



30 Pillsbury Street, Concord
Offices in Laconia and Wolfeboro
603-224-4093 • 800-924-8620
www.granitevna.org

Financial Assistance Application

Applicant's Name: _____

Date of Birth: _____ Telephone: _____

Address: _____
Street or PO Box City State Zip Code

Spouse's Name: _____ Telephone: _____

Spouse's Address: _____
Street or PO Box City State Zip Code

Responsible Party for Billing: _____

Relationship: _____ Telephone: _____

Address: _____
Street or PO Box City State Zip Code

Charitable Care provided at Granite VNA Hospice House is limited to 14 days for services that would otherwise be the financial responsibility of the patient.

Granite VNA is a community-based, not-for-profit home health agency. An application for Financial Assistance may be submitted for consideration when Granite VNA services are needed by a person unable to pay the published fees. Consideration for Financial Assistance is based on the applicant's financial resources and National Poverty Guidelines, published annually by the Department of Health and Human Services. Please provide the information indicated on this form and indicate any assets that are held jointly with a spouse by an asterisk (*).

CURRENT ASSETS

Deposits (Savings, Checking accounts etc.) \$ _____

CURRENT MONTHLY INCOME

Salary	\$ _____
Social Security	\$ _____
Pensions	\$ _____
Dividends	\$ _____
Disability	\$ _____
Retirement	\$ _____
TOTAL	\$ _____

Number of people in your household supported by your income: _____
Include all household members and total household income.

Do you participate in the New Hampshire Medicaid program (circle one)? Yes No



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I hereby declare that I have examined this financial statement, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that any false statements may be grounds for immediate termination of services. I understand that if I have cash assets (cash and investments) of \$5,000 or more as an individual or \$10,000 of joint assets that they must be applied towards the Granite VNA medical bills before any financial assistance will be provided.

I agree I will repay the full financial assistance award if I receive payment of any kind for the medical services covered by this application, for example insurance payments, government program payments, award from any other payment.

If I receive Financial Assistance, I agree to tell the Granite VNA of any changes which could impact eligibility, including changes to income and health insurance coverage. I understand that if my medical situation changes so that I might be eligible for a public assistance program, I will need to apply to that program and provide proof of application.

I understand that I may be required to provide documentation to support my financial request. The documentation may include copies of bank statements, financial and income records. My application will not be acted upon if I fail to provide the requested documentation.

Signature of Applicant or Responsible Party

Date

Please return completed application to:

Manager, Revenue Cycle
Granite VNA
30 Pillsbury Street
Concord, NH 03301

Financial Assistance applications must be accompanied by any of the following documentation that is available:

- Copy of your most recent bank statements for all accounts (savings, checking, money market, IRA, etc.)
- Copy of most recent Federal Income Tax Return, including copies of last year's W-2 forms, if they support the current income amount.
- Copies of the three most recent paycheck stubs or a statement from the employer, if they support the current income amount.
- Documentation of Social Security or pension benefit income
- Copy of food stamp allocation
- Copies of government assistance applications and/or notices (including the Department of Health and Human Services)



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Financial Assistance Guidelines

1. An application for Financial Assistance will be provided to any individual seeking Granite VNA services who is uninsured, underinsured, or otherwise unable to pay the published fee for service.
2. The completed application for Financial Assistance must be submitted to Revenue Cycle Management for the applicant to be considered for fee scaling.
3. The current HHS Poverty Guidelines will be used as a guide in the evaluation process.
4. Adjustments may be made according to the current annual income level of the applicant:
 - Income at 100% or less of the Federal Poverty Level results in 100% charitable care.
 - Income up to 101% - 150% of the Federal Poverty Level results in 87 ½% charitable care.
 - Income up to 151% - 185% of the Federal Poverty Level results in 75% charitable care.
 - Income up to 186% - 200% of the Federal Poverty Level results in 50% charitable care.
 - Income up to 210% - 250% of the Federal Poverty Level results in 25% charitable care.
 - Income over 251% of the Federal Poverty Level results in 0% charitable care.
5. Any applicant with total assets greater than \$100,000 will not be considered for charitable care.
6. Applicants with \$5,000 or more in cash or investment assets or \$10,000 or more in joint assets must apply these funds towards the Granite VNA medical bill before any financial assistance will be provided.
7. Applicants for Financial Assistance will be notified of the decision in writing within 10 business days of receipt of the completed application and supporting documents.
8. All applicants for Financial Assistance are, or their representatives, will be encouraged to contact the Revenue Cycle Manager when there is a need to discuss an application decision.
9. Revenue Cycle Management will compile data regarding Financial Assistance applications that will include the date, the GRANITE VNA program, the applicant's town of residence, and the agency's decision on the application.