



MONROE COUNTY
HOSPITAL
NAVICENT HEALTH PARTNER

Indigent Care Trust Fund

Yes, I would like to be considered for the Indigent Care Funding.

No, I have no interest in Indigent Care Funding.

Patient Name: _____ DOB: _____ Phone: _____

Name of Application (if different from patient): _____

Address: _____ City/State/Zip: _____

Social Security Number: _____

For Internal Use Only:

Appointment Time: _____ Date: _____

Monroe County Hospital Indigent Care Trust Fund Patient Instructions

- If you marked “yes” that you would like to be considered for Indigent Care funding, you must call Monroe County Hospital’s Financial Counselor to schedule an appointment to determine if you meet criteria to receive **discounts** or **free care**.
- To complete the Indigent Care application, you must bring one of the following to your interview:
 - Copy of your previous year’s W-2 form or Income Tax Return
 - Copy of three consecutive, current check stubs from your employer
 - Check stub for three months or a statement from your employer if checks are not issued.
- Additionally, if you receive AFDC, SSI, Social Security, or other monthly checks, please provide a copy or statement of benefits.
- Please contact the financial counselor Monday through Wednesday, from 0800 a.m. to 4:00 p.m. at 478-994-2521, ext. 108.