



PATIENT ASSISTANCE PROGRAM ENROLLMENT FORM

If you need specialty medical care at Pacific Medical Centers (PMC) and you:

- Are low income **AND**
- Have no health insurance **AND**
- Do not qualify for state-sponsored health insurance **AND**
- Live in King County

YOU MAY QUALIFY for PMC's Patient Assistance Program. To qualify for this low or no cost medical care, you must complete this enrollment form and attach all requested documents.

Please return this completed form, with ALL required documents, to your Community Health or Public Health clinic. If you need help to fill out this form or have questions, please call Pacific Medical Centers at (206) 505-1243. Or (206) 505-1088.

PATIENT INFORMATION				
First Name		Last Name		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	DOB	Employer Name (if you work)	
Are you married?	Best phone number to reach you (day):		Other phone number:	
Address:			City, State Zip	
What language do you speak?			Race/Ethnicity	
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Attach a copy of ONE of the following to prove your residency: <ul style="list-style-type: none"> • Washington State drivers license OR • Washington State ID Card OR <ul style="list-style-type: none"> • Military Identification OR • Green Card OR • Other documentation of US residency status 				
HEALTH INFORMATION				
What is the name of the Community Health or Public Health clinic where you receive your health care (your primary care provider)?				
What is the name of your doctor at the clinic named above?				
What type of medical care is your doctor sending you to PMC for?				
INSURANCE INFORMATION				
Do you have Medicaid or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever received Medicaid or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If you might be eligible for Medicaid or Medicare, PMC requires that you apply.)				
Do you currently have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "yes" please see the Referral Coordinator at your clinic before completing the application				
Is the medical care you need a result of an on-the-job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "yes" please explain: _____				
Is the medical care you need a result of a car accident or injury caused by another? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "yes" please explain: _____				

FINANCIAL INFORMATION

What is your monthly household income? \$ _____ per month

How many people in your household that you are responsible for by marriage, birth or adoption are supported by that income? _____ people

Proof of income is required for all people living in the same household. Please look at the following questions to see what information and documents you need to provide. Please give copies of original documents. If your Community Health or Public Health Clinic has collected these documents from you within the past 6 months, copies of those documents can be sent with this application.

Please answer the following questions. If you are homeless or do not have any income, start with question E

A. Are you receiving Food Stamps?

___ *No, this doesn't apply to me* – Go to the next item (B).

___ *Yes* - Please provide a copy of your current award letter. Then go to Item F.

B. Does your household have income that is earned by working?

___ *No, this doesn't apply to me* – Go to the next item (C).

___ *Yes* - Please provide **ONE** of the following.

___ Pay stubs for 2 months that are no more than 6 months old, **OR**

___ W-2 withholding statement(s), **OR**

___ Last year's income tax return, **OR**

___ If self-employed, most recent business tax return **OR**

___ I do not have pay stubs, W-2s or tax returns. I claim that my income is correctly stated above.

C. Do you have any other types of income? If so, please provide documents requested below

___ *No, this doesn't apply to me* – Skip to the next item (D).

___ *Yes* – I am providing the following:

___ Alimony/child support check stub

___ Pension statement

___ Unemployment, Worker's Compensation or disability benefit statement

___ Proof of any other form of income

D. If you have less than \$5,000 in checking or savings (combined or separate), we do not expect that you are able to spend it for medical care at PMC. If you have more than \$5,000, you may be required to pay part or all of your care. Do your savings or checking accounts (combined or separate) have more than \$5,000?

___ No ___ Yes. Please attach a copy of your most current checking and/or savings statement(s) if available.

E. Are you homeless, or are you currently without any income?

___ *No, this doesn't apply to me.*

___ *Yes* - Please explain in the space below how your basic needs such as food, clothing, shelter and utilities are met. (Please note that we may ask you to provide an Employment Security Statement or a letter from the shelter or third party that provides these basic needs.)

F. Is there any more information about your financial situation you would like PMC to know?

AGREEMENT AND SIGNATURE

I understand that while I am receiving care from Pacific Medical Centers' doctors, I will:

- Follow my PMC medical plan and the advice of my PMC medical providers.
- Fill prescriptions and take medicines as told.
- Keep every doctor's appointment. If I miss two appointments without cancelling, I will not be rescheduled.
- Quickly supply information to PMC program staff when I am asked.
- Understand that sometimes the care I need is not available at PMC.

I understand that:

- If I start receiving Medicaid insurance, I will inform PMC.
- If my income or family size changes, I may become eligible for State or other insurance for which I am not currently eligible. I will seek coverage for which I am eligible and will inform PMC.
- I will pay PMC for services I receive at PMC that are not covered by this program.

I promise that:

- I live in King County.
- The information I have given is accurate and complete to the best of my knowledge.

Signature

Date

IMPORTANT: DON'T FORGET

You must include/attach to this application:

- Documents for proof of income
- Proof of residency
- Your bank statements (if required)

Your application will not be processed without these documents