

**PROCEDURA DI ASSISTENZA FINANZIARIA**

Allegato 1

<b>Istituti convenzionati</b>	<b>Istituti non convenzionati</b>
Arcand Family Medicine, Inc.	21st Century Oncology
Brookside Family Medicine	AAKC
Children's Medical Group	AAPRI
Home and Hospice Care of RI	Anchor Medical Associates
Hypertension & Nephrology	Anesthesia Associates of Kent County
Integrated Psychiatry Inc.	Anesthesiology, Inc.
Koch Eye Associates	Associates in Primary Care
Koch Eye Associates	Atwood Medical Associates
Nephrology Associates Inc	Barrington Pediatrics
Nephrology Associates Inc	Bayside Medical
Northern RI Pediatrics	Blackston Valley Community Health Center
Providence Pediatrics	Blackstone Orthopedics
RI Medical Imaging	Blackstone Valley Foot Specialists
Riverside Pediatrics	Blackstone Valley Pediatrics
The Medical Group of Rhode Island	Brain & Spine Neurosurgical Institute
University OB/GYN, Inc.	Bristol Medical Center
University Surgical Associates	Broadway OB/GYN
XRA Medical Imaging	Calenda Eye Care
James R. Bonner MD	Capitol Hill Health Center
Umberto Capuano MD	Cardiovascular Associates of Rhode Island
Doreen M. Ciancaglini MD	Cardiovascular Institute
Elizabeth Conklin MD	Cardiovascular Institute of NE
Joseph DiBenedetto MD	Caring for Women
Robert E. Eden MD	Center for OB-GYN
Christian R. Herard MD	Centerville Podiatry
Kenneth Hathaway DO	Chaffee Health Center
Jerald I. Kupperberg MD	Coastal Medical
Karen L. McGoldrick MD	Coastal Medical Bald Hill Pediatrics
Zsolt Orban MD	Coastal Medical East Providence
David R. Tien MD	Coastal Medical Hillside Family Medicine
Harold J. Wanebo MD	Coastal Medical Lincoln
Marvin S. Wasser MD	Coastal Medical Wakefield
	Coastal Medical Warren Pediatrics

	Coastal Plastic Surgery Center
	Community Care Alliance
	Comprehensive Healthcare
	Consultants in Urology
	Continuum Behavioral Health
	Coventry Primary Care Associates
	Dartmouth Dermatology Assoc
	David Kass MD Inc
	Davis & Davis
	Dermatology Professionals
	Doctors Rompf, Buckley and Wu
	East Bay Medical Center
	East Bay Neurology
	East Bay Pediatrics
	East Greenwich Family Practice
	East Greenwich Opthamology
	East Greenwich Pediatrics
	East Greenwich Spine&Sport
	East Side Pediatrics
	Endocrine Treatment Centers
	ENT & Allergy, Inc
	Facial Aesthetics Center
	Family Doctors of E Providence
	Family Med Associates, So Attl
	First Physicians Cooperation
	Foot & Ankle Institute of NE
	Foundry Orthopedics
	Franklin Mirrer Orthopedic Surgeon, Inc.
	Fredy Roland MD Inc
	Full Circle Health
	Gastroenterology Associates
	Gastrointestinal Medicine Associates, Inc
	General Pediatric and Community Health
	Greenwich Medical Associates
	Greenwich Podiatry, Inc.
	Hahnemann Health Center
	Hawthorn Medical Associates
	Health First
	Hematology and Oncology Associates
	Hillside Family Medicine
	IVF New England

	Kingstown Pediatrics
	Laborists for Obstetrics & Gynecology LLC
	Meadows Edge Recovery Center
	Medical Associates of RI
	Medical Office Center
	Medicine and Long Term Care Associates
	Michael W. Lucarelli, D.O., Inc.
	Midland Medical
	MSL Facial and Oral Surgery
	Muehlberg Medical, LLC
	Nardone Medical
	Narragansett Bay Anesthesia
	Narragansett Foot and Ankle, Inc
	Neurohealth
	Neurosurgery Foundation
	Nisbet and Scott, Inc.
	North Main Radiation Oncology
	Northeast Institute of Plastic Surgery
	OB GYN Associates
	Obstetrical Associates
	Ocean State Osteopathic Medicine LLC
	Ocean State Pediatrics
	Ocean State Primary Care, LLC
	Olneyville Health Center
	O'Neill Medical, Inc.
	Ortho Rhode Island
	Osteopathic Family Medicine, LLC
	Partners in Pediatrics
	Partners in Primary Care, LLC
	Pediatric Associates
	Pediatric Heart Center
	Peter J. Bellafiore, M. D., Inc.
	Petteruti Family Practice
	Plexus Management Group, Inc.
	Prima Pediatrics
	Primary Care for Women and Adolescents
	Primary Care of Plainville
	Primary Medical Group Warwick
	Providence Anesthesiologists, Inc
	Providence Anesthesiologists, Inc
	Providence Community Health Centers

	Providence Urology, LLC
	Rely Radiology Group
	Rely Radiology Group
	Rhode Island Spine Center
	RI Colorectal Clinic, LLC
	RI Eye Institute
	RI Foot Care
	RICBT
	Roger Williams Medical Associates
	Roger Williams Radiation Therapy
	Santiago Medical Group
	Smithfield Pediatrics
	South County Dept of Emergency Medicine
	South County Dept of Medicine
	South County Dept of Pathology
	South County Foot and Ankle
	South County Hospital Dept of Anesthesiology
	South County Oral, Maxillofacial & Implant Surgical Center
	South County Orthopedics and Physical Therapy, Inc.
	South County Podiatry
	South County Pulmonary Medicine
	Specialist On Call, Inc
	Swansea Family Practice Group
	Swansea Pediatrics
	The Neurology Foundation
	Thundermist Health Center
	Toll Gate Pediatrics
	Tollgate OB/GYN
	Tri County Urology
	Tri-Town Health Center
	University Dermatology
	University Emergency Medicine Foundation
	University Foot and Ankle
	University Gastroenterology
	University Medical Group
	University Medicine Foundation
	University Urological Associates
	University Urological Assts
	Urologic Specialists of NE
	Urology Associates
	Virtual Radiologic Corporation

	Wakefield Pediatrics, LLC
	Warwick Family Medicine
	Waterman Pediatrics
	WellOne Primary Medical & Dental Care
	West Bay Orthopedics
	West Bay Surgical Associates, Inc
	Wickford Internists
	Women's Health Care Specialist
	Womens Health Collaborative
	Womens Medical Center of RI
	Women's Medical Collaborative
	Women's Medicine Collaborative at Lifespan
	Wood River Health Service
	Your Health, Inc
	Brian G. Abbott MD
	J. Gary Abuelo MD
	Charles A. Adams MD
	Sun H. Ahn MD
	Edward Akelman MD
	Michele Albert MD
	Jason M. Aliotta MD
	Elizabeth L. Altenhein MD
	Rachel A. Altura MD
	Angela C. Anderson MD
	James A. Arrighi MD
	Karen E. Aspry MD
	Michael K. Atalay MD
	David T. Barrall MD
	Barry Shah MD
	Salman Bashir MD
	Steven R. Bayer MD
	Curt G. Beckwith MD
	M. David Beitle MD
	Scott E. Benzuly MD
	Lionel G. Bercovitch MD
	Harikrashna B. Bhatt MD
	Reena A. Bhatt MD
	Natasha Bica MD
	Stanley H. Block MD
	Leland S. Blough DMD
	Andrew S. Blum MD

	Michael F. Blundin MD
	Aimee L. Bollentin NP
	Jason B. Boudjouk MD
	Karl H. Breuing MD
	Cheryl Brodsky MD
	Jeffrey M. Brody MD
	Jennifer L. Buckley MD
	Lucy P. Buckley MD
	Evan J. Burke MD
	Mary V. Cabral RNP
	Luisa F. Cala Cala MD
	Anthony A. Caldamone MD
	Angela M. Caliendo MD, PhD
	Angelo J. Cambio MD
	Joseph A. Cambio DO
	Nathalie A. Campbell MD
	Juan Carlos Canton MD
	Marshall W. Carpenter MD
	Sandy Chai MD
	Philip A. Chan MD
	Heather A. Chapman MD
	Johnny Chavarria MD
	Anjulika Chawla MD
	Joseph A. Chazan MD
	Wendy S. Chen MD, PhD
	Vicky O. Cheng MD
	Steven Ira Cohen MD
	Louis A. Colantonio MD
	John E. Concannon DO
	Jeannine S. Connolly MD
	Michael D. Connolly MD
	George N. Cooper MD
	A. Michael Coppa MD
	Bernard G. Coppolelli DPM
	Christopher J. Cosgrove MD
	Doris T. Costello MD
	John J. Cronan MD
	Charles L. Cronin III DO
	Michael L. Cummings MD
	Cheston B. Cunha MD
	Karen L. Daigle MD

	Leena Davis MD
	Susan E. Day MD
	Charles J. DeAngelis MD
	Bradley D. Denardo MD
	Penelope H. Dennehy MD
	Phyllis A. Dennery MD
	Angela K. DeRobertis MD
	Suvekchha Devkota MD
	Paula A. DeYoung MD
	Joseph A. DiLorenzo MD
	John DiOrio MD
	Thomas A. DiPetrillo MD
	Lisa R. Domagalski MD
	Donald M. McNiece MD
	Edward M. Donnelly MD
	Andrea M. Doyle MD
	Gregory J. Dubel MD
	John E. Duhaime DMD
	Margaret M. Dyer MD
	Lee E. Edstrom MD
	Peter T. Evangelista MD
	Mohammed K. Faizan MD
	Stephen S. Falkenberry MD
	Seth Feder MD
	Lloyd R. Feit MD
	Anna B. Filip MD
	Patricia J. Flanagan MD
	Timothy P. Flanigan MD
	Cheryl A. Flynn MD
	Sara R. Ford MD
	Karen L. Furie MD MPH
	Darlene Gabeau MD, PhD
	Siavash Ghoreishi MD
	Sharon E. Gibson MD
	Alfredo Gil MD
	Holly C. Gil MD
	Altongy Gilbert MD
	Richard G. Gillerman MD
	Jennifer L. Gillis NPP
	Kelvin D. Gillman MD
	Isaac Z. Glatstein MD

	Frederick A. Godley MD
	Richard L. Gold MD
	Daniel M. Golding MD
	Leon A. Goldstein MD
	Dragan J. Golijanin MD
	Paari S. Gopalakrishnan MD
	Leslie B. Gordon MD, PhD
	Robyn A. Gray DO
	Jennifer J. Greene Welch MD
	Donna Griffith MD
	Jan C. Groblewski MD
	Nicholas M. Grumbach MD
	Joseph B. Guarnaccia MD
	Preeti Gupta MD
	Fadlallah G. Habr MD
	Cynthia M. Hanna MD
	Gita V. Harappanahally MD
	David T. Harrington MD
	Joseph I. Harwell MD
	Tawfik F. Hawwa MD
	Daithi (David) J. Heffernan MD
	Jaroslav T. Hepel MD
	Herbert J Brennan DO
	Richard Hernandez PA
	Michael I. Herzlinger MD
	Pamela C. High MD
	Pei-Li Huang MD
	Michelle L. Hughes MD
	Kathleen Hwang MD
	Sarah M. Hyder MD
	Vincent R. Iacono MD
	Marc A. Jaffe MD
	Santiago Jimenez MD
	John Barrett DO
	John O'Leary DO
	Curtis T. Jones MD
	Elaine Jones MD
	Joseph B. Fitzgerald MD
	Joseph Guarnaccia MD
	Stephen S. Kasparian MD
	Vania L. Kasper MD



	Steven C. Katz MD
	Roy C. Katzin MD
	Edward C. Keating MD
	Karen L. Kerman MD
	Martin J. Kerzer DO
	Karim Z. Khanbhai MD
	Tareq Kheirbek MD
	Amin Kim MD
	Timothy J. Kinsella MD
	Malcolm M. Kirk MD
	James R. Klinger MD
	Tolga N. Kokturk MD
	R. James J. Koness MD
	Alla Korennaya MD
	Ania I. Kowalik MD
	Robin A. Kremsdorf MD
	Andrea Kretzschmar MD
	Arlet G. Kurkchubasche MD
	Daniel K. Kwan MD
	Neil D. LaBove MD
	Ashley M. Lakin DO
	Robert E. Lambiase MD
	Steven C. Lane MD
	Jerome M. Larkin MD
	Elizabeth Lazarus MD
	Carine M. Leconte MD
	George Y. Lee MD
	Joshua C. Leighton MD
	Neal S. LeLeiko MD, PhD
	Kara L. Leonard MD
	Maggy Lespinasse MD
	Levis Guzman MD
	Stacey P. Lievense MD
	Paul Y. Liu MD
	Kristin C. Lombardi MD
	Phyllis T. Losikoff MD MPH
	David A. Lowe MD
	Stephanie Lueckel MD
	Daniel F. Lukowicz MD
	Francois I. Luks MD
	Keith E. Macksoud CRNA

	Teresa M. Maine NP
	Martha B. Mainiero MD
	Thomas E. Mancini DPM
	David E. Mandelbaum MD, PhD
	Lauren J. Massingham MD
	Stephen L. Matarese DO
	Alla Matsievskaya MD
	David M. Mayer MD
	Katherine D. Mc Cleary MD
	Thomas McCauley MD
	Charles E. McCoy MD
	Alyson J. McGregor MD
	Paul F. McKenney MD
	Robin L. McKinney MD
	Megan D. McMahan MD
	Ildiko Medve MD
	Dhhananjay A. Mehta MD
	Roger N. Mennillo MD
	Nishant D. Merchant MD
	Leonard A. Mermel DO
	Pierre R. Michaud MD
	Ian C. Michelow MD
	Michael E. Migliori MD
	Stephen J. Migliori MD
	Maria D. Mileno MD
	Richard P. Millman MD
	Thomas J. Miner MD
	Mohamed Azzouz MD
	Wayne B. Mollohan DMD
	Sean F. Monaghan MD
	John R. Morton MD
	Christopher S. Muratore MD
	Timothy P. Murphy MD
	Adelaide G. Nardone MD
	Gerard J. Nau MD
	David P. Neumann MD
	Laura S. Nevel MD
	Chad P. Nevola MD
	Graham J. Newstead MD
	Karen Y. Ng MD
	Van T. Nguyen MD

	J. Douglas Nisbet MD
	Arthur W. Noel MD
	Richard B. Noto MD
	Richard K. Ohnmacht MD
	Brian R. Ott MD
	Adam D. Pallant MD
	Martin R. Papazian MD
	John A. Pezzullo MD
	Chanika Phornphutkul MD
	Marcelle L. Piccoello MD
	Caroline J. Plamondon MD
	Beth J. Plante MD
	Dieter Pohl MD
	Lee A. Polikoff MD
	Glenn S. Prescod MD
	Fortunato Procopio MD
	Albert J. Puerini MD
	Mohamedyakub A. Puthawala MD
	Jose Bernardo Q. Quintos MD
	Abrar A. Qureshi MD
	Dante A. Ramos MD
	Rebecca M. Reece MD
	Frances C. Regas MD
	Thomas M. Renaud MD
	Celia F. Reyes MD
	Josiah D. Rich MD, MPH
	Mark S. Ridlen MD
	Syed A. Rizvi MD
	Jeffrey M. Rogg MD
	Patricia A. Rompf MD
	Roseanne M. Lowe RN, PhD
	Mark Rosenberg MD
	Albert M. Ross MD
	Julie L. Roth MD
	Leslie A. Roth MD
	Kathleen M. Rotondo MD
	Susan A. Rudders MD
	Ali Saad MD
	George M. Sachs MD
	Gregory Sadovnikoff MD
	Kenneth H. Salzsieder MD

	Richard P. San Antonio MD
	Margaret D. Scheffler MD
	Mark F. Scott MD
	Ivona Sediva MD
	Robert J. Settipane MD
	Timothy D. Shafman MD
	Nishit S. Shah MD
	Bahram Shah-Hosseini MD
	Linda B. Shalon MD
	Jason M. Shapiro MD
	Katherine M. Sharkey MD
	Alexandra Sherman MD
	Mark Sigman MD
	Brian Silver MD
	Jared A. Silverstein MD
	Melissa A. Simon MD
	Mark S. Siskind MD
	Michael A. Smit MD
	Linda K. Snelling MD
	Barbara L. Soares MD
	Patricia M. Solga MD
	Bernard P. St. Jean MD
	Gregory Steinmetz MD
	Michael A. Steller MD
	Andrew H. Stephen MD
	Edward I. Suh MD, MPH
	Patrick K. Sullivan MD
	Rachel A. Sullivan MD
	Lisa M. Swartz Topor MD
	David W. Swenson MD
	Charu Taneja MD
	John M. Tarro MD
	Charlene A. Tate MD
	Albert E. Telfeian MD PhD
	Christopher M. Tessier MD
	Simone Thavaseelan MD
	Edward S. Thomas MD
	Michael A. Thursby DO
	Andrew J. Tompkins MD
	Thomas F. Tracy MD
	Melissa H. Tukey MD

	Glenn A. Tung MD
	Allan R. Tunkel MD
	George A. Turini MD
	Tammy L. Van Dine DPM
	William F. Varr MD
	Nico W. Vehse MD
	Sunil P. Verma MD
	Marguerite B. Vigliani MD
	Colleen C. Vitale MD
	Patrick M. Vivier MD, PhD
	Thomas Walek MD
	Michael T. Wallach MD
	Walter F. Roettinger II MD
	Lauren S. Ward MD
	Nicholas S. Ward MD
	Robert C. Ward MD
	David E. Wazer MD
	Paul Wehbe MD
	Arnold-Peter C. Weiss MD
	Abby White DO
	Doreen Wiggins MD
	Hale E. Wills MD
	Jeffrey M. Wilson MD
	Albert S. Woo MD
	Fred M. Wu MD
	Pei-Chi Wu MD
	Yvette E. Yatchmink MD
	Steven H. Young DDS
	Richard J. Zienowicz MD
	Alison E. Zimon MD
	Jeanne E. Ziter MD

# PROCEDURA DI ASSISTENZA FINANZIARIA

Allegato 2

## REQUISITI PER IL PROGRAMMA DI ASSISTENZA FINANZIARIA – NON ASSICURATI

La documentazione che segue, se del caso, deve essere allegata alla richiesta di assistenza sanitaria presso la Care New England.

- 1) Ultima denuncia dei redditi con relativa documentazione.
- 2) Dichiarazione dei redditi\* (*vedi dettagli in seguito*)
  - a) Ultima busta paga (minimo 4 settimane)
  - b) Certificato di disabilità
  - c) Certificato di attribuzione Social Security (non necessario se viene fornita prova di accredito diretto o estratto conto bancario)
  - d) Dichiarazione dei redditi del genitore se il richiedente assistenza finanziaria è uno studente
- 3) Dichiarazione dei beni\*\* (*vedi dettagli in seguito*)
  - a) Estratti conto bancari che comprendano risparmi, conti correnti, investimenti, rendite, certificati di deposito, conti di deposito del mercato monetario, azioni, titoli di stato, pensioni e fondi pensione
  - b) Valore di riscatto delle assicurazioni sulla vita.
  - c) Proprietà personali (oltre la prima casa e motoveicolo per uso personale)
- 4) Assistenza sanitaria e/o approvazione/rifiuto dell'HealthSource RI
- 5) Copia del certificato di morte, se del caso.
- 6) Certificazione di studi in corso, se del caso.
- 7) Lettera di supporto, se del caso.

\*Dichiarazione dei redditi: con reddito si intendono tutte le entrate, reali o stimate e al netto delle tasse, derivanti da stipendi, remunerazioni, reddito da libera professione, assegni familiari, rendita da fitto, sussidi di disoccupazione, assicurazione per disabilità temporanea, mantenimento dei figli, alimenti, assicurazione sugli infortuni sul lavoro, benefit per militari, contributi previdenziali, proventi da interessi e dividendi, royalty, pensioni pubbliche e private e assistenza pubblica. Nel reddito sono inclusi anche i benefit sindacali, vincite nette al gioco o lotterie e i pagamenti assicurativi o i compensi per infortunio una tantum riscossi nell'anno calendario durante il quale è stato richiesto l'aiuto finanziario per i servizi sanitari.

\*\*Dichiarazione dei beni: i beni sono rappresentati da denaro contante, equivalente e altri beni tangibili che possono essere convertiti in denaro, comprese disponibilità liquide, libretti di risparmio, conti correnti, Certificati di Deposito (CDs), conti di deposito del mercato finanziario, azioni (comuni e titoli), titoli di risparmio, fondi comuni, fondi pensione, 401(k)s, 403(b)s, 457s, valori di

riscatto delle assicurazioni sulla vita, proprietà personali, motoveicoli oltre quelli per uso personale, seconde case e immobili fittati. Sono esclusi la prima casa e il motoveicolo per uso personale.

## APPLICATION FOR HOSPITAL FINANCIAL AID

Any approval of this request is temporary and expires 12 months from date of approval

Hospital: <input type="checkbox"/> Butler <input type="checkbox"/> Kent <input type="checkbox"/> Memorial <input type="checkbox"/> Women & Infants		Date:
Patient:	Guarantor/Spouse:	
MR#:	MR#:	
Date of Birth:	Social Security # (if issued):	
Social Security # (if issued):	Home Phone:	
Home Phone:	Work Phone:	
Work Phone:	Relation to Patient:	
Home Address:	Address:	
Occupation & Employer:		
Employer Address:		
Language: <input type="checkbox"/> English <input type="checkbox"/> Non-English		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> No Ethnicity Identified		
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander		
<input type="checkbox"/> White <input type="checkbox"/> Other or Multiple Races <input type="checkbox"/> No Race Identified		

Please provide the following information for ALL members of the family unit, EXCEPT the Patient or Guarantor.			
Name & Relationship to Patient:	SS# (if issued):	Date of Birth:	MR#:
Employer, Phone & Address:	Home Address:		
Name & Relationship to Patient:	SS# (if issued):	Date of Birth:	MR#:
Employer, Phone & Address:	Home Address:		
Name & Relationship to Patient:	SS# (if issued):	Date of Birth:	MR#:
Employer, Phone & Address:	Home Address:		
Name & Relationship to Patient:	SS# (if issued):	Date of Birth:	MR#:
Employer, Phone & Address:	Home Address:		
MONTHLY INCOME		ASSETS	
Patient's Salary & Wages:	Savings:		
Spouse's Salary & Wages:	Checking:		
Guarantor's Salary & Wages:	Certificates of Deposit (CDs):		
Self-Employment Income:	Money Market Accounts:		
Child Care Income:	Savings Bonds:		
Rental Income:	Stocks:		
Unemployment Compensation:	Bonds:		
Temporary Disability Insurance:	Mutual Funds:		
Child Support:	IRAs:		
Alimony:	401(k)s:		
Workers' Compensation:	403(b)s:		
VA Benefits:	457s:		
Social Security Payments:	Cash-In Value Life Insurance:		
Dividend & Interest Income:	Personal Property:		
Royalties:	2nd Home & Rental Property:		
Pensions:	2nd Motor Vehicle:		
Public Assistance:	<b>TOTAL:</b>		
Other:			
<b>MONTHLY INCOME:</b>			
<b>ANNUAL INCOME:</b>			

"I request the hospital to make a determination of eligibility for financial aid. I understand that this information is confidential and subject to verification by the hospital. I also understand that if the information I provide is false, I may be denied financial aid and be liable for payment for the hospital services provided. I hereby attest that the information in this application is complete and correct to the best of my knowledge and that I understand the process and my responsibilities."

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## REQUISITI PER IL PROGRAMMA DI ASSISTENZA FINANZIARIA – NON ASSICURATI

La documentazione che segue, se del caso, deve essere allegata alla richiesta di assistenza sanitaria presso la Care New England.

- 1 Ultima denuncia dei redditi con relativa documentazione.
- 2 Dichiarazione dei redditi\* (*vedi dettagli in seguito*)
  - a. Ultima busta paga (minimo 4 settimane)
  - b. Certificato di disabilità
  - c. Certificato di attribuzione Social Security (non necessario se viene fornita prova di accredito diretto o estratto conto bancario)
  - d. Dichiarazione dei redditi del genitore se il richiedente assistenza finanziaria è uno studente
- 3 Dichiarazione dei beni\*\* (*vedi dettagli in seguito*)
  - a. Estratti conto bancari che comprendano risparmi, conti correnti, investimenti, rendite, certificati di deposito, conti di deposito del mercato monetario, azioni, titoli di stato, pensioni e fondi pensione
  - b. Valore di riscatto delle assicurazioni sulla vita.
  - c. Proprietà personali (oltre la prima casa e motoveicolo per uso personale)
- 4 Assistenza sanitaria e/o approvazione/rifiuto dell'HealthSource RI
- 5 Copia del certificato di morte, se del caso.
- 6 Certificazione di studi in corso, se del caso.
- 7 Lettera di supporto, se del caso.
- 8 Spese e passività
- 9 Ultima certificazione di mutuo/fitto, tasse di proprietà, utenze, pagamenti/leasing auto, carte di credito, rate prestiti, assicurazione auto/casa, spese mediche e altre spese.

\*Dichiarazione dei redditi: con reddito si intendono tutte le entrate, reali o stimate e al netto delle tasse, derivanti da stipendi, remunerazioni, reddito da libera professione, assegni familiari, rendita da fitto, sussidi di disoccupazione, assicurazione per disabilità temporanea, mantenimento dei figli, alimenti, assicurazione sugli infortuni sul lavoro, benefit per militari, contributi previdenziali, proventi da interessi e dividendi, royalty, pensioni pubbliche e private e assistenza pubblica. Nel reddito sono inclusi anche i benefit sindacali, vincite nette al gioco o lotterie e i pagamenti assicurativi o i compensi per infortunio una tantum riscossi nell'anno calendario durante il quale è stato richiesto l'aiuto finanziario per i servizi sanitari.

\*\*Dichiarazione dei beni: i beni sono rappresentati da denaro contante, equivalente e altri beni tangibili che possono essere convertiti in denaro, comprese disponibilità liquide, libretti di risparmio, conti correnti, Certificati di Deposito (CDs), conti di deposito del mercato finanziario, azioni (comuni e titoli), titoli di risparmio, fondi comuni, fondi pensione, 401(k)s, 403(b)s, 457s, valori di riscatto delle assicurazioni sulla vita, proprietà personali, motoveicoli oltre quelli per uso personale, seconde case e immobili fittati. Sono esclusi la prima casa e il motoveicolo per uso personale.

## APPLICATION FOR HOSPITAL FINANCIAL AID-*UNDERINSURED*

Any approval of this request is temporary and expires 12 months from date of approval

Hospital: <input type="checkbox"/> Butler <input type="checkbox"/> Kent <input type="checkbox"/> Memorial <input type="checkbox"/> Women & Infants		Date:
Patient:	Guarantor/Spouse:	
MR#:	MR#:	
Date of Birth:	Social Security # (if issued):	
Social Security # (if issued):	Home Phone:	
Home Phone:	Work Phone:	
Work Phone:	Relation to Patient:	
Home Address:	Address:	
Occupation & Employer:		
Employer Address:		

**Language:**  English  Non-English

**Ethnicity:**  Hispanic  Non-Hispanic  No Ethnicity Identified

**Race:**  Asian  American Indian/Alaska Native  Black/African American

Native Hawaiian/Pacific Islander  White  Other or Multiple Races  No Race Identified

**Please provide the following information for ALL members of the family unit, EXCEPT the Patient or Guarantor.**

Name & Relationship to Patient:	SS# (if issued):	Date of Birth:	MR#:
Employer, Phone & Address:	Home Address:		
Name & Relationship to Patient:	SS# (if issued):	Date of Birth:	MR#:
Employer, Phone & Address:	Home Address:		
Name & Relationship to Patient:	SS# (if issued):	Date of Birth:	MR#:
Employer, Phone & Address:	Home Address:		
Name & Relationship to Patient:	SS# (if issued):	Date of Birth:	MR#:
Employer, Phone & Address:	Home Address:		

MONTHLY INCOME	AMT	ASSETS	AMT	MONTHLY EXPENSES/LIABILITIES	AMT
Patient's Salary & Wages		Savings		Mortgage or Rent Payment	
Spouse's Salary & Wages		Checking		Current Balance _____	
Guarantor's Salary & Wages		Certificates of Deposit (CDs)		Property Taxes if not included in mortgage payment	
Self-Employment Income		Money Market Accounts		Utilities: Gas/Electric/Oil _____	
Child Care Income		Savings Bonds		Cable/Internet _____	
Rental Income		Stocks		Phone _____	
Unemployment Compensation		Bonds		Auto Payments or Lease Payments	
Temporary Disability Insurance		Mutual Funds		Current Balance _____	
Child Support		IRAs		Credit Card Payments	
Alimony		401(k)s		Current Balance _____	
VA Benefits		403(b)s		Installment Loans	
Social Security Payments		457s		Current Balance _____	
Dividend & Interest Income		Cash-In Value Life Insurance		Auto Insurance	
Royalties		Personal Property		Homeowners Insurance	
Pensions		2nd Home & Rental Property		Medical Expenses	
Public Assistance		Additional Motor Vehicles		Groceries	
Other				Other Expenses	
<b>MONTHLY INCOME:</b>					
<b>ANNUAL INCOME:</b>			<b>TOTAL:</b>		<b>TOTAL:</b>

"I request the hospital to make a determination of eligibility for financial aid. I understand that this information is confidential and subject to verification by the hospital. I also understand that if the information I provide is false, I may be denied financial aid and be liable for payment for the hospital services provided. I hereby attest that the information in this application is complete and correct to the best of my knowledge and that I understand the process and my responsibilities."

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROCEDURA DI ASSISTENZA FINANZIARIA

Allegato 3

Scala indicizzata

### PROGRAMMA DI ASSISTENZA FINANZIARIA CNE LINEE GUIDA 2017 PER L'IDONEITÀ

Valide dal 1° marzo 2017

Percentuale di livello di povertà:		200%	210%	220%	230%	240%	250%	260%	270%	280%	290%	300%
Componenti della famiglia	FPG											
Passività 2017 del paziente		0%	20%	40%	60%	80%	90%	90%	90%	95%	95%	95%
1	12,060	24,120	25,326	26,532	27,738	28,944	30,150	31,356	32,562	33,768	34,974	36,180
Massima passività per anno			2,533	2,653	2,774	2,894	3,015	3,136	3,256	3,377	3,497	3,618
2	16,240	32,480	34,104	35,728	37,352	38,976	40,600	42,224	43,848	45,472	47,096	48,720
Massima passività per anno			3,410	3,573	3,735	3,898	4,060	4,222	4,385	4,547	4,710	4,872
3	20,420	40,840	42,882	44,924	46,966	49,008	51,050	53,092	55,134	57,176	59,218	61,260
Massima passività per anno			4,288	4,492	4,697	4,901	5,105	5,309	5,513	5,718	5,922	6,126
4	24,600	49,200	51,660	54,120	56,580	59,040	61,500	63,960	66,420	68,880	71,340	73,800
Massima passività per anno			5,166	5,412	5,658	5,904	6,150	6,396	6,642	6,888	7,134	7,380
5	28,780	57,560	60,438	63,316	66,194	69,072	71,950	74,828	77,706	80,584	83,462	86,340
Massima passività per anno			6,044	6,332	6,619	6,907	7,195	7,483	7,771	8,058	8,346	8,634
6	32,960	65,920	69,216	72,512	75,808	79,104	82,400	85,696	88,992	92,288	95,584	98,880
Massima passività per anno			6,922	7,251	7,581	7,910	8,240	8,570	8,899	9,229	9,558	9,888
7	37,140	74,280	77,994	81,708	85,422	89,136	92,850	96,564	100,278	103,992	107,706	111,420
Massima passività per anno			7,799	8,171	8,542	8,914	9,285	9,656	10,028	10,399	10,771	11,142
8	41,320	82,640	86,772	90,904	95,036	99,168	103,300	107,432	111,564	115,696	119,828	123,960
Massima passività per anno			8,677	9,090	9,504	9,917	10,330	10,743	11,156	11,570	11,983	12,396

Al paziente verrà fatturato il minimo della massima passività per anno o l'AGB, a seconda di quale sia minore.

## PROCEDURA DI ASSISTENZA FINANZIARIA

Allegato 4

### Importo generalmente fatturato (AGB)

In conformità all'IRC §501(r) (5) la CNE utilizza il metodo del Look-Back per calcolare la percentuale dell'AGB. La percentuale dell'AGB % è calcolata annualmente e si basa su tutte le richieste ammesse dal Medicare Fee-for-Service + tutti i servizi assicurativi privati in un periodo di 12 mesi, diviso gli importi lordi associati a dette richieste. La percentuale ammessa dell'AGB % verrà applicata agli importi lordi per determinare l'AGB.

A un paziente che risulti idoneo all'assistenza finanziaria in virtù della presente FAP non verrà fatturato un importo superiore all'AGB in caso di emergenze o per qualsiasi altro servizio sanitario necessario. In virtù della presente politica, ad ogni paziente idoneo alla FAP verrà sempre fatturato il minimo AGB o qualsiasi sconto disponibile.

Valido dal 1° ottobre 2016

Butler Hospital	47%
Memorial Hospital di Rhode Island	34%
Kent County Memorial Hospital	32%
Women and Infants Hospital	40%