AUBURN COMMUNITY HOSPITAL

A Strategic Partner with St. Joseph's Health and University of Rochester Medical Center

Auburn Community Hospital
Financial Assistance Application

Name _____

Address _____

_____

Phone _____ Family size / number in household _____

	Patient Income	Spouse Income
Wages (last 2 paystubs)		
Social Security payment (Include bank statements)		
Unemployment		
Disability		
Workers compensation		
Alimony/child support		
Dividends/interest/rentals		
All other income		
Total		

I affirm that the above information is true, complete, and correct to the best of my knowledge.

Signed_____ Date _____

If you have received a bill or bills from the hospital, check here: _____

You do not have to make any payment to the hospital until the hospital sends you a letter with its decision on your application.

If you have questions or need help completing this application, call **Lisa Gasparro at (315) 255-7210**. Please send completed form and attachments (copy of photo ID, proof of address, documents listed above) to:

ACH Financial Services
Dept. Auburn Community
Hospital 17 Lansing Street
Auburn NY 13021

If you have any concerns regarding this financial assistance process, please contact our Patient Advocate, Christine DeProspero at (315) 255-7166 Monday-Friday between the hours of 7am-3pm.

ADMINISTRATIVE ONLY – FINANCE DEPT