

**APPLICATION FOR HEALTH CARE SERVICES UNDER THE COMMUNITY SERVICES PROGRAM**

APPLICANT NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_  
MEDICAL RECORD #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_-\_\_\_\_  
ADDRESS: STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
MARITAL STATUS (circle one): Married Single Divorced Widowed Social Security Number: \_\_\_\_\_  
EMPLOYER (Applicant): \_\_\_\_\_  
SPOUSE NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
EMPLOYER (Spouse, if applicable): \_\_\_\_\_  
FAMILY SIZE (including applicant): \_\_\_\_\_ FAMILY HOUSEHOLD INCOME BEFORE TAXES: (Last 6 months) \$ \_\_\_\_\_  
(Last 3 months) \$ \_\_\_\_\_  
AGES OF CHILDREN: \_\_\_\_\_

VERIFICATION OF INCOME: Paystub(s) Tax Return(s) Benefit Statement(s) Other (specify): \_\_\_\_\_  
(if applicable)

LIABILITY CLAIMS: Has a lawsuit or other claim based on these services been commenced, or is a lawsuit or claim contemplated?  
Yes No

If Yes, please provide Attorney's Name and Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of the person(s) responsible: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Service Rendered (circle all that apply): Inpatient Outpatient Emergency Dept.

I certify that the above information is true and complete, to the best of my knowledge. I will pursue any pending application for assistance or third-party coverage (Medicaid, Medicare, Insurance, etc.) which may be available for payment of these hospital and/or physician charges. I will take any action reasonably necessary to obtain such assistance, and will assign and pay over to the hospital any proceeds (but only to the extent of my hospital and/or physician charges) paid by any third-party coverage, regardless of when any such payment is received. I further certify that no employer of applicant or spouse (if applicable) provides single or family health insurance coverage to the employed person. Applicant(s) hereby authorize O'Connor Hospital to conduct reasonable investigation into the availability of employer-sponsored health insurance, including communication with applicants' employers.

By making this application, I hereby grant a lien to O'Connor Hospital over the proceeds of any recovery paid to me, or in my benefit, or the patient, or the patient's benefit, as a result of any civil action, arbitration or claim related to these charges. However, any such lien is only to the extent of these charges, or any such recovery, whichever is less.

If any information I have provided in connection with this application is later determined to be incorrect or incomplete, eligibility for the Community Services Program will be re-evaluated based on the correct or additional information, and I may be held responsible for payment of any services previously considered eligible under the Community Services Program.

Signature: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature



460 Andes Road  
Delhi, NY 13753  
(607) 746-0300  
www.oconnorhosp.org



A helpful resource for patients in need of financial assistance

Difficulty Paying  
For Medical Care?  
We Can Help



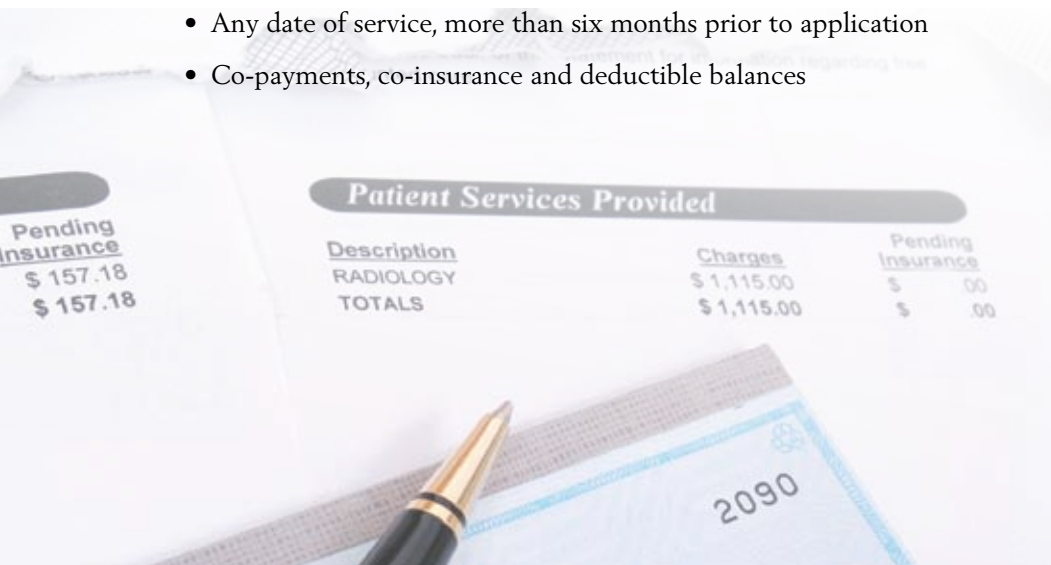
# O'Connor Hospital Community Services Program January 2008

We understand that there are times when our patients may have difficulty paying for their medical care. Under the O'Connor Hospital Community Services Program (CSP), O'Connor Hospital provides free care each year to uninsured individuals and families unable to pay the total cost of their medical care. So that we are able to serve as many people as possible under this program, applicants must meet certain eligibility requirements.

## What services are not covered by CSP?

Services excluded from the Community Services Program are:

- Pharmacy
- Optometry Services
- Hearing Aids and Durable Medical Equipment
- Non-Routine Dental Care  
(first dentures post extraction are covered)
- Oral Surgery
- Cosmetic and Elective Surgery
- Any date of service, more than six months prior to application
- Co-payments, co-insurance and deductible balances



## What are the qualifications for CSP?

To qualify for Financial Aid through the Community Services Program, the services and application must meet the following requirements:

- CSP applications will be accepted for future services no more than 30 days from the date of the application.
- Services which have been performed, cannot be more than six months prior to application.
- You must be financially ineligible for Medicaid within six months prior to your application, as determined by the Department of Social Services in the county of your residence. You must apply for all public health insurance programs available, including Medicaid, Child Health Plus and Family Health Plus before applying for the Community Services Program.
- Your family's annual gross income for all members of your household does not exceed the following guidelines:

Family Size	2008	Family Income Limit
1		\$31,200
2		\$42,000
3		\$52,800
4		\$63,600
5		\$74,400
6		\$85,200
7		\$96,000
8		\$106,800
Each Additional		\$10,800

Note: While all applicants are required to complete all sections of the application and meet all program requirements, O'Connor Hospital reserves the right, in its sole discretion, to waive or modify application requirements for sufficient cause shown.

## How do I apply for CSP?

An application for the Community Services Program requires:

- A fully completed, signed and dated application (included).
- Verification of Income. You must submit the most recent federal and state tax returns, with all schedules attached, for all members of your household. In the event of recent changes to your income (due to loss of employment, etc.), you may submit additional verification of income for the six-month period immediately prior to the date of the application.
- A recent (within six months) denial of Medicaid or other third-party coverage for which the family might otherwise be eligible. You must apply for all public health insurance programs available including: Medicaid, Child Health Plus and Family Health Plus before applying for the Community Services Program.
- Applications for the Community Services Program will be denied if Medicaid is denied based on your failure to complete an application, refusal to comply with any conditions of eligibility or any other reason not related to income or resources, or applicants fail to carry employer-sponsored health insurance.

## How will I know if I was approved for CSP?

O'Connor Hospital will send you a letter within 30 days after the completion and submission of all required documentation, telling you if you have been approved for CSP. An approved application for CSP will create a lien in favor of O'Connor Hospital against the proceeds of any personal injury lawsuit or claim related to the hospital services listed in the application, but only to the extent of the amount of your CSP award.

## Can I appeal a denial of CSP?

Denials of CSP may be appealed by submitting the original application with supporting materials, and the original decision, with a written statement of appeal to:

**Community Services Program  
Bassett Hall  
One Atwell Road  
Cooperstown, NY 13326**

## What other programs are available?

New York has several government sponsored insurance programs including but not limited to Medicaid, Child Health Plus and Family Health Plus, Healthy NY, and Prenatal Care Assistance (PCAP). You must apply for all programs for which you are eligible before applying for the Community Services Program. Information and a complete list of programs can be found at <http://www.health.state.ny.us>. You may also contact your county Department of Social Services for information on these programs.

## Who do I contact for more information?

Contact O'Connor Hospital Account Representatives at (607) 547-3480 or 1-800-642-0455 (toll free) for further information or to apply. Completed application with supporting materials should be sent to:

**Community Service Program  
Bassett Hall  
One Atwell Road  
Cooperstown, NY 13326**