

# 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 the TMC Discount. **Some of these programs require an application to be filed within the first 90 days from the date medical services were received.**

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

### **Current Tax Return (REQUIRED)**

- Including Schedule C, if self-employed

### **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 current 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.*** This proof must be no more than 30 days from your TMC medical appointment date and acceptable forms include:\*

- Utility Bill
- Mortgage Bill
- Current Lease Agreement

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

\*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.

### **Proof of Assets**

If you or your spouse have any assets listed below, please provide the most recent copy.

- Checking / Savings Account Statement
- 401K quarterly statement
- 403B quarterly statement
- IRA statement
- Mutual Funds Statement
- Certificate Of Deposit Statement
- Stocks / Investment Statement
- Other Assets

## **Household Income\*\***

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

- Last 6 paystubs (if paid weekly)
- Last 3 paystubs (If paid every two weeks)
- Current Social Security award letter
- Pension/Retirement award letter
- Unemployment Benefits award letter
- Alimony
- Veteran's Administration Benefits
- Workmans' Compensation
- TANF award letter
- Section 8/Utility Assistance
- Rental Income
- Student Financial Aid, Loans and/or Grants
- Self employment income\*\*\*

\*\* If you do not have an income you are required to provide a notarized letter from the person you currently live with along with a copy of their utility bill showing that address.

\*\*\* If you are self employed, the previous year's tax return (including schedule C) will be required.

## **Other Requirements (varies by program)**

Some medical assistance programs require additional information including:

- Social Security Cards
- Certified Copy of Birth Certificate
- U.S. Citizenship Certificate
- U.S. Permanent Resident Card
- U.S. Work Permit
- I-94 Form
- Marriage License
- Divorce Decree
- Pre-Paid Burial Plans
- Real Estate Deeds
- Insurance Policies (Life and Medical)
- Previous Year's Income Tax Return

## **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 visit the nearest Social Security Office. You may also apply by telephone at **1-800-772-1213**, or online at <http://ssa.gov/>. Applying for disability may be required to be eligible for MO HealthNet coverage.

## **Have you been a Victim of a Crime in Missouri and have 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 Thursday 7:30 am - 5:30 pm and Friday 7:30 am – 1:30 pm for questions and information.

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

### **TMC Hospital Hill**

2301 Holmes  
Kansas City, MO 64108

Monday-Friday  
7am – 5 pm (Subject to change)

### **TMC Lakewood**

7900 Lee's Summit Road  
Kansas City, MO 64139

By Appointment (Limited Walk-ins Available)  
Monday-Friday  
7 am - 4:30 pm