



NOTIFICATION OF DENIAL / DECLINE FOR FINANCIAL ASSISTANCE

Date: _____

Patient Name: _____

MRN: _____

Interviewer: _____

Eligibility Center: _____

We regret to inform you that your application for financial assistance from JHS has been denied/declined. This decision was made based on the information you provided in your application. Specifically, you declined or do not qualify for financial assistance for the following reason(s):

_____ You are not a resident of Miami-Dade County

_____ You failed to comply with Department of Children and Families

_____ You are categorically eligible for Medicaid

_____ Your income exceeds the limit for financial assistance.

_____ You did not return the items necessary to complete your application within the specified timeframe.

_____ Voluntarily declined financial assistance

_____ Other (specify) _____

You may receive health care from JHS but you will be expected to pay 100% of all charges. You may re-apply for financial assistance at any time.

If you disagree with this decision, you may ask to speak to the manager of this eligibility center. If the manager is unable to resolve the problem to your satisfaction, you may submit an appeal to the Eligibility Appeals Director.

Patient Name: _____ MRN: _____

APPEALING OUR DECISION

To appeal a decision about your financial assistance application to the JHS Eligibility Appeals Director, please complete the information below. This form must be completed within 60 days of your visit to the eligibility center. **Please submit any documents you have to support your appeal with this form.**

I wish to appeal the eligibility center's decision for the following reason:

Patient Signature: _____ Date: _____

Completed form should be mailed or faxed to:

Eligibility Appeals Director
1801 NW 9th Ave.
2nd Floor Room 212G
Miami, FL 33136

Fax: (305) 355-5386

Once we receive your appeal, your application for financial assistance and any documents we receive from you will be reviewed. You will receive a response within 60 days from the receipt of your appeal.