

Uploading a Healthcare Assistance Program Application

Step 1: Select 'Healthcare Assistance Program Application'

Financial Assistance

Personal Info | Income | Expenses | Assets | **Upload** | Review

Supporting Documents

Almost Complete: Illinois law requires an application for Healthcare Assistance to be readily available and provide patients with important information.

The link below is the required information. Once you have completed the form, including typing your name in the signature block, save the form and upload the file into MyChart. The link below contains instructions on saving and uploading.
[Upload instructions.](#)

Healthcare Assistance Program Application

NOTE: Completion of this application does not relieve you of your financial obligation to Southern Illinois Healthcare; Southern Illinois Healthcare reserves the right to deny any application upon review.
To receive the status of your Healthcare Assistance Application, please Turn MyChart notifications ON.

All correspondence/communication will be delivered electronically through MyChart.

ADD A DOCUMENT
Document type: Completed HAP ⓘ

Related Links

Contact customer service

[Healthcare Assistance Program Application](#)

BACK NEXT CANCEL

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.


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

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

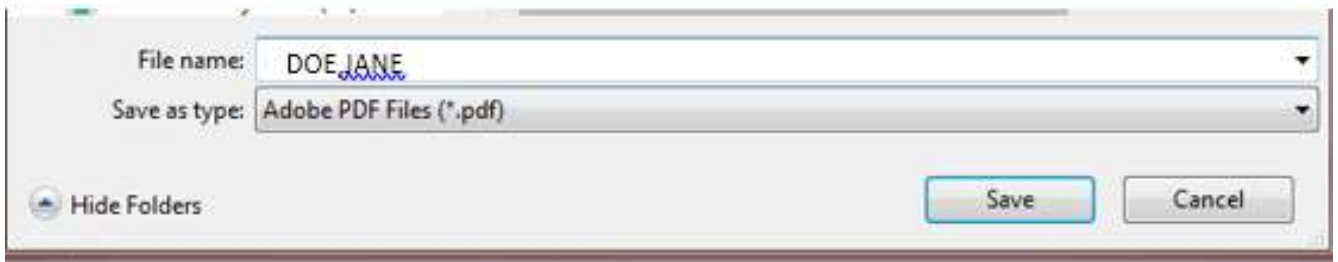
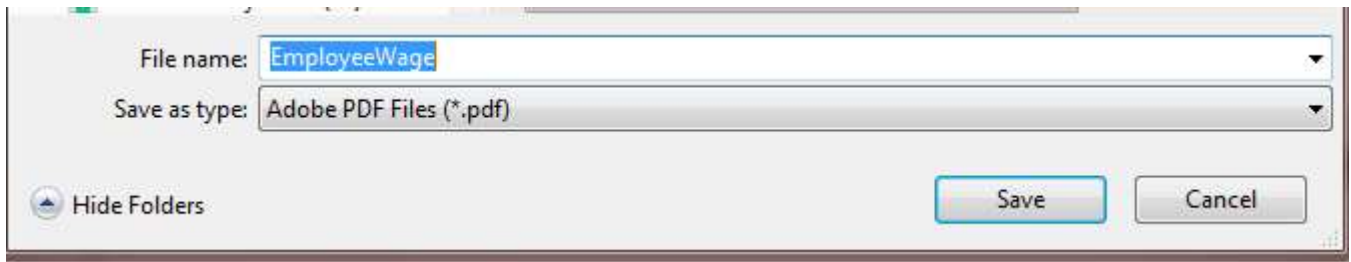
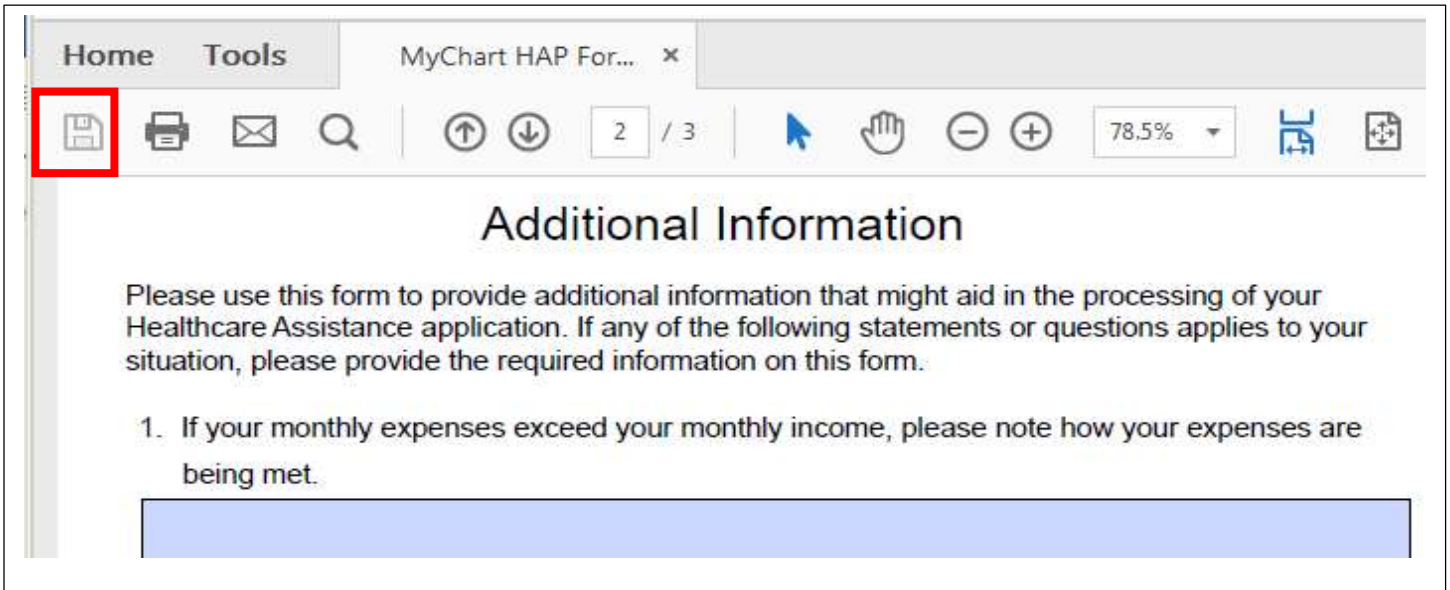
By signing this document below, I acknowledge and certify that I have read this document and that all the information provided is true and accurate.

C. Date: Signature:
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



Step 4: Upload the document

- a. Click on ADD A DOCUMENT
- b. Select the file to upload

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Document type: Completed HAP ⓘ

What type of document is this?
Completed HAP

BACK **NEXT** **CANCEL**

Related Links

- Contact customer service
- [Healthcare Assistance Program Application](#)

This is how the document appears after the upload