

### TALBERT HOUSE FINANCIAL ASSISTANCE APPLICATION

If you believe you qualify for financial assistance, complete this application including signature. Application must be completed and signed to be considered.  
 For questions related to this application, or for assistance completing, please call the Billing Department at (513) 751-7747.

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Do you have health insurance?  Yes  No      If yes, enter information below & attach copy of insurance card

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Do you have Medicaid benefits?  Yes  No      If yes, enter billing # \_\_\_\_\_ and attach Medicaid card

Do you have a       Health Reimbursement       Health Savings       Flexible Spending Account

Patient/Family Members	Age	Relationship to Patient	Source of Income or Employer Name	Income for 3 months prior to date of service	Income for 12 months prior to date of service
		SELF			

**Household Income Verification Documents** – include all documents verifying your household income for the three (3) months or the twelve (12) months prior to the date(s) of service. This may include W2s, social security award letter, pay stubs or letters from employers. For self-employed ONLY – income tax forms and schedules are acceptable. If there is no income to list for the household, please use the space provided to explain how you/your family survived financially during the timeframe specified.

A “family” shall include the patient, spouse, regardless of whether the spouse lives in the home, and all of the patient’s children, natural or adopted, under the age of eighteen who live in the home. If patient is under eighteen, the “family shall include the patient’s natural or adopted parent(s) (regardless of whether they live in the home), and the parent(s) children, natural or adopted, under the age of eighteen who live in the home.

By my signature below, I attest to the best of my knowledge and belief that the answers on this application are true. I understand that it is unlawful to knowingly submit false information in order to receive discounts funded through governmental sources.

Responsible Party Signature \_\_\_\_\_ Talbert House Representative Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved Discount: \_\_\_\_\_ Date: \_\_\_\_\_ Approved By: \_\_\_\_\_