



Income based discount – SMH offers financial assistance to our patients who have difficulty paying for medical services. This assistance is on a sliding scale based on household income. Based on the 2011 guidelines, a family of four with a monthly household income of less than \$5,588 may qualify for this assistance program at some level. This program is available to both insured and uninsured.

Q: What should I expect on my first visit?

A: At SMH, you should expect high-quality service in a friendly setting. On your first visit, you will be asked questions regarding your general financial situation and your healthcare needs. The information you share is confidential, and the Business Office staff person will be sensitive and respectful to your situation.

Q: A member of my family died and was not covered by health insurance. Is there help for paying for medical expenses?

A: We encourage family members to contact a Business Office staff person as soon as possible to determine what programs may be available.

Stamford Memorial Hospital

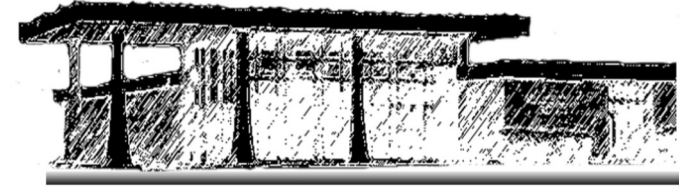
1601 Columbia
(325) 773-2725

Business Office Hours:
7:30 AM - 4:30 PM
Monday - Friday

Stamford Health Clinic

1303 Mabee Drive
(325) 773-5733

Clinic Hours:
8:30 AM - 12:00 PM
1:00 PM – 5:00 PM
Monday - Thursday
8:30 AM - 12:00 PM
Friday



Stamford Memorial Hospital
& Stamford Health Clinic

Patient Financial Assistance

Frequently Asked Questions

Q: What if I do not have health insurance and cannot afford to pay for my hospital visit?

A: You could be eligible for one of many financial assistance programs. By completing the Financial Assistance application, you are taking the first step toward healthcare coverage.

Q: How much paper work is involved with financial assistance?

A: There is some paperwork involved with financial assistance, but the Business Office staff are there to help you complete the forms, answer questions, and get the results you need in a timely manner. Some programs make it difficult to apply for assistance, but the Business Office staff at Stamford Memorial Hospital (SMH) will help you cut through the red tape and support you and your family. Proof of income is required.

Q: How do you determine if I qualify for assistance?

A: SMH uses government guidelines, adjusted by family size, to establish your eligibility. Based on household income, you could be eligible for the following programs:

- Medicaid
- Social Security/Disability
- CHIP
- County Indigent

Uninsured discount – Uninsured patients who are determined to be financially charitable receive an automatic 35% discount. If you are able to pay in full at the time of service, there is an automatic 20% discount that is not based on financial need.

Stamford Hospital District Financial Assessment Form

It is the policy of Stamford Hospital District to provide essential medical services regardless of the patient's ability to pay. Discounts are offered depending upon family income and size. You must complete this application and provide proof of income (recent check stub, last year's taxes, etc.).

The discount will be effective from the current visit and apply to all services provided at the hospital and/or clinic including laboratory testing, MRI, CT, drugs, x-ray, and ultrasounds. Please inquire at the admissions desk if you have questions. Please note that an application must be submitted at each visit to qualify.

Name of Patient: _____ Date of Service: _____

Please list all related adults (parents, siblings, grandparents and children living in the household.

Name	Date of Birth
Self	
Spouse	
Dependent	
Dependent	
Dependent	
Related Adults	

Total Household Income:

	Self	Spouse	Dependents	Related Adults
Gross wages, tips & salaries				
Social Security, disability, pensions, annuities				
Child Support				
Unemployment, public aid & other				
Net business or self employment				
Total				

I certify that the family size and income information shown above is correct.

Name: *(Please Print)* _____

Signature: _____

Date: _____

For Office Use Only:

Percentage to Pay: _____

Approved by: _____