Medicount
The EMS Billing Experts

Dear Patient,

Medicount Magement provides full or partial financial assistance to patients whose family income is at or under the income guidelines listed below.

Eligibility depends upon:

- Meeting income qualifications as outlined below
- Application is completed in full
- Proof of Income documentation is provided (See below for accepted documentation)

Please complete and sign the enclosed application for financial assistance. The application must be returned complete with supporting documentation to be accepted for processing. Please complete each field on the form. If the field does not apply to you enter NA. Examples of acceptable documentation include:

- **Pay Stubs** – 3 months of current paystubs. Or **last years tax return/W-2** – If you claim to be self-employed, we require a copy of your schedule C along with a copy of page 1 of the Federal Income Tax return that reflects filing status, dependents claimed and adjusted gross income.
- **Social Security/Pension** – a copy of your annual award letter and/or Bank Statement showing the direct deposit.
- **Workers' Compensation and Unemployment** – Award Letters with names and dates must be provided.
- **No Income** - If you have no income, please provide a brief explanation of how you are being supported.
- **Alimony/ Child Support** - a copy of your court documented letter and/or Bank Statement showing the direct deposit.

INCOME GUIDELINES	
FAMILY SIZE	**INCOME PER MONTH**
1	$2,510.00
2	$3,406.67
3	$4,303.33
4	$5,200.00
5	$6,096.67
6	$6,993.33

Please note: If any portion of the application is incomplete or proof of income is not included, we will be unable to process your application.

If you have additional questions please call 800-962-1484 and a member of our Patient Services Department will be available to speak to you during business hours 8:00 am – 5:00 pm EST Monday – Friday. If you believe you are not eligible for financial assistance under the above program, Patient Services can discuss setting up payment arrangements with you at that time.

Sincerely,
Hardship Processing Team

Return Application and supporting documentation to:
Medicount Management, Inc.
Attn: Hardship Application
10361 Spartan Drive
Cincinnati, OH 45215
Or you can email your application with supporting documentation to hardship@medicount.com.

Medicount Financial Assistance Application

Medicount
The EMS Billing Experts
800.962.1484

FIELDS MARKED WITH AN * ARE REQUIRED

_____ _____

***Patient Name** ***Guarantor if applicable**

_____ _____

***Email Address** ***Phone Number**

_____ _____

***Patient Mailing Address** ***City, State and Zip Code**

_____ _____ _____

***Patient Date of Birth** ***Date of Transport/Service** ***Account Number**

*Do you have health insurance? (**Circle One**) **Yes** **No**

***If yes**, please provide the name of the insurance company**:** _____

***Policy #**: _____ ***Group #**: _____

*Number of adults living in your household. (including yourself): _____

*Number of dependents living in your household. _____

*List all forms of income for each adult in your household (including yourself).

*Family Member Name	*Relationship to Patient	*Income Source	*Monthly Income Amount	*Frequency

*If any adult listed above has no income, please provide a brief explanation on how you are being supported to meet your daily needs. _____

***This document is legal and binding**. Please include documents to support the income information you have provided. Your signature attests that, to your knowledge, the information provided is accurate.

_____ _____

*Signature *Date

For questions regarding the hardship waiver process or the status of this request, contact the Patient Relations Department at **800-962-1484**, or via email to **hardship@medicount.com.**

Return Application and Supporting Documentation To:
Medicount Management, Inc.
Attn: Hardship Application
10361 Spartan Drive
Cincinnati, OH 45215

Alternatively, you may email your application with supporting documentation to: **hardship@medicount.com.**