

TRINITY HEALTH OF NEW ENGLAND

FINANCIAL ASSISTANCE

Johnson Memorial Hospital – Mercy Medical Center - Mount Sinai Rehabilitation Hospital

Saint Francis Hospital and Medical Center – St. Mary's Hospital

Trinity Health of New England Medical Group - Collaborative Laboratory Services

Mercy Inpatient Medical Associates

Trinity Health Of New England (THONE) provides financial assistance to those who qualify based upon household income and family size. However, if you are uninsured or if your income is under the Federal Poverty Guideline, we will need a denial letter from the State or proof that you are already receiving State Assistance.

The Financial Assistance Application must be completed, signed and returned with Proof of Income for all household members, Identification, Proof of residency and the entire copy of your last filed Federal Tax Return (1040) for the previous year to:

Saint Francis Hospital Attn: Patient Accounts 114 Woodland Street Hartford, CT 06105	Johnson Memorial Medical Center Attn: Financial Counseling 201 Chestnut Hill Road Stafford Springs, CT 06076	St. Mary's Hospital Attn: Financial Counseling 56 Franklin Street Waterbury, CT 06706	Mercy Medical Center Attn: Financial Counseling 271 Carew Street Springfield, MA 01104
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Proof of Income may include one of the following:

- ☐ A copy of 4 (consecutive) or 2 bi-weekly payroll check stub for all household members or a letter from your employer documenting your salary.
- ☐ If you are unemployed, we require a copy of your Unemployment Compensation Benefit Letter
- ☐ Alimony Determination Letter (s)
- ☐ Cash Assistance Determination Letter (s)
- ☐ Letter from Social Security/Disability/Pension documenting the gross income benefit amount
- ☐ Notarized Letter by your guarantor or person(s) supporting you or a Self-Attestation letter.
- ☐ Sponsor information
- ☐ A copy of your most recent bank statements reflecting all transactions for 3 months
- ☐ If you are Self-Employed, we need a copy of your last filed Federal tax return includes schedule C or K-1 (1120)

Complete Filed Tax Return:

- ☐ A copy of your entire Income Taxes/ 1099 forms for the current year.
Note: If you did not file taxes for the previous year, please contact the IRS at 1-800-829-1040 to obtain a letter of "Non-Filing" or go to www.irs.gov/pub/irs-fill/f4506

Identification may include: (if not already on file)

- ☐ Copy of valid photo identification – Driver's License, Passport/Visa, Work ID; Immigration ID

Proof of Residency may include:

- ☐ Rental agreement, utility bill, invoice, Mortgage Statement for proof of residency in the Service Area (See matrix).

Medicaid Determination Letter: If un-insured or under the Federal Poverty Level or on Medicare

- ☐ **If Connecticut Resident:** Apply for Medicaid or insurance through Access Health CT at <https://www.accesshealthct.com> or call 1-855-909-2428. You must provide us with the eligibility determination letter you receive from the State of Connecticut, Department of Social Services.
- ☐ **If Massachusetts Resident:** Apply for Medicaid or insurance through MassHealth or The Connector at <https://www.MAhealthconnector.org> or call 1-877-623-6765. You must provide us with the eligibility determination letter you receive from the State of Massachusetts, Department of Social Services.

A completed application must be received within 240 days.