

Financial Assistance

As a patient of Lamb Healthcare Center/LHC Family Medicine/Olton Rural Health Clinic, you are responsible for all or part of your bill. If you feel you do not have the financial ability to pay your bill, we may be able to assist you in applying for Medicaid, County Indigent Care, or our Charity Care Program.

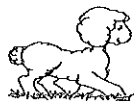
If you need assistance or would like to see if you are eligible, please call our Business Office at 806-385-6411 ext.2053 and we will help you with any of these applications or you can apply online at <https://www.lambhc.org/financial-assistance>. If applying for Charity Care, you will be asked to provide us with **one month's proof of income (or lack of income) and proof of residence.**

Applying for these programs and becoming eligible for them will keep your account from being turned over to a collection agency.

We appreciate your business and your help in keeping your account in good standing.

LAMB HEALTHCARE CENTER/LHC FAMILY MEDICINE/OLTON RURAL HEALTH CLINIC

CHARITY CARE APPLICATION



1500 South Sunset, Littlefield, TX 79339

806-385-6411 ext. 2053

FAX TO: 806-385-3918

OR

EMAIL TO: dsmith@lambhc.org

Date _____

Account (s) _____

Applicant's Name: _____

Patient's Name: _____

Address: _____ City: _____ State: Tx Zip: _____

Phone No: _____ SS# _____ Date of Birth ____/____/____
(optional)

Marital Status: (optional) ☐Single ☐Married ☐Widowed ☐Divorced ☐Separated

Spouse's Name: _____ SS# _____ Date of Birth ____/____/____
(optional)

Do you currently have health insurance? (circle one) YES / NO

Health Insurance Company Name: _____

Policy#: _____

Name of Subscriber: _____

Number of Dependents: _____

Dependents Name	Date of Birth	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT / INCOME INFORMATION (ALL BLANKS MUST BE COMPLETED)

Are you presently employed? ☐ Yes ☐ No Are you Self-employed ☐ Yes ☐ No

APPLICANT			SPOUSE		
Present or Last Employer			Present or Last Employer		
Address		Telephone #	Address		Telephone #
City	State	Zip	City	State	Zip
Supervisor's Name and number			Supervisor's Name & Number		
Monthly Gross Income			Monthly Gross Income		
Employment Dates: From: _____ To: _____			Employment Dates: From: _____ To: _____		

OTHER SOURCES OF INCOME (check and list amount):

- ☐ Alimony/Child Support _____
- ☐ Other(specify)_____
- ☐ Social Security _____
- ☐ Workman's Compensation _____
- ☐ Unemployment Compensation _____

Please include proof of income for the past month, may include check stubs or bank statements if Social Security or Unemployment, also proof of address with application.

If you or anyone in your household participates in any government programs; Medicaid, TANF, or SNAP please provide verification.

BY SIGING THIS I CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND IF I KNOWINGLY PROVIDE FALSE INFORMATION ON MY APPLICATION, IT WILL BE TERMINATED, I WILL NOT BE ELIGIBLE FOR THE CHARITY PROGRAM, AND I WILL BE HELD RESPONSIBLE FOR MY ACCOUNTS.

I authorize the release of this information to Lamb Healthcare Center/LHC Family Medicine/Olton Rural Health Clinic for verification of this financial statement.

Patient/Applicant Signature

Date

What is NOT covered by Charity Care

At Lamb Healthcare Center/ LHC Family Medicine and Olton Rural Health Clinic

Lamb Healthcare Center

- Birth Control (unless medically necessary, determined by your physician)
- Cosmetic Procedures
- OB Visits or Delivery
- Copays left by primary insurance
- Ultrasounds (unless medically necessary, determined by your physician)
- For MIR's & Doppler's, the patient is responsible for the cost that LHC has for having the procedures done. The amount will be quoted to the patient at the time of service.

LHC Family Medicine/Olton Rural Health

- Preventative Care-including but not limited to
 - ❖ Birth Control (unless medically necessary, determined by your physician)
 - ❖ Wellness Exams
 - ❖ Pap Smears (Unless medically necessary determined by your physician)
 - ❖ Vaccines
- Exams for Obesity
- Sports Physicals
- Cosmetic Procedures
- OB Visits or Exams
- Copays left by primary insurance

Patients Name

Date of Birth

X_____

Patients Signature

By signing this you acknowledge the limitation of Charity Care. Also, accept that you will be financially responsible for anything stated above and it will not be the responsibility of Lamb Healthcare Center, LHC Family Medicine, and Olton Rural Health Clinic of these charges. Please contact us if you have any questions.