

**HARRIS COUNTY HOSPITAL DISTRICT**



Application for Assistance  
Medicare Asset Determination

This is an Official Government Record. Untrue or incomplete information given on this form may and probably will result in criminal action being taken under Sections 31.04, 37.10, or other portions of the Texas Penal Code.

**Federal Requirement**

In order to qualify as medically indigent and receive an eligibility discount, Medicare patients must also provide information on their resources.

**Section I**

Instructions: Please check yes next to the items that are applicable to either yourself or your spouse whether purchasing or presently own or check no if not applicable.

	Yes	No	Account #	Current Value or Amount
1. Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
			Name and Address of Institution _____	
			_____	
2. Financial Assets <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
			Name and Address of Institution _____	
			_____	
3. Cash	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
4. Stocks, bonds, etc.	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
5. First Car or Truck	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
			Year                      Make and Model	
6. Additional vehicles	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
			_____	\$ _____
7. Property	<input type="checkbox"/>	<input type="checkbox"/>	_____	Property Value
			_____	
8. Additional property <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
			_____	\$ _____
			<b>Total Assets</b>	\$ _____

<sup>1</sup> Financial assets to include savings accounts, 401(k), IRAs, etc.

<sup>2</sup> Additional property to include oil, gas, mineral rights, share ownership, etc.

**Section II**

**Allowable Exemption**

Allowable exemption figure should equal the value of the **owned** vehicle up to a maximum of \$4,650. \$ \_\_\_\_\_

**Debts and Liabilities**

(Billing statements or other proof must be presented)

Loan on first car or truck \$ \_\_\_\_\_

Loan on other vehicle(s) \$ \_\_\_\_\_

Total of other debts or loans (credit cards, loans, etc.) \$ \_\_\_\_\_

**Creditor**

**Amount Owed**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Liabilities and Allowable Exemption** \$ \_\_\_\_\_

**Section III**

**Total Configurations**

Total Assets (from other side) \$ \_\_\_\_\_

Total liabilities and allowable exemption \$ \_\_\_\_\_

**Net Assets \$** \_\_\_\_\_

**Section IV**

**Special Circumstances**

If you do not qualify as medically indigent, thereby, not qualifying for the eligibility discount, you may list your expenses or explain any other special circumstances (living arrangements, medical condition, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section V**

**Declaration**

My/Our answers and statements made are true and correct to the best of my/our knowledge and belief.

\_\_\_\_\_  
Medicare Recipient's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

