



Dear Patient/Guarantor

Please return the completed application and the following documents within 10 days in order to process your financial assistance request:

- Bank Statements: 2 complete, most recent statements for all checking & savings accounts
- Tax Information: previous year's tax return
- Verification of Income: last 30 days check stubs, Unemployment, Social Security, etc.
- If you are on, have applied or are eligible for County, State or Federal assistance programs please provide approval/denial letters or other documentation (examples; food stamps, Medicaid, cash assistance)
- If you have received Financial Assistance from another provider, hospital or clinic within the past year please provide a copy of your approval letter.

If you are unable to provide one or more of these documents, please provide a letter of explanation as to why the documents were not returned. Failure to return required documentation or letter of explanation of why documents were not returned will result in your application being denied.

If a family member or someone other than a family member is providing you more than 50% support for living expenses, please provide the following information for the supporting individual.

- Name
- Relationship to you
- Phone number

Beginning October 1, 2013 all uninsured individuals will be able to enroll in health care coverage as part of the Affordable Care Act. Depending on your financial situation you may also be qualified for assistance with the cost of this coverage. For more information on how to select coverage for yourself and your dependents please visit our website at www.mercyhealth.com and click on Affordable Health Insurance or call 1-866-611-1513. **We will require each applicant fill out our Health Insurance Marketplace Attestation document if coverage has not taken effect yet or you have not enrolled into a plan.**

Completed application should be mailed to one of the following locations:

For Hospital Accounts:

Mercy Health Patient Accounts
1820 44th St SE
Kentwood, MI 49508

Or fax: 616-685-3606

For St. Francis Physician Accounts:

St. Francis Healthcare Physician Billing
701 N Clayton St
Wilmington, DE 19805

Or fax: 302-575-8342