

Greater Cincinnati Health Council Ohio Member Hospitals Application for HCAP

PATIENT NAME: _____ DATE OF APPLICATION: _____

APPLICANT NAME, IF NOT PATIENT: _____
(If the applicant is not the patient, please answer the following questions as they apply to the patient)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE NUMBER: _____

DATE (S) OF HOSPITAL SERVICE: From: _____ To: _____

HOSPITAL PROVIDING SERVICE: _____

- ✓ Were you an Ohio resident at the time of your hospital service? Yes _____ No _____
- ✓ Were you an active Medicaid recipient at the time of your hospital service? Yes _____ No _____
If yes, Medicaid recipient ID number _____
- ✓ Were you an active recipient of Disability Assistance at the time of your hospital service? Yes _____ No _____
(If you answered Yes to this question, please attach a copy of your DA card effective during your hospital service to this application).
- ✓ Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes _____ No _____

Please provide the following information for all of the people in your immediate family who live in your home. For purposes of HCAP, "family" is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive).

Name	Age	Relationship to Patient	Income for 3 months prior to hospital service*	Income for 12 months prior to hospital service*	Type of income verification attached**
(Patient)		(Self)			
Total # of persons in family		Total family income			

***Income verification must accompany this application; if you reported \$0 income, provide a brief explanation on the back of this form or on an attached sheet.**

****Income verification may include income tax returns, pay stubs, W-2s, or other documents containing income information for the appropriate time period (3 or 12 months prior to hospital service).**

By my signature below, I certify that everything I have stated on this application and on any attachments is true.

Applicant Signature

Date