**Delta Medical Foundation**
**P O Box 289**
**Marks, MS 38646**

**Family Medical Center, Marks**
**Warrington Clinic, Clarksdale**

# Charity Care Application

Date of Application _____ Please return by _____

Patient Name_____ SS # _____

Address _____
(Street) (City) (State) (Zip

DOB _____ Telephone Number or Message Number _____

| Household Members | Relation | DOB | Employer | Amt Wk __ Mo __ Yr __ | SS # |
|---|---|---|---|---|---|
| Example John Doe | self | 10/01/1972 | Quitman County Schools | 500.00 | 123-45-3684 |
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| | | | | | |

1. Do you have? Medicaid _____ Medicare _____ Insurance _____

   Other _____

2. **You must provide proof of income. A copy of your most recent tax return, paycheck stubs, or letter from your employer, 2 months of bank statements, or official notice of disability payments from SSI. Proof of income should be provided for each member of your household.**

3. I will furnish, to the best of my ability, proof of the above income categories. I affirm that this statement of family annual income of $ _____is true and accurate to the best of my knowledge, and that all statements made by me in this application are true. I understand that the information is subject to verification by _____ and is subject to review of federal and/or state enforcement agencies and others as required.

_____

Signature of Applicant Date

**Delta Medical Foundation**
**P O Box 289**
**Marks, MS 38646**

| Financial Assistance and Charity Discount Application | | |
|---|---|---|
| Effective date: 01/01/2019 | Reviewed: 01/01/2026 | Section: 07.04 |
| Approved by: Executive Director | Approved by: Chief Financial Officer | |

# Financial Assistance & Charity Care Notice

As part of the Delta Medical Foundation continuing mission to provide quality health care to the entire community we serve, it is our policy to provide uncompensated or discounted medical services for individuals who have demonstrated need in excess of insurance, personal resources or funds available through federal, state, and local medical funding programs. If you are uninsured or underinsured and would like to apply for financial assistance, please complete the Delta Medical Foundation Charity Discount Application. An application will be available upon request.

In addition to a completed application, you will be required to provide proof of income. If you are employed, proof of income requires one of the following:

- A copy of your 1040 tax return
- A copy of your W-2 tax return
- Two recent pay stubs
- A written statement by your employer

If you are unemployed, proof of income requires one of the following:

- A public assistance check stub or copy
- A social security check stub or letter of award
- A written statement from a friend or relative with which you live
- A letter of reference from a 501© (3) organization such as a church

When all of the information has been received, Delta Medical Foundation will review the application and make a determination as to eligibility. Delta Medical Foundation will be notifying you of the determination. All information submitted is strictly confidential. For assistance with the application or any questions please contact us at 662-326-3500 opt 5 and ask for Renee Ferguson.

Discounts on fees owed by the patient are based on Federal Poverty Guidelines for family size and income. Individuals with an annual income of 100-200% of the Federal Poverty Guidelines may qualify for a discount of 50-100% of charges based on a sliding scale. All patients must pay a minimum clinic fee of at least $25.00 + self-pay rate for labs, x-rays, and injections per visit.

Discounts apply only to services regarded as medically necessary and only to services provided in the clinics. References labs and fees for referred physician visits or tests are not included. Patients are responsible for making their own arrangements for services outside the clinic.

## Discount Percentage:

| | |
|---|---|
| < 100% | of Monthly FPL 100% DMF fee schedule (minimum 25.00 must be paid per visit) |
| < 138% | of Monthly FPL 85% DMF fee schedule (minimum 25.00 must be paid per visit) |
| <185% | of Monthly FPL 75% DMF fee schedule (minimum 25.00 must be paid per visit) |
| <225% | of Monthly FPL 60% DMF fee schedule (minimum 25.00 must be paid per visit) |
| <250% | of Monthly FPL 50% DMF fee schedule (minimum 25.00 must be paid per visit) |

**Medicare patients may qualify for a 50% discount on deductibles, co-insurance, and/or co-pays after all governmental and supplemental payers have processed the claim, provided the balance is paid in full within 30 days of original date.**

A 30% discount from the DMF fee schedule is available to patients who pay cash at the time of service; proof of income is not required. Discounts do not apply to services that are billable to, or reimbursable by, a third party, including automobile insurance or attorney-related claims.

**Dollars Per Year**

| Household/ Family Size | 50% | 75% | 100% | 6 | 130% | 133% | 135% | 138% | 150% | 175% | 180% | 185% | 200% | 225% | 250% |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 7,980.00 | 11,970.00 | 15,960.00 | 19,950.00 | 20,748.00 | 21,226.80 | 21,546.00 | 22,024.80 | 23,940.00 | 27,930.00 | 28,728.00 | 29,526.00 | 31,920.00 | 35,910.00 | 39,900.00 |
| 2 | 10,820.00 | 16,230.00 | 21,640.00 | 27,050.00 | 28,132.00 | 28,781.20 | 29,214.00 | 29,863.20 | 32,460.00 | 37,870.00 | 38,952.00 | 40,034.00 | 43,280.00 | 48,690.00 | 54,100.00 |
| 3 | 13,660.00 | 20,490.00 | 27,320.00 | 34,150.00 | 35,516.00 | 36,335.60 | 36,882.00 | 37,701.60 | 40,980.00 | 47,810.00 | 49,176.00 | 50,542.00 | 54,640.00 | 61,470.00 | 68,300.00 |
| 4 | 16,500.00 | 24,750.00 | 33,000.00 | 41,250.00 | 42,900.00 | 43,890.00 | 44,550.00 | 45,540.00 | 49,500.00 | 57,750.00 | 59,400.00 | 61,050.00 | 66,000.00 | 74,250.00 | 82,500.00 |
| 5 | 19,340.00 | 29,010.00 | 38,680.00 | 48,350.00 | 50,284.00 | 51,444.40 | 52,218.00 | 53,378.40 | 58,020.00 | 67,690.00 | 69,624.00 | 71,558.00 | 77,360.00 | 87,030.00 | 96,700.00 |
| 6 | 22,180.00 | 33,270.00 | 44,360.00 | 55,450.00 | 57,668.00 | 58,998.80 | 59,886.00 | 61,216.80 | 66,540.00 | 77,630.00 | 79,848.00 | 82,066.00 | 88,720.00 | 99,810.00 | 110,900.00 |
| 7 | 25,020.00 | 37,530.00 | 50,040.00 | 62,550.00 | 65,052.00 | 66,553.20 | 67,554.00 | 69,055.20 | 75,060.00 | 87,570.00 | 90,072.00 | 92,574.00 | 100,080.00 | 112,590.00 | 125,100.00 |
| 8 | 27,860.00 | 41,790.00 | 55,720.00 | 69,650.00 | 72,436.00 | 74,107.60 | 75,222.00 | 76,893.60 | 83,580.00 | 97,510.00 | 100,296.00 | 103,082.00 | 111,440.00 | 125,370.00 | 139,300.00 |
| 9 | 30,700.00 | 46,050.00 | 61,400.00 | 76,750.00 | 79,820.00 | 81,662.00 | 82,890.00 | 84,732.00 | 92,100.00 | 107,450.00 | 110,520.00 | 113,590.00 | 122,800.00 | 138,150.00 | 153,500.00 |
| 10 | 33,540.00 | 50,310.00 | 67,080.00 | 83,850.00 | 87,204.00 | 89,216.40 | 90,558.00 | 92,570.40 | 100,620.00 | 117,390.00 | 120,744.00 | 124,098.00 | 134,160.00 | 150,930.00 | 167,700.00 |
| 11 | 36,380.00 | 54,570.00 | 72,760.00 | 90,950.00 | 94,588.00 | 96,770.80 | 98,226.00 | 100,408.80 | 109,140.00 | 127,330.00 | 130,968.00 | 134,606.00 | 145,520.00 | 163,710.00 | 181,900.00 |
| 12 | 39,220.00 | 58,830.00 | 78,440.00 | 98,050.00 | 101,972.00 | 104,325.20 | 105,894.00 | 108,247.20 | 117,660.00 | 137,270.00 | 141,192.00 | 145,114.00 | 156,880.00 | 176,490.00 | 196,100.00 |
| 13 | 42,060.00 | 63,090.00 | 84,120.00 | 105,150.00 | 109,356.00 | 111,879.60 | 113,562.00 | 116,085.60 | 126,180.00 | 147,210.00 | 151,416.00 | 155,622.00 | 168,240.00 | 189,270.00 | 210,300.00 |
| 14 | 44,900.00 | 67,350.00 | 89,800.00 | 112,250.00 | 116,740.00 | 119,434.00 | 121,230.00 | 123,924.00 | 134,700.00 | 157,150.00 | 161,640.00 | 166,130.00 | 179,600.00 | 202,050.00 | 224,500.00 |

**Dollars Per Month**

| Household/ Family Size | 50% | 75% | 100% | 125% | 130% | 133% | 135% | 138% | 150% | 175% | 180% | 185% | 200% | 225% | 250% |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 665.00 | 997.50 | 1,330.00 | 1,662.50 | 1,729.00 | 1,768.90 | 1,795.50 | 1,835.40 | 1,995.00 | 2,327.50 | 2,394.00 | 2,460.50 | 2,660.00 | 2,992.50 | 3,325.00 |
| 2 | 901.67 | 1,352.50 | 1,803.33 | 2,254.17 | 2,344.33 | 2,398.43 | 2,434.50 | 2,488.60 | 2,705.00 | 3,155.83 | 3,246.00 | 3,336.17 | 3,606.67 | 4,057.50 | 4,508.33 |
| 3 | 1,138.33 | 1,707.50 | 2,276.67 | 2,845.83 | 2,959.67 | 3,027.97 | 3,073.50 | 3,141.80 | 3,415.00 | 3,984.17 | 4,098.00 | 4,211.83 | 4,553.33 | 5,122.50 | 5,691.67 |
| 4 | 1,375.00 | 2,062.50 | 2,750.00 | 3,437.50 | 3,575.00 | 3,657.50 | 3,712.50 | 3,795.00 | 4,125.00 | 4,812.50 | 4,950.00 | 5,087.50 | 5,500.00 | 6,187.50 | 6,875.00 |
| 5 | 1,611.67 | 2,417.50 | 3,223.33 | 4,029.17 | 4,190.33 | 4,287.03 | 4,351.50 | 4,448.20 | 4,835.00 | 5,640.83 | 5,802.00 | 5,963.17 | 6,446.67 | 7,252.50 | 8,058.33 |
| 6 | 1,848.33 | 2,772.50 | 3,696.67 | 4,620.83 | 4,805.67 | 4,916.57 | 4,990.50 | 5,101.40 | 5,545.00 | 6,469.17 | 6,654.00 | 6,838.83 | 7,393.33 | 8,317.50 | 9,241.67 |
| 7 | 2,085.00 | 3,127.50 | 4,170.00 | 5,212.50 | 5,421.00 | 5,546.10 | 5,629.50 | 5,754.60 | 6,255.00 | 7,297.50 | 7,506.00 | 7,714.50 | 8,340.00 | 9,382.50 | 10,425.00 |
| 8 | 2,321.67 | 3,482.50 | 4,643.33 | 5,804.17 | 6,036.33 | 6,175.63 | 6,268.50 | 6,407.80 | 6,965.00 | 8,125.83 | 8,358.00 | 8,590.17 | 9,286.67 | 10,447.50 | 11,608.33 |
| 9 | 2,558.33 | 3,837.50 | 5,116.67 | 6,395.83 | 6,651.67 | 6,805.17 | 6,907.50 | 7,061.00 | 7,675.00 | 8,954.17 | 9,210.00 | 9,465.83 | 10,233.33 | 11,512.50 | 12,791.67 |
| 10 | 2,795.00 | 4,192.50 | 5,590.00 | 6,987.50 | 7,267.00 | 7,434.70 | 7,546.50 | 7,714.20 | 8,385.00 | 9,782.50 | 10,062.00 | 10,341.50 | 11,180.00 | 12,577.50 | 13,975.00 |
| 11 | 3,031.67 | 4,547.50 | 6,063.33 | 7,579.17 | 7,882.33 | 8,064.23 | 8,185.50 | 8,367.40 | 9,095.00 | 10,610.83 | 10,914.00 | 11,217.17 | 12,126.67 | 13,642.50 | 15,158.33 |
| 12 | 3,268.33 | 4,902.50 | 6,536.67 | 8,170.83 | 8,497.67 | 8,693.77 | 8,824.50 | 9,020.60 | 9,805.00 | 11,439.17 | 11,766.00 | 12,092.83 | 13,073.33 | 14,707.50 | 16,341.67 |
| 13 | 3,505.00 | 5,257.50 | 7,010.00 | 8,762.50 | 9,113.00 | 9,323.30 | 9,463.50 | 9,673.80 | 10,515.00 | 12,267.50 | 12,618.00 | 12,968.50 | 14,020.00 | 15,772.50 | 17,525.00 |
| 14 | 3,741.67 | 5,612.50 | 7,483.33 | 9,354.17 | 9,728.33 | 9,952.83 | 10,102.50 | 10,327.00 | 11,225.00 | 13,095.83 | 13,470.00 | 13,844.17 | 14,966.67 | 16,837.50 | 18,708.33 |