



Margaret Mary Health has a limited amount of charity funding available for inpatient and outpatient services throughout the year. This is a self-funded program through the hospital and is allocated on a first come, first serve basis. If you believe you may qualify, please complete the attached application and return it to Margaret Mary Health's Business Office.

Please attach the following information to the completed application:

- Copies of W-2 or 1099 Forms** (last calendar year)
- Federal Income Tax Return** (most recent)
- Income Check** (disability, compensation, unemployment, etc.)
- Case Worker's Name (if receiving County Public Assistance)**
- Any other data that will aid in processing your application**

Should your application be considered, you may qualify for a partial or full reduction on your outstanding account(s) with Margaret Mary Health. You will continue to receive statements on your self-pay balances. Payment should be made up to determination of charity eligibility to avoid placement with collection agency. Please direct any questions or concerns you may have to your Patient Account Representative.

Thank you,

Margaret Mary Health Business Office  
812-933-5441



**Business Office**  
Charity Care Application

Dates of Care \_\_\_\_\_ Date \_\_\_\_\_  
Patient Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ # of Individuals in Family \_\_\_\_\_

Family Member's Name	Relationship	Date of Birth	Pay Frequency	Amount

Other income, please explain: \_\_\_\_\_

Do you have insurance to help pay the charges?  Yes  No

Patient's Income: Last 3 Months \_\_\_\_\_ Last 12 Months \_\_\_\_\_

Family's Income: Last 3 Months \_\_\_\_\_ Last 12 Months \_\_\_\_\_

*I understand the information I submit is subject to verification by Margaret Mary Health and subject to review by federal and/or state enforcement agencies and others as required. Under penalty of perjury, I affirm the above information is true and accurate. I understand I must cooperate and provide all requested information to the Welfare Department concerning my Charity Care Application. I also understand if I fail to provide the requested information, my Charity Care Application will not be processed.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Margaret Mary Health provides services without full compensation to eligible persons to pay for care. If you feel you are eligible for charity services, you should notify the Business Office and complete an application. The Business Office staff will assist you in the completion of the application upon request and will require verification of your household income. If appropriate, the hospital may submit, on your behalf, a referral or application for medical assistance to an appropriate agency in the federal, state, or local sector. You are requested to cooperate with the hospital in seeking assistance for which you may be eligible.

Margret Mary Health utilizes the Federal Income Guidelines times 275% to determine its eligibility criteria. Your gross yearly income, as calculated from the information supplied and verified from your application, is compared to the appropriate income level category listed below:

Family Size	Income Guidelines
1	\$33,165
2	\$44,660
3	\$56,155
4	\$67,650
5	\$79,145
6	\$90,640
7	\$102,135
8	\$113,630

*For families with more than eight members, add \$11,495 for each additional member.*