



# FRANKLIN HOSPITAL

201 Bailey Lane, Benton, IL 62812 618/439-3161

## COMMUNITY CARE APPLICATION



NAME:	DATE OF BIRTH:
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ADDRESS:
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CITY, STATE, ZIP:
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TELEPHONE:	SOCIAL SECURITY NUMBER:
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FRANKLIN HOSPITAL ACCOUNT NUMBERS TO BE CONSIDERED:
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### DEPENDENT INFORMATION

NAME	DATE OF BIRTH	RELATIONSHIP	SSN

### INCOME INFORMATION

PATIENT	EMPLOYER NAME:	TELEPHONE:
	ADDRESS:	CITY, STATE, ZIP:

SALARY:	NET:	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> MONTHLY
GROSS:				

SPOUSE	EMPLOYER NAME:	TELEPHONE:
	ADDRESS:	CITY, STATE, ZIP:

SALARY:	NET:	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> MONTHLY
GROSS:				

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## OTHER INCOME INFORMATION:

Please provide the following monthly income amounts for you and/or your spouse and dependents. Also, provide proof of each. If a certain type of income does not apply to you mark the box N/A.

INCOME SOURCE	PATIENT'S OTHER INCOME (per month)	SPOUSE AND/OR DEPENDENT'S OTHER INCOME (per month)
SOCIAL SECURITY BENEFITS		
UNEMPLOYMENT BENEFITS		
WORKERS' COMPENSATION BENEFITS		
VETERAN'S BENEFITS		
CHILD SUPPORT BENEFITS		
PENSION BENEFITS		
STRIKE BENEFITS		
PUBLIC ASSISTANCE		
ANNUITIES/INTEREST/DIVIDEND INCOME		
RENTAL PROPERTY INCOME		

Please fill out this application completely. If it is not complete we cannot accept it, and therefore cannot process your request for a reduction in your hospital charges. Applications will only be considered for those patients who apply within 60 days after services are provided. The Community Care Program benefits will apply to your balance after all other payments are made, including payments by commercial insurance carriers, Medicare, Medicaid and any other forms of healthcare coverage you may have. If you are approved for participation in the Community Care Program and have made previous payments on your account, no refunds will be given.

*Please direct all Community Care Program questions to Franklin Hospital's  
Financial Counselor at 618/439-3161, extension 345.*