



Ingalls

INGALLS MEMORIAL HOSPITAL

ONE INGALLS DRIVE  
Harvey, Illinois 60426  
708.333.2300

**CHARITY CARE APPLICATION FOR ELIGIBILITY DETERMINATION**

Patient Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_ Apt/Lot No. \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Charity Care requested by \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Number of family members \_\_\_\_\_

Family Income\*:

**(Proof of income must be attached)**

Patient's Income\*:

**(Proof of income must be attached)**

LAST TWELVE (12) MONTHS: \$ \_\_\_\_\_

LAST TWELVE (12) MONTHS: \$ \_\_\_\_\_

LAST THREE (3) MONTHS: \$ \_\_\_\_\_

LAST THREE (3) MONTHS: \$ \_\_\_\_\_

- If you are seeking Charity Care for services already rendered by Ingalls Hospital, list the dates of service. \_\_\_\_\_  
\_\_\_\_\_
- Is the service for which you are seeking Charity Care covered in full or partially by any insurance? Yes \_\_\_\_ No \_\_\_\_
- Have you, or do you, intend to retain an attorney to represent you in seeking a settlement pertaining to this hospital service because it is relating to personal injuries, which may be reimbursable by the responsible party's insurance?  
Yes \_\_\_\_ No \_\_\_\_

**INGALLS HOSPITAL  
CHARITY CARE APPLICATION  
FOR ELIGIBILITY DETERMINATION (cont'd)**

I understand the information I submit is subject to verification by Ingalls Hospital and subject to review by federal and/or state enforcement agencies and others as requested. I certify the above information is accurate and complete. I agree that if discrepancies are discovered in the above information (including attachments for income verification), the discount will be immediately null and void and I will be financially responsible to Ingalls Hospital for all charges not reimbursed to them by my insurance plan.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Person(s) making request

- Income is total cash receipts before taxes from all sources. Income items are wages and salaries before taxes, public assistance, Social Security, unemployment, worker's compensation, strike benefits from union funds, veteran's benefits, training stipends, alimony, child support and military family allotments or other regular support from an absent family member or someone not living in the household, government employee pensions, private pensions and regular insurance or annuity payments, and income from dividends, interest, rents, royalties, or income from estates and trusts.
- Required documents include W2's, tax return from prior year, paycheck stubs from last two months.

Please submit the completed application and supporting documents to:

Ingalls Hospital  
One Ingalls Drive  
Harvey, IL 60426

Attn: Patient Financial Services