeps you from working? Yes _____ No _____

Describe reason for not working: _____

If you or a family member are on a Government Funded Program, please fill out the application and provide a current Medicaid or Food Stamp Letter. As per policy, parents of minor children need to first apply for Medicaid and provide a denial letter before we can assist with financial assistance.

Completed applications will only go back 60 days and 6 months forward.

How did you hear about our hospital financial assistance programs? _____

Signature

Date

MISREPRESENTATION OF ANY INFORMATION ON THIS APPLICATION IS CONSIDERED FRAUD AND WILL RESULT IN EXCLUDING THE PATIENT FROM CONSIDERATION OF RECEIVING FINANCIAL ASSISTANCE AT YOAKUM COMMUNITY HOSPITAL.

Yoakum Community Hospital provides health care for citizens who meet Financial Assistance Program requirements (place of residence, income, resources). Services provided include Yoakum Community Hospital, inpatient and outpatient services, and may include some prescription coverage (Indigent approvals only). This program is also available to undocumented persons who meet eligibility requirements. Financial Assistance and Indigent Care is the payer of last resort, and all other possibilities will be explored first (when medically appropriate to do so). Households with minor children need to be screened first for Medicaid eligibility.

The information on this application and any other information provided either written or verbal is true and correct. I will provide the correct documents needed to complete this process.

I agree to report any changes to my income, dependents, residence and third party coverage within 14 days.

I also agree that if asked to apply for third party coverage, I must complete that process before being accepted for Financial Assistance with Yoakum Community Hospital.

I give authorization for Yoakum Community Hospital to investigate all information provided on this application and obtain credit report information.

INDIGENT APPROVALS

All patients who meet Indigent guidelines will be approved for Prescription coverage up to \$250 monthly for Maintenance Prescriptions.

Please initial below:

_____ Prescriptions for Narcotics/Controlled Substances/Pain Medications will only be covered for Certain Medical Circumstances.

Participating Pharmacies: City Drug of Yoakum, Discount Pharmacy of Yoakum

Signature: _____

Date: _____

Yoakum Community Hospital
Attention: Business Office
1200 Carl Ramert Drive
Yoakum, Texas 77995

Date: _____

I certify that am not working or receiving any income.

Social Security Number

Phone Number

Thank you,

Print Name

Signature

IF NOT EMPLOYED, PLEASE FILL OUT THIS FORM.

**IF NOT EMPLOYED - A LETTER OF SUPPORT AND HOUSEHOLD INCOME IS
REQUIRED.**

LETTER OF SUPPORT- IF NOT EMPLOYED
(COMPLETE THIS FORM FROM PERSON PAYING HOUSEHOLD EXPENSES)

DATE: _____

To Whom It May Concern:

I, _____ pay for the following items.

(Please list amounts paid)

_____ Vehicle Payments

_____ Utilities

_____ Rent or Mortgage Payments

_____ Other things you pay for

_____ Food or Meals

PLEASE ATTACH ALL THE WAGE EARNER'S INCOME FOR THE HOUSEHOLD.

Phone: _____

Signature: _____

Relationship to Patient: _____

NO BANK ACCOUNT

I, _____ state that I do not have a Checking or Savings Account or any other type of interest bearing account or financial instrument in any financial institution.

I understand falsification of any information may result in immediate disqualification from program.

Signature: _____

Date: _____

PLEASE SIGN FORM – IF NO ACCOUNT

IF YOU HAVE A CHECKING ACCOUNT, SAVINGS ACCOUNT OR BOTH; YOU WILL NEED TO PROVIDE A BANK STATEMENT ON EACH ACCOUNT YOU HAVE.

PLEASE SIGN FORM IF YOU DID NOT FILE AN INCOME TAX RETURN

Form **4506-T**
(November 2021)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use **Get Transcript** to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days
 - c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days
 - 7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
 - 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date