

Thomas Jefferson University Hospitals, Inc

Charity Care Policy

Attachment 4: TJUH Financial Assistance Application Presumptive Eligibility

Patient Name	Social Security #	Date of Birth	Account #

Eligibility Criteria

Initial if Yes	Reason for Eligibility
	Homeless or received care from a homeless clinic
	No income
	Participation in Women’s Infants, and Children’s programs (WIC)
	Food stamp eligibility
	Subsidized school lunch program eligibility
	Eligibility for other state or local assistance programs that are un-funded (e.g. Medicaid spend-down)
	Family or friends of the patient have provided information establishing the patient’s inability to pay
	Low income/subsidized housing is provided as a valid address
	Patient is deceased with no known estate
	Patient is eligible for state funded prescription program
	Other (describe):

Verification

Attach documentation demonstrating eligibility

Submitters Signature	Date
Print Submitters Name	Title