

This financial assistance application packet includes a summary of our assistance program, the application (confidential financial evaluation), and a checklist of supporting documentation required to complete your application.

Your application for financial assistance is not a guarantee of approval. We will notify you of our decision as soon as possible after we receive your completed application and support documents. We are usually able to make a decision within 30 days. While we are reviewing the completed application and supporting documents you give us, you will not receive bills or phone calls for any balances covered by this application. After your application and supporting documents are turned in and under review, you will not receive bills or phone calls for any balances covered by this application. If assistance is not approved, you will owe those amounts.

Bills for services provided to you by physicians not employed by—or any facility not owned by—Blount Memorial are not covered by this application, even if these services were provided to you as part of the care you received from Blount Memorial. If you have questions about services billed by other providers, such as radiologists, anesthesiologists, and pathologists, please contact them directly.

If you have any questions or need assistance completing your application, please contact the Business Office at 865.977.5522 or business_office@bmnet.com.

Para la versión en español, haga clic aquí. [Versión en español](#)

Financial Assistance Application Checklist

1. Complete the attached Confidential Financial Evaluation. Your signature and the signature of your spouse or a witness are required.
2. Include copies of all the following documentation that applies to you, and return this checklist:

Included	Doesn't apply	
<input type="checkbox"/>	<input type="checkbox"/>	
		Copy of last year's income tax form IRS 1040 filed for your household. If you didn't file a return, please explain why: _____
<input type="checkbox"/>	<input type="checkbox"/>	If you are self-employed include all the following:
<input type="checkbox"/>	<input type="checkbox"/>	<u>Schedule A – Itemized Deductions</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Schedule C – Profit or Loss from Business</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Schedule 1 – Additional Income and Adjustments to Income</u>
<input type="checkbox"/>	<input type="checkbox"/>	Copy of the Quarterly IRS 1040 forms reporting year-to-date net profit or loss, or written, notarized statement from your company accountant listing the business year-to-date gross income and expenses
<input type="checkbox"/>	<input type="checkbox"/>	If you have investments, include a copy of the completed <u>Schedule B – Interest and Ordinary Dividends</u>
<input type="checkbox"/>	<input type="checkbox"/>	Copy of savings statement for current value of retirement (401K, TSA, etc.) or other savings plan
<input type="checkbox"/>	<input type="checkbox"/>	Copy of the most recent bank statement (dated within last 45 days)
<input type="checkbox"/>	<input type="checkbox"/>	Copy of mortgage statement with current balance due Verification of current income (send all of the following that apply to you and your spouse):
<input type="checkbox"/>	<input type="checkbox"/>	Copy of the most recent pay stub showing year-to-date earnings for you and your spouse.
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Separation Notice from employer or unemployment pay stubs
<input type="checkbox"/>	<input type="checkbox"/>	Copy of food stamp eligibility letter and housing assistance approval letter (or other state assistance that applies).
<input type="checkbox"/>	<input type="checkbox"/>	Copy of VA benefits, disability
<input type="checkbox"/>	<input type="checkbox"/>	If you have applied for Social Security benefits, a copy of <u>Application Summary for Supplemental Security Income</u> (include all pages)
<input type="checkbox"/>	<input type="checkbox"/>	If you are unemployed, a written, notarized statement concerning your current income status from a resident relative or parent (<i>This is required if you have no household income.</i>)

3. Mail, fax, or deliver your application to: Blount Memorial Hospital
 Attention: Business Office
 907 E. Lamar Alexander Pkwy
 Maryville, TN 37804
 Fax: 865.977.4605

Our office hours are Monday through Friday 8:00 am to 4:30 pm.



Blount Memorial
Hospital

ASSETS

Please provide an estimated balance for the following:

Regular Checking	Regular Savings	Stocks / Bonds	Money Market
\$	\$	\$	\$
CDs	HSA / HRA / FLEX Spending Acct	401K / IRA / TSA / Retirement Savings	
\$	\$	\$	

<i>Property and Equipment (a copy of your Mortgage Statement is required)</i>	<i>Property Assessment Value</i>	<i>Outstanding Debt/Liability</i>	<i>Net Value (Market Value less Debt)</i>
Primary Residence (Own or Purchasing) Number of Acres _____	\$	\$	\$
Other Property / Business / Rental Name of Properties _____ Location/Address: _____ _____	\$	\$	\$

Monthly Household Expense	Amount	Balance Overdue	Other Monthly Expense (Name and type of debt)	Amount	Balance Owed
Rent Payment			Utilities		
Food			Cell Phone / Other		
Automobile			Motor vehicle Insurance		
Credit Cards / Other			(do not include Blount Memorial) Medical Bills		
Total:			Total:		

To the best of my knowledge the following information is factual. I acknowledge that in accordance with Statute 817.50, I understand that providing false information to defraud a hospital for purposes of obtaining goods or services is a misdemeanor in the second degree. I hereby authorize Blount Memorial Hospital to verify any of the above information.

Patient/Guarantor Signature _____ Date _____

Spouse or Witness Signature _____ Date _____

Signature of Witness _____ Date _____

Submit Verification of Income and Assets with this application within 14 Business Days