

Financial Assistance Program Eligibility

Applicant's Name: _____

Medical Record No.: _____

Effective From: _____ To: _____

- This form indicates you are eligible for Financial Assistance. Please be aware of the effective dates.
- The assistance program you are eligible for is not to be considered insurance coverage.
- Should MetroHealth discover you are eligible for a third-party resource related to this treatment, this financial assistance will be immediately revoked and full charges reapplied to your account until you satisfy the balance out of the third-party recovery.
- The MetroHealth System may review or cancel the Financial Assistance Program and adjust past claims if it is determined that the Financial Assistance Program was based on incorrect information, either financial or demographic.
- It is necessary that you comply with the application process for any program that might make payment for services or the discount you have been assigned could be retroactively revoked.
- The Financial Assistance Program provides assistance to MOST MEDICALLY NECESSARY SERVICES. Skilled Nursing Services are NOT covered by the Financial Assistance Program. Discounts in the Pharmacy and the Dental department may be available to those who qualify.
- Applicants with a household income up to 100% of the Federal Poverty Limit who are admitted to the hospital, must be re-interviewed immediately before or after the admission.
- All Out of State and Out of County applicants will not receive any discount on pharmacy or dental services.
- I understand that I am eligible for the Financial Assistance Program and I am responsible for _____ % of charges. _____ (Patient Initials).
- I understand that I am eligible for dental Financial Assistance Program and I am responsible for _____ % of charges _____ (Patient Initials).
- We are here to assist you. Please contact Eligibility Call Center at 216-957-2325 with questions and to make a Financial Counseling Appointment.

The above Financial Assistance Program applies ONLY to services provided by .
The MetroHealth System.

I have read and understand the above.

Applicant's Signature

Financial Counselor's Signature

Date