

# FINANCIAL ASSISTANCE PROGRAM REQUIREMENTS



**Thank you for choosing Truman Medical Centers (TMC) for your healthcare needs.**

TMC accepts most commercial and government sponsored health insurance plans. If you have a question regarding coverage or to find out if TMC accepts your health insurance, please visit [www.trumed.org](http://www.trumed.org) (Financial Assistance) or contact us at (816) 404-3040 for more information.

For those who do not have healthcare coverage, our Financial Counseling Center will assist you with determining potential eligibility for medical coverage assistance programs such as Medicare, MO HealthNet (Medicaid), the Crime Victims Compensation Fund or TMC Financial Assistance (Discount, **valid for 12 months from date of issue**).

**Some of these programs require an application to be filed within the first 90 days from the date medical services were received, so please contact us as soon as possible.**

In order to provide you with very good customer service and accurately assist with your eligibility, you are **REQUIRED** to provide the following information/forms/documents:

PLEASE NOTE: Exceptions may be made if you are currently homeless or eligible for Food Stamps.

Name \_\_\_\_\_ Please return information by this date: \_\_\_\_\_  
All verifications must be dated within the same 30 day timeframe.

## **Patient Identification**

Your identification must include your name, photo and date of birth. Please provide one of the following:

- Driver's License
- Passport
- Student Identification Card, Birth Certificate or Insurance Card, if 17 years or younger
- Employment Authorization Card
- Permanent Resident Card
- Employee Identification Card

## **Proof of Residence**

Patients must provide proof of their residence. **If you currently reside in a local shelter, you must provide a current letter on the shelter's letterhead verifying you currently reside there.** Acceptable forms include:\*

- Utility Bill (gas, electric, water only)
- Mortgage Bill or Real Estate Deed
- Current Lease Agreement

If you have no proof of address, you may provide a notarized letter of support from the person you are living with along with a copy of their utility bill to show that address.

\*We apologize, but your TMC bill, University Physicians Associates bill, rent payment receipt, advertisement or junk mail, driver's license and personal letters are not acceptable forms of proof of residence.

## **Proof of Assets**

Please provide the most recent statement for any asset listed below for all household members.

- |  |   |
|--|---|
| <input type="checkbox"/> Checking/Savings/Pay Card Account Statement               | <input type="checkbox"/> Mutual Funds Statement           |
| <input type="checkbox"/> 401K quarterly statement                                  | <input type="checkbox"/> Certificate of Deposit Statement |
| <input type="checkbox"/> 403B quarterly statement                                  | <input type="checkbox"/> Stocks / Investment Statement    |
| <input type="checkbox"/> IRA statement   | <input type="checkbox"/> Pre-Paid Burial Plans            |
| <input type="checkbox"/> Life insurance policies                                   |   |
| <input type="checkbox"/> Other Assets, including multiple vehicles and homes _____ |   |

**Current Filed Federal Tax Return (REQUIRED)-We may ask for up to 2 years of tax returns**

- Schedule C, if self-employed
- If self-prepared, a transcript from the IRS is needed
- If you did not file taxes last year, please provide a Wage and Income Transcript from the IRS

**Household Income**

You will need to provide proof of all household income, earned or unearned, as well as any assistance through other programs you may receive. This information includes, but is not limited to:

- |   |   |
|---|---|
| <input type="checkbox"/> Paystubs -We may ask for 12 months   | <input type="checkbox"/> Workman's Compensation   |
| <input type="checkbox"/> Current Social Security award letter | <input type="checkbox"/> TANF award letter  |
| <input type="checkbox"/> Pension/Retirement award letter      | <input type="checkbox"/> Section 8/Utility Assistance   |
| <input type="checkbox"/> Unemployment Benefits award letter   | <input type="checkbox"/> Rental Income  |
| <input type="checkbox"/> Alimony/Child Support                | <input type="checkbox"/> Student Financial Aid, Loans and/or Grants                               |
| <input type="checkbox"/> Veteran's Administration Benefits    | <input type="checkbox"/> Self-employment income (previous year's tax return, including Schedule C |
- If you do not have an income, you are required to provide a notarized statement from the person who is helping you at this time.
- Other \_\_\_\_\_

**Other Requirements (varies by program)** - Additional information may be required, including:

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Cards               | <input type="checkbox"/> Marriage License    |
| <input type="checkbox"/> Certified Copy of Birth Certificate | <input type="checkbox"/> Divorce Decree      |
| <input type="checkbox"/> U.S. Citizenship Certificate        | <input type="checkbox"/> Proof of Separation |
| <input type="checkbox"/> Proof of Medical Insurance          | <input type="checkbox"/> Amended tax return  |
| <input type="checkbox"/> Other _____                         |  |

**MO HealthNet for Pregnant Women.**

If you are pregnant, you may be eligible for this program. Proof of Pregnancy, photo ID and a signed "Due Date" Statement is required.

**Social Security Disability or SSI**

To apply, you may schedule an appointment with a TMC Disability Counselor. You may also visit the nearest Social Security Office, apply by telephone at **1-800-772-1213**, or apply online, at <http://ssa.gov/> . Applying for disability may be required to be eligible for MO HealthNet (Medicaid) coverage.

**Have you been a Victim of a Crime in Missouri and filed a police report?**

Please visit <http://www.dps.mo.gov/dir/programs/cvc/> for more information on eligibility.

Financial Customer Service is available at (816) 404-3040 Monday through Friday 8:30 am – 4:30 pm for questions and information.

To apply for Medical Assistance Programs, please visit the Financial Counseling Center at:

<b>TMC Health Sciences District</b> 2301 Holmes Kansas City, MO 64108 Monday-Friday 7am – 4:30 pm (Subject to change)	<b>TMC Lakewood</b> 7900 Lee's Summit Road Kansas City, MO 64139 Monday-Friday 7am – 4:30 pm By Appointment (Limited Walk-ins Available)	<b>University Health</b> 2101 Charlotte St Kansas City, MO 64108 Monday-Friday 7am – 4:30 pm By Appointment (Limited Walk-ins)	<b>Swope Health Services</b> 3801 Blue Parkway, 1 <sup>st</sup> Floor Kansas City, MO Monday-Friday 8am-4:30 pm By Walk-in & Appointment
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Or visit our website at <http://www.trumed.org/patients-visitors/financial-services/financial-counseling> .

Once you have gathered your information, you may also utilize drop boxes located just inside of the main entrance of the Health Sciences District (formerly Hospital Hill) and in the registration area inside the Bess Truman Family Medicine Center Entrance at Lakewood.

**Additional information may be required. Please call 404-3040 for additional information**