



P.O. Box 1259 * State College, PA 16804-1259 * 814.234.6171 * www.mountnittany.org
 Mount Nittany Medical Center / Mount Nittany Physician Group

Financial Assistance Application

Please complete all of the information below and attach required documentation in order for us to assist you in your application process

HEAD OF HOUSEHOLD INFORMATION

Head of Household Name: _____

Head of Household Address: _____

Head of Household Phone Number: _____

FINANCIAL ASSISTANCE APPLICATION IS FOR THE FOLLOWING ACCOUNTS

PATIENT NAME	DOS	ACCOUNT #	BALANCE
TOTAL			

If more space is needed to list additional accounts please use the back of this form.

PLEASE COMPLETE 1, 2 & 5 AND ATTACH INCOME PROOF REQUIRED IN 3 & 4 BELOW

1. Applied for Medical Assistance: No; Yes Date: _____
2. Family Size: _____
3. Attach last year's Tax Return and most recent W2: _____
4. Attach Paycheck Stubs dated: _____
5. Total household income (attach proof) \$ _____

(Total household income includes social security, disability, student aid, child support and all other forms of income from all individuals living in the household.)

*******DO NOT SUBMIT APPLICATION WITHOUT PROOF OF ALL INCOME*******

I certify that the above information is true and correct to the best of my ability.

Signature and Date

DO NOT WRITE BELOW THIS LINE (FOR HOSPITAL USE ONLY)

- ___ Your Financial Assistance Application has been **Approved**. Date _____ Category A Category B
- ___ Your Financial Assistance Application has been **Denied**. Date _____
- ___ Your Financial Assistance Application was denied for the following reason: _____
- ___ Your Financial Assistance Application is **not complete**. Please furnish the following so we can further assist you in this process:
 - ___ Tax Return not received *as required above*
 - ___ Paycheck Stubs not received *as required above*
 - ___ Family Size not received *as required above*

Please note: Copays are not covered under financial care program. Patient is liable.

Other: _____ Provider Signature _____

Please mail completed application to: Mount Nittany Medical Center, P.O.Box 1259, State College, PA 16804-1259