



HUH Financial Assistance Program Application

Application Information

Patient Last Name:		First Name:		Date of Birth:	Sex:	Salutation:	
Street:			SSN/INTL ID No:		Country:		
City:		State:	Zip:	Contact Phone:	Email Address:		

Previous Application

Have you submitted an HUH Financial Assistance application before? No Yes;
 If "Yes", what date was it submitted? _____ OR What was the "Account" number? _____

Encounter/Services Information

Admit Date:	Discharge Date:	<input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient	Account:	Medical Record:	Billed Amount: \$
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Were you ever a patient at Howard University Hospital before this visit? No Yes

Was the treatment you received for injury or illness sustained because of any of the following?

<input type="checkbox"/> Motor Vehicle Accident	Date: _____	What state did accident occur in? _____
<input type="checkbox"/> Assault	Date: _____	What state did assault occur in? _____
<input type="checkbox"/> On the Job Injury/Illness	Date: _____	What state did injury/illness occur in? _____
<input type="checkbox"/> Personal Injury	Date: _____	What State did injury occur in? _____

Do you have an attorney representing you because of the above circumstances situation No Yes
 (If you checked "Yes", please provide your attorney's information below.)

Attorney Name:	Phone:	eMail:	
Street with Suite:	City:	State	Zip:

Employment Information

Status:
 Full Time Part Time: 1 Job Part Time: More than 1 Job Self Employed Retired
 Student Not Employed Not Employed with Unemployment Benefits Homemaker

Primary Employer Name:		Phone:	
Street:	City:	State	Zip:
Additional Employer Name:		Phone:	
Street:	City:	State	Zip:

Other Payor Information

Do you have Medicare or Medicaid Coverage? No Yes; If "Yes", please provide your identification number below.
 Medicaid #: _____ Medicare #: _____

Household Information

How many adults live in your household? _____ How many children live in your household? _____

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Household Information

Name:	Age:	Relation:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income & Expenses Information

Wages and Income (Annual; Yearly)		Expenses & Debts (Monthly)	
Wage - Self	\$ _____	Mortgage/Rent	\$ _____
Wage - Spouse	\$ _____	UTIL: Gas/Electric	\$ _____
Wage - Other Member	\$ _____	UTIL: Phone	\$ _____
Wage - Self Employ	\$ _____	UTIL: Mobile Phone	\$ _____
Social Security Benefit	\$ _____	UTIL: Food	\$ _____
Disability Benefit	\$ _____	Auto Insurance	\$ _____
Retirement/Pension Benefit	\$ _____	Credit Card(s)	\$ _____
Public Assistance Benefit	\$ _____	Health Insurance	\$ _____
Alimony	\$ _____	Other Medical Expenses	\$ _____
Child Support	\$ _____	Loan: Auto	\$ _____
Unemployment Benefit	\$ _____	Loan: School	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____

Patient / Guarantor Acknowledgment

- I declare under penalty of perjury that the statements I have made and their supporting documents are an accurate reflection my inability to pay the amount due to Howard University Hospital.
- I understand that Howard University Hospital is required by law to keep the information I provide confidential.
- I further agree, that in consideration for receiving health care services as a result of an accident or injury, to reimburse Howard University Hospital from any proceeds received from litigation or settlement resulting from such act.
- I understand that I will be billed for any balance remaining after any discount is applied to the noted account. If I am not able to pay this balance in full within 30 days of receipt of discounted bill. I will contact the HUH Financial Assistance Program office to make payment plan arrangements.

Patient/Guarantor Signature & Date



HUH Financial Assistance Program Documentation List

The items that are checked are needed to process your application:

- Prior Year Tax Return or**
- Current Pay Stubs**
- Written Verification of Wages From Employer**
- Unemployment Letter**
- Social Security Check/Disability**
- Most current Bank Statement**
- Letter of Eligibility for Cash Assistance**
- Lease, Mortgage Slip, Or letter of residence explaining how much rent you pay and if you contribute to any utilities**
- Utility Bills if you pay utilities that are in your name**
- Photo ID (Required for all applicants)**
- All Portions of Application must be proven.**