

2020 Financial Assistance Policy

Milltown Family Physicians is pleased to offer The Milltown Family Physicians Financial Assistance Program, which provides a sliding fee scale to eligible patients. Patients seeking financial assistance must apply for the program.

Eligibility

To be eligible for the program, patients must complete a Financial Assistance Application and meet specified income-based eligibility requirements. Generally, patients who are eligible have a family income at or below 200% of the federal poverty guidelines and do not have another source of payment of reimbursement for the cost of care. Based upon verified income level the sliding fee scale ranges from a minimum of $10 to 80% of billed charges.

To apply

Free Copies of the Financial Assistance Policy and Application for Financial Assistance may be obtained by:

* Visiting our office
* Calling the Billing Department at (330)354- 8060 option 5
* Downloading it from <http://www.milltownfamily.com>

Applicants must provide documentation to verify information relevant to a determination of eligibility, including information regarding income. We require the following to apply:

* Previous year tax return
* Last 2 pay stubs (semi- annually)
* Other documents may be requested

Milltown Family Physicians Financial Assistance Application

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Information:

List all family members in your household. Family is defined as the patient, patient’s spouse, and all of the patient’s children under 18 who live in the patient’s home. If the patient is under the age of 18, the family shall include the patient, the patient’s natural or adoptive parent(s) and the parent(s) children under 18(natural or adoptive) who live in the patient’s home.

Name of family members Date of Birth Relationship

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Income Information

 Name Employer Yearly Gross Income

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| --- | --- | --- |
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|  |  |  |
|  |  |  |
| In Office Use Only |

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| --- |
| Household Size |
| Family Income |
| Verified Tax forms Date |
| Verified Pay Stubs Date |
| Sliding Scale Qualified? Amount |
| Verified by Date |

 2/2020