Virtua Charity Assistance Program

At Virtua, our mission is to provide every patient with an outstanding experience, regardless of his or her ability to pay for services. For patients who do not have health insurance and are not eligible for state or federal assistance such as Medicaid, Virtua may be able to help. Based on your income and medical needs, you may qualify for financial relief through Virtua Charity Assistance Program.

You may be eligible for a significant reduction to your hospital bill if:

- You have no insurance coverage.
- You are not eligible for Medicaid.
- You are not eligible for a 100 percent adjustment under the State of New Jersey Charity Care program.
- You are not eligible for reimbursement from any third parties such as lawsuits, employers, schools, or churches.
- The gross annual income for your household is less than $185,000

If you meet **all** of the above criteria, please fill out the application on the back of this form and attach a copy of your latest paycheck stub or income source. Please note that financial relief applies to hospital services only. You may receive separate bills from other providers, such as physicians. Completed forms should be sent to:

Virtua Patient Accounting
5 Eves Drive, Suite 200
Marlton, NJ 08053
ATTN: Charity Assistance Program

What if I have questions?

Representatives are available toll-free at 1-800-418-5685.

Application for Virtua Charity Assistance Program

PATIENT INFORMATION		
Last Name	First Name	MI
Street Address		
City	State	Zip Code
Date of Birth	Social Security Number	Gender(M/F)

RESPONSIBLE PARTY		
Last Name	First Name	MI
Street Address		
City	State	Zip Code
Date of Birth	Social Security Number	Gender(M/F)

INSURANCE INFORMATION

	Yes	No
1-) Are you covered under any health insurance, including foreign coverage?	☐	☐
2-) Was treatment due to a work-related injury or motor vehicle accident?	☐	☐
3-) Do you have a lawsuit or claim pending associated with this injury or illness?	☐	☐
4-) Do you have an application pending for Medicaid or Charity Care?	☐	☐

INCOME INFORMATION

Please indicate if earnings are weekly (W), monthly (M) or annual (A).

EARNED INCOME

Name of Family Member	Name and address of employer	Gross Earnings	How often
1-)			W M A
2-)			W M A
3-)			W M A

OTHER INCOME

Source	Amount	How often
Social Security		W M A
Retirement Benefits		W M A
Pensions		W M A

Source	Amount	How often
Alimony		W M A
Child Support		W M A
Other Income		W M A

Please attach copies of the latest paycheck stub or other income source and mail completed form to:

Virtua Patient Accounting
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Marlton, NJ 08053
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Applications MUST be submitted with paycheck stubs or other income documentation. Applications without this information cannot be processed and will be returned.

I certify that the above information is true and accurate to the best of my knowledge. If any information I have given proves to be untrue, Virtua may, at its own discretion, withdraw this special discount and the full amount of the bill will become due and payable.

_____	_____	_____
Applicants Name (Please print)	Applicants Signature	Date

For Facility Use Only

Total Verified annual income: _____ Approved by: _____

Patient Account #