



HEALTH CARE FINANCIAL ASSISTANCE PROGRAM

Jackson Hospital in Marianna, Florida offers financial assistance to individuals needing assistance with paying for their health care. This program only applies to services provided by Jackson Hospital. **The Health Care Financial Assistance program does not entitle you to free care at the hospital or the hospital's clinics and may not cover all services requested by your physician(s).** The only providers covered under our financial assistance policy are the providers under the Chipola Surgical and Medical Specialties brand.

Please complete a Health Care Financial Assistance Application (available from the Emergency Room Registrar, Patient Financial Counselor, Registration or on website: www.jackson-hospital.com) and return to the checkout desk before leaving the facility. Provide a clear and legible contact phone number where you can be easily reached. Further information may be required to process your application, listed below are items that may be required before your application can be processed. When further information is required you will be contacted to provide within 7-10 days of request.

1. **Income Verification.** Documents verifying **all household income** over the last 12 months will be required if self-employed, and should your account charges exceed \$9,999, you may be required at a later date to include one or more of the following:
 - Most recent income tax return
 - W-2 withholding form
 - Three most recent pay check stubs noting year to date income
 - Verification of wages from employer proving income over the last 12-months
 - Social Security/Disability letter noting current income or last 3 bank statements noting deposits
 - Forms approving or denying unemployment or workers compensation
 - All household income must be listed on the Personal Financial Statement

2. **Medicaid denial letter.** All patients must apply for Medicaid/Medically Needy and return a copy of the Medicaid denial letter/approval letter listing your name. You may apply for Medicaid at Jackson Hospital by calling and scheduling an appointment with a representative from CRS at 850-718-2634 or 718-2825 who will require a copy of your light, fuel, water, phone and rent bills. Bring statements from people noting amount they paid on your bills, rents, etc.

3. **Other agencies for possible assistance:** Voc-Rehab 850-482-9600,
BCCOURA 850-526-2412 x179,
Bay Cares 850-872-4455,
Goodwill-Access Florida 850-526-1600

3. **Driver's License & Social Security Card.** You will need 2-types of I.D. for all patients applying for assistance. Other types of identification may be accepted for this application, such as school ID or passport

If you have any questions, do not hesitate to call a Customer Account Representative at 850-718-2647 or come to the Financial Counselor's office to complete the application. Documents may also be mailed to Jackson Hospital, Attn: Patient Financial Services, 4250 Hospital Drive, Marianna, Florida 32446