



Instructions for Completing the Community Benefit Application

- 1. Insurance:** If you have a form of health insurance, please indicate so on the form. If you do not have health insurance, please contact Health and Human Services (1-800-383-4278) to determine if you are eligible for Nebraska Medicaid or apply online at accessnebraskane.gov. If you've applied for Medicaid and were denied, send a photocopy of the denial letter you received.
- 2. Section A: Income**
 - Send copies of your paystubs or a statement from your employer listing your income for the last three months.
 - Send a copy of the most current federal tax return along with your application.
 - Send information about the income of members of your household.
- 3. Section B: Assets**
 - Property – Send copies of your property tax bill. It must show the fair market value of your home and all other property listed.
 - Cars & other property – Please list all cars, trucks, motorcycles and other recreational vehicles in your household. List the year, make and estimated value on the application.
 - Banking Information – Please send photocopies of your bank statements for the last two months showing your checking and savings account balances.
 - Other Investments – Please send copies that show the current cash value of all annuities, IRAs, stocks, bonds, and other investments.
- 4. Section C: Liabilities**
 - Mortgage - If you own your home, please include a copy of your most recent mortgage statement indicating the current amount due on the loan.
 - Vehicle Notes – Please send copies that show the current amount outstanding on all vehicles/property listed.
- 5. Sign and Date where applicable**

Return completed application to:

**SAUNDERS MEDICAL CENTER
1760 COUNTY ROAD J
WAHOO, NE 68066**

Be sure to complete the whole application. The application will be returned to you if it is not complete or if we do not receive the necessary paperwork. Questions – please call 402-443-1414.



1760 County Road J, Wahoo, NE 68066

Community Benefit Program

Responsible Party

Name _____
 Date of Birth _____
 Age _____
 Marital Status: Married Single Widowed Divorced

Spouse

Name _____
 Date of Birth _____
 Age _____

Present Address
 Street _____
 City _____
 State _____ Zip Code _____
 Phone No. _____

Present Address
 Street _____
 City _____
 State _____ Zip Code _____
 Phone No. _____

Employer _____
 Emp Address _____
 Phone No. _____
 Date of Employment _____

Employer _____
 Emp Address _____
 Phone No. _____
 Date of Employment _____

PLEASE LIST ALL NAMES, AGES AND RELATIONSHIPS OF ALL PERSONS LIVING IN YOUR HOUSEHOLD. If a household member is over 18, please note if this individual is a student and include the name of the school where the student is enrolled:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>

Current Health Care Coverage: _____
 (Group, Private, Medicaid, Medicare, Vets, etc.)

Was Medicaid Denied? ____ Yes ____ No Date: _____

If Yes, state reason(s) why: _____

PLEASE ATTACH A COPY OF THE WRITTEN DENIAL

PLEASE ANSWER ALL QUESTIONS AND SIGN THIS FORM

If you leave questions blank or do not include the forms or your signature, your request will be denied. We are unable to process an incomplete application. Please include all requested information to avoid delay.

A: Income

Please list all household income. Attach copies of your paycheck stubs or a written statement from your employer showing your earnings for the last three months. Also attach a copy of last year's tax return.

<u>Item</u>	<u>Self</u>	<u>Spouse</u>
Monthly Gross Wages	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____
Rental Property Income	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____
Monthly Disability Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

B: Assets

I. PROPERTY (Please attach a copy of the property tax statement showing fair market value of all property listed)

A. Home: Do you rent or own your home? Rent Own
 If you own: Estimated Value _____ How many years have you owned this home? _____

B. Other: Please list all land/property other than your home.
 Description _____ Estimated Value _____

II. VEHICLES/RECREATIONAL: Please list ALL VEHICLES: car(s), boat, camper, motorcycle, RV, etc.

Type of Vehicle	Make/Model/Year	Estimated Value
1		
2		
3		
4		

III. BANKING INFORMATION: Please list all savings and checking account and ATTACH A COPY OF YOUR MOST RECENT STATEMENT SHOWING YOUR BALANCE FOR EACH ACCOUNT

Checking Accounts:

Bank Name: _____ Balance: _____
 Bank Name: _____ Balance: _____

Savings Accounts:

Bank Name: _____ Balance: _____
 Bank Name: _____ Balance: _____

IV. OTHER INVESTMENTS: Please list annuities, IRAs, stocks, bonds, mutual funds, etc. and ATTACH YOUR MOST RECENT STATEMENT SHOWING THE VALUE OF EACH INVESTMENT LISTED.

Type of Investment	Value
1	
2	
3	

C: Liabilities

I. MORTGAGE: (If you own your home, please attach a copy of your statement showing the remaining mortgage balance.)

Lender	Balance
1	
2	

II. VEHICLES NOTES: Please attach a copy of all outstanding vehicle notes, etc.

Lender	Vehicle Make/Model/Year	Balance
1		
2		
3		
4		

I certify that all information given to Saunders Medical Center is true and correct to the best of my knowledge. I authorize the release of the above-required information to Saunders Medical Center and I authorize Saunders Medical Center to verify any information submitted on this application.

Signature

Date