

Baptist Health Corbin

Thank you for choosing Baptist Health Corbin for your healthcare needs.

We are pleased to provide you with this application to help determine if you meet the qualifications for assistance with your hospital bill. In order for us to process your application, the information requested on the enclosed FINANCIAL DISCLOSURE document must be completed in its entirety. All requested information must be returned within two (2) weeks from the date you receive this application. Please be assured that the information you provide will be treated as confidential and will only be used to determine whether financial assistance can be provided to you.

As a part of our review process, we require that you submit all the applicable documentation listed below. All pages of all documents are required and no altered documents will be accepted. If Federal income tax guidelines require you to complete a tax return, that return must be completed before charity can be considered. Failure to provide all requested information may cause your application to be denied. Falsification of any kind may result in permanent denial for hospital charity assistance. You must exhaust all forms of state assistance before qualifying for hospital assistance. The required documents are as follows:

- Fully completed and signed Financial Disclosure document. (copy enclosed)
- Completed and signed IRS Form 4506-T (copy enclosed)
- Copy of your most recent Federal tax return, including W-2's and all schedules. (If self-employed, you will need to provide the last two (2) years of your tax information).
- Copies of the two (2) most recent pay stubs for all wage-earners in the household.
- Proof of Social Security, disability, pensions, for all household members.
- Copies of your two (2) most recent bank statements (all pages).
- Copy of your most recent home property value assessment. (PVA)
- Copy of your most recent home mortgage statement showing outstanding loan balance.
- Copy of the most recent statements from all of your investment accounts (401K, IRA, CD's, etc.)
- Copy of the most recent property value assessment (PVA) for all other owned property.

If you have any questions or need assistance, please contact us at 606-523-8736 or 606-523-8739, Monday thru Friday, 8:30 am to 4:30 pm.

FINANCIAL DISCLOSURE - Baptist Health Corbin

GENERAL INFORMATION

Patient information:

Patient account number:	_____	Check in date:	_____
Name:	_____	SSN:	_____
Address:	_____	County:	_____
Home phone:	_____	Birth date:	_____
Employer:	_____	Work phone:	_____
Occupation:	_____		

Guarantor (or spouse if married):

Name:	_____	SSN:	_____
Address:	_____		
Employer:	_____	Work phone:	_____
Occupation:	_____		
Relationship to patient:	_____		

Family information:

Family member	SSN	Age	Relation to patient
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Family size: _____

Please mail completed form and attachments to:
Baptist Health Corbin
Financial Counselor
1 Trilium Way
Corbin, KY 40701-9975

SCHEDULE OF FAMILY RESOURCES - INCOME

Monthly family income:

Patient's salary	\$ _____
Spouse's/guarantor's salary	\$ _____
Retirement/pension	\$ _____
Social Security	\$ _____
Net rental/lease cash flow	\$ _____
Interest	\$ _____
Dividends	\$ _____
AFDC/TANF/Welfare	\$ _____
Alimony received	\$ _____
Child support received	\$ _____
Unemployment income	\$ _____
Guard/Reserve/Military pay	\$ _____
Work Comp benefits	\$ _____

Other income/assistance (list):

_____	_____
_____	_____

Total monthly income \$ _____ **A**

Annual income = (A x 12) \$ _____ **B**

Annual income adjustments (describe):

_____	_____
_____	_____

Total income adjustments \$ _____ **C**

Adjusted annual income = (B+C) _____

Monthly family expenses:

Rent/House payment	\$ _____
Gas & electric	\$ _____
Water	\$ _____
Phone	\$ _____
Cable/satellite	\$ _____
Car payment	\$ _____
Vehicle (gas, maintenance)	\$ _____
Insurance (house, auto, etc.)	\$ _____
Food	\$ _____
Child care/child support	\$ _____
Clothing	\$ _____
Medical (unpaid bills, prescriptions, etc.)	\$ _____
Charge accounts/credit cards	\$ _____

Loan payments (list company):

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total monthly expenses \$ _____ **D**

Annual expenses = (D x 12) \$ _____ **E**

Annual other expenses (specify):

_____	\$ _____
_____	\$ _____

Total other expenses \$ _____ **F**

Annual expenses = (E+F) _____

Please sign on page 2

SCHEDULE OF FAMILY RESOURCES - ASSETS

1. Adjusted annual income (from page 1) \$ _____ [A]

2. Cash and investments:

a. Bank accounts

Bank name	Account #	Checking/savings	Current balance
_____	_____	_____	\$ _____ [A]
_____	_____	_____	\$ _____ [A]
_____	_____	_____	\$ _____ [A]

b. Stocks, mutual funds, CD's and other non-retirement investments:

Name/description	Account #	Type of investment	Current balance
_____	_____	_____	\$ _____ [A]
_____	_____	_____	\$ _____ [A]
_____	_____	_____	\$ _____ [A]

c. Life insurance / burial plan

Name/description	Policy amount	Cash value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total cash and investments \$ _____

3. Retirement funds:

Name/description	Account #	Type of fund	Current balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total retirement funds \$ _____

4. Home (principle place of residence):

Name/description	Market value of home	Mortgage/loan balance	Equity value
_____	\$ _____	\$ _____	\$ _____

5. Other property (individual items greater than \$5,000) - attach separate schedule if necessary:

a. Vehicles (include cars, boats, motorcycles, farm equipment, etc)

Make / model / yr	Market value	Mortgage/loan balance	Equity value
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

b. Living (include homes (non-residence), rental property, etc.)

Description	Market value	Mortgage/loan balance	Equity value
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

c. Real Estate (include land and other real estate holdings)

Description	Market value	Mortgage/loan balance	Equity value
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total other property \$ _____

Total resources (sum of 1 - 5) \$ _____

Total Family resources for charity determination *Sum of [A]* \$ _____

I hereby certify that all information on my application for charity care is correct and complete to the best of my knowledge, information and belief. I understand and agree that if Baptist Regional Medical Center learns that I have made false statements or misrepresented any information on this application for charity care, it may seek legal action against me to recover the amount of charity care provided, as well as related costs and attorneys' fees. I hereby authorize Baptist Regional Medical Center to obtain a consumer report, including a credit report, on me in order to consider my application for charity care. I understand that in the event that information in the report is used, in whole or in part, in making an adverse decision regarding my application for charity care, Baptist Regional Medical Center will provide me with a copy of the report. In the event that an adverse decision is based on information contained in my consumer report, I understand I will be given a written description of my rights under the Federal Fair Credit Reporting Act.

Applicant signature: _____ Date: _____

Person supplying information (if different from applicant): _____ Relationship to applicant: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.;** **Preparing the form, 12 min.;** and **Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.