

# INFORMATION / REQUIREMENTS for MEDICAL / HOSPITAL ASSISTANCE

**PRE-APPROVAL IS NEEDED** FOR SERVICES PRIOR TO PROCEDURE(S), SURGERY, HOSPITAL STAY(S) AND OR DENTAL SERVICES UNLESS TRUE EMERGENCY THROUGH THE EMERGENCY ROOM. **BROWN COUNTY DOES NOT NORMALLY PAY FOR DOCTOR VISITS OR AMBULANCE BILLS.** ALONG WITH THE APPLICATION AND INFORMATION PROVIDED, A WORKSHEET IS WORKED TO DETERMINE ELIGIBILITY AND A DECISION WILL BE MADE.

## **CLIENT IS TO PROVIDE THE FOLLOWING INFORMATION:**

- A completed Brown County Assistance Application
- Dr. License or Picture I.D.
- Social Security card(s) – for everyone in the household

## **INCOME:**

- Last Year's Income Tax or W-2(s) from place(s) of employment
- Last Pay stub with Year To Date Income Total or Check stubs for PRESENT YEAR
- 401k,IRA, CD information, property lease income
- Most recent Bank Statement(s), Checking and Savings - 3 recent months of each
- Verification of any Child Support or Alimony received

## **EXPENSES:**

- Housing payment verification (ie: Mortgage, Deed or signed lease agreement)
- Home insurance verification (if paid separately from mortgage)
- Property tax statement
- Utility Bills – last 6 months
- Car payment verification
- Car insurance verification
- Prescriptions taken over the last 3 months (your pharmacy will print out)
- Verification of payments on any **other** medical bills that you are paying on
- Verification of Child Support and or Alimony paid out
- Verification of Day Care Fees - last 6 months
- Life Insurance – Premium and value
- IRA, 401k, or CD Contribution(s)

## **IS THERE ANOTHER ADULT IN THE HOUSEHOLD?**

- If married, information for both individuals is required ~ if single, only information for individual applying is required.

## **FOR PRE-APPROVAL OF PROCEDURES:**

**YOU MUST HAVE A STATEMENT** from the doctor/surgeon/dentist explaining procedure needed and why procedure is necessary **BEFORE** procedure is to be done, along with above information and a completed application. Individual is responsible for the initial doctor visit.

## **NO PRE-APPROVAL FOR PROCEDURE ~ NO ASSISTANCE GRANTED**

**BE AWARE THAT A LIEN FOR THE AMOUNT OF ASSISTANCE WILL BE FILED AGAINST YOU BY THE COUNTY, WHICH YOU MUST PAY BACK IN FULL.**