Beth Israel Lahey Health
Beth Israel Deaconess Milton

Dear Patient,

Attached is the Beth Israel Deaconess Hospital Milton Medical Hardship Application. Please fill out in its entirety and return with all required documentation. Incomplete applications may result in denial of financial assistance.

The deadline to return the application is 240 days from the first billing statement for the services which financial assistance is being requested.

Beth Israel Deaconess Hospital Milton and its affiliates are dedicated to providing financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care based their individual financial situation.

If you have questions please contact Financial Counseling at the number listed below.

Thank you.

Return Application to:

Financial Counselor
Beth Israel Deaconess Hospital Milton
1st floor
199 Reedsdale Road
Milton, MA 02186
617-313-1388

Financial Assistance Application for Medical Hardship

Please Print

Today's Date: _____ Social Security # _____

Medical Record Number: _____

Patient Name: _____

Patient Date of Birth_____

Address: _____
Street Apt. Number

_____ _____ _____
City State Zip

Did the patient have health insurance or Medicaid at the time of hospital service(s)? Yes ☐ No ☐
If "Yes", attach a copy of the insurance card (front and back) and complete the following:

Name of Insurance Company: _____ Policy Number: _____

Effective Date: _____ Insurance Phone Number: _____

Note*: Financial assistance due to Medical Hardship may not apply if a Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or similar fund designated for family medical expenses has been established. Payment from any established fund is due before assistance can be provided.*

To apply for medical hardship assistance, complete the following:
List all family members including the patient, parents, children and/or siblings, natural or adopted, under the age 18 living at home.

Family Member	**Age**	**Relationship to Patient**	**Source of Income or Employer Name**	**Monthly Gross Income**
1.				
2.				
3.				
4.				

In addition to the Medical Hardship Application we also need the following documentation attached to this application:

- Current state or federal income tax returns
- Current Forms W2 and/or Forms 1099
- Four most recent payroll stubs
- Four most recent checking and/or savings account statements
- Health savings account
- Health reimbursement arrangements

- Flexible spending accounts
- Copies of all medical bills

If these are not available, please call the Financial Counseling Unit at (617) 313-1388 to discuss other documentation you may provide.

List all medical debt and provide copies of bills incurred in the previous twelve months:

Date of service	Place of Service	Amount owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief explanation of why paying these medical bills will be a hardship:

_____

_____

_____

_____

_____

_____

_____

By my signature below, I certify all of the information submitted in the application is true to the best of my knowledge, information and belief.

Applicant's Signature: _____ _____

Relationship to Patient: _____

Date Completed: _____

Please allow 30 days from the date the completed application is received for eligibility determination.

If eligible, assistance is granted for six months from the date of approval and is valid for all Beth Israel Lahey Health affiliates as set forth in Appendix 5 of their respective Financial Assistance Policies:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center-Boston
- Beth Israel Deaconess Milton
- Beth Israel Deaconess Needham
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center, Burlington
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Staff Only.
Application Received by:
AJH ☐
AGH ☐
BayRidge ☐
BIDMC ☐
BID Milton ☐
BID Needham ☐
BID Plymouth ☐
Beverly ☐
LHMC ☐
LMC Peabody ☐
MAH ☐
NEBH ☐
WH ☐

Date Received: