

# Our Nature Is To Nurture.

OUR FAMILY OF COMMUNITY SERVICES



Thank you for choosing Sullivan County Community Hospital as your partner in healthcare!

Sullivan County Community Hospital is committed to serving the healthcare needs of all of its patients, regardless of their ability to pay for such services. As part of its mission to improve the health of its patients and community through innovations and excellence in care, education and service, Sullivan County Community Hospital values charity, equality and justice in health care.

Sullivan County Community Hospital has established a Financial Assistance Policy to better serve those in need of emergency and medically necessary services without the necessary means to pay.

Please provide information about your income below to begin the application process for Financial Assistance. Submission of the required documents identified below are critical to the prompt processing of your application. For assistance with completing the application, or to schedule an appointment, please contact (812) 268-4311 and ask for a Financial Counselor.

- ✓ A copy of your most recent income tax return with W2(s)
- ✓ Most recent bank statement(s)
- ✓ Check stub copies spanning 30 days from payroll, unemployment, TANF assistance or retirement distribution income
- ✓ Letter from Social Security administration outlining your monthly benefits and/or disability income
- ✓ Letter from Veterans Administration indicating the benefit amount received monthly
- ✓ Child support statement letter

<b>Patient Name</b>					
<b>Guarantor Name (if other than patient)</b>					
<b>Guarantor DOB</b>					
<b>Total Number of Individuals Living in Household:</b>	<input type="text"/>				
<b>Total Annual Household Income Source(s)</b>	<b>You</b>	<b>Spouse</b>	<b>Children</b>	<b>Other Person(s)</b>	<b>Total</b>
Payroll/Employment Income					
Social Security or Disability Income					
Retirement Pension or Annuity(s)					
Public Assistance/TANF/Food Stamps					
Unemployment					
Child Support					
Other Sources not Metioned Above					
<b>TOTAL ANNUAL HOUSEHOLD INCOME</b>					

**Sullivan County Community Hospital**  
**2200 N. Section Street, PO Box 10**  
**Sullivan, IN 47882**  
**(812) 268-4311**