

僅限辦公室使用
 患者類型 _____
 W/O 金額 (美元) _____
 S/A 結果: _____ h/n (美元) _____
 設施 _____
 帳號 _____

I. 患者人口統計資料

患者姓名: _____
 (姓氏) (名字) (中間名)

 (社會保障號) (出生日期)

擔保人姓名: _____
 (姓氏) (名字) (中間名) (社會保障號) (出生日期)

地址: _____
 (街道) (城市) (州) (郵政編碼)

 (電話)

您過去是否向任何 Novant Health, Inc. 設施 (例如 Novant 醫療集團、長老會醫院、Brunswick 社區醫院、Thomasville 醫療中心、Forsyth 醫療中心等) 申請 經濟援助? ____ 是 ____ 否。

如果是, 請提供申請或批准日期? _____

II. 家庭資訊

婚姻狀況 (選擇一項)	已婚	單身	離婚	家庭總人數
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受贍養者姓名	受贍養者出生日期

III. 就業 / 收入

患者 / 擔保人僱主:	
每月總收入 (美元)	
收入來源 - 請附上當前情況的證明或說明	
配偶或其他收入來源和每月總收入 (美元)	
家庭全年總收入 (美元)	
如果沒有收入, 您如何供養自己?	
您是否有有效的銀行帳戶?	您去年是否報稅?

IV. 保險證明

您的僱主是否提供健康保險	是	否
您是否有任何健康保險	是	否
保險公司的名稱:		
您有工作嗎?	有	沒有

如果您在過去 90 天內失業, 請提供:
 您的最後僱主的名稱和受僱日期:
 提供僱主擔保保險公司的名稱:
 您有資格獲得 COBRA 福利嗎?

盡本人所知, 本人證明所填寫資訊真實無誤。本人瞭解欺騙性或誤導性資訊將導致本人失去申請任何經濟援助的資格。本人授權發布驗證所提供資訊並根據適用聯邦和州法律進行計費與收費所需的任何資訊。作出任何承諾之前可能要求提供收入證明。可接受的收入證明可能包括但不限於: 工資支付表的副本、上年度納稅申報單的副本, 或僱主陳述目前薪資和工作時間的信件。

患者 / 擔保人簽名: 日期:	
聯邦貧困線 (%):	決定基礎:
註釋 / 總結:	

會見者簽名	日期:		
經理簽名	日期:	批准	拒絕
主管簽名	日期:	批准	拒絕
執行副總裁 / 副總裁簽名	日期:	批准	拒絕

將填寫好的申請表寄至: Novant Health, 收件人: Financial Assistance, PO BOX 11549, Winston Salem, NC 27116

Notice of nondiscrimination

Novant Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Novant Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Novant Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact Novant Health interpreter services toll-free at 1-855-526-4411, then select option 3. TDD/TTY: 1-800-735-8262.

If you believe that Novant Health has not provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient services department
Attn: Section 1557 coordinator
200 Hawthorne Lane
Charlotte, NC 28204

Telephone: 1-888-648-7999 (toll-free)
TDD/TTY: 1-800-735-8262

NovantHealth.org/home/contact-us.aspx

You may file a grievance by mail, in person at the Novant Health facility where care was provided, or by submitting the form at the link above. If you need help filing a grievance, call toll-free, 1-888-648-7999 or TDD/TTY 1-800-735-8262.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available online at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at hhs.gov/ocr/office/file/index.html

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-855-526-4411. Select option 3. TDD/TTY: 1-800-735-8262.



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Español (Spanish)	ATENCIÓN: Los servicios de asistencia lingüísticos, gratuitos, están disponibles para usted. Llame al 1-855-526-4411. Seleccione la opción 3. TDD/TTY: 1-800-735-8262.
繁體中文 (Chinese)	注意：您可以享受免費的語言協助服務。請撥打1-855-526-4411。選擇選項3。TDD/TTY：1-800-735-8262。
Tiếng Việt (Vietnamese)	CHÚ Ý: Có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi 1-855-526-4411. Chọn tùy chọn 3. TDD/TTY: 1-800-735-8262.
한국어 (Korean)	주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-855-526-4411 번으로 전화하십시오. 옵션 3을 선택하십시오. TDD/TTY: 1-800-735-8262.
Français (French)	IMPORTANT : Des services d'assistance linguistique gratuits sont à votre disposition. Appelez le +1 855 526 4411. Sélectionnez l'option 3. Dispositif de télécommunication pour sourds et malentendants : +1 800 735 8262.
العربية (Arabic)	ملاحظة: خدمات المساعدة اللغوية المجانية متاحة لك. اتصل على الرقم 1-855-526-4411. اختر الخيار 3. جهاز الاتصال الكتابي/الهاتف النصي: 1-800-735-8262.
Русский (Russian)	ВНИМАНИЕ: Для вас доступна бесплатная услуга языковой поддержки. Позвоните по телефону 1-855-526-4411. Выберите вариант 3. Текстовый телефон/телетайп: 1-800-735-8262.
Tagalog (Tagalog – Filipino)	ATENSYON: May mga libreng serbisyo ng tulong sa wika na available sa iyo. Tumawag sa 1-855-526-4411. Piliin ang opsyon 3. TDD/TTY: 1-800-735-8262.
فارسی (Farsi)	برائے توجہ: 1-855-526-4411 خدمات ترجمہ بہ طور رایگان در اختیار تان قرار دارد. با شماره 1-855-526-4411 را انتخاب کنید. تماس بگیرند. گزینه TDD/TTY: 1-800-735-8262
አማርኛ (Amharic)	ማሳሰቢያ:- የጥንቁ አርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ 1-855-526-4411 ላይ ይደውሉ። አማራጭ 3ን ይምረጡ። TDD/TTY:- 1-800-735-8262.
Deutsch (German)	HINWEIS: Es stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Wählen Sie +1 855 526 4411. Wählen Sie Option 3 aus. TDD/TTY: 1 800 735 8262.
اُردُو (Urdu)	برائے توجہ: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-855-526-4411 پر فون کریں۔ اختیار 3 چنیں۔ TDD/TTY: 1-800-735-8262
हिंदी (Hindi)	ध्यान दें: आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-526-4411 को कॉल करें। विकल्प 3 चुनें। TDD/TTY: 1-800-735-8262.
ગુજરાતી (Gujarati)	સાવધાન: તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. 1-855-526-4411 પર કોલ કરો. વિકલ્પ 3 પસંદ કરો. TDD/TTY: 1-800-735-8262.
বাংলা (Bengali)	মনোযোগ দিন: আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা লভ্য আছে। 1-855-526-4411 নম্বরে ফোন করুন। বিকল্প 3 নির্বাচন করুন। TDD/TTY: 1-800-735-8262।

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Patient services department
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200 Hawthorne Lane
Charlotte, NC 28204

Telephone: 1-888-648-7999 (toll-free)
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You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available online at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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