



WOOD COUNTY HOSPITAL

Application for HCAP/UNCOMP

PATIENT NAME: _____ Date of application ___/___/___

NAME OF PERSON COMPLETING APPLICATION, IF NOT PATIENT _____
(If the applicant is not the patient, please answer the following questions as they apply to the patient)

STREET _____ CITY _____ STATE _____ ZIP _____

DATE OF HOSPITAL SERVICE: _____

- 1. Were you an Ohio resident at the time of your hospital service? YES _____ NO _____
- 2. Were you in Ohio solely for the purpose of medical care? YES _____ NO _____
- 3. Were you an active Medicaid recipient at the time of your hospital service? YES _____ NO _____
If yes, Medicaid recipient ID number _____
- 4. Were you an active recipient of Disability Assistance at the time of service? YES _____ NO _____
- 5. Did you have health insurance 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) who live in the patient's home. If the patient is under the age of 18, the Family shall include the patient, the patient's natural or adoptive parent(s), and the parent(s) children under 18 (natural or adoptive) who live in the patient's home.

Name	Age	Relationship to patient	Income for 3 months prior to date of service*	Income for 12 months prior to date of service*
Patient:		Self		
Total persons in family:		Total family income:		

*Income verification may include pay stubs, W-2's, social security statements, pension statements, child support, alimony support, tax returns for the self employed. For the appropriate time period (3 and 12 mo prior to service).

*If reporting zero income, please give a brief explanation as to how you (the patient) are surviving:

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

Applicant Signature

Date

Hospital Approval

W/O Date