



## **BERKSHIRE MEDICAL CENTER, FAIRVIEW HOSPITAL and BERKSHIRE FACULTY SERVICES FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS**

### Instructions:

As part of its commitment to serve, Berkshire Medical Center, Fairview Hospital, and Berkshire Faculty Services will provide financial assistance to patients covered by the state's Health Safety Net Office that meet certain income qualifications, and also to the uninsured under 400% of federal poverty limits not qualifying for other State Assistance Programs.

In order for us to determine if you qualify for financial assistance, we need to obtain certain financial information as outlined in this application. Failure to provide this information will result in a denial of assistance.

Please complete the Financial Assistance Application and return the application with income verifications to one of the following addresses:

Berkshire Medical Center  
Advocacy for Access  
510 North Street Suite 8  
Pittsfield, MA 01201

Fairview Hospital  
Access Services Department  
29 Lewis Avenue  
Great Barrington, MA 01230

### **Section 1: Patient Information**

In Section 1 of the Financial Assistance Application, please complete all the information that pertains to the patient.

### **Section 2: Family Members**

Section 2 of the Financial Assistance Application requests information regarding the persons(s) that live in the same household as the patient. This should include the patient's spouse and dependent(s). If the patient is a minor child please include the parent(s) and/or legal guardian(s).

### **Section 3: Wages**

Section 3 of the Financial Assistance Application requests information pertaining to employment income. Please indicate the dollar amount of the income each person receives. Also, indicate if the dollar amount is received weekly, biweekly or monthly.

### **Section 4: Other Income**

Section 4 of the Financial Assistance Application requests information that pertains to income not related to employment. Please indicate the family member and the type of income each person receives. Also, indicate if the dollar amount represents weekly, monthly or annual compensation. Examples of other income include but are not limited to, social security income or income from a pension or trust fund. Please review the application for a complete list of income types.

As a condition of this application, verification of **ALL INCOME** in section 3 and 4 of this application is

required. The following are acceptable verifications:

- Your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments including W2s.
- Copy of your last 2 most recent pay stubs.
- Copy of the most recent pension, social security, unemployment or other income benefit statement or checks.
- Last 3 months of a profit and loss statement of business for a self-employed applicant or the most recent tax return filing year
- A statement from your employer that indicates your gross weekly income.
- If you are seasonally employed, any of the proofs above including information about the duration of your employment
- A copy of court decree or the payments received in the last 2 weeks for alimony and/or child support.
- Military Leave and Earnings statement
- Agricultural income certificate
- 1040 SE with Schedule C, F or SE (for self-employment income)
- Bookkeeping records
- Proof of residuals
- Cost of living adjustment letter and other benefit verification notices
- Lease agreement
- Bank or investment fund statement
- Document or letter from Social Security Administration (SSA)
- Form SSA 1099 Social Security Benefits Statement
- Recent court records for alimony and records of agency through which alimony is paid
- Recent legal documents that establish amounts and frequency of alimony
- Letter from government agency for unemployment benefits
- Proof of tribal income
- 1099-G and your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments
- Military Leave and Earnings statement
- Proof of gambling winnings
- Annuity statement
- Statement of pension distribution from any government or private source
- Recent prizes, settlements, and awards, including court-ordered awards letter
- Proof of gifts and contributions
- Proof of inheritances in cash or property
- Proof of strike pay and other benefits from unions
- Sales receipts or other proof of money received from the sale, exchange or replacement of things you own
- Interests and dividends income statement
- Loan statement showing loan proceeds
- Royalty income statement or 1099-MISC and most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments
- Proof of bonus/incentive payments
- Proof of severance pay
- Pay stub indicating sick pay
- Letter, deposit, or other proof of deferred compensation payments
- Pay stub indicating substitute/assistant pay
- Pay stub indicating vacation pay

- Letter, deposit, or other proof of travel/business reimbursement pay
- Individuals with no income will be asked to sign a statement indicating they do not have any income.

**Section 5: Comments/Affidavit of Support:**

If you are unemployed and do not receive any income, please provide a statement of support. This statement should include your current circumstances such as who you live with and who helps you with basic living expenses such as shelter and food.

**Section 6: Health insurance Information:**

If you or any family member are currently or will be covered by health insurance, please provide the information in this section.

**For assistance completing this application, please contact the Lead Certified Application Counselor of the Advocacy for Access Program at Berkshire Medical Center at 413-447-3139, or the Financial Counselor of Fairview Hospital at 413-854-9605.**

**Office hours are Monday through Friday 8:00 am- 4:00 pm.**