

Uploading a Healthcare Assistance Program Application

Step 1: In the Financial Assistance Communications section, click on the link for Next Steps for your Request and review the letter stating what is missing for your financial assistance request.

After reviewing, to attach the Healthcare Assistance Application, click on the Healthcare Assistance Program Application link on the right side of the screen and follow the steps below.

Financial Assistance

Southern Illinois Healthcare
Case #109485
Submitted on 8/25/2020
Guarantor Account #221904

Your request has been submitted and will be reviewed by our staff to match you with eligible programs. You will be notified of the final decision.

Communications Documents Details

Next Steps for Your Request 8/25/2020

BACK TO THE HOME PAGE

Related Links

Contact customer service

Would you like to request financial assistance for another patient?
Go to your [Billing Summary](#) page, find the appropriate account, and click "View account details".

Healthcare Assistance Program Application

Step 2: Complete the form, this MUST be completed BEFORE saving the document to upload

- Answer the fill in the blank questions if applicable
- Answer all 5 yes/no questions
- Enter the date and type your name into the signature block for acknowledgement

Additional Information

Please use this form to provide additional information that might aid in the processing of your Healthcare Assistance application. If any of the following statements or questions applies to your situation, please provide the required information on this form.

1. If your monthly expenses exceed your monthly income, please note how your expenses are being met.
2. If your tax return is not included, please explain why.
3. If you have no income how do you support yourself?
4. If you are receiving financial support from anyone, include a written statement how they are helping you.
5. Other:

a.

1. Was the patient an Illinois resident when care was rendered?
 Yes
 No
2. Was the patient involved in an alleged accident?
 Yes
 No
3. Was the patient a victim of an alleged crime?
 Yes
 No
4. Does the applicant(s) have any active or open Law/Legal suit for accounts that assistance is being requested?
 Yes
 No
5. Does the applicant(s) have any insurance benefits?
 Yes
 No

b.


By signing this document below, I acknowledge and certify that I have read this document and that all the information provided is true and accurate.

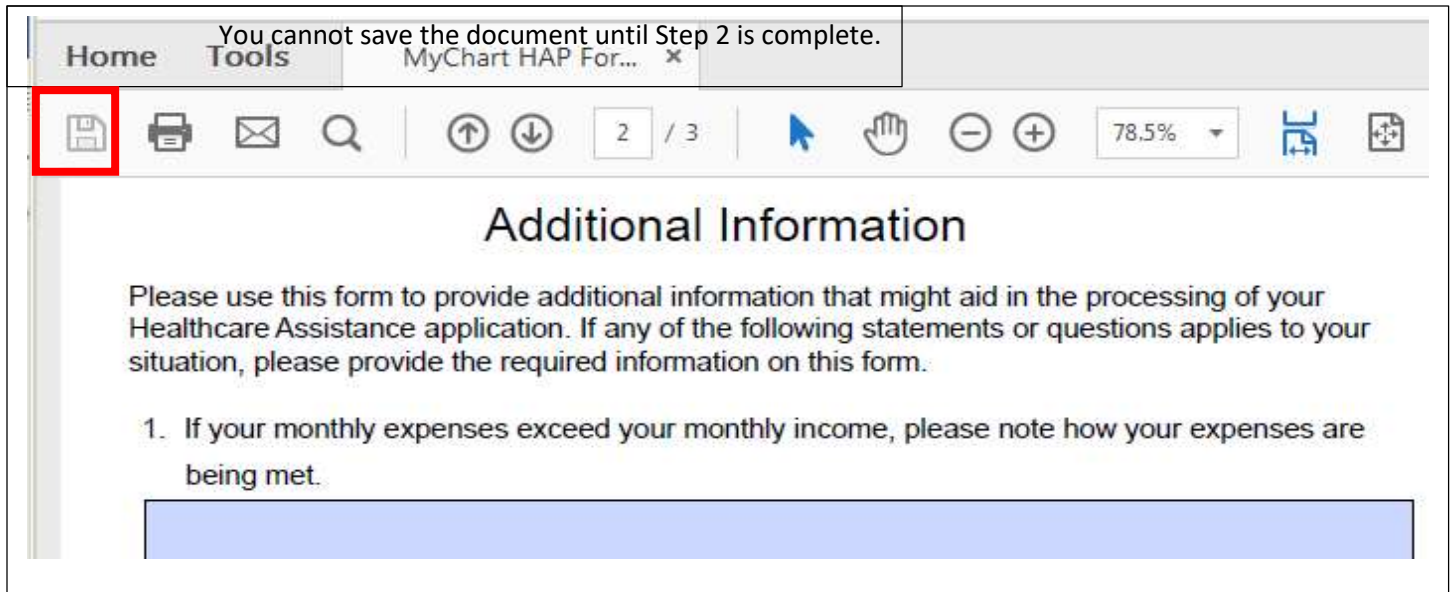
c.

Date: Signature:
Patient/Applicant

Date: Signature:
Patient/Applicant

Step 3: Save the document

- a. Click on the  (save icon)
- b. Rename the file from the default name of EmployeeWage to your LASTNAME,FIRSTNAME



The screenshot shows a web browser window with a notification at the top: "You cannot save the document until Step 2 is complete." The browser's address bar shows "MyChart HAP For...". The toolbar includes a save icon (a floppy disk) which is highlighted with a red box. Other icons include print, email, search, back, forward, and zoom. The page content is titled "Additional Information" and contains the following text:

Please use this form to provide additional information that might aid in the processing of your Healthcare Assistance application. If any of the following statements or questions applies to your situation, please provide the required information on this form.

1. If your monthly expenses exceed your monthly income, please note how your expenses are being met.

Below the text is a large, empty blue rectangular input field.



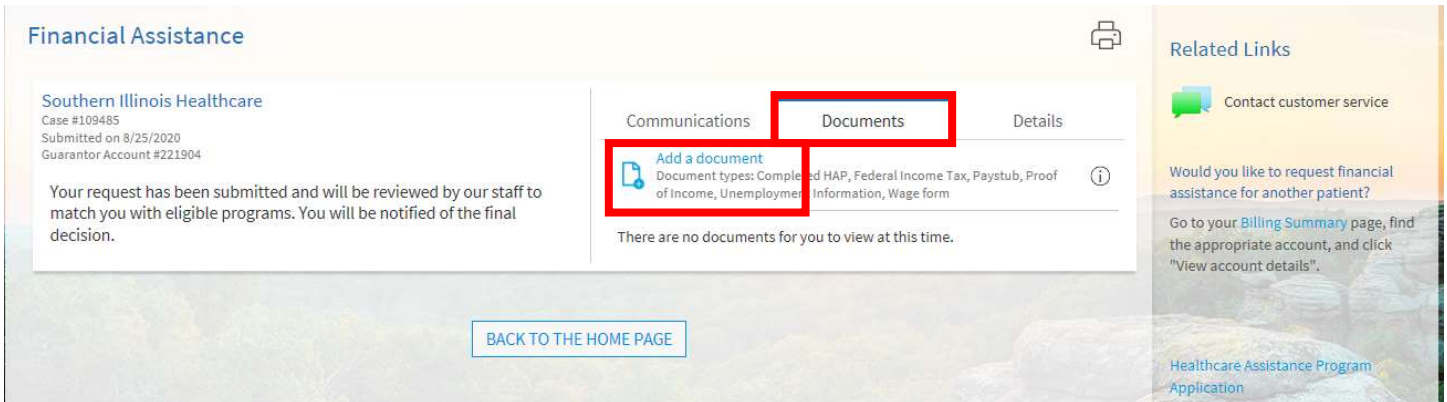
This screenshot shows a "Save As" dialog box. The "File name:" field contains the text "EmployeeWage". The "Save as type:" dropdown menu is set to "Adobe PDF Files (*.pdf)". At the bottom, there are "Save" and "Cancel" buttons, and a "Hide Folders" button on the left.



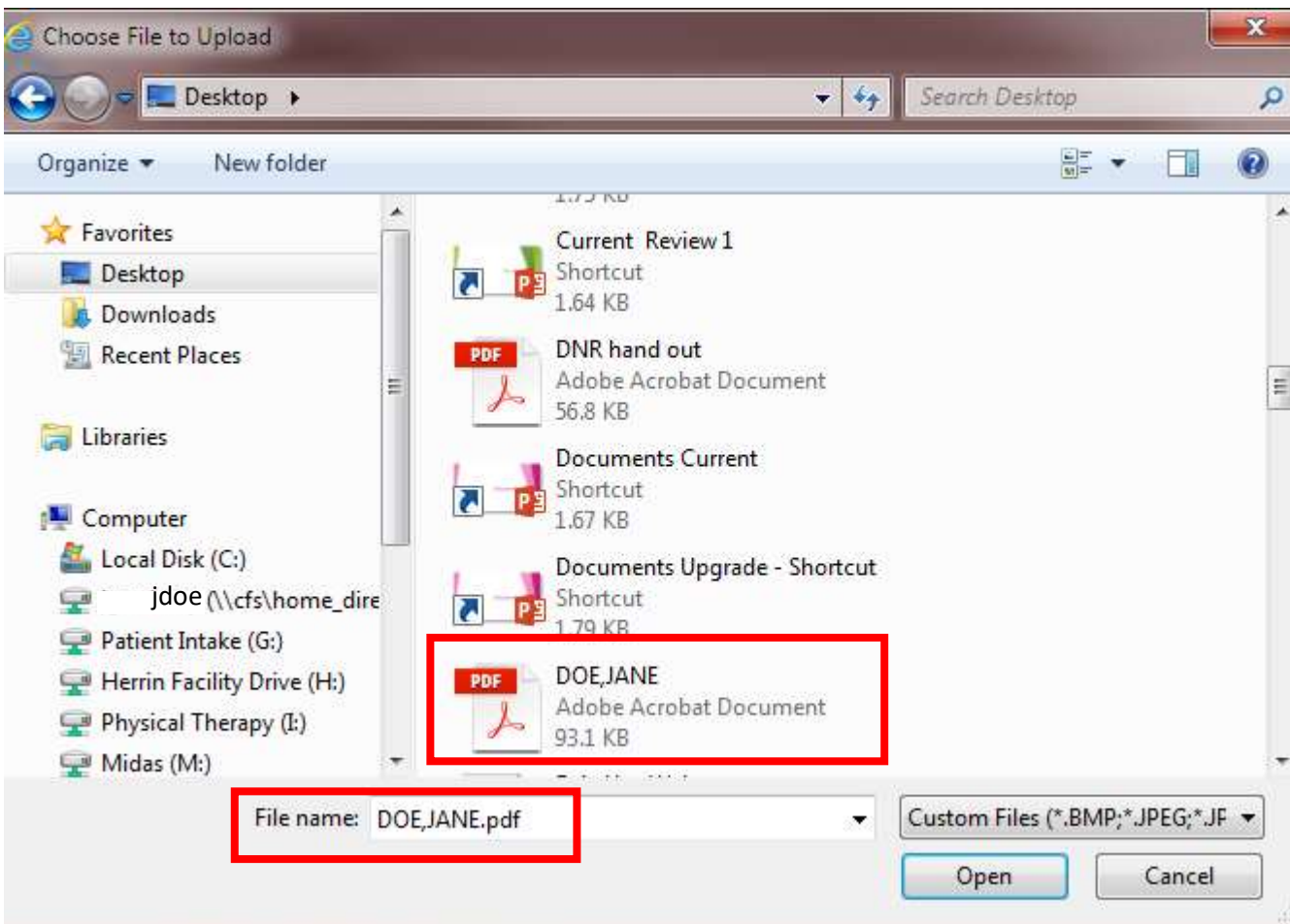
This screenshot shows the same "Save As" dialog box, but the "File name:" field now contains the text "DOE,JANE". The "Save as type:" dropdown menu remains set to "Adobe PDF Files (*.pdf)". The "Save" and "Cancel" buttons are still present at the bottom.

Step 4: Upload the document

- a. On the Documents tab, Click on ADD A DOCUMENT



- b. Select the file to upload



c. Select the appropriate document type and click Accept.

Add a Document for Case #109485

*What type of document is this?

Completed HAP Federal Income Tax Paystub Proof of Income
Unemployment Information Wage form

ACCEPT DISCARD

This screen shows the document has been successfully uploaded.

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Communications Documents Details

Add a document
Document types: Completed HAP, Federal Income Tax, Paystub, Proof of Income, Unemployment Information, Wage form

Completed HAP **Under Review**

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[Healthcare Assistance Program Application](#)