

Financial Assistance/Charity Care Application Supplemental MyChart Instructions

This is an application for financial assistance (also known as charity care) at Seattle Cancer Care Alliance (SCCA). This is the MyChart supplemental version. Please use this ONLY if you are applying through your MyChart account. Please upload this through the MyChart module. If you need to fill out the whole application, please navigate to our website to download the full application at seattlecca.org/financialassistance.

Washington State requires all hospitals to provide financial assistance to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance. For more information, contact our Revenue Cycle Customer Service Department at (206) 606-6226 or toll free at (800) 304-1763, Monday through Friday, 7:30 a.m. – 4 p.m. (Pacific Time).

What does financial assistance cover?

The hospital financial assistance covers appropriate hospital-based services provided by SCCA depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

If you have questions or need help completing this application:

Please call SCCA's Revenue Cycle Customer Service Department at (206) 606-6226 or toll free at (800) 304-1763. You may obtain help for any reason, including disability and language assistance.

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number, it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, mark "not applicable" or "NA."

Be sure to keep a copy of the financial assistance application for yourself.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

We want to help. Please submit your application promptly!

Financial Assistance /Charity Care MyChart Supplemental Form

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Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

SCREENING INFORMATION
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, list preferred language:</i>
Has the patient applied for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>May be required to apply before being considered for financial assistance</i>
Does the patient receive state public services such as TANF, Basic Food, or WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient's medical care need related to a car accident or work injury? <input type="checkbox"/> Yes <input type="checkbox"/> No

PATIENT AND APPLICANT INFORMATION		
Patient first name	Patient middle name	Patient last name
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (may specify):	Birth Date	Patient Social Security Number* <small>*see note on page 1 regarding Social Security Number</small>
Contact Information		
Email Address: _____		
Main contact number(s):		
Home _____	Mobile _____	Work _____

FAMILY INFORMATION

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.

FAMILY SIZE _____

Attach additional page if needed

Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Also applying for financial assistance?
					Yes No
					Yes No
					Yes No
					Yes No

All adult family members' income must be disclosed. Sources of income include, for example:
 - Wages - Unemployment - Self-employment - Worker's compensation - Disability - SSI
 - Child/spousal support - Work study programs (students) - Pension - Retirement account distributions - Other (*please explain*)