South Peninsula Hospital

Patient Financial Services
4300 Bartlett Street
Homer, AK 99603
Phone: 907-235-8101
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Medicaid Recipient Financial Assistance Application

At South Peninsula Hospital, our mission is to promote community health and wellness by providing personalized, high-quality, locally coordinated healthcare. We understand that medical bills can be overwhelming, and we are here to help. Patients eligible for Medicaid on or after the date of qualifying services* are eligible for full financial assistance with their bill, after all other insurance has been used.

If the guarantor is not the patient, they must also meet Medicaid eligibility and income requirements.

APPLICANT'S PERSONAL INFORMATION			
APPLICANT:			DATE OF BIRTH:
MAILING ADDRESS:			PHONE:
CITY:	STATE:	ZIP CODE:	EMAIL:

APPLICANT'S EMPLOYMENT INFORMATION	
APPLICANT EMPLOYER:	OCCUPATION:

NAMES OF HOUSEHOLD MEMBERS	DATE OF BIRTH	RELATIONSHIP	MEDICAID ID #
		SELF	

Please explain your current financial circumstances:

_____

_____

_____

_____

By signing below, I am indicating I would like to apply for financial assistance with South Peninsula Hospital.

Applicant Signature: _____ Date: _____

DEFINITIONS:

Household: A household includes the applicant and anyone they live with who is financially dependent on them or whom they financially support. This includes the applicant's tax dependents, their spouse, domestic partner, children, and other family members who are financially dependent on applicant. If the applicant is claimed as a dependent by someone else, they are included in that person's household instead.

Qualifying Services: Includes all services that are deemed medically necessary; cosmetic or elective procedures do not qualify as medically necessary services.

If you have any questions or need assistance with your application, our Patient Advocates are available to help you. You can reach them at 907-235-0994.