

**UNIVERSITY HEALTH SYSTEM, INC
KNOXVILLE, TENNESSEE
Revenue Cycle**

Date: October 2012 Department: Administrative

Revised: December 2, 2024 Index: 1014
3/14/2016,2/28/2017,3/1/2018,1/24/2019,5/12/2019,9/19/19,11/20/2020,12/8/2021,11/29/2022,12/6/2023

Title: Discounts and Financial Assistance Program Policy Page: 1 of 13

Originator: VP of Revenue Cycle

I. Objective

The University of Tennessee Medical Center (UTMC) and its governing bodies including the Board are committed to providing financial assistance for all emergency and other medically necessary health care provided to patients who meet the financial and documentation criteria defined in this policy. All patients reviewed for financial assistance will be considered and assessed independently in good faith with concessions made for extenuating circumstances.

UTMC will apply good faith efforts to adequately communicate the availability of financial assistance to their Patients including:

- Signage and informational brochures placed in the admission and registration areas of UTMC facilities.
 - Information will be provided in English and any language that is the primary language of at least 5% of the patients served by UTMC.
- A copy of the UTMC Financial Assistance Policy and Application and Plain Language Summary may be obtained on the UTMC website, www.utmedicalcenter.org.
- A UTMC Financial Counselor can be reached at 865-251-4400 or visited at the hospital registration area for questions or assistance regarding an Application.
- Information included on or with each UTMC patient billing statement regarding the availability of financial assistance, the telephone number of the department that can provide information about the Financial Assistance Policy, and the website where copies of the policy, application, and plain language summary can be obtained.
- The GetWell telecommunication system also provides financial assistance information.
- Periodic education on financial assistance will be provided to UTMC staff and providers that regularly interact with patients.

UTMC will make reasonable efforts to determine a patient's eligibility for financial assistance under this policy before engaging in any Extraordinary Collection Actions as defined by and in compliance with Section 501(r) of the Internal Revenue Service Code. See Patient Billing and Collection Policy.

The Financial Assistance Programs are administered by UTMC Financial Counselors under the supervision of the Patient Access Director and Vice President of Revenue Cycle. The policy is governed and approved by the Board.

This policy applies to:

- A. The University of Tennessee Medical Center
- B. UTMC Employed Physician Practices (see Appendix B).

II. Definitions

- A. Amounts Generally Billed (AGB): The amounts generally billed for Emergency Medical Care or other Medically Necessary Services to patients who are insured for such care is calculated utilizing the look back method based on the sum of paid Medicare and private claims divided by the total or Gross Charge for those claims annually by using twelve months of paid claims.
- B. Application Period: The period in which the Guarantor may request and complete the Financial Assistance Application. The application period is 240 days following the first billing statement.
- C. Emergency Medical Care: Hospital provided care for an emergency medical condition.
- D. Extraordinary Collection Actions: The actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's Financial Assistance Policy that involve reporting adverse information to consumer credit bureaus, filing a collections suit and garnishing wages.
- E. Family Income: The sum of a family's annual earnings and cash benefits from all sources before taxes, less payment for child support.
- F. Family Size: The number of personal exemptions allowed under federal tax law on the most recently filed federal income tax return and on which the Patient or Guarantor is one of the persons for whom a personal exemption is allowed.
- G. Federal Poverty Income Guidelines (FPIG): The federal poverty income guidelines updated periodically in the Federal Register by the United States Department of health and Human Services.
- H. Guarantor: A Patient's spouse or if the Patient is a minor, the Patient's parents or guardians.
- I. Gross Charge: The Hospital's full, established price for medical care that is consistently and uniformly charged to all patients before applying any contractual allowances, discounts or financial assistance.
- J. Hospital: UT Medical Center
- K. Medically Indigent: A person who is in need of necessary medical services and who, if an adult, together with his or her significant other, or whose parents or guardian if a minor or dependent, does not have income and other resources available from whatever source sufficient to pay for necessary medical services.
- L. Medically Necessary Services: Any Hospital inpatient or outpatient service, including medications or supplies provided by the Hospital normally covered for Medicare beneficiaries with the same clinical presentation as the patient seeking financial assistance.
- M. Patient: Individuals receiving services from UTMC or an individual who is the Guarantor of the payment for services received from UTMC.
- N. Plain Language Summary: A written document that describes the eligibility requirements and assistance offered under the Financial Assistance Policy, how to apply, and contact information to obtain more information and copies of the policy and application.
- O. Underinsured Patient: A Patient who is covered under a health insurance policy or is a beneficiary under a private health insurance plan, health benefit or other health program, accident liability insurance or other third-party liability insurance with coverage limits, deductibles, co-payments and/or coinsurance requirements that may result in out-of-pocket expenses that exceed the Patient's ability to pay, as determined by UTMC.
- P. Uninsured Patient: A Patient who is not covered under a health insurance policy or is a beneficiary under a private health insurance plan, health benefit or other health program, accident liability insurance or other third-party liability insurance.

III. Discounts and Programs

- A. Uninsured Discount

- a. UTMC applies a discount based on the Amounts Generally Billed to Uninsured Patients for most Hospital services. This calculation also fulfills the requirement of Tennessee Code 68-11-262 – Limit on amount of charges for services to an uninsured patient. Certain services are excluded, and the applicable discount is automatically applied to the Patient’s billing statement. This discount is removed if insurance coverage is subsequently identified and cannot be combined with other discounts except for the Prompt Pay Discount.

B. Financial Assistance Program

- a. Patients may qualify for UTMC’s Financial Assistance Program based on Family Size and Family Income in accordance with the Federal Poverty Income Guidelines (FPIG). See Appendix A.
 - i. Eligible Patients with Family Income for Family Size not more than 200% of the Federal Poverty Income Guidelines are provided a discount of 100% of Hospital Gross Charges for all Emergency Medical Care or other Medically Necessary Services.
 - ii. Eligible Patients with Family Income for Family Size more than 200% but not more than 300% of the Federal Poverty Income Guidelines are provided a discount of 80% of Hospital Gross Charges for all Emergency Medical Care or other Medically Necessary Services.

C. Excluded Services

- a. Certain services are not eligible for discounts or programs. These include but are not limited to
 - i. Any service or treatment not deemed medically necessary or elective.
 - 1. Cosmetic
 - 2. Dental
 - 3. Infertility Treatment
 - ii. Special priced services
 - 1. Cardiac Scoring
 - 2. Bone Density
 - 3. Nutritional Counseling
 - 4. Bariatric Services not covered by insurance
 - iii. Noncovered therapy treatments
 - 1. Chimeric Antigen Receptor-T cell therapy (Car-T)
 - 2. Bone Marrow Transplant (BMT)

D. Presumptive Eligibility

- a. Uninsured patients who have demonstrated homelessness; mental incapacitation with no one to act on their behalf; Medicaid eligible but did not have Medicaid on the date of service (or the service was not covered by Medicaid), incarcerated with no income, or are deceased with no estate, will be presumed eligible for financial assistance without further examination by UTMC.
- b. UTMC may use third-party information sources and prior financial assistance application determinations to determine presumptive eligibility.
- c. UTMC will make reasonable efforts to determine eligibility and apply the presumptive eligibility discounts to the patients accounts as soon as possible after Hospital services are received and prior to issuing a patient billing statement.

E. Other Uninsured Discounts

- a. InterFaith:
 - i. InterFaith Health Clinic provides services on a sliding-fee scale based on Family Size and Family Income and follows the Federal Poverty Income Guidelines. UTMC has partnered with InterFaith and provides a discount to InterFaith patients based on InterFaith’s sliding-fee scale.
- b. Knoxville Area Project Access (KAPA):
 - i. KAPA is a charitable organization created to provide access to health care for low-income, uninsured individuals in Knox County. KAPA eligibility is based on Family Size and Family

Income and follows the Federal Poverty Income Guidelines. UTMC has partnered with KAPA and provides a discount to all KAPA patients based on KAPA's guidelines.

F. Patient Responsibilities

- a. Patients are required to submit a complete and accurate Application as required by this policy within the Application Period.
- b. Patients must apply for coverage under public programs, such as Medicare, Medicaid, or any other program where a reasonable expectation of eligibility may exist. Patients have 30 (thirty) days to comply with this request. Generally, applicants who have elected to decline available health insurance will not be considered for Financial Assistance Discounts.
- c. Patients shall act reasonably and cooperate in good faith by providing all requested financial and other relevant information and documentation needed to determine their eligibility for financial assistance within 30 days of a request for such information.
- d. Patients who qualify for financial assistance must pay any applicable discounted balances when due or establish an approved payment plan through UTMC.
- e. Patients shall communicate any material change in their financial situation that may affect their qualifications for financial assistance or their ability to meet their agreed upon guideline payments.
- f. Patients who knowingly provide false information as part of the Application process will not be eligible for financial assistance under this policy.

IV. Process and Procedures

A. Approval Process

- a. UTMC will use best efforts to provide an approval or denial decision within 30 (thirty) days of receiving a completed Application.
 - i. Patient will be mailed an approval or denial letter upon determination.
 - ii. Patients can appeal the decision of an application in writing by sending a copy of the application, all supporting documentation and a letter explaining why the application should be reconsidered to the address listed on the Financial Assistance Application.
- b. Patients will be allowed 30 (thirty) days to make any required correction to an Application and/or provide additional documentation requested. Applications that remain incomplete and/or requests for information that are not responded to for more than 30 (thirty) days may be denied.
- c. Approvals for Financial Assistance will be approved for six (6) months. Patients must reapply every six (6) months for continued coverage.
- d. Eligibility under this policy may not apply to all providers delivering emergency or other medically necessary care in the Hospital. Eligible discounts will apply to all providers that are under the direct employment of University Health Systems, Inc.
 - i. A list of which providers accept discounts under this policy can be found under Appendix B. This list is maintained as a separate document showing the last date it was updated.
- e. If a patient qualifies for financial assistance after issuing payment on Hospital accounts, UTMC shall refund the amount paid by the Patient unless the refund amount would be \$5.00 or less.

B. Income Considerations

- a. Financial Assistance Programs consider Family Income from all sources in the calculation for eligibility including employment income, unearned income, and self-employment income.
 - i. Employment Income: Gross (before taxes) income earned and paid on a W-2 Form including overtime, commissions, bonuses and tips.
 - ii. Unearned Income: Gross cash receipts from other sources including SSI, SSDI, unemployment compensation, payments from retirement income and pension funds, Veterans Pension, Veterans Disability, Private Disability, Workers' Compensation, child support, alimony, income from trust accounts or annuities, income from rental properties, interest income, monetary gains from selling assets, legal settlements, tax refunds, net gambling winnings and work/study income.

1. Unearned Income not included: college grants and scholarships, foster care payments, food stamps and Women, Infants and Children (WIC) vouchers and services, other need-based assistance provided by another not-for-profit organization, college loans, payments by credit life or credit disability insurance, loan proceeds, disaster relief assistance, IRAs, pensions and insurance policy funds that are not available without penalty.
- iii. Self-Employment Income: Net profit of a self-employed applicant calculated by deducting the cost of doing business from the gross income.
 1. Calculated by taking the higher of either three months of gross deposits, less expenses, or the total net business income from the most recent tax return.
 2. Expenses include but are not limited to rent of business premises, wholesale costs of merchandise, utilities, taxes, labor and upkeep of necessary equipment.

C. Asset Considerations

- a. The following assets are considered for determining eligibility for financial assistance under this policy:
 - i. Assets with values in excess of 300% of the Federal Poverty Income Guidelines, excluding the Patient’s primary residence.
 - ii. Personal property
 - iii. Any amounts held in a pension or retirement plan, excluding distributions and payments that can be included in income.

D. Billing and Collections Policy

- a. Approval of discounts or programs described in this policy do not remove individual responsibility for other outstanding medical balances. Previous balances are reviewed on a case-by-case basis. The actions UTMC may take in the event of nonpayment of Hospital bills are described in the Patient Billing and Collection Policy. This policy is available and located at www.utmedicalcenter.org.

**Appendix A
January, 2025**

Uninsured Discount	75%
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2025 Federal Poverty Income Guidelines						
	100% Discount			80% Discount		
Family Size	0%	-	200%	201%	-	300%
1	\$0	-	\$31,300	\$31,301	-	\$46,950
2	\$0	-	\$42,300	\$42,301	-	\$63,450
3	\$0	-	\$53,300	\$53,301	-	\$79,950
4	\$0	-	\$64,300	\$64,301	-	\$96,450
5	\$0	-	\$75,300	\$75,301	-	\$112,950
Add Person	\$11,000			\$16,500		

Guidelines updated annually based on Federal Poverty Guidelines.

Appendix B
Providers Covered by Financial Assistance Policy
 University Medical Group
 Physician Specialty Office Contact List

Practice Name	Practice Address	Physicians	Phone Number
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University Heart Surgeons	1934 Alcoa Highway Suite E-260 Knoxville, TN 37920	Ben R. Barton, MD MHS Raymond A. Dieter III, MD Thomas E. Gaines, MD Sean Jordan, MD Christian P. Probst, MD MPH	865-305-6955
University Surgical Oncology	1926 Alcoa Highway Suite F-330 Knoxville, TN 37920	John L. Bell, MD Ashton J. Brooks, MD Laura M. Enomoto, MD Keith D. Gray, MD James M. Lewis, MD Jillian Lloyd, MD James Mcloughlin, MD Ryan K. Schmocker, MD	865-544-9218
University Cancer Specialist	1926 Alcoa Highway Suite F-350 Knoxville, TN 37920	David Aljadir, MD Esha Cannon, MD Antony Charles, MD Neil Faulkner, MD Ronald Lands, MD Kelly G. McCaul, MD James Musley, MD Susan Newman, MD Timothy Panella, MD Renju Raj, MD R. Ramchandren, MD Brittany Adams, NP Jessica Carringer, NP Jamie Ford, NP Sara Jones, NP Meredith Price, NP Courtney Roth, NP Sarah Scalt, NP Christine Wilson, NP Chris Yardell, NP	865-544-8780
University Cancer Specialists Sevierville	1130 Middle Creek Rd Sevierville, TN 37862	John Foust, MD Laura Spranklin, MD Sonya Knight, NP	865-428-6505
University Cancer Specialist Lenoir City	5779 Creekwood Park Suite 110 Loudon, TN 37772	Clarissa Geyer, MD Jennifer Huff, NP	865-458-3926
University Cancer Specialist Alcoa	270 Joule Street Alcoa, TN 37701	Eric Schrock, MD Kristy Klena, NP	865-977-6011
University Cancer Specialists Maryville	107 Gill Street Alcoa, TN 37701	Matthew McCarty, MD Leslie Mardis, NP	865-984-4043
University Gastroenterology	1928 Alcoa Highway Suite A-145 Knoxville, TN 37920	Mark Anderson, MD Benjamin Dalton, MD Sangeeta Gulati, MD Carlos A. Rollhauser, MD Ramanujan Samavedy, MD John Stancher, MD Tausha Monday, APRN	865-305-6570

University Genetics Center	1932 Alcoa Highway Suite C-290 Knoxville, TN 37920	Ilse Anderson, MD	865-305-9030
University Infectious Disease	1924 Alcoa Highway Box 114 Knoxville, TN 37920	Megan Edwards, MD John P. Narro, MD Mark S. Rasnake, MD Mahmound A. Shorman, MD Simi Vincent, MD	865-305-9340
UT Rheumatology Associates	1932 Alcoa Highway Suite C-550 Knoxville, TN 37920	Jeffry D. Bieber, MD Marcum W. Collins, MD Christy C. Park, MD	865-305-6543
UT Gynecology Oncology	1926 Alcoa Highway Suite F-410 Knoxville, TN 37920	Jonathan Boone, MD Larry Kilgore, MD Kristopher Kimball, MD Amanda O. Cameron, FNP Shelly Foust, ANP Elizabeth E. Shieh, FNP Larra "Scottie" Thomas, NP	865-305-5622
UT Women's Specialty Care	1928 Alcoa Highway Suite B-300 Knoxville, TN 37920	Natalie Blache, MD Lisa Buckingham, MD Shenika D Welch Charles, MD Stephanie B. Cross, MD Allison M. Eaton, MD Brogan W. Fulks, MD K. Paige Johnson, MD Erinn Morgan, MD Walter W. Schoutko, MD Kelly M. Schwirian, MD Jaclyn Van Nes, MD Pryor V. Baird, WHNP Caroline F. Vaughn, WHNP Nikki B. Zite, MD, MPH	865-305-9799
UT Urogynecology	1930 Alcoa Highway Suite A-235 Knoxville, TN 37920	Bryce Bowling, MD Michael Polin, MD Jessica E. Dove, NP	865-305-5940
University Plastic and Reconstructive Surgery	1934 Alcoa Highway Suite A-235 Knoxville, TN 37920	Stephanos Boukovalas, MD Kathleen Herbig, MD Stacy Stephenson, MD Jesse R. Smith, MD Lindsay Dixson, PA Heather B. Kaparos, PA Mekia T. Kauffman, PA	865-305-4670
University Vascular and Transplant	1940 Alcoa Highway Suite E-120 Knoxville, TN 37920	Joshua Arnold, MD M. Ryan Buckley, MD Michael Freeman, MD Oscar Grandas, MD Michael McNally, MD Scott Stevens, MD	865-305-8040

		Courtney Guider, NP Tracie R. Hall, NP Hogan D. Harrell, PA Karen J. Hensley, NP Steve L. McQueen, PA Bridgett Smith, FNP Kristy M. Wagner, PAC	
UT Sleep Disorders Center	1928 Alcoa Highway Suite B-303 Knoxville, TN 37920	Tina M. Dudley, MD Kevin Martinolich, MD Christopher M. Nolte, MD Michael R. Slattery, MD Arseniy V. Tsapenko, MD Barbara Salm, NP	865-305-9869
University Pulmonary and Critical Care	1940 Alcoa Highway Suite E-210 Knoxville, TN 37920	Sameh H. Attia, MD Benjamin T. Bevil, MD Isaac N. Biney, MD Paul R. Branca, MD J. Clay Callison, Jr., MD Rajiv Dhand, MD Tina Dudley, MD Katie E. Gardner, DO Jason W. Green, DO Jerod Kravitz, MD Michael T. McCormack, MD William P. Powers, MD Elise E. Schriver, MD James Shamiyeh, MD Francisco J. Soto, MD Ashish R. Thakkar, MD Arseniy Tsapenko, MD Steve Buckner, NP Travis Deyton, NP Amy, Glass, NP Carol Hawkins, NP Donna Heath, NP Brandon Milam, NP Janey Rouse, NP	865-524-7471
University Colon and Rectal Surgery	1934 Alcoa Highway Suite D-370 Knoxville, TN	Mark Casillas, MD Gregory K. Low, MD Andrew Russ, MD Niki L. Lovelace, NP	865-305-5335
University Radiation Oncology	1926 Alcoa Highway Suite F-130 Knoxville, TN 37920	Robert J. Bertoli, MD Steven V. Dill, MD Christine Lauro, MD Robert Miller, MD Erin Campbell, MS Terri Freeman, DSW Heather Hodge, NP Linda Quimby, MS	865-305-9040

University Cardiology	1940 Alcoa Highway Suite E-310 Knoxville, TN 37920	John Acker, MD Gayathri Baljepally, MD Raj Baljepally, MD Stuart J. Bresee, MD Matthew J. Chua, MD James W. Cox, Jr., MD Jerry J. Crook II, MD Steven Dolacky, MD Jeffrey B. Hirsh, MD D. Russell Huntsinger, Jr., MD Jeffory G. Jennings, MD Jeffrey H. Johnson, MD Anne K. Kassira, MD Kayleigh M. Litton, DO Joseph C. Liu, MD W. Jeremy Mahlow MD Muddassir Mehmood, MD Tjuan L. Overly, MD David Perkel, MD Benjamin I. Shepple, MD Carmelo V. Venero, MD Anthony R. Villarosa, MD Aimee A. Wehber, MD Lauren C. Ade, APRN Lisa A. Dugger, NP Haylee E. Flynn, NP Erick A. Greer, NP Carolyn E. Hodges, NP Lauren G. Mitchell, NP Anna H. Moore, FNP Lauren E. Monroe, NP Kari M. Self, NP Hope R. Sellars, NP	865-544-2800
University Rheumatology	1932 Alcoa Highway Suite C-580 Knoxville, TN 37920	Gary L. Klippie, MD	865-305-7438
University Neurohospitalists	1924 Alcoa Highway Box 56 Knoxville, TN 37920	Megan Bill, DO Alexander Hartman, MD Li Hua, PhD Muhammad Masud, MD Sarah Parker, MD Brian Wiseman, MD Ann Marie Forster, NP Erica Hill, NP Erin Pidkowicz, NP Sylvia Tony, NP Ashlie Wolfenbarger, NP	865-305-3792
Cole Neuroscience Center	9625 Kroger Park Dr Knoxville, TN 37922	Michelle Brewer, MD Monica Crane, MD John Dougherty, MD William Paulsen, MD	865-909-4030

		Brian Wiseman, MD	
University Laborist	1930 Alcoa Highway Suite A-435 Knoxville, TN 37920	Kimberly Fortner, MD	865-305-8888
Hanna Cancer Associates	1926 Alcoa Highway Suite F-410 Knoxville, TN 37920	Wahid T. Hanna, MD Maci O'Conner, PA Lauren Newman, NP Nicole Shephard, NP Laura Jones, NP Kat London, NP Donetta Sinard, NP	865-544-9171

Updated quarterly in accordance with 501R regulatory requirements.



Wisdom for Your Life.

UTMC Financial Assistance Application

You may qualify for FREE or DISCOUNTED care at UT Medical Center. If you would like to be considered for Financial Assistance through UTMC, please complete the application located on the back of this checklist. It is important that you complete the application in its entirety and return all necessary documentation within 240 days following your first billing statement to help UTMC determine your eligibility. Submit your application to UTMC in person or by mail to:

**Mail: UT Medical Center Financial Assistance Program
PO Box 32749**

Knoxville, TN 37930-2749

Fax: 865-251-4413

Attn: UT Medical Center Financial Assistance Program

Email: BOCustomerservice@utmck.edu

Subject: Financial Assistance Application

Please call a UTMC Financial Counselor at 865-251-4400 if you have any questions.

The documents listed below will help us in evaluating your application. Please complete this form and submit all required documentation listed below within 240 days following the first billing statement and submit to UTMC.

Proof of Income:

- ◆ Must provide one (1):
 - ✓ Most Recent Federal Tax Return
 - ✓ Recent W-2's or 1099's
 - ✓ Two (2) most recent pay stubs
 - ✓ Written income verification from employer if paid in cash
 - ✓ Social Security Benefits letter(s) if no income
 - ✓ Documentation of any other source of income: Pension, Unemployment, Alimony, Child Support, VA benefits, etc. if applicable.
 - ✓ Any other reasonable form of income verification acceptable by UTMC
- ◆ Must provide:
 - ✓ Most recent Bank Statement

Other Documentation, if applicable:

- ✓ Copy of divorce decree
- ✓ Declination or denial of insurance coverage

Explanation of any missing documentation:

UTMC FINANCIAL ASSISTANCE APPLICATION

SECTION 1 - PATIENT (APPLICANT) INFORMATION

Account Numbers: _____

Name		Date of Birth	Address - street, city, state, zip			
SSN	Home Phone		Cell Phone		Email Address	
Employed? Y or N	Date of Hire:	Date of Unemployment:	Self-Employed? Y or N	Student? Y or N	Disabled? Y or N	Retired? Y or N
Employer Name		Employer Phone	Employer Address			

SECTION 2 - SPOUSE or GUARANTOR (Please indicate relationship to patient): _____

Name		Address - street, city, state, zip				
Home Phone		Cell Phone				
Employed? Y or N	Date of Hire:	Date of Unemployment:	Self-Employed? Y or N	Student? Y or N	Disabled? Y or N	Retired? Y or N
Employer Name		Employer Phone	Employer Address			

SECTION 3 - HEALTH INSURANCE ELIGIBILITY:

SECTION 4 - HOSPITAL PRESUMPTIVE CRITERIA

Was your care Accident Related? Y or N	Have you applied for Medicaid? Y or N	Do you have COBRA coverage? Y or N		Is the patient currently homeless? Y or N
Were you a Victim of an Alleged Crime? Y or N	Do you have Insurance? Y or N	Insurance Carrier:	Effective Date:	Is the patient eligible for Medicaid? Y or N
Was your care due to a Work Related Injury? Y or N	Do you have Secondary Insurance? Y or N	Insurance Carrier:	Effective Date:	Is the patient mentally incapacitated with no one to act on their behalf? Y or N
Do you receive State Public Services such as TANF, Basic Food, or WIC? Y or N	Have you applied for Insurance? Y or N	Insurance Applied for:	Application Date:	Is the patient deceased with no estate? Y or N

SECTION 5 - FAMILY & HOUSEHOLD INFORMATION

Number of people living in the home:		Number of legal dependents:		Age of legal dependents:			
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SECTION 6 - IF YOU ARE UNINSURED AND ANSWERED YES TO ANY PART OF SECTION 4, THIS SECTION IS NOT REQUIRED.

SECTION 6A - MONTHLY GROSS INCOME			SECTION 6B - ASSETS			SECTION 6C - MONTHLY EXPENSE	
Income:	Patient/ Applicant:	Spouse/ Guarantor:	Assets:		Value:	If you are uninsured and your monthly income is less than \$2,000, this section is not required	
Wages:	\$	\$	Checking Account:	Y or N	\$	Housing:	\$
Self Employment:	\$	\$	Saving Account(s):	Y or N	\$	Utilities:	\$
Social Security:	\$	\$	Stocks/Bonds/CDs:	Y or N	\$	Food:	\$
Pension or Retirement:	\$	\$	Trust(s):	Y or N	\$	Transportation:	\$
Disability:	\$	\$	Health Savings or Flex Spend Accts:	Y or N	\$	Medical Expenses:	\$
Unemployment:	\$	\$	401K:	Y or N	\$	Child Care:	\$
Workers' Compensation:	\$	\$	Vehicle:	Y or N	\$	Loans:	\$
Temp Assistance:	\$	\$	Other vehicles:	Y or N	\$	Loans:	\$
Child Support:	\$	\$	Real Estate/Property:	Y or N	\$	Mortgage:	\$
Allimony or Spousal Support:	\$	\$	Owner of a Business:	Y or N	\$	Mortgage:	\$
Other Income:	\$	\$	Other Assets:	Y or N	\$	Other Expenses:	\$
Total Monthly Income:	\$	\$	Total Asset Value:	\$	\$	Total Monthly Expenses:	\$

I certify that everything in this application is true and correct to the best of my knowledge. I understand that the information provided may be verified by UTMC and I authorize UTMC to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide false information in this application, I will be ineligible for financial assistance.

Applicant Signature: _____ Date: ____/____/____

Approved: Y N Reason: _____ UT Authorized Signature: _____ Date: ____/____/____