CommunityCare
100 N Academy Avenue
Danville, PA 17822-3925

Financial Statement

Enclosed you will find a copy of a Financial Statement Application. Please complete the entire questionnaire. Depending on your family's financial situation, we may be able to offer partial or full relief of your medical bills. It is to your advantage to take the time to complete this financial questionnaire.

All documents on the financial statement checklist are required for processing. If any are not included, your application will be delayed or denied until the information is supplied.

Mail the financial statement, the financial checklist and all supporting documentation to:

CommunityCare Uncompensated Care Services
426 Airport Rd
Hazle Township, PA, 18202

If you have any questions regarding this process, please contact our Customer Service Call Center at 833-923-0101.

Please allow at least 30 days for your application to be in our system before calling to check the status.

Sincerely,

CommunityCare Financial Services

Sliding Fee Discount Application
Proof of Income Must accompany this application (2 pay stubs or 1040)
Do not include original copies as they will not be returned

Section 1 – Patient Information

1. Patient Name:	2. Medical Record Number:
(Last) (First) (MI)	
3. Date of Application:	4. Additional Family Member(s):
5. Steet Address:	6. Telephone Number:
7. Income[1]: $	8. Family[2] Size:

[1]Income is the family's gross income reported for federal income tax purposes, including gross wages, tips, social security disability, veteran payments, alimony, child support, military, unemployment, and public aid. Non-cash benefits (such as food stamps and housing subsidies) do not count as income.

[2]A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family.

Out of Scope Services: Retail Ophthalmology is excluded from the Sliding Fee Discount Schedule.

Patient or Guarantor Signature:	Date:

Section 2 - Office Use Only

Received Date:	Verified Income/Family Size: /
Federal Poverty Level (FPL):	Approved: ☐ YES ☐ NO
Approval Fee: ☐ $10.00 ☐ $15.00 ☐ $20.00 ☐ $30.00	Reason for Denial: ☐ Applicant Over Income ☐ Applicant did not supply Income Documentation ☐ Other:

Waiving/Reduction of Charges:
(Chief Financial Officer Approval is needed along with supporting documentation)
- ☐ Bankruptcy
- ☐ Deceased (Update Guarantor Accounts Status)
- ☐ House Fire
- ☐ Homeless (Update Registration Address Type)
- ☐ Other Qualifying Hardship:

CFO Signature:	Date: