



## *Cooper Green **Mercy** Health Services Health First Financial Assistance Program*

### **Welcome to Cooper Green **Mercy** Health Services**

As a **Health First** card holder, you may be eligible for financial assistance. Financial assistance is available for residents of Jefferson County age **18** or older. For patients who qualify, this financial assistance helps pay for medical bills and medicines at Cooper Green **Mercy** Health Services. Cooper Green **Mercy** provides healthcare services both to patients with and without insurance.

**The following information applies to financial assistance program applicants only. If you are a Cooper Green **Mercy** Health Services card holder who is not interested in or in need of financial assistance, this brochure does not apply to you.**

If you wish to apply for **Health First** financial assistance, we will ask that you provide us with 1) information concerning any health insurance you might currently have, 2) your participation in Medicaid or other government assistance programs, 3) your sources of income and 4) verification of your identity and residency.

Failure to truthfully and accurately disclose this information or failure to comply with Medicaid requirements could result in your being responsible for full charges.

### **How Do I Enroll?**

To apply for the **Health First** financial assistance program, you will need to come to the Enrollment Office located on the first floor of Cooper Green **Mercy** Health Services, near the front lobby. Office hours are Monday through Friday from 7 am until 2 pm. For additional information, call 930-3377.

To take advantage of the program, you must enroll **before** the time of your clinic appointment. **Waiting until the day of your appointment to enroll may cause a delay in your appointment or may result in your missing your appointment altogether.**

## What is Required?

To participate in the **Health First** financial assistance program, we require that you provide us certain documents as proof of identity, residency, and income. You may be asked to bring **additional documents**, if deemed necessary.

### *Proof of Identity*

**Any one of the following:**

- Valid Alabama Driver's License
- Valid Alabama Identification Card
- Government Issued Photo ID
- Employment Photo Identification
- Shelter Continuum Photo ID
- School Photo ID

### *Proof of Residency*

To be eligible for discounted services you must have been a resident of Alabama for **1 year** and have been a resident of Jefferson County for **30 days**.

**Any official, dated document(s) that proves the residency requirements is acceptable. Personal mail and P.O. Box addresses cannot be used for this purpose. Examples of acceptable documents include:**

- Utility bill, such as electric, gas, or water
- Lease/Rental Agreement
- Medical bill
  - Government mail
  - Tax records
  - Alabama Driver's License
  - Property Tax Card
  - Car tag payment receipt
  - School records
  - Shelter Continuum Card

### *Proof of Insurance*

**If you have any type of health insurance coverage, please provide one of the following:**

- Medicare card
- Blue Cross or commercial insurance card
- Medicare Complete card
- Medicaid card
- Viva Medicare Plus card
- Proof of any other medical insurance, including coverage under the Affordable Care Act (Obamacare)

## ***Proof of Family Income***

*Includes Spouse and Children Who Reside in the Household*  
**For Each Employed Person**

- Current check stub with year-to-date income, if you have worked at least three months
- OR**
- Check stubs for the last three months, if no year to date amount appears on stub
- OR**
- A letter from your employer stating hourly wage, number of hours worked per week and how long at the job, either on company letterhead with contact name and phone number or, if not on letterhead, **the letter must be notarized**
- OR**
- If you receive a debit card instead of a check stub, please bring a print-out of your earnings with a year-to-date total.
  
- **If you are self-employed**, please provide your most recent year's tax return, including Schedule C, Profit & Loss, or Form 1099. If you did not file taxes, provide verification of non-filing from the IRS or a detailed statement of gross income with names, dates and amounts received for services for the last three months.
- **If you receive an educational grant of any kind**, please provide your financial award letter.
- **If you are an unemployed person(s)** please provide proof of your non-filing status with the IRS (IRS telephone number # 1-800-829-1040)

## ***Unemployed Person(s), but Receiving a Check***

**Please provide a copy of the check or award letter for the income, such as:**

- Any type of pension or survivors' benefits or interest income.
- Any type of settlement from a lawsuit
- Any type of government payment (e.g. disability, Social Security)
- Unemployment or Worker's Compensation
- Military allotment
- Court-ordered child support
- Rent from boarders
- Utility check
- Award letter, if children receiving social security or aid to families with dependent children

## ***Disabled Persons***

If you are unable to work due to a disability, and have not applied for disability, please provide a letter from your physician confirming your inability to work.

If you have applied for disability, proof of your application is required, along with the status, such as approved, pending, or denied.

### ***Homeless***

If you are homeless, please provide your Continuum Card and a referral letter from the shelter assisting you. **The letter must include date admitted to the program and the estimated date of completion.** Your Continuum Card is sufficient to establish identity and residency. Proof of income is not required.

### ***Health First Card Renewal***

Health First cards are issued for a three year period. However, should any of your circumstances change, such as residency or income, please notify the enrollment Department immediately. Periodically, you may be contacted by an Enrollment Counselor and requested to provide updated documentation of your income and/or residency. Failure to respond may impact your status in the **Health First** financial assistance program.