

Financial Assistance Application



PART A – PATIENT INFORMATION

Last Name _____ First Name _____ Birthdate _____ SSN _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Marital Status: Single Live-In Partner Married Separated Divorced Widowed

Do any of your dependents have any Mosaic Life Care accounts that need to be considered within this application? Yes No If yes, what date(s) of service? _____

PART B – DOCUMENTS

Please attach copies of the following documents:

- Most recent federal income tax return or non-filing form
- Bank statements for the last three months
 - Proof of income
 - See document listing on page 3

PART C – RESPONSIBLE PARTY INFORMATION

Examples include: spouse, live-in partner, parent, guardian, guarantor, etc.

Last Name _____ First Name _____ Relationship to Patient _____

SSN _____ Date of Birth _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

PART D – DEPENDENTS

List all dependents **that are claimed on the federal income tax return**. Check the appropriate relationship box for each dependent. **Attach an additional sheet if necessary.**

NAME	Date of Birth	SPOUSE/ PARTNER	PARENT	CHILD	OTHER

OVER >

PART E – HOUSEHOLD INCOME & ASSETS

Monthly Gross

Source of Income	Patient/Applicant	Spouse/Live-in Partner	Asset Type	Patient/Applicant	Spouse/Live-in Partner
Gross Wages/Salary	\$	\$	Venmo balance	\$	\$
Social Security Benefit	\$	\$	Cash App balance	\$	\$
Disability Benefit	\$	\$	Cryptocurrency	\$	\$
Unemployment Benefit	\$	\$	PayPal balance	\$	\$
State Assistance	\$	\$	Stocks/Bonds	\$	\$
Alimony/Child Support	\$	\$	Certificate of Deposit (CD)	\$	\$
Rental/Business Income	\$	\$	IRAs/Retirement Fund	\$	\$
Student Loans/Grants	\$	\$	Checking/Savings Account(s)	\$	\$
Cash on Hand	\$	\$	Investment Account(s)	\$	\$
Total Income	\$	\$	Total Assets	\$	\$

PART F – SIGNATURE

By signing below, I certify the above information is an accurate and complete statement of my current financial position and give my permission to verify this information. Further, I will make application for any assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my Mosaic Life Care and/or physician charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to Mosaic Life Care the amount recovered for the charges. If any information I have given proves to be untrue, I understand that Mosaic Life Care may re-evaluate my financial status and take whatever action becomes appropriate.

Signature of Applicant _____

Date _____

Documents that you will need to provide when applying for assistance are:



- Wages:** Most recent 2 paycheck stubs dated prior to application date reflecting gross income for each household member. May also consider report or letter from employer indicating the gross earned income per pay period for the employee
- Self-Employed:** Most recent 3 month's ledgers showing income and expenses for the business, most recent Federal Tax Return, including the Profit and Loss statement (Schedule C), Federal Tax Exemption form 4029 or letter from the IRS showing non-filing status. Additional months of ledgers may be requested.
- No Income/Provided Assistance Forms:** Completed and signed for time period without income during the past 3 months.
- Unemployment Benefits:** A printout from the Unemployment office verifying any funds paid during most recent month.
- Social Security Income:** Letter from Social Security Office showing monthly benefit amount that will reflect gross income for current year.
- Pension Income:** Copy of monthly check prior to cashing. Substitute letter from fund/payer's office.
- College students:** Account summary showing tuition charges, payments and refunds issued to the student in the most recent term, and most recent year's tax return for whomever claimed the student as a dependent - student or parent. If claimed as a dependent on parents' income taxes, the parents' household income will be required.
 - One Time Sale of Home/Property:** Letter showing income from sale of house/property. (Documentation received at the closing of the sale)
 - Proof of Citizenship- Permanent Resident Card, Certificate of Naturalization, Certificate of Citizenship
- Marriage Certificate, Divorce Decree, Legal Separation Document
- Birth Certificate, Legal Guardianship and/or Residency
 - Vendor Form from Long Term Care Facility
 - Proof that HRA, HSA, and FSA funds have been exhausted
 - Record of payments received for Child Support, Maintenance or Alimony
 - Letter from Employer stating last day of employment, Termination Letter
 - Most current Federal Tax Return, Federal Tax Exemption form 4029 or verification of Non-filing from the IRS
 - Bank Statement(s)-most recent 3 months for all bank accounts
 - Government employee pension (including military retirement pay)
 - VA disability
 - Regular insurance or annuity payments as well as, dividends, interest, net rental income, net royalties, inheritance, and net gambling or lottery winnings, Tax Returns, K-1's, and 1099's.
 - Assets such as property, independent retirement accounts, certificates of deposit, investments, stocks, bonds, 401K, etc.
- Determination letter from State Medicaid office for the appropriate Medicaid program
- Cryptocurrency
- Mobile payment accounts (Ex: Venmo, CashApp, Zelle, PayPal)

Please mail the completed application and required documents to:

Enterprise Financial Counseling
Mosaic Life Care
5325 Faraon St
Saint Joseph, MO 64506-3398

Email to: MLCFinancialAssistance@mymlc.com

Phone: 816.271.4006 Fax:816.271.6662