



Basic Financial Assistance Uninsured Attestation

Effective January 1, 2008, John C. Lincoln Hospitals offers a seventy-five percent (75%) discount from billed charges for services provided to uninsured patients with household income less than five times the Federal Poverty Guidelines (2009 - \$110,250) as outlined in the Financial Assistance policy. This policy may be viewed in the Financial and Privacy Policies section on JCL.com.

Payment Expectations: Approximately one week after discharge, the hospital will send an itemized statement indicating the discounted balance due, and contact information should you need to make arrangements to pay the balance. The hospital expects a deposit and requires minimum payments of \$50.00 a month with the balance to be paid in full within one year from the date of the first bill.

In the event that another person or entity is responsible for the injuries giving rise to this treatment, the hospital retains its lien rights pursuant to A.R.S. 33-931, and will enforce its lien against any such recovery.

If the patient or guarantor is unable to pay the hospital bill, or cannot make formal payment arrangements, notify hospital personnel immediately in order to initiate time-sensitive applications for other state, federal, or hospital programs.

I attest as the patient or guarantor of this account, that:

- The patient has no health insurance for this service.
- The patient has no inpatient or outpatient health insurance coverage at any hospital or healthcare facility that would cover these services.
- Household annual gross income is less than \$110,250

I understand this information may be verified through credit reporting services.

Signature: _____

Print Name: _____

Relationship to patient: _____ Date: _____

Patient Name: _____ Account: _____